University of California, San Francisco Clinical Psychology Training Program
The Faculty of the Department of Psychiatry of the University of California, San Francisco, affirms as one of its major priorities the training of women and minorities for academic careers as researchers and clinician-teachers. We are therefore actively seeking individuals who plan to undertake leadership roles in research and training in the mental health fields. Our faculty is explicitly committed to providing the mentorship and support necessary to facilitate successful entry into academic positions.
The Clinical Psychology Training Program (CPTP) is dedicated to the training of clinical psychologists committed to an academic and/or research career with a strong record of both clinical and research experience. We are committed to preparing research oriented psychologists to work sensitively and competently with underserved populations including minorities, low income individuals, persons with severe and persistent mental illness, victims of violence, children, the elderly, and primary medical care patients. In addition to training in service delivery, the CTPT provides specialized research training in:

- ADHD/disruptive behavior disorders
- eating disorders
- juvenile justice and behavioral health
- neuropsychology
- post traumatic stress disorder
- substance use disorders
- violence and trauma in adults and children

A two-year Fellowship is comprised of:

- one year of general clinical psychology doctoral internship (APA accredited)
- one year of postdoctoral clinical and clinical research experience

**This 2016 edition of the CPTP brochure is for the class entering program on July 1, 2017 and ending on June 30, 2019.**

**Deadline for receipt of applications: Tuesday, November 1, 2016**
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PROGRAM DESCRIPTION

The University of California, San Francisco (UCSF) Clinical Psychology Training Program in the Department of Psychiatry offers a two-year fellowship opportunity within the scientist-practitioner model. The first year consists of an APA-accredited clinical internship followed by a one-year postdoctoral clinical and clinical research fellowship. Our Fellows are selected from applicants whose achievements reflect a strong commitment to pursue careers emphasizing research and training in academic/research settings, including those affiliated with health and mental health service systems. Over the last ten years, 88% of our graduates have obtained research or academic positions upon leaving our program.

Increasing the number of women and minorities in academic and research positions is one of our goals. During the last ten years, 77% of our Fellows have been women, and 40% have been minorities.

The internship year provides general training in clinical psychology with opportunity to specialize in one of two cluster areas. Selected involvement in clinical work continues through the second, postdoctoral year, in which there is an emphasis on clinical research within the area of specialization. The amount and distribution of clinical hours in the program meet APA internship accreditation standards as well as general licensure requirements.

Applicants for the two-year program should have completed all other requirements for the doctoral degree, preferably including the dissertation, at an APA-accredited program in clinical psychology. The dissertation proposal must have been accepted prior to application. We also require a minimum of 400 practicum hours. The UCSF Clinical Psychology Training Program follows the Association of Psychology Postdoctoral and Internship Centers (APPIC) Match Policies (See page 49). Advancement into the Postdoctoral Fellowship requires completion of the doctoral degree. Therefore, if all requirements for their degree at their home university have not been completed by the end of the first year (June 30, 2018), the Fellow will either remain the doctoral internship status or be asked to leave the program.

STIPENDS

Doctoral Internship: $31,382
Postdoctoral Fellowship: $43,692

Postdoctoral stipends may be supplemented from research grants. Clinical “moonlighting” is not permitted.

Acknowledgement: For the class of 2017-2019, stipends are supported by a generous gift from the Ingrid D. Tauber Fund.

APPLYING FOR 2017

Interviews are granted only to individuals who have submitted a completed application and are highly ranked by their selected research mentor. Scheduled interview dates this year are Monday, December 12th, Friday December 16th, 2016 and Friday, January 6, 2017. Alternate dates can sometimes be arranged. DEADLINE FOR RECEIPT OF APPLICATIONS: TUESDAY, NOVEMBER 1, 2016.
MISSION STATEMENT

The UCSF Clinical Psychology Training Program provides doctoral students in clinical psychology who are headed for academic and research careers with both material and personal support during a crucial transitional period in their professional development. Given the current state of the field, a postdoctoral year is essential to successfully enter academic and research positions. Thus, graduate students face the possibility of having to manage four environments during as many years: their graduate program, a clinical internship, a postdoctoral year, and their first academic or research position. At the same time, the psychologist-in-training is undergoing a change of identity from student, to doctoral-level professional, to licensed psychologist (and, therefore, independent practitioner), and to faculty member and/or principal investigator on research projects.

The UCSF two-year program encompasses the (predominantly clinical) internship required for the doctorate in clinical psychology and a postdoctoral year emphasizing clinical research as well as providing the continuing supervised clinical experience necessary for licensing. Thus, the Fellow is assured of obtaining both of the experiences needed to continue smoothly into a scientist-practitioner career path. Our intent is to help the Fellow obtain the research momentum to facilitate successful entry into academic positions. We require, as part of the application procedure, that applicants carefully select the research area that best fits their goals in order to arrange for the faculty member in charge of that research program to become the Fellow's mentor during the two years with us. By becoming familiar with the mentor's work and research methods during the first year, it is possible to begin an empirical clinical research project which can be completed during the second year. This is why we count progress toward dissertation completion so highly in our selection process: the earlier the dissertation is done, the sooner new research plans can take shape. (In addition, of course, the postdoctoral year cannot begin unless the doctorate has been completed.)

We provide the Recommended Timeline for UCSF CPTP Fellows (Page 8) to make explicit our expectations and recommendations to prospective Fellows. Few Fellows will achieve all the illustrated milestones on time, but we hope that having a clear view of the two-year Fellowship goals will increase the proportion that come close to the mark. We include our recommendations for dissertation completion prior to starting the Fellowship because we have found that working on the dissertation during the internship year is both stressful and delays work on the empirical clinical research project. All other things being equal, we prefer to admit candidates whose dissertation proposal is approved and data collection completed prior to the APPIC Rank Order List Submission Deadline. We strongly encourage that data collection for the empirical clinical research project takes place in the 10 months ending in December of the postdoctoral year. This allows for travel for job interviews during January to April, and analysis and write up of results prior to leaving UCSF. We will do all we can to facilitate achievement of this admittedly ambitious timeline. We believe having the dissertation and the empirical clinical research project submitted for publication prior to starting a faculty position will greatly enhance our graduates' quality of life as new assistant professors.
# RECOMMENDED TIMELINE FOR UCSF CPTP FELLOWS

## APPLICATION YEAR

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<td>2. Data collection underway</td>
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<td>2016</td>
<td>12/16</td>
<td>UCSF Application Deadline</td>
<td>01/06/17</td>
<td>UCSF Interview Date</td>
<td>11/01/2016</td>
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<td>4. Data analysis completed</td>
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## INTERNSHIP YEAR

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<td>Begin planning clinical research project with mentor 10% time</td>
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<td>Seminars – 10% time</td>
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<td>Write up dissertation &amp; submit for publication</td>
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<td>Empirical clinical research project continues 40% - 50% time</td>
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<td>Submit job applications</td>
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<td>Job talks – can include dissertation and empirical clinical research project</td>
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<td>Write up and submit for publication and/or presentation</td>
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TRAINING PROGRAM COMPETENCIES

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

- **Research** – 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.
- **Ethical and Legal Standards** – Interns will demonstrate the ability to respond professionally in increasingly complex situations with a greater degree of independence across levels of training including knowledge and accordance with the APA Ethical Principles and Code of Conduct and relevant, laws, regulations, rules, policies, standards, and guidelines.
- **Individual and Cultural Diversity** – Interns will demonstrate the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Interns will demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody variety of cultural and personal backgrounds and characteristics.
- **Professional Values, Attitudes and Behaviors** – Interns will demonstrate a maturing professional identity and ability to respond professionally in increasingly complex situations with increasing independence, and awareness and receptivity to areas needing further development.
- **Communication and Interpersonal Skills** – Interns will demonstrate effective communication skills and the ability to form and maintain successful professional relationships.
- **Assessment** – Interns will develop competence in evidence-based psychological assessment with a variety of diagnoses, problems, and needs. Emphasis is placed on developing competence in diagnostic interviewing and the administration, scoring and interpretation and of psychometrically-validated instruments.
- **Intervention** – Interns will demonstrate competence in evidence-based interventions within the scope of health service psychology, including but not limited to psychotherapy.
- **Supervision** – Interns will demonstrate knowledge of evidence-based supervision models and practice and apply the knowledge in direct or simulated practice.
- **Consultation and Interprofessional/Interdisciplinary Skills** – Interns will develop competence in the intentional collaboration of professionals in health service psychology with other individuals or groups.

TRAINING SITES

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. Two major teaching hospitals, the Joseph M. Long Hospital and the Herbert C. Moffitt Hospital, are located on the UCSF Parnassus campus.

The UCSF Department of Psychiatry has programs located in several institutions: the Langley Porter Psychiatric Institute, the Zuckerberg San Francisco General Hospital and Trauma Center, the Mission Bay Campus, the
Mount Zion Medical Center and the VA Medical Center, where UCSF faculty have full responsibility for teaching, research, and patient care. 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 a large volunteer clinical faculty.

As part of UCSF, the Clinical Psychology 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 Fellows with access to libraries at the ten campuses of the University of California system. Fellows are provided electronic mail with access to the Internet as well as voice mail. The two major training sites for the Clinical Psychology Training Program are:

**Langley Porter Psychiatric Institute**

The Langley Porter Psychiatric Institute (LPPI) is a teaching, research, and clinical service facility located on the UCSF Parnassus Avenue campus. LPPI child and adult clinics, with about 20,000 outpatient visits annually, offer individual, group, and family therapies to a socially and culturally diverse population. The Consultation Liaison Service provides psychiatric services to inpatient areas and the Emergency Department of the medical center. The Adult Psychiatry Clinic provides services to outpatients. The LPPI Adult Inpatient Program has about 750 hospital admissions annually. The Children’s Center at Langley Porter provides outpatient services to children and adolescents with mental disorders.

**Zuckerberg San Francisco General Hospital and Trauma Center**

Zuckerberg San Francisco General Hospital and Trauma Center (ZSFG) is a 281-bed public service hospital serving diverse ethnic and racial minority populations of San Francisco. ZSFG, the county hospital of the City and County of San Francisco, has been a teaching hospital for the University of California, School of Medicine since the 1800s. Most clinical services are directed by UCSF faculty. Clinical services of the UCSF Department of Psychiatry at ZSFG are linked to the community mental health system. Two inpatient units house 44 beds. A forensic unit works closely with the courts and the San Francisco Jail Psychiatric Services. The Psychiatric Emergency Service is the county’s primary crisis clinic, and sees 6,000 patients per year. Other services involved in our training program include: the Division of Psychosocial Medicine and Behavioral Health Integration (which includes the Trauma Recovery Center and the Behavioral Health Consult Team), the Division of Substance Abuse and Addiction Medicine, and the Division of Infant, Child and Adolescent Psychiatry (which provides a range of mental health care to children from birth to 24 years of age).

