National Asian American Psychology Training Center of RAMS, Inc.

Doctoral Internship in Clinical Psychology accredited by the American Psychological Association

RAMS
NAAPTC Internship’s History and Accreditation Status

The National Asian American Training Center’s Doctoral Internship in Clinical Psychology is sponsored by RAMS, Inc., a freestanding, non-profit community mental health agency under contract with San Francisco City and County.

The National Asian American Psychology Training Center began operating in 1979. Started by RAMS, Inc. and originally funded by the National Institute of Mental Health, it was the first (and now, the oldest) program in the USA to focus on the development of expertise in working with Asian and Pacific Islander populations.

In 1980, our Doctoral Internship Program first received APA accreditation, which it has consistently maintained. Most recently, the APA re-accreditation site visit occurred in 2016; the internship has been re-accredited through 2023.

To verify the APA-accredited status of the NAAPTC Doctoral Internship, please check APA’s website (www.apa.org) or contact the APA Office of Program Consultation and Accreditation (Address: 750 First Street, NE Washington, DC 20002-4242; Phone: 202-336-5979; Email: apaaccred@apa.org).

RAMS Mission

“RAMS, Inc. (Richmond Area Multi-Services) is a private, non-profit mental health agency that is committed to advocating for and providing community based, culturally-competent, and consumer-guided comprehensive services, with an emphasis on serving Asian & Pacific Islander Americans. Founded in San Francisco’s Richmond District in 1974 by the Richmond Asian Caucus and originally named “Richmond Maxi-Center”, our agency offers comprehensive services that aim to meet the behavioral health, social, vocational, and educational needs of the diverse community of the San Francisco Area with special focus on the Asian & Pacific Islander American and Russian-speaking populations.”

NAAPTC Doctoral Internship’s Training Goals

The overall goal of the NAAPTC Doctoral Internship Program is twofold:

1. to train doctoral-level psychology interns to assume roles as scholar-practitioners, to support them in their development of a professional identity as a psychologist, and to facilitate individual professional growth and development of each intern, and

2. to equip interns with the generalist clinical skills and competencies required for successful postdoctoral training or entry-level professional work with a variety of patient populations across the life span in a broad range of clinical and community settings; particularly, to allow interns to develop special expertise in cultural competence and clinical work with Asian American and other minority communities in a public mental health settings and to enable building a repertoire of clinical assessment and intervention skills applicable to a wide range of clients, including the more disturbed and chronically troubled patient.

General Program Information

This full-time, yearlong, internship begins the first week of September and ends the last week in August. The yearly stipend is $36,067. Additionally, interns are provided with life insurance and full health coverage, including medical, visual, and dental benefits. Spouses/domestic partners are eligible to purchase coverage through RAMS. The training year includes 192 hours of PTO, 10 paid agency holidays, and two “floating” personal holidays (subject to supervisor’s approval).

Non-Discrimination Statement

While our program emphasizes diversity training and gives preference to applicants who have experience or demonstrated strong interest in working with minority clients and/or who are bilingual, the National Asian American Psychology Training Center and RAMS, Inc. are Equal Opportunity Employers and do not discriminate on the basis of race, culture, religion, ethnicity, nationality, class, physical ability, age, gender, gender identity, or sexual orientation.
Announcement Regarding the COVID-19 Pandemic

In compliance with San Francisco Mayor London Breed’s shelter-in-place order announced on March 16, RAMS suspended the majority of its in-person operations. On June 11, 2021, the San Francisco Department of Public Health issued a health order lifting some COVID-19 restrictions and replacing them with new COVID-19 guidance. The state and local health orders still maintain the employer’s discretion on business practices at our work sites.

As of August 2021, to ensure the safety of our clients, staff, and communities, many of our programs have gradually transitioned to a hybrid model of virtual and in-person services. Some programs remain temporarily suspended or operate at a reduced capacity. For programs that will provide in-person services, RAMS has issued health screening and safety protocols.

RAMS Outpatient Clinic, which provides the majority of interns’ supervised professional experience and services to adults, children and families is actively operational. As of August 2021, clinical services and trainings at this clinic are conducted using a hybrid model of virtual and in-person services.

Broderick Street Adult Residential Facility, one of the internship’s external clinical rotations, is in full operation.

Comprehensive Crisis Services, a program of the San Francisco Department of Public Health that serves as another external clinical rotation for the internship, is a “critical” service. As such, both its child- and adult-focus crisis teams have continued full, in-person operation even under the shelter-in-place order.

Division of Peer Based Services, another one of the internship’s external clinical rotations, is in full operation and conducts clinical services using a hybrid model.

Transitional Age Youth Empowerment (part of RAMS HireAbility Vocational Program, one of the internship’s external clinical rotation of the internship, is also actively operation and provides services both virtually and in-person.

George Washington High School Satellite Clinic / School-Based Mental Health Partnership Services Program operates at a reduced remote capacity and will not be available as a clinical rotation during the 2021-2022 internship year.

CAAP Counseling & Pre-Vocational Services, a RAMS program contracted by the San Francisco County Adult Assistance Programs, remains suspended and will not be available as a clinical rotation during the 2021-2022 internship year.

RAMS, Inc. closely follows recommendations of the San Francisco Department of Public Health regarding a gradual return to in-person, office-based work.

For up-to-date information related to COVID-19 in San Francisco, please go to https://www.sfdph.org/dph/alerts/coronavirus.asp.
Internship Training Goals and Target Competencies

1. Development and Consolidation of a Professional Identity

- **Professionalism:**
  Professional identity, integrity, and adherence to professional values; Professional deportment and accountability; Nonintrusive concern for the welfare of others; Lifelong learning, reflective practice, and continuing self-development

- **Adherence to Professional Ethics, Legal Standards and Policy:**
  Knowledge of and adherence to ethical / professional standards and guidelines; Knowledge of and adherence to laws, legal regulations, and agency policies; Ethical and legal awareness and decision making

- **Communication and Interpersonal Skills:**
  Effective verbal, nonverbal, and written communication; Effective interpersonal skills; Effective professional relationships with a diverse range of individuals and groups across settings and situations

- **Cultural Humility and Competency with Diverse Populations:**
  Cultural self-awareness and working knowledge of self as shaped by individual/cultural diversity and context; Working knowledge regarding diversity and understanding of others as shaped by individual/cultural diversity and context; Interaction of self and others as shaped by individual/cultural diversity and context; Commitment to working with issues of diversity

- **Research:**
  Utilization of scientifically derived knowledge in practice and professional development; Application of scientific methods for evaluating professional practices; Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities.

2. Development and Enhancement of Clinical Skills

- **Generalist Psychotherapy/ Intervention Skills and Knowledge Base