**APPLICATION AND SELECTION PROCEDURE**

The UCSF Clinical Psychology Training Program provides a strong mentorship system to ensure that Fellows obtain individualized attention as they pursue their clinical and research training with us. To provide a good fit between the trainee and the mentor, candidates are asked to choose a specific mentor whose research area fits with the candidate’s research interests (see description of the Clusters below). **This faculty member becomes the candidate’s mentor and coordinator of training during the two-year fellowship.** It is expected that the Fellow will become part of the mentor’s research team and carry out an empirical clinical research project with the mentor. **It is very important, therefore, that applicants carefully choose the specific mentor with whom they would like to work.**
We usually receive 70 to 90 applications for four positions (two in the Public Service and Minority Cluster and two in the Clinical Assessment and Interventions Cluster). Each applicant is evaluated in the following areas:

- clinical training, including experience in assessment and psychotherapy
- research interest as documented by training obtained and productivity (especially presentations, publications, and grants)
- overall excellence as a psychologist as shown by breadth and depth of experiences and letters of recommendation
- appropriateness for cluster(s) chosen by applicant, as shown by work done in that area and familiarity and fit with the mentor’s work
- progress toward dissertation completion
- evidence of accomplishments indicating commitment to an academic and/or research career.

**Application Requirements**

- a minimum of 400 practicum hours
- comprehensive exams passed
- dissertation proposal approved
- a minimum of three years of graduate training
- doctoral degree program must be APA-accredited in Clinical Psychology
- submission of official graduate degree(s) transcripts
The average number of the following academic achievements reported by the top 25 applicants for the last five years were:

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<td>Peer-reviewed articles</td>
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<td>8.7</td>
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<td>Book chapters</td>
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<td>0.8</td>
<td>0.7</td>
<td>1.7</td>
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<td>Presentations</td>
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<td>13.7</td>
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Highly-ranked candidates will receive invitations for interviews with cluster leaders, potential mentors, and other relevant faculty or Fellows no later than November 30, 2016. These interviews are very helpful for both the program and the candidates to determine whether our two-year program and the cluster they have chosen are appropriate for them. Interviews will take place on Monday, December 12th, Friday, December 16th, 2016 and Friday, January 6, 2017. If due to economic reasons an applicant cannot travel to San Francisco, we will be happy to make other arrangements.

The deadline for receipt of formal application is Tuesday, November 1, 2016, for entrance into the program July 1, 2017. The program will officially start on Monday, July 3, 2017; however, there will be an all-day orientation on Friday, June 30, 2017 that all fellows will be expected to attend.

You may download a copy of this brochure by going to: http://psych.ucsf.edu/education/cptp

The Clinical Psychology Training Program is a member of APPIC and uses the APPIC Application for Psychology Internship (APPI) (available now). In the first paragraph of your cover letter, please state the name of the research mentor you would like to work with (see page 13). If you wish to be considered by a second research mentor, you may submit his/her name; however, please list the names alphabetically. (APPIC Match Policy 5d precludes obtaining or using information about relative ranking of “programs” within one site, except for purposes of setting up interviews.)
AREAS OF SPECIALIZATION

Described below is the major cluster or content area around which the Clinical Psychology Training Program is organized. The first year is a general internship. All Fellows attend core training program seminars on Monday afternoons, consisting of a clinical seminar, a research seminar, and a Fellows’ support group. The Director of Training meets with Fellows every other month to obtain formative feedback regarding their experiences in the program.

Candidates indicate the area of specialization that best fits their career goals by specifying in their application their choice among the mentors/research tracks. Fellows work closely with their mentor, who serves as coordinator of training, research preceptor, and advocate within the program. Depending on the project, support for Fellow’s research may or may not come from investigator-initiated grants of their research mentor; additional sources of support may include multidisciplinary collaborative projects where another faculty member serves as the principal investigator, small grants submitted by Fellows, or other resources.

The table below lists the clusters and research mentors/tracks. A more detailed description of each follows. Description of faculty members begins on Page 38.

PUBLIC SERVICE AND MINORITY CLUSTER
(Based at Zuckerberg San Francisco General Hospital)
Cluster Leader: James L. Sorensen
- Alicia F. Lieberman: Early Childhood Trauma
- James L. Sorensen & Valerie A Gruber: Substance Abuse Research-Practice Linkages
- Laurie Fields & Martha Shumway: Adult Traumatic Stress
- Marina Tolou-Shams: Juvenile Justice and Behavioral Health

CLINICAL ASSESSMENT AND INTERVENTIONS CLUSTER
(Based at Langley Porter Psychiatric Institute)
Cluster Leader: Dale E. McNiel
- Joel Kramer: Neuropsychological Research
- Daniel LeGrange: Eating Disorders
- Dale E. McNiel: Violence and Trauma
- Linda Pfiffner: ADHD/ Disruptive Behavior Disorders
The Public Service and Minority Cluster is based at Zuckerberg San Francisco General Hospital and Trauma Center (ZSFG). The Department of Psychiatry at ZSFG specializes in the treatment of underserved populations. Faculty and Fellows are committed to providing services and developing innovative interventions for such groups as persons with chronic mental illness, low-income populations, and minorities. The Department has a strong Cultural Humility Task Force with special Cultural Focus Teams, including Asian-Pacific, African-American, Latino, LGBT, and women. There are related specialty treatment teams in the inpatient units.

Core Faculty

The core Public Service and Minority Cluster faculty includes Adrian Aguilera, Ph.D., Alicia Boccellari, Ph.D., Nancy Compton, Ph.D., Laurie Fields, Ph.D., Valerie A. Gruber, Ph.D., Alicia F. Lieberman, Ph.D., Eddie Ong, Ph.D., Susan Scheidt, Psy.D., Martha Shumway, Ph.D., James L. Sorensen, Ph.D. (cluster leader), Marina Tolou-Shams, Ph.D., and Christina Weyer Jamora, Ph.D.

Clinical

The Public Service and Minority Cluster provides clinical training in the full range of psychiatric inpatient and emergency service roles, as well as outpatient treatment via the Division of Psychosocial Medicine, the Child Trauma Research Project, and the Division of Substance Abuse and Addiction Medicine. Fellows in this cluster typically have clinical training experiences during the internship year as described below.

a. Inpatient experience: Four-month, half time rotation on psychiatric inpatient units. The focus is on training to function as an attending psychologist in a hospital service, including admitting and discharging patients, diagnostic evaluation and treatment planning, legal issues, and recommendations for disposition. Close collaboration with other mental health disciplines is a major part of the experience, including consultation with psychiatrists regarding psychopharmacological treatment issues.

b. Crisis Intervention: Four-month, 2-days-per-week rotation at ZSFG Psychiatric Emergency Services (PES) includes learning to evaluate rapidly a psychiatric emergency, diagnose the problem, and begin appropriate intervention. Fellows learn to make clinical decisions regarding issues such as hospitalization, legal ramifications, and coordination of community services.

c. Outpatient experience: Outpatient training at ZSFG is provided through one of several services, depending on the Fellow’s interest. These include the Division of Infant, Child, and Adolescent Psychiatry which includes the Child Trauma Research Program (CTRP), the Division of Substance Abuse and Addiction Medicine (DSAAM), and the Division of Psychosocial Medicine (DPM). The DPM includes the Trauma Recovery Center (TRC), and the Behavioral Health Consult Team. Each offers Fellows opportunities to consult to medical care providers and to provide psychotherapy to English or Spanish-speaking medical outpatients. Fellows have the option of selecting outpatient rotations focused on adults or children and adolescents.
Research

Fellows become part of their mentors’ research group during the internship year. They spend about half of their postdoctoral year in research activities relevant to this group. Fellows in the Public Service and Minority Cluster concentrate on one of the following collaborative research areas:

a. Mentor: Alicia F. Lieberman, Ph.D.

   Research Area: Early Childhood Trauma, Disorders of Attachment, Parent-Child Psychotherapy Outcome

Fellows in this research area will join a multidisciplinary team studying the effects on infants, toddlers and preschoolers of interpersonal trauma due to violence, including domestic violence and abuse. The research involves extensive assessments of the children and their parents for the purpose of ascertaining the incidence of child traumatic stress and co-morbid conditions and the child’s functioning in the areas of physiological functioning, cognitive development, socioemotional development, quality of attachment, moral development, and peer relations. The Child Trauma Research Program (CTRP) is a center of the SAMHSA National Child Traumatic Stress Network (NCTSN), a federal initiative with the mandate of enhancing access to service as well as quality of treatment for traumatized children across the country. As a NCTSN center, CTRP is the lead program in the Early Trauma Treatment Network, a collaboration focusing on trauma in infancy and early childhood that also includes the Boston Medical Center, Louisiana State University Health Science Center, and Tulane University. Research focuses on the effectiveness of child-parent psychotherapy with young children exposed to a variety of interpersonal violence. We are currently conducting a study of biological markers of traumatic stress in mothers and children aged 2-6 exposed to interpersonal trauma to determine the relationship between maternal and child biological markers and whether physiological indices of stress are alleviated by treatment with child-parent psychotherapy. In addition, child-parent psychotherapy is assessed for efficacy in a randomized treatment model. Child-Parent Psychotherapy is accredited as an evidence-based treatment (EBT) in the SAMHSA NREPP (National Registry of Evidence Based Programs and Practices). This research track involves clinical training in child-parent psychotherapy incorporating psychodynamic, attachment theory, social learning theory, and CBT principles. The clinical and research team is multiethnic and places great emphasis on cultural issues in clinical intervention. The population served is multiethnic and includes approximately 40% monolingual Spanish-speaking families.

Applications are encouraged from individuals committed to clinical research careers in the areas of infancy and early childhood attachment, trauma, and mental health. Fellows accepted into the doctoral internship in this track are encouraged to apply for an extramurally funded postdoctoral fellowship within this research program (See pages 31 - 37).
Training in the Substance Abuse Research-Practice Linkages area focuses on narrowing the gap between research and clinical practice in substance use disorders treatment. Fellows develop skills in conducting clinical assessment, treatment, and research in drug treatment programs. Consistent with its mission, this training area is set within the Division of Substance Abuse and Addiction Medicine (DSAAM) at Zuckerberg San Francisco General which provides state-of-the-art substance abuse treatment including on-site mental health and medical services, with an emphasis on understanding and treating clients within the context of their culture. A major clinic site is the Opiate Treatment Outpatient Program, which provides methadone detoxification, methadone maintenance, and mobile methadone services. The majority of clients have HIV, Hepatitis C, chronic pain, cardiovascular or other chronic medical conditions. In addition, integrated substance use and mental health services are provided in the HIV primary care clinic. Many patients have co-occurring stimulant use, post-traumatic stress, affective, psychotic, or personality disorders. Clients include large proportions of African-American, Latino, and Asian Pacific Islander individuals, as well as large proportions of gay, lesbian, bisexual, and transgender individuals. These programs have been the site of over 60 funded research investigations of psychological, social, and biologically-based treatment innovations.

Fellows choosing to train in the Substance Abuse Research-Practice Linkages area gain clinical experience with substance use disorders in integrated substance use and mental health services in specialty behavioral health and primary care integrated settings. Services may include psychological assessment, evidence-based individual and group psychotherapies, consultation, and staff training.

Fellows also gain experience conducting clinically relevant research in clinical settings serving diverse urban client populations. Fellows have the opportunity to develop and test improved psychological interventions for substance abuse or dependence, and related psychological or medical problems. Fellows may contribute to existing studies and develop their own research using intramural or extramural funding. Fellows may join in research activities through the Western States Node of the Clinical Trials Network, which focuses on improving drug abuse treatment, with an emphasis on integration with primary medical care. Dr. Sorensen is Principal Investigator for the Western States Node of the Clinical Trials network, and Dr. Gruber is a strong contributor.
c. **Mentor:** Marina Tolou-Shams, Ph.D.

**Research area:** Juvenile Justice and Behavioral Health

Training in the juvenile justice and behavioral health area will involve a range of clinical, epidemiological and policy research on ways to improve psychiatric, substance use, sexual health and legal outcomes for underserved youth and their families. Fellows’ direct research experience can be varied according to interest and goals. Examples of potential research experiences, training and collaborations may include: direct clinical trial experience through delivering and/or monitoring fidelity of a group-based gender-responsive drug use treatment for juvenile justice girls; examining RCT outcome data from an HIV prevention intervention for juvenile drug court offenders; training and practice in qualitative research methods through interviewing and analyzing data from system-level research participants; and/or analyzing longitudinal data collected from 400 juveniles and caregivers related to mental health, substance use, HIV/STI risk and/or recidivism. Fellows choosing to train in the Juvenile Justice and Behavioral Health area are gaining experience conducting clinically relevant research as well as research relevant to structural and policy level change. As part of this training, fellows will gain experience collaborating within a multidisciplinary team, including partners from SF Juvenile Probation, SF Department of Children, Youth and Families and faculty from collaborating institutions in the areas of epidemiology, anthropology, public health and social work.
d. **Mentors:** Laurie Fields, Ph.D., and Martha Shumway, Ph.D.

**Research Area:** Adult Traumatic Stress

Fellows in this research area will conduct a range of clinical and services research on posttraumatic stress and its treatment in public sector settings. Fellows will join a multidisciplinary team that has conducted a randomized clinical trial involving over 650 victims of crime, demonstrating that comprehensive care for victims of crime improves access to mental health services and victim restitution benefits, and reduces disparities in access to the victim service system. Other research efforts have focused on disparities in access to medical and mental health follow-up services after sexual assault, characterizing the course of posttraumatic stress symptoms among victims of crime, understanding and treating drug facilitated sexual assault, characterizing criminal victimization and its sequelae among sexual minority victims, developing and testing a brief clinical interview for PTSD and complex PTSD, and manualizing the TRC’s comprehensive model of care for dissemination.

Fellows also have opportunities to join faculty in collaborative research ongoing with other investigators in the Department of Psychiatry and other SFGH departments that focuses on posttraumatic stress in relation to high risk pregnancy, unintentional injury, HIV/AIDS and homelessness.

This area affords fellows opportunities to integrate their research interests with their clinical training and to gain exposure to the San Francisco public health system. Specialized trauma-focused training is provided at the TRC, an outpatient clinic that was established in 2001 with funding from the state of California to empirically evaluate innovations in mental health services for victims of crime. The TRC provides comprehensive mental health and psychosocial services for victims of violent crime, including those impacted by gun violence (victims and their family members), domestic violence, stabbings and muggings. The TRC encompasses the San Francisco Rape Treatment Center, which provides acute forensic sexual assault exams, medical follow-up services and mental health care. The TRC works closely with the Zuckerberg San Francisco General Hospital Trauma Center, the City's only Level 1 Trauma Center, and collaborates with the San Francisco Victims Services Office, and San Francisco Community Behavioral Health Services. Since 2012, the TRC has also provided specialized services to torture survivors and asylum seekers. The TRC serves a diverse client population and places great value on addressing the needs of members of racial/ethnic and sexual minority groups.

Fellows participate in clinical training in the assessment and treatment of trauma patients. Core clinical training includes (1) comprehensive assessment and evaluation of the trauma patient, (2) learning and adapting evidence-based cognitive-behavioral, psychodynamic, and integrative psychotherapy (individual and group) approaches for treating the trauma patient, and (3) crisis assessment and intervention for the acute trauma patient.
The Clinical Assessment and Interventions Cluster offers training in evaluation, assessment, and treatment appropriate to a wide variety of clinical situations. The cluster’s clinical settings, based at Langley Porter Psychiatric Institute (LPPI), include the Adult Psychiatry Clinic, the Adult Inpatient Program, the Moffitt-Long Emergency Department, the Children’s Center at Langley Porter, and rotations associated with funded clinical trials associated with the research tracks in the cluster that periodically become available. The relative emphasis among these rotations is affected by which of two tracks the Fellow applies to work in: Adult or Child.

Faculty:

The Clinical Assessment and Interventions Cluster faculty includes Erin Accurso, Ph.D., Karen Froming, Ph.D., Amanda Gregory, Ph.D., Sarah Holley, Ph.D., William D. Hooker, Ph.D., Joel Kramer, Psy.D., Daniel Le Grange, Ph.D., Yan Leykin, Ph.D., Beverley K. Lehr, Ph.D., Rachel Loewy, Ph.D., R. Scott Mackin, Ph.D., Keith McBurnett, Ph.D., Dale E. McNiel, Ph.D. (cluster leader), John McQuaid, Ph.D., Stuart Murray, Ph.D., Linda Pfiffner, Ph.D., Esme Shaller, Ph.D., Ronald M. Ruff, Ph.D., Jason M. Satterfield, Ph.D., Dianne Shumay, Ph.D., and Janice Y. Tsoh, Ph.D.

Clinical

Clinical training for all Fellows in this cluster includes rotations in the Adult Psychiatry Clinic, the Adult Inpatient Program, and the Moffitt-Long Emergency Department. Fellows who pursue the Adult Track also do a rotation focused on psychological/neuropsychological assessment. Those who pursue the Child Track also do rotations in the Children’s Center at Langley Porter.

I. Required Rotations for All Fellows:

a. Outpatient experience may be offered through several services, such as the Adult Psychiatry Clinic, the Young Adult and Family Center, and funded clinical trials that periodically become available. Fellows may gain experience in group and individual psychotherapy. Training and supervised experience is available in cognitive-behavioral approaches including dialectical behavior therapy. For interested individuals, it may be possible to obtain supervision from other approaches, such psychodynamic, family systems, or other orientations.

b. Inpatient experience in the Adult Inpatient Program, including functioning as primary therapist for patients with major psychopathology who range in age from late adolescence to the elderly. Supervised experience in differential diagnosis, case formulation, development of treatment plans, supportive psychotherapy, crisis-oriented family intervention, working with a multidisciplinary team including collaboration with psychiatrists regarding medication issues, and working with community resources and the legal system (e.g., regarding civil commitment).

c. Crisis intervention experience in the Moffitt-Long Emergency Department. Fellows learn to assess rapidly behavioral emergencies, perform differential diagnoses, and begin appropriate interventions. Fellows learn to make clinical decisions regarding issues such as hospitalization, legal aspects of emergency care, and coordination of community services.
II. Additional Rotations for Fellows in the ADULT TRACK:

a) Fellows receive training in **neuropsychological and psychological assessment** of patients with actual or suspected neurological diseases or disorders, patients with a wide range of psychiatric disorders, and pediatric and general medical patients with neurobehavioral disorders. Consultations may be provided to various clinical services at Langley Porter and the UCSF Memory and Aging Center. Experiential training in assessment is complemented by relevant case conferences, grand rounds, and seminars (e.g., neuropsychological assessment, neuroanatomy, pharmacology, etc.). Fellows develop individually tailored training plans in the amount and types of their assessment activities pertinent to their professional goals (e.g., those intending to become clinical neuropsychologists have different training plans than those intending to become general clinical psychologists).

III. Additional Rotations for Fellows in the CHILD TRACK:

a) **Children’s Center at Langley Porter.** Fellows may participate in the Hyperactivity, Attention, and Learning Problems (HALP) Clinic housed in the Children’s Center at Langley Porter. This is a specialty clinic for Attention Deficit Hyperactivity Disorder (ADHD) and related Disruptive Behavior Disorders (DBD).

The ADHD/DBD clinical research service provides comprehensive, multidisciplinary evaluation of children having attention and/or behavioral problems with related learning and/or emotional problems. The service also includes group and family-based cognitive-behavioral interventions (e.g., social skills training, parent training), school consultations for school-age children; medication evaluations occur in conjunction with the general outpatient service. Trainees gain experience with a range of assessment methods (unstructured clinical interviews, structured diagnostic interviews, parent and teacher rating scales, and psychometric testing) with an emphasis on integration of results for DSM diagnoses and treatment planning. Training in the provision of therapeutic feedback to families and preparation of written summary reports is also included. The intervention component includes training in structured, evidence-based treatments for ADHD including group-based social and life skills training for children, parenting skills groups for parents, and behavioral family therapy. Trainees participate in leading therapeutic groups or individual family sessions. Trainees also participate in ongoing clinical research.
IV. Elective Rotations

Regardless of whether they are in the Adult or Child Track, Fellows may also pursue a minor elective rotation, depending on training needs and interests. For example, elective rotations may include: a) group therapy with adolescents (e.g., dialectical behavior therapy), b) training in evidence-based treatments for adolescent eating disorders, such as family-based treatment, c) cognitive behavioral therapy for children and adolescents with obsessive compulsive disorder, d) cognitive-behavioral group therapy for persons with early psychosis, etc. The various clinical interventions are taught in this cluster by a combination of clinical experience, supervision, and seminars.

Research

Research in several areas of clinical assessment and intervention is available within this cluster for Fellows' collaborative research during the second, postdoctoral year. These areas include violence and trauma, neuropsychology, ADHD/disruptive behavior disorders, and eating disorders. As the clinical rotations vary according to whether trainees are in the Adult Track or the Child Track, these areas of research are organized according to whether the research mentor is in the Adult or Child Track.
Adult Track

a. Mentor: Dale E. McNiel, Ph.D.

Research Area: Violence and Trauma

Research specialization is available in the area of violence and trauma. Potential topics of collaborative research include studies concerning development of improved strategies for assessing violence potential; identification of clinical, demographic, and situational correlates of violence risk; mandated community treatment (e.g., mental health courts); family violence and victims of violence; studies of methods to improve clinical decision making about patients at risk of violence to self or others; and studies of the interaction of legal and health care systems in the treatment of violent patients. Fellows may also participate in research on suicide risk assessment.

Fellows also may participate in interdisciplinary seminars on topics in mental health and law, such as forensic mental health services research and review of landmark cases, in conjunction with the UCSF Program on Psychiatry and Law, an accredited forensic psychiatry fellowship.
b. Mentor: Joel Kramer, Psy.D.

Research Area: Neuropsychological Research

Research opportunities for pre- and postdoctoral trainees center around the neuropsychological and neurobehavioral features of normal and abnormal aging. Trainees have access to a large normal control cohort and patients with Alzheimer’s disease, frontotemporal dementia, progressive aphasias, cerebrovascular disease, mild cognitive impairment, Parkinsonian disorders, and Huntington’s disease. Projects linking clinical and experimental data with quantitative structural and functional neuroimaging can be pursued. Trainees are encouraged to participate in a broad range of funded projects related to early detection and characterization of neurodegenerative diseases. Independent projects focusing on specific patient groups or specific aspects of cognition/behavior are encouraged. Research opportunities for pre- and postdoctoral trainees center around the neuropsychological and neurobehavioral features of normal and abnormal aging. Trainees have access to a large normal control cohort and patients with Alzheimer’s disease, frontotemporal dementia, progressive aphasias, cerebrovascular disease, mild cognitive impairment, Parkinsonian disorders, and Huntington’s disease. Projects linking clinical and experimental data with quantitative structural and functional neuroimaging can be pursued. Trainees are encouraged to participate in a broad range of funded projects related to cognitive aging and early detection and characterization of neurodegenerative diseases. Independent projects focusing on specific patient groups or specific aspects of cognition/behavior are encouraged.
Child Track

a. Mentor: Daniel Le Grange, Ph.D.

Research Area: Treatment development and psychological Interventions for adolescents with eating disorders

The Eating Disorders Program at UCSF is a research-based clinical service for youth ages 12 thru 20 and is a close collaboration between the Division of Child and Adolescent Psychiatry and the Division of Adolescent Medicine (Pediatrics). The main focus of this program is treatment research and fellows can participate in a variety of ongoing collaborative projects. In addition, fellows are encouraged to develop their own research projects in areas that may be related to this focus on treatment development and dissemination. Current studies that may be of interest include a comparison of parent-focused therapy and family-based treatment for adolescents with anorexia nervosa, developing telemedicine delivery of family-based treatment, evaluating the relative efficacy of family-based treatment and cognitive behavior therapy for adolescents with bulimia nervosa, and disseminating evidence-based treatment for adolescents with eating disorders to practitioners outside tertiary training institutions. Fellows are strongly encouraged to collaborate with program team members and co-author papers given the many datasets that can be accessed, and fellows are also supported to serve as lead authors on their own manuscripts. Training in this context is strongly oriented toward supporting fellows in their preparation to pursue academic or research faculty appointments post fellowship.
b. **Mentor:** Linda Pfiffner, Ph.D.
   **Co-mentor:** Keith McBurnett, Ph.D.

Research Areas:

1) Psychological Interventions for Children with ADHD and Other Disruptive Behavior Disorders

2) Family Factors and Child Psychopathology

Ample research opportunities are available as part of research-based clinical service for children with Attention Deficit Hyperactivity Disorder (ADHD) and related Disruptive Behavior Disorders (DBDs). Fellows are encouraged to participate in ongoing collaborative projects and may develop their own projects in related areas. Sample topics for collaborative projects include testing of efficacy and sustainability of school-implemented behavioral interventions for ADHD, developing training models for school mental health professionals in the implementation of behavioral interventions within schools, studies of tailored psychosocial treatment for the inattentive presentation of ADHD, implementation factors related to treatment outcome, family and social factors in developmental models of child psychopathology, clinical trials of new medications, and investigation of the potential utility of Sluggish Cognitive Tempo symptoms in ADHD. Technical assistance with design, statistical analysis, literature integration and grant application preparation is provided. Fellows working in our program have co-authored papers using data from our lab (HALP) and have gone on to academic or research appointments in university psychology or psychiatry departments.
SAMPLE TRAINING SCHEDULES

The training schedules on the next two pages are illustrative. They include the approximate number of scheduled hours per week allotted to each rotation. We have attempted to provide a realistic picture of what a Fellow is likely to experience. The program schedules consist of 40-hour weeks, the California licensing board accepts up to 44 hours of supervised training per week, but Fellows report that they spend 50-60 hours per week on program-related activities including reading the literature and preparing research proposals and manuscripts for publication. Each Fellow's training plan is proposed by the research mentor, taking into account the Fellow's background and professional plans, and must be approved by the Cluster Leaders and the Director. Note that the cluster and research track chosen by the applicant have major implications for the specific rotations the applicant will experience. The first year is a primarily clinical year. The second combines clinical services and clinical research, with greater emphasis on the latter. Postdoctoral Fellows spend 16 to 20 hours in clinical rotations related to their research area, and the rest of their time in research activities. Fellows receive a minimum of four hours per week of supervision plus additional training activities (this may include additional supervision, seminars, clinical rounds and so on).

Required Seminars for All Fellows

I. Core Seminars and Fellows' Support Group (4 hours/week).

Monday afternoons are set aside from 1:00 to 5:00 p.m. so that Fellows (pre and postdocs) are able to 1) attend three mandatory meetings on the 1st and 3rd Monday of the month, and 2) can use this “protected time” for research-related activities (e.g., manuscript or grant preparation) during the remaining Mondays. Dr. McNiel, the Program Director, meets with the Fellows every other month to obtain direct feedback regarding their experiences in the program. The Monday afternoon meetings are:

- **The Clinical Seminar** – Leaders: Sarah Holley, Ph.D. and William Hua, Ph.D.,

- **The Research Seminar / Research Career Development Seminar** - Leaders: Janice Y. Tsoh, Ph.D., Yan Leykin, Ph.D., James Sorensen, Ph.D., and Annesa Flentje, Ph.D.

- **The Fellows’ Support Group** – Facilitator: Each training year, the fellows decide whether to have a facilitator in the support group.

II. Required Short-term Seminars:

- **Psychopharmacology Seminar** – Six sessions at the beginning of the internship year, as part of the Clinical Seminar. Leader: Caroline Tsai, Pharm.D.
Method and Frequency of Evaluation

Fellows are formally evaluated in writing twice per year at which time they also formally evaluate the program and their supervisors. Each Fellow meets individually with the Director of Training to review these evaluations and progress in the program. Opportunities to discuss concerns or complaints with the Cluster Leaders and Director of Training are readily available. Should these prove insufficient, there is a formal grievance procedure which is described in the Clinical Psychology Training Program Handbook.

Minimum Requirements for Completion of Internship

1. Completion of the internship requires verification that the intern 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 on page 9: Research, 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.

2. Successful completion of all rotations specified in the intern’s individualized training program, as designed by the clinical research mentor and approved by the cluster leader and the director of training. The objectives of each rotation are found in the CPTP Handbook. The minimum performance requirements consist of satisfactory evaluations for all these objectives by rotation completion.

3. A minimum of 1500 hours of supervised training. Most interns will complete many more hours. For example, completion of all training days minus allowable holidays (13), vacation days (15) would result in 1856 hours of supervised training. Interns who, in addition, need to use allowable sick leave days (10, if needed), and professional leave days (5, if needed) would complete 1736 hours of supervised professional experience.

4. For interns who have or adopt a child during the internship, paid parental/maternity leave is provided. Arrangements must be made to ensure that the minimum of 1500 hours are completed to certify successful completion of the internship.

5. Not be found to have engaged in any significant unethical behavior.
### PUBLIC SERVICE AND MINORITY CLUSTER (Sample Training Schedule)

#### Internship Year

<table>
<thead>
<tr>
<th>REQUIRED ROTATIONS</th>
<th>July-October</th>
<th>November-February</th>
<th>March-June</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Psychiatry (ZSFG)</td>
<td>16</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Psychiatric Emergency Services (ZSFG)</td>
<td>-</td>
<td>16</td>
<td>-</td>
</tr>
<tr>
<td>Outpatient (ZSFG)</td>
<td>16</td>
<td>16</td>
<td>16</td>
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</tbody>
</table>

Rotations Related to Chosen Research Track (one of the following)

<table>
<thead>
<tr>
<th>Rotations Related to Chosen Research Track</th>
<th>July-October</th>
<th>November-February</th>
<th>March-June</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Trauma Research Project (Lieberman)</td>
<td>4</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>Substance Abuse Research-Practice Linkages (Sorensen)</td>
<td>4</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>Adult Trauma Stress (Fields, Shumway)</td>
<td>4</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>Juvenile Justice and Behavioral Health (Tolou-Shams)</td>
<td>4</td>
<td>4</td>
<td>20</td>
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</tbody>
</table>

#### Postdoctoral Year

<table>
<thead>
<tr>
<th>CLINICAL ROTATIONS</th>
<th>July-October</th>
<th>November-February</th>
<th>March-June</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient (ZSFG)</td>
<td>8 – 10 hours all year</td>
<td>8 – 10 hours all year</td>
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Clinical Rotation Related to Research Track (as in internship year above)

<table>
<thead>
<tr>
<th>RESEARCH</th>
<th>July-October</th>
<th>November-February</th>
<th>March-June</th>
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<tbody>
<tr>
<td>Focuses on chosen research track</td>
<td>20 hours all year</td>
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(see above)

**NOTE:** All Public Service and Minority Fellows attend the Monday afternoon seminars (4 hrs.).
# Clinical Psychology Training Program:

**Developing leaders in clinical and translational research**

## CLINICAL ASSESSMENT AND INTERVENTIONS CLUSTER (Sample Training Schedule)

<table>
<thead>
<tr>
<th>Internship Year</th>
<th>July-September</th>
<th>October-December</th>
<th>January-March</th>
<th>April-June</th>
</tr>
</thead>
<tbody>
<tr>
<td>REQUIRED ROTATIONS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Inpatient Program (LPPI)</td>
<td>24</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Moffitt-Long Emergency Department</td>
<td>-</td>
<td>-</td>
<td>8</td>
<td>-</td>
</tr>
<tr>
<td>Adult Psychiatry Clinic (LPPI)</td>
<td>8</td>
<td>8</td>
<td>8</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Rotations Related to Chosen Research Track</th>
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</thead>
<tbody>
<tr>
<td><strong>ADULT TRACK</strong></td>
</tr>
<tr>
<td>Neuropsychological/Psychological Assessment (LPPI)</td>
</tr>
<tr>
<td>Clinical Research</td>
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</tbody>
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<table>
<thead>
<tr>
<th>CHILD TRACK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children’s Center at Langley Porter</td>
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<tr>
<td>Clinical Research</td>
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<table>
<thead>
<tr>
<th>Postdoctoral Year</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CLINICAL ROTATIONS</strong>  (approximately 20 hours)</td>
</tr>
<tr>
<td>Neuropsychological Assessment and/or:</td>
</tr>
<tr>
<td>Clinical Rotation Related to Research Track</td>
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</table>

<table>
<thead>
<tr>
<th><strong>RESEARCH</strong> (approximately 20 hours)</th>
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<tbody>
<tr>
<td>Focuses on chosen research track (see above)</td>
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</table>

**NOTE:** All Clinical Assessment and Interventions Cluster Fellows attend the Monday afternoon seminars (4 hrs.)
ADDITIONAL TRACK: Partial Affiliation Between the UCSF Clinical Psychology Training Program and UC Berkeley Doctoral Program in Clinical Science

As described above, the core traditional UCSF Clinical Psychology Training Program (CPTP) includes a two-year fellowship comprised of a one-year general clinical psychology internship and a one-year postdoctoral clinical and clinical research fellowship, based on the scientist-practitioner model. Graduates are expected to pursue careers emphasizing research and training in academic/research settings including those affiliated with health and mental health service systems. The program has a strong mentorship structure; candidates apply to work with a specific faculty research mentor.

For the 2017-2018 training year, we anticipate appointment of one or more fellows in a new track in the CPTP, which involves a partial affiliation with the APA-accredited clinical psychology Ph.D. program at the University of California, Berkeley, referred to as the doctoral program in Clinical Science. In this track, select UC Berkeley Clinical Science doctoral students will complete a clinical psychology internship in the CPTP in two half-time years, while concurrently continuing research with their UC Berkeley faculty mentors. The new track aims to innovate by expanding our mentorship model of training research oriented clinical psychologists. Candidates for the half-time internship track will be considered for the same areas of clinical training described elsewhere in this brochure. They will be admitted to either the Clinical Assessment and Interventions Cluster or the Public Service and Minority Cluster and will participate in the core CPTP seminars on Monday afternoons (Research Seminar, Clinical Seminar, and Fellows Support Group). Clinical internship training goals will be the same for Fellows in the half-time track as for full time Fellows, but will be extended over two years. Fellows in the half-time track will not be automatically accepted into a postdoctoral fellowship in the CPTP, but are welcome to apply for consideration in various postdoctoral training opportunities described at the end of this brochure.

The new slots added to the CPTP for the half-time internship track will be protected for UC Berkeley Clinical Science doctoral students. Candidates for the half-time internship track will meet the same eligibility criteria as applicants for the full-time internship. UC Berkeley faculty will pre-screen candidates, and CPTP faculty will make final decisions about which applicants are accepted into the new track. CPTP faculty will apply the same policies and procedures for successful completion to interns in the new half-time track as are applied to the full-time interns. Interns in the half-time track will receive stipend support comparable to the full time interns on a pro-rated basis (i.e., monthly stipends of the half-time interns will be half that of the full time interns), and will receive health insurance benefits.
ADDITIONAL POSTDOCTORAL RESEARCH OPPORTUNITIES

Available to Clinical Psychology Training Program Applicants

In the last few years, we have noted that many CPTP Fellows proceed to additional postdoctoral work after completing the two-year CPTP program. They often apply to other UCSF programs, but sometimes move to other institutions (fellows have gone on to other postdoctoral programs at Stanford and Harvard, for example). Therefore, the Clinical Psychology Training Program (CPTP) has begun to explicitly encourage Fellows to consider applying to other UCSF research-oriented training programs to extend the postdoctoral period of training from one year to two years. Acceptance to these prestigious NIH-funded programs allows Fellows to continue working with their CPTP mentor for two years after their internship ends (versus only one postdoctoral year under the CPTP program). We have found that the one-year postdoctoral year is often burdened with the time-intensive tasks of a job search, including travel to present job talks. This means that the number of months devoted predominantly to research may turn out to be fewer than expected. Adding an additional year allows at least one year of uninterrupted time for research activities, after which Fellows often have more publications and grant writing experience.

We therefore recommend that applicants examine the following training programs, which are currently in operation. Due to federal funding cycles, not all NIH training programs will be available every year. Candidates for the postdoctoral fellowships below must be citizens or non-citizen nationals of the United States, or must have been lawfully admitted to the United States for Permanent Residence (i.e., possess a currently valid Alien Registration Receipt Card I-551, or other legal verification of such status). Individuals on temporary or student visas are not eligible. Individuals may apply to these training programs including the F32 in advance of admission to the United States as a Permanent Resident recognizing that no award or appointment will be made until legal verification of Permanent Resident status is provided.
Postdoctoral Fellowship in Psychology and Medicine

This NIMH-funded postdoctoral program trains researchers to link basic psychological theories and research to preventing and ameliorating disease. There are two areas, and cross-cutting both areas is a consideration of disparities in mental and physical illness and the mechanisms by which they occur. The two areas are: (1) Health-risking behavior: Fellows in this area focus on developing and applying theories of risk perception, social learning, cognitive development, and risk-taking to understand and modify health-risk behaviors, especially those that contribute to exposure to the HIV virus, as well as those contributing to addictive behaviors. There is an emphasis on developmental processes and on adolescence as a critical period. (2) Stress, depression, psychobiology and disease: Fellows in this area focus on theories of the meaning and appraisal of stress, cognitive and affective responses that result from these appraisals, and biological concomitants of these responses that result in disease. We emphasize common pathways to multiple disease outcomes, especially those spanning mental and physical illness.

Fellows will be appointed for two years. In some instances, an optional third year may be possible. It is expected that about one-third of the fellow’s time will be spent in formal seminars. All fellows take a core Health Psychology Seminar and a Research Process Seminar in both years of the fellowship and may take other courses and seminars. The remaining two-thirds of the fellow’s time will be spent in research. Fellows will participate in their faculty mentor’s research laboratory and will develop their own research study.

Nancy Adler, Ph.D. is the Director of Training. The Mentor in the Clinical Psychology Training Program who also teaches in this program is: Alicia F. Lieberman, Ph.D.

See the program’s web site at: http://healthpsychology.ucsf.edu/psychology-and-medicine-translational-research-stress-behavior-and-disease-postdoctoral-fellowship
Drug Abuse Treatment and Services Research

This National Institute on Drug Abuse (NIDA)-funded postdoctoral program is offered by the University of California, San Francisco (UCSF). Our program is one of the few that trains scientists in treatment and service research.

Current research interests include trials of efficacy and effectiveness of psychosocial and pharmacologic treatment of drug abuse, including nicotine dependence; instrument development in drug abuse; diagnostic techniques and research on treatment tailored for drug users with HIV, other chronic medical conditions, or psychiatric disorders; research on provision of services to drug abusing populations; innovative methodology including Internet based studies; and treatment of complex patients in innovative settings.

A variety of university-affiliated and community substance abuse programs are available as research sites. These include inpatient and outpatient setting programs that treat a range of problems related to drugs of abuse, including dependence on cocaine, nicotine, alcohol, and opiates. Our postdoctoral program encourages close research involvement with your preceptor, and involvement in selected classes, seminars, and grant preparation.

At the end of our postdoctoral program, we expect scholars to have acquired the following competencies and completed the following tasks:

- gained knowledge of drugs of abuse and their treatment;
- advanced their knowledge of statistical and methodological techniques needed for clinical and services research;
- understand drug abuse treatment systems and drug research projects;
- conducted at least two treatment research projects in a clinical setting: One designed by their preceptor; and one of their own design, for which they have primary responsibility;
- made multiple internal presentations;
- made at least two presentations of their work at national meetings;
- published one to three journal articles;
- submitted a small grant application to local funding sources;
- published additional manuscripts from the work completed as a scholar during the two years following enrollment in our program.

Current research interests of faculty include:

- Innovative interventions to decrease drug use and improve health status among drug abusers with AIDS
- Implementation of state-of-the-art drug abuse treatments in new settings
- Efficacy and cost-effectiveness on innovative drug abuse treatment methodology
- Intersection of drug dependence with other psychopathology, and the effects of dually diagnosed disorders on treatment outcome
- Treatment of nicotine dependence in complex patient populations
- Methodological innovations in drug abuse treatment and services research
- Studies of Web-based interventions
- Organizational change and implementation of new interventions in clinical settings

James L. Sorensen, Ph.D., is Director of Training. The training program is supported in part by the Western States Node of the Clinical Trials Network. Resources from other significant extramural funding and research grants are also routinely available to scholars. Mentors in the Clinical Psychology Training Program who also teach in this program include: James L. Sorensen, Ph.D., Linda Pfiffner, Ph.D., and Marina Tolou-Shams, Ph.D.

See the program’s web site at: [http://psych.ucsf.edu/DATSRT](http://psych.ucsf.edu/DATSRT)
Clifford Attkisson Clinical Services Research Training Program

Trainees in the program take on an apprentice role in the context of the faculty preceptors’ clinical service research activities. This role will be progressively expanded into full collaboration on an aspect of the research about which substantial closure and publication can be reached within a two-year timeframe. Trainees are also encouraged and supported in the development of the multidisciplinary, collaborative, and negotiation skills required of clinical service researchers.

Research areas currently being surveyed by participating faculty include:

- Organization, financing, and delivery of mental health and related human services to seriously and persistently mentally ill adults, adolescents, and children;
- Service system studies of the co-occurrence of mental disorder and substance abuse;
- Mental health services in primary care settings;
- Mental health services delivery to persons with HIV;
- Implications of violence and potential violence in the delivery of mental health services;
- Service system needs for vulnerable children.

The training program includes:

- required coursework
- elective seminars and directed readings
- a preceptorship with a faculty member

Required coursework includes surveys of the current literature, clinical service research methods, biostatistics, program evaluation methods, reviews of standardized clinical assessment tools, economic and cost analysis methodologies, and professional and research ethics. A wide range of electives are also offered. Faculty include senior, established investigators and junior faculty who have a solid research track record.

Linda Pfiffner, Ph.D. is Director of Training. The program is funded by a training grant from the National Institute of Mental Health. Mentors in the Clinical Psychology Training Program who also teach in this program include: Dale E. McNiel, Ph.D., Linda Pfiffner, Ph.D., Martha Shumway, Ph.D. and James L. Sorensen, Ph.D.

See the program’s web site at: http://psych.ucsf.edu/clifford-attkisson-clinical-services-research-training-program
Ruth L. Kirschstein National Research Service Awards (NRSA) For Individual Postdoctoral Fellows (F32)

The National Institutes of Health (NIH) awards individual postdoctoral fellowships (F32) to promising applicants with the potential to become productive, independent investigators in fields related to the mission of the NIH constituent institutes and centers.

This Postdoctoral Fellowship Award (F32) is issued under the auspices of the Kirschstein-NRSA Act. The proposed postdoctoral training must be within the broad scope of biomedical, behavioral, or clinical research and must offer an opportunity to enhance the fellow's understanding of the health-related sciences and extend his/her potential for a productive research career.

Fellowship awardees are required to pursue their research training on a full-time basis, devoting at least 40 hours per week to the training program. Research clinicians must devote full-time to their proposed research training and must restrict clinical duties within their full-time research training experience to activities that are directly related to the research training experience. Women, minorities, and individuals with disabilities are encouraged to apply.

Before submitting a fellowship application, the applicant must identify a sponsoring institution and an individual who will serve as a sponsor (also called mentor or supervisor) and will supervise the training and research experience. The applicant’s sponsor should be an active investigator in the area of the proposed research who will directly supervise the candidate’s research. The sponsor must document the availability of research support and facilities for high-quality research training. In most cases, the F32 supports research training experiences in new settings in order to maximize the acquisition of new skills and knowledge. However, in unusual circumstances, applicants may propose postdoctoral training experiences at their doctorate institution or at the institution where they have been training for more than a year. In such cases, the applicant must carefully document the opportunities for new research training experiences specifically designed to broaden their scientific background.

This information is a summary from the program's website: [http://grants.nih.gov/training/nrsa.htm](http://grants.nih.gov/training/nrsa.htm)

Applicants to the CPTP are encouraged to discuss the potential for collaborating on an individual NRSA with their chosen mentor.
Additional Postdoctoral Opportunities in the Child Trauma Research Track of the Clinical Psychology Training Program

Grants and private contributions that support the Child Trauma Research Program of the Clinical Psychology Training Program are available to support postdoctoral training in this track. Applicants who are accepted for a clinical psychology doctoral internship with Alicia Lieberman, Ph.D. as mentor will be encouraged to apply for a postdoctoral fellowship in the Child Trauma Research Program.
FACULTY

ERIN C. ACCURSO is an Assistant Professor in the Department of Psychiatry at the University of California, San Francisco. She received a B.A. in psychology from Dartmouth College and a Ph.D. in Clinical Psychology from the San Diego State University (SDSU) / University of California, San Diego (UCSD) Joint Doctoral Program in 2012. She then completed a postdoctoral fellowship at the University of Chicago through the T32 Midwest Regional Postdoctoral Training Grant in Eating Disorders Research. Dr. Accurso is interested in mental health service delivery and improving access to effective care, particularly for underserved minority populations. Her research primarily focuses on the assessment and treatment of youth with eating disorders, as well effective dissemination and implementation of evidence-based practices in community-based settings. To date, she has authored and co-authored over 30 journal articles and several book chapters, advancing knowledge in the treatment of eating disorders and mental health service delivery. Dr. Accurso is also a licensed clinical psychologist in the UCSF Eating Disorders Program, where she supervises fellows in evidence-based assessment and treatment of youth with eating disorders.

ADRIAN AGUILERA is an Assistant Adjunct Professor in the UCSF Department of Psychiatry at San Francisco General Hospital and an Assistant Professor in the UC Berkeley School of Social Welfare. Dr. Aguilera is the director of the Latino Mental Health Research Program (LMHRP - http://medschool2.ucsf.edu/latino/) and a licensed psychologist. He received his B.A. from Stanford University in Psychology and Comparative Studies in Race and Ethnicity and received his M.A. and Ph.D. degrees in Clinical Psychology at the University of California, Los Angeles. He completed his psychology internship at the San Francisco VA Medical Center and a postdoctoral fellowship (T32) in the Clinical Services Research Training Program at UCSF. Dr. Aguilera’s research has focused on studying the influence of culture, community and socioeconomic status on mental health along with developing mental health interventions for low-income and minority populations. Dr. Aguilera’s current work has focused on the testing the use of digital health technologies to improve mental healthcare for underserved populations. He is the recipient of a Career Development Award (K23) from NIMH to study the use of automated text messaging to improve adherence to group cognitive behavioral therapy for depression in a primary care setting at SFGH in Spanish and English. He will serve as a supervisor to fellows interested in developing and testing digital health technologies for underserved populations.

ALICIA BOCELLARI is a Clinical Professor of Psychology and the Chief Psychologist in the UCSF Department of Psychiatry, Zuckerberg San Francisco General. She received her B.A. in Psychology in the Richmond Scholars Program at City University of New York and her Ph.D. in Clinical Psychology from the California School of Professional Psychology. She completed Pre- and Postdoctoral Specialty Training in Neuropsychology at the San Francisco V.A. Medical Center. She is currently the Director of the Division of Trauma Recovery Services overseeing both the Trauma Recovery Center (TRC) and the Child and Adolescent Support Advocacy and Resource Center. The UCSF TRC model is in the process of being replicated in 7 other cities in California. In addition, Survivors International (a program of the TRC) has been designated a National Center for the Treatment of Torture by the Office of Refugee Resettlement. Dr. Boccellari’s primary research focus is investigating innovative clinical interventions in the public sector, to see if these interventions can reduce barriers to care and improve clinical outcomes in patients who have extensive and complex trauma, medical, psychiatric, substance abuse and psychosocial problems. An overarching goal of this research is to not only contribute to evidence based clinical practices, but to potentially influence public policy and to improve trauma related services for underserved populations in the public sector.
NANCY C. COMPTON is a clinical professor and the Director of Training in the University of California, San Francisco Child Trauma Research Program where she has worked since the program’s inception in 1996 providing care for a multiethnic diverse population of caregivers and children aged birth to five who have experienced interpersonal trauma. Dr. Compton also provides psychological services to women and children at the Family Justice Center in Oakland, CA in addition to her private practice in the East Bay where she specializes in trauma and adoption. Dr. Compton is a consultant to the Global Family Village project, an initiative that establishes community based, family centered care for orphaned, abandoned and displaced children in Nepal. Previously, Dr. Compton was the Director of Research at the Whole Child Initiative, a project launched by Dr. Jane Goodall and Dr. Marion Wright Edelman with the mission of identifying and supporting model grassroots projects for women and children around the world. She has also been on the faculty at the University of California, Berkeley, worked as a Child Development Specialist at the UCSF Infant Parent Program, a Domestic Violence Specialist for the Alameda County Superior Court and District Attorney’s Office, and developed a center for pregnant and parenting Puerto Rican teenagers and their children in Massachusetts. Dr. Compton coauthored Losing a Parent to Death in the Early Years: Guidelines for the Treatment of Traumatic Bereavement in Infancy and Childhood (Zero to Three Press, 2004), is the author of African American Children who have Experienced Homelessness: Risk, Vulnerability and Resilience (Garland Publishing) and senior author of a book on teenage pregnancy for the National Education Association. Dr. Compton’s experience and expertise are in the areas of attachment, trauma and loss.

LAURIE FIELDS is an Associate Clinical Professor of Psychology, University of California, San Francisco Department of Psychiatry, and is a licensed clinical psychologist. Dr. Fields is based at the UCSF/SFGH Trauma Recovery Center (TRC) where she serves as primary instructor for the Traumatic Stress Treatment Seminar and as a senior clinical supervisor with a focus on assessment, diagnosis and treatment of traumatic stress-related disorders. The TRC was developed as a demonstration research project to provide an alternative to care for underserved victims of violent crime, and currently provides mental health services to crime victims and asylum seekers/torture survivors from around the world. Dr. Fields’ clinical research focus is on development of assessment-guided, low-cost, accessible psychotherapies that integrate the best of evidence-based practices to address the range of simple-to-complex traumatic stress responses for public sector and ethnic minority populations. Current collaborative projects include development of a brief assessment for complex PTSD; understanding drug-facilitated sexual assault (DFSA) and development of a specialized psychotherapy for treating DFSA in which victims have little memory of the trauma; development of a brief integrative approach to treat PTSD in the primary care setting; development and evaluation of a speaker’s bureau program to facilitate posttraumatic growth in victims of violent crime; and manualization of TRC’s innovative treatment model developed during the randomized clinical trial. Dr. Fields obtained her B.A. from the University of Maryland and a dual doctorate in Clinical and Community Psychology from the University of South Carolina, Columbia. She has presented internationally and published on topics including integrative brief psychotherapy for anxiety disorders, ethnic identity development, medical education in psychiatry, pre and postdoctoral training in clinical psychology, stress and coping, drug-facilitated sexual assault, couple and family therapy, and assessment/treatment of traumatic stress disorders. She maintains an active faculty practice in adult therapy, and has additional specialization in physician wellness, executive burnout, and vicarious traumatization that can occur in many high-stress professions.
KAREN BRONK FROMING is a board certified neuropsychologist (ABPP-ABCN) and Assistant Clinical Professor of Psychiatry at the University of California in San Francisco where she is responsible for teaching clinical interviewing, differential diagnosis, and neuropsychological assessment. She is also an Adjunct Faculty at Palo Alto University supervising assessments, risk assessments, and therapy. In addition to her teaching duties, Dr. Froming serves as an expert reviewer for the State of California Board of Psychology. She has developed, with a grant from the National Academy of Neuropsychology, the Comprehensive Affect Testing System (CATS), a computerized test of emotional facial, prosody, identification and recognition, in collaboration with Drs. Sarah Schaffer, Paul Ekman and C. Michael Levy. Dr. Froming’s other dedication has been to the genocide/civil war ravaged country of Rwanda in developing mental health services. She has worked there for the last 10 years studying the circumstances of the genocide and civil war as part of a longstanding interest in genocide and its precursors; and in teaching and capacity building. She is a co-principal investigator on an interdisciplinary grant from USAID in trauma healing and peacebuilding in the Central African Republic. Dr. Froming has an active practice and is licensed in California, Arizona, New Mexico, Oregon, and Hawaii. She is a qualified forensic expert in these states and in Federal jurisdictions.

AMANDA GREGORY is an Assistant Clinical Professor and Attending Psychologist in the Department of Psychiatry at UCSF and a Clinical and Forensic Neuropsychologist. She completed her B.A. at the University of Wisconsin, Madison, her Ph.D. in Clinical Psychology at the University of Texas, Austin, and was a Pre and Postdoctoral Fellow at UCSF. Dr. Gregory has conducted juvenile and adult criminal forensic evaluations throughout California and is a member of the panel of forensic evaluators for San Francisco Juvenile Court. She also conducts individual psychotherapy with adults and adolescents. Her responsibilities at UCSF have included psychological and neuropsychological evaluations on the Adult Inpatient Unit, providing psychotherapy supervision to psychology fellows, teaching in the Psychiatry and the Law Program, and forensic evaluations for San Mateo County. Dr. Gregory has a particular interest in posttraumatic stress disorder, which has included teaching treatment interventions to graduate students and community counselors in Rwanda.

VALERIE A. GRUBER is Professor in the Department of Psychiatry at UCSF, and faculty in the Public Service and Minority Cluster of the UCSF Clinical Psychology Training Program, for which she received the David Rea Teaching Award in 2014. Dr. Gruber is a licensed psychologist, and holds an APA certificate in the treatment of alcohol and other substance use disorders. She completed a Ph.D. in Clinical Psychology at Kent State University, internship at the UCSF Clinical Psychology Training Program, and an M.P.H. at the University of California Berkeley. Her work as a clinician and educator has focused on developing culturally competent, trauma-informed substance abuse and mental health services for low-income substance users with chronic medical conditions such as HIV. Dr. Gruber’s program of research focuses on developing clinical interventions for substance use disorders and associated medical conditions that are effective for low-income, culturally diverse substance users. She has published research on psychosocial interventions in methadone maintenance, outpatient and residential addiction treatment, and on substance use disorders in HIV primary care.

SARAH HOLLEY is an Assistant Adjunct Professor in the Department of Psychiatry at the University of California, San Francisco. She received her B.A. from Yale University and her Ph.D. in Clinical Science from the University of California, Berkeley, and she is an alumnus of the UCSF CPTP internship and postdoctoral fellowship. In addition to her position at UCSF, Dr. Holley is currently an Assistant Professor at San Francisco
State University and is a licensed clinical psychologist. Her research aims to understand the connections between intimate relationship processes, emotional functioning, and mental and physical health. She is further interested in the mechanisms underlying gender-associated differences within these domains. Dr. Holley co-leads the Clinical Seminar with Dr. William Hua.

WILLIAM D. HOOKER is Clinical Professor in the Department of Psychiatry and LPPI. He earned the B.A. degree in psychology from the University of California, Berkeley in 1978, the Ph.D. degree in clinical psychology from Michigan State University in 1984, and was a postdoctoral Fellow in neuropsychology at the San Francisco VA Hospital in 1985. He is a Diplomate of the American Board of Professional Neuropsychology. His primary clinical interests are psychological and neuropsychological assessment for diagnostic and forensic purposes. Dr. Hooker has published in the areas of neuropsychology, electrophysiology, pharmacokinetics, computer assisted testing and psychological testing in the workplace.

WILLIAM HUA is a Health Sciences Assistant Clinical Professor in the UCSF Department of Psychiatry. He is a clinical health psychologist in the Infectious Diseases and Liver clinics at the San Francisco VA Medical Center, where he provides behavioral medicine and integrated care services for veterans living with HIV or liver disease, such as hepatitis C. At the VA, he is also the preceptor for the HIV/Liver psychology postdoctoral fellowship, chair of the Psychology Diversity Committee, and director of the HIV/HCV Mental Health SCAN-ECHO clinic. He received his B.S. in psychology from Oklahoma State University, his Ph.D. in Clinical Health Psychology & Behavioral Medicine from the University of North Texas, and received internship and fellowship training in behavioral medicine from the Palo Alto VA Health Care System. Dr. Hua is also the co-founder of a nonprofit organization called Here to Hope which focuses on promoting health and education for both HIV-positive and HIV-negative children living in children’s homes in Guyana, South America. Dr. Hua co-leads the Clinical Seminar with Dr. Sarah Holley.

JOEL KRAMER is a Professor in the Departments of Neurology, Psychiatry and Pediatrics, and directs the neuropsychology program at the UCSF Memory and Aging Center. He received a Psy.D. from Baylor University in 1982 and completed a post-doctoral fellowship in Neuropsychology at the V.A. Medical Center in Martinez. He is an ABPP diplomate in Clinical Neuropsychology. Current NIH-funded research activities include studies of cognitive aging, memory and executive functioning in neurodegenerative disease, differential diagnosis of dementia, and neuroanatomical correlates of cognition. Dr. Kramer has also been active in the development of neuropsychological measures of executive functioning and memory.

DANIEL LE GRANGE is UCSF Benioff Professor in Children’s Health in the Department of Psychiatry at UCSF where he also is the Eating Disorders Director. Dr. Le Grange received his doctoral education at the Institute of Psychiatry, the University of London, and completed postdoctoral training at the University of London and at Stanford University School of Medicine, CA. Dr. Le Grange’s research interests focuses primarily on treatment trials for adolescents with eating disorders. He has authored or co-authored more than 450 manuscripts, books, book chapters, and abstracts, and more than 200 presentations for national and international scientific meetings. Dr. Le Grange is a Fellow of the Academy for Eating Disorders, a Member of the Eating Disorders Research Society, Associate Editor for the Journal of Eating Disorders and BMC Psychiatry, and serves on the Editorial Boards of the European Eating Disorders Review and the International Journal of Eating Disorders. Over the past 15 years, Dr. Le Grange’s research has been supported by the NIH, the National Health and Medical Research Council of Australia, as well as private foundation funding. He has been a Principal Investigator on several NIMH-funded treatment studies in the United States, and Australia, where he most
recently completed a 6-year treatment study funded by the Baker Foundation in the Department of Pediatrics at the University of Melbourne, Australia. Currently, Dr. Le Grange is conducting two effectiveness studies for adolescents with eating disorders. He was the 2013-2014 recipient of the Presidential Chair Award at UCSF, and the 2014 recipient of the Academy for Eating Disorders Leadership in Research Award.

**BEVERLY K. LEHR** is Clinical Professor of Psychology in the Department of Psychiatry at UCSF and is a staff neuropsychologist in the LPPI Adult Psychiatry Clinic, where she coordinates training in Cognitive Behavior Therapy. She received her Ph.D. from the University of Wisconsin - Milwaukee in 1986, completed her clinical internship at the Palo Alto V.A. Medical Center, and a two-year postdoctoral fellowship at Rush-Presbyterian, St. Luke's Medical Center in Chicago, Illinois.

**YAN LEYKIN** is an Associate Professor at Palo Alto University, and an Assistant Adjunct Professor in the Department of Psychiatry at the University of California, San Francisco. He received his B.A. in Psychology from University of California, Berkeley, and his M.A. and his Ph.D. in Clinical Psychology from the University of Pennsylvania. He completed his pre-doctoral psychology internship at the VA Palo Alto Health Care System, and a Postdoctoral Fellowship in the UCSF Psychology and Medicine Training Program. He joined the UCSF Department of Psychiatry faculty in 2010. His two main research areas are: 1. depressive decision-making, including the manner in which depressed individuals make decisions and ways to improve decision-making of depressed persons, and 2. using information technology to offer access to empirically supported treatment options and other resources for individuals with depression. Dr. Leykin co-leads the Research Seminar with Dr. Janice Tsoh.

**ALICIA F. LIEBERMAN** holds the Irving B. Harris Endowed Chair of Infant Mental Health at the UCSF Department of Psychiatry, where she is Professor and Vice Chair for Academic Affairs. She is Director of the Child Trauma Research Program, Zuckerberg San Francisco General Hospital. She is also clinical consultant with the San Francisco Department of Human Services. She is the Director of the Early Trauma Treatment Network, a four-university national collaborative that is one of the centers of the SAMHSA-funded National Child Traumatic Stress Network. Dr. Lieberman received her BA from the Hebrew University of Jerusalem and Ph.D. from the John Hopkins University. Active in major national organizations involved with mental health in infancy and early childhood, she is on the board of directors and past President of Zero to Three: National Center for Infants, Toddlers and Families, and on the board of trustees of the Irving Harris Foundation. Dr. Lieberman has served on peer review panels of the National Institute of Mental Health. She is the author of The Emotional World of the Toddler (The Free Press, 1993), which has been translated to several languages, and senior author of Losing a Parent to Death in the Early Years: Treating Traumatic Bereavement in Infancy and Early Childhood (Zero to Three Press, 2004), Don't Hit My Mommy!: A Manual for Child-Parent Psychotherapy with Young Witnesses of Family Violence (2005), and Psychotherapy with Infants and Young Children: Repairing the Effect of Stress and Trauma on Early Attachment (Guilford Press, 2008). She received the 2016 Rene Spitz Lifetime Achievement Award from the World Association of Infant Mental Health for her contributions to the treatment of traumatized young children and their families.

**RACHEL LOEWY** is an Associate Adjunct Professor in the Department of Psychiatry at the University of California, San Francisco and a licensed clinical psychologist. She directs the Prodrome Assessment, Research and Treatment (PART) program, an early psychosis clinical research program, and is the Executive Clinical and Research Director of a multi-county, evidence-based outpatient treatment program for early psychosis, the Prevention and Recovery in Early Psychosis (PREP) clinics. She also serves as an Associate Director of the NIMH.
funded, Clinical Services Research Training Program. She received her B.A. in Psychology from Emory University, her M.A. in Psychology from the University of Pennsylvania, and her Ph.D. in Clinical Psychology from UCLA. She completed her pre-doctoral psychology internship at the Sepulveda VA (APA-accredited) and a Postdoctoral Fellowship in the UCSF Clinical Psychology Training Program. She joined the UCSF Department of Psychiatry faculty in 2006. Her NIH- and foundation-funded research focuses on early identification and intervention in psychotic disorders, etiology and pathophysiology of schizophrenia, and community-academic partnerships in early psychosis treatment. Former fellows in Dr. Loewy's lab have obtained research faculty and clinical psychologist positions in academic psychiatry departments.

**SCOTT MACKIN** is a Clinical Neuropsychologist and Associate Adjunct Professor in the UCSF Department of Psychiatry. Dr. Mackin received his PhD in clinical psychology at the Pennsylvania State University, completed his internship training in clinical neuropsychology at the Medical University of South Carolina, and completed his post-doctoral residency training in clinical neuropsychology at the at the University of California, Davis Alzheimer’s Disease Center. Dr. Mackin’s program of research is focused on delineating the relative contributions of cognitive impairment, structural brain abnormalities, and depression severity on disability in late life depression. Dr. Mackin’s research is funded by the National Institute of Mental Health.

**KEITH McBURNETT** is a Professor in Psychiatry at LPPI. He trained in child clinical psychology at The University of Georgia and as a rehabilitation psychology intern (neuropsychology) at New York University Medical Center, graduating in 1989. He held a faculty appointment in Pediatrics at University of California at Irvine from 1990 to 1997. From 1997 through 2001, he held a faculty appointment in Child Psychiatry at the University of Chicago. He came to LPPI in 2001 to launch research and clinical programs in disruptive behavior disorders (ADHD, ODD, CD), in collaboration with Linda Pfiffner, Ph.D. Dr. McBurnett maintains an active clinical research program (multiple grants and clinical pharmacology trials; over 100 scientific publications), focusing on diagnostic categorization, treatment outcome, and biological factors (endocrine, neurocognitive) factors in child externalizing psychopathology. From 2003 through 2006, he served as Associate Editor of the Journal of Abnormal Child Psychology. He and Dr. Pfiffner edited a text, Attention Deficit Hyperactivity Disorder: Concepts, Controversies, New Directions, which was published in 2008. Dr. McBurnett’s most recent NIH grant investigates the relations among ADHD symptoms and Sluggish Cognitive Tempo.

**DALE E. McNIEL** is Professor of Clinical Psychology in the UCSF Department of Psychiatry and Chief Psychologist at LPPI. He earned the B.A. degree from Lewis and Clark College, and completed the Ph.D. in clinical psychology with a minor in neuropsychology at the University of Arizona. He completed a postdoctoral fellowship in the Department of Psychiatry at UCSF, and is Board Certified in both Clinical Neuropsychology and Forensic Psychology by the American Board of Professional Psychology (ABPP). He is a Fellow of the American Psychological Association (Divisions of Clinical Psychology and Psychology and Law), and is a former President of the Section on Clinical Emergencies and Crises in the APA’s Division of Clinical Psychology. His research interests focus primarily on violence and mental disorder, including issues such as the assessment of violence potential, mental health courts, family violence and victims of violence, and enhancing clinical decision-making in the treatment of patients at risk for violence to self or others.

**JOHN McQUAID** is Professor of Clinical Psychiatry in the Department of Psychiatry at UCSF, and Associate Chief of Mental Health at the San Francisco VA Medical Center. He completed his Ph.D. at the University of Oregon, and is an alumnus of the CPTP internship and postdoctoral fellowship. Dr. McQuaid’s clinical expertise is in the use of cognitive-behavioral interventions for mood disorders. His research interests focus
on the development of CBT interventions for psychiatric disorders as well as health behaviors and pain
management. He recently completed a randomized controlled trial of CBT combined with visual feedback
intervention for phantom limb pain.

STUART B. MURRAY is an Assistant Professor in the Department of Psychiatry at UCSF, and is a licensed clinical
psychologist. He received his Doctorate of Clinical Psychology and Ph.D from the University of Sydney, and
completed a postdoctoral fellowship at the University of California, San Diego. Dr. Murray currently directs the
UCSF Eating Disorder Program's Intensive Family Therapy program, and also serves as the Co-Director for the
National Association for Males with Eating Disorders, and as Co-Chair for the Academy of Eating Disorders
Special Interest Group on Male Eating Disorders. Dr. Murray is an active clinical researcher, and has published
over 60 scientific articles relating to the treatment of eating disorders. In particular, Dr. Murray's research
interests have been oriented towards eating disorders in males, and more broadly, towards elucidating
treatment mechanisms and developing novel treatments for anorexia nervosa.

EDDIE ONG is a Clinical Professor of Psychology at the University of California, San Francisco, at the San
Francisco General Hospital campus (a UCSF teaching facility). He has been an Attending Psychologist in the
inpatient service at San Francisco General Hospital since 1993 and has also been in charge of the Forensic
Unit, 7L when the Unit Chief is absent. He earned his B.S. from Arizona State University in 1977 and his Ph.D.
in clinical psychology from Oklahoma State University in 1984. Dr. Ong worked at the Richmond Area Multi-
services Center (RAMS) in San Francisco, from 1984-1993, an APA-approved community training site for
psychology interns. His last position was Chief Psychologist at RAMS. Dr. Ong also worked as the Summer
Training Director at the Sunset Day Treatment Center from 1990 through 1993. His special interests include
working with the chronically mentally ill Asian population and their families. He is fluent in both written and
spoken Chinese. Dr. Ong supervises the inpatient rotation at SFGH, with strong emphasis on work with Asian
patients.

LINDA PFIFNNER is a Professor in the Department of Psychiatry at LPPI and is a licensed Clinical
Psychologist. She received her B.A. from UCLA and her Ph.D. from the State University of New York at Stony
Brook. Prior to joining UCSF in 2001, she held academic appointments at UC Irvine and the University of
Chicago. Her research and clinical interests are in the development of multi-targeted psychosocial treatments
for ADHD, and in how psychosocial factors (especially family factors) predict the development of impairment
and comorbid psychopathology in children with ADHD. She developed and piloted an integrated
multicomponent behavioral intervention for the inattentive type of ADHD (CLAS) through funding from
NIMH. Components of the intervention include parent and child skills groups and school-based
intervention. She recently completed a 5-year NIMH-funded dual-site (with UC Berkeley) efficacy trial of the
intervention and is currently evaluating results from the trial. Dr. Pfiffner also completed a development
study, funded by the US Department of Education, to adapt the clinic-based behavioral treatment model to fit
all types of ADHD, and to modify the model to be delivered by school-based mental health professionals.
With funding from the US Department of Education, she is currently conducting a 4-year
randomized controlled trial of the intervention (Collaborative Life Skills Program). The project includes
training local public school district social workers to implement the intervention in their schools. Her work in
the area of developmental psychopathology includes publications examining parent psychopathology,
parenting practices and social factors predictive of impairment and comorbid internalizing and externalizing
disorders among children with ADHD.
RONALD M. RUFF is a Clinical Professor in the Department of Psychiatry at UCSF. He received his Lizenziat and Ph.D. degrees in applied psychology from the University of Zurich, Switzerland. In 1980 he completed a two year postdoctoral fellowship in the Neuropsychological Laboratories of the Department of Psychology at Stanford University. He is Board Certified in Rehabilitation Psychology, Psychotherapy and as a Forensic Examiner. His primary clinical interests are neuropsychological assessment for diagnostic and forensic purposes and neuropsychological rehabilitation. He is a Fellow of the American Psychological Association (Division of Neuropsychology) and the National Academy of Neuropsychology, of which he was also President. In 2002 Dr. Ruff was appointed by the Governor of California to the Board of Psychology. He serves on the editorial boards of three neuropsychological journals. Dr. Ruff has published several neuropsychological tests and is an author of more than 120 research articles and book chapters.

JASON M. SATTERFIELD is Professor of Clinical Medicine, Director of Social and Behavioral Sciences, and Director of Behavioral Medicine in the Division of General Internal Medicine at the University of California San Francisco. He received his Ph.D. in clinical psychology from the University of Pennsylvania where he worked with Drs. Martin Seligman and Aaron T. Beck on cognitive models of bias, risk taking, depression, and aggression. Dr. Satterfield’s work has included adaptations to cognitive-behavioral therapy groups for LGBTI and other underserved, medically-ill populations and CBT interventions for patients at the “beginning of the end of life.” Dr. Satterfield’s current interests include the integration of behavioral science in medical education, dissemination and implementation of evidence-based behavioral practices, and educational strategies to address health care disparities. His current projects include integrated behavioral health models for primary care, screening and brief interventions for substance abuse, and the integration of social and behavioral sciences in medical school and residency curricula. He is currently a member of the NIH Social and Behavioral Sciences Curriculum Consortium and the NIH Evidence-Based Practice Training Council. He co-authored the AAMC Behavioral Science report and serves on the behavioral science subcommittee for MCAT revisions. He evenly divides his time between ongoing patient care, teaching, and clinical research.

SUSAN SCHEIDT is a Clinical Professor of Psychology in the UCSF Department of Psychiatry, San Francisco General Hospital. She studied at the University of Uppsala, Sweden, received her B.A. degree in psychology from California State University, Fresno, and the Psy.D. from Rutgers University. Dr. Scheidt was a Fellow in the UCSF Clinical Psychology Training Program from 1983-85, and subsequently was an Attending Psychologist and Unit Chief on the Women’s and Latino focus inpatient unit at SFGH. For the past twenty years, Dr. Scheidt has developed her interests in behavioral medicine, and is currently the Director of Integrated Primary Care Behavioral Health with the San Francisco Department of Public Health, overseeing the integration in fourteen public health clinics. Dr. Scheidt continues to develop her interests in systems changes related to improving access to healthcare, chronic pain management, and motivational enhancement for behavioral change related to substance use and chronic disease prevention and treatment.

ESME A.L. SHALLER is a licensed clinical psychologist and the director of the Dialectical and Cognitive Behavior Therapy programs through the Young Adult and Family Center at UCSF. Dr. Shaller received her B.A. in Psychology from U.C. Berkeley and her Ph.D. in clinical psychology from the State University of New York, Stony Brook. She completed her psychology internship at the Zucker Hillside Hospital at Long Island Jewish Medical Center in Queens. In both her research and clinical work, Dr. Shaller has specialized in adolescence. She has worked with teens in a variety of settings, including inpatient, residential care, and an alternative high school. Her expertise in working with acute and multi-stressed teens has enabled Dr. Shaller to study the way
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in which their relationships impact psychopathology and vice versa. Dr. Shaller is trained in cognitive and dialectical behavior therapy, structural family therapy, and theories of psychotherapy integration. She is especially interested in bridging the gap between research and clinical practice; Dr. Shaller is deeply committed to teaching and training and has won several teaching awards. She is an assistant clinical professor in psychiatry at Langley Porter and in psychology at UC Berkeley.

DIANNE SHUMAY is Associate Director of Psycho-oncology at the University of California at San Francisco Helen Diller Family Comprehensive Cancer Center and a Health Sciences Clinical Assistant Professor in the Department of Psychiatry. Dr. Shumay is a clinical health psychologist whose research and clinical work is focused on helping people with cancer and medical illness. She is a specialist in physiological self-regulation and mind/body approaches, and much of her work targets the psychological and physical symptoms of cancer and cancer treatment, such as anxiety, depression, insomnia, pain, fatigue and other symptoms with behavioral approaches including CBT, ACT and mindfulness. She received her M.A. from Stanford University and Ph.D. in clinical psychology from the University of Hawaii at Manoa. She completed a pre-doctoral internship with an emphasis in medical health psychology at the University of Florida and was a visiting scholar at Manchester College Oxford University, UK. She also completed a post-doctoral fellowship in palliative care and hospice at the VA Palo Alto. Her current research activities include studies in anxiety and fear of recurrence for cancer survivors, evidence-based methods for screening and intervening in cancer-related distress; and developing novel interventions for cancer patients and their families.

MARTHA SHUMWAY is Associate Professor in Residence in the UCSF Department of Psychiatry. She holds a Ph.D. in quantitative psychology from the University of California, Berkeley. She conducts research on the outcomes and costs of health and mental health services with emphases on methodology and underserved populations. Dr. Shumway has played a central role in the development and conduct of research at the UCSF/SFGH Trauma Recovery Center since its inception in 2001 and has received funding from a UCSF Hellman Family Award and the National Institute of Mental Health for methodological research related to posttraumatic stress disorder. Dr. Shumway is co-author of the textbook Cost-Outcome Methods for Mental Health and serves as a regular grant reviewer for the National Institutes of Health and the National Institute on Disability and Rehabilitation Research. She is Associate Statistical Editor for the Journal of Traumatic Stress and a member of the Department of Psychiatry’s Biostatistics Consultation Core.

JAMES L. SORENSEN is Professor in the UCSF Department of Psychiatry at San Francisco General Hospital (SFGH). He earned the Ph.D. in clinical psychology at the University of Rochester in 1975. For three years he was assistant professor in the clinical psychology training program at Bowling Green State University, after which he took a National Research Service Award postdoctoral traineeship at UCSF. He served as Chief of Substance Abuse Services at SFGH for 13 years. His research has focused on developing better treatments to help people with substance abuse disorders. Dr. Sorensen is a past member of the NIH National Advisory Council on Drug Abuse, has chaired the Services Research Review Committee at National Institute on Drug Abuse, and is currently a member of the Behavioral and Social Consequences of HIV/AIDS Study Section NIH. He serves on the editorial board of Drug and Alcohol Dependence, , Journal of Substance Abuse Treatment, and Addiction Science & Clinical Practice. He is senior author of A Family Like Yours: Breaking the Patterns of Drug Abuse (Harper & Row), Preventing AIDS in Drug Users and Their Sexual Partners (Guilford), and senior editor of Drug Abuse Treatment Through Collaboration: Practice and Research Partnerships That Work (American Psychological Association). Dr. Sorensen is active in teaching with several programs in addition to
the CPTP, including leadership of the Drug Abuse Treatment and Services Research Postdoctoral Training Program, co-leading the Center for AIDS Prevention Studies Visiting Professor Program as well as the Learning for Early Careers in Addiction and Diversity (LEAD) research education training program. In 2015 Dr. Sorensen received the Miracles Tribute Award for Lifetime Achievement and Outstanding Service in Addiction and Co-Occurring Disorders from Constellation Behavioral Health.

MARINA TOLOU-SHAMS is an Associate Professor In Residence and Director of Division of Infant, Child and Adolescent Psychiatry at San Francisco General Hospital. She received her B.A. in Psychology and French Literature at the University of California, San Diego and her Ph.D. in Clinical Psychology at the University of Illinois at Chicago. Prior to joining the faculty at UC San Francisco, she completed her pre and postdoctoral training through the Brown University Psychology Training Consortium and was on the Brown Medical School faculty in the Department of Psychiatry and Human Behavior since 2006. 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’ research interests focus on the intersection of juvenile justice and behavioral health. More specifically, her studies aim to understand more about efficacious ways to improve psychiatric, substance use, HIV/sexual health and legal outcomes for court-involved, non-incarcerated youth. Her program of research seeks to contribute to direct clinical practice as well as structural-level intervention and public policy to improve health outcomes for underserved youth and families. Her current NIH-funded studies involve: 1) a two-year longitudinal assessment of behavioral health and legal outcomes for a cohort of 400 first-time juvenile offenders; 2) an efficacy trial of a gender-responsive trauma-informed drug use treatment for juvenile justice girls; and 3) a nationwide survey of public health and juvenile court stakeholders to advance policy development related to reducing juvenile sexual health disparities. Other collaborations include studying mHealth intervention for treatment engagement among youth on probation and dating violence prevention for juvenile justice girls.

JANICE Y. TSOH is Professor In Residence in the Department of Psychiatry at LPPI and a licensed clinical psychologist. She received her B.A. from the State University of New York at Binghamton in 1990 and her Ph.D. in clinical psychology from the University of Rhode Island in 1995. She completed her clinical internship at the University of Mississippi Medical Center/VA Medical Center Consortium specializing in behavioral medicine. She completed a postdoctoral fellowship in cancer prevention at the MD Anderson Cancer Center in Houston, Texas and a fellowship in substance abuse treatment research at UCSF. Dr. Tsoh’s research program has been supported by the National Institute on Drug Abuse (NIDA), the American Cancer Society (ACS) and the California Tobacco Related Disease Research Program. Her research focuses on nicotine dependence and depression, and smoking cessation treatment in special populations including Asian Americans in community and primary care settings, depressed patients, and smokers in drug abuse treatment. Dr. Tsoh co-leads the Research Seminar with Dr. Yan Leykin.

CHRISTINA WEYER JAMORA is Health Sciences Assistant Clinical Professor in the UCSF Dept. of Psychiatry, and is a licensed psychologist. She is director of the Primary Care Behavioral Health Team at the Family Health Center and the General Medicine Clinic at SFGH. She also is the director of the SFGH Neuropsychology Service. Dr. Weyer Jamora received her B.S. in Nursing with a minor in Psychology from Indiana University-Southeast and her Ph.D. in Clinical Psychology from the California School of Professional Psychology-San Francisco. She completed her psychology internship at the Jersey Shore University Medical Center in Neptune, New Jersey. She completed a 2 year postdoctoral fellowship in clinical neuropsychology at SFGH General
Hospital and San Francisco Clinical Neurosciences. In both her research and clinical work, Dr. Weyer Jamora has specialized in traumatic brain injury and health psychology. She has worked in a variety of settings, including inpatient, outpatient, SFGH department of neurosurgery, private practice, and SFGH primary care. Her expertise in working with the traumatically injured and other medical illnesses has enabled Dr. Weyer Jamora to study the way in which their recovery and disease management are impacted by issues of emotional distress and decisional capacity. Dr. Weyer Jamora is trained in cognitive behavioral therapy, acceptance and commitment therapy, neurological rehabilitation, and theories of motivational interviewing.
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:

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The UCSF Clinical Psychology Training Program Doctoral Internship Year has earned APA accreditation through 2017. For more information regarding our accreditation please contact:

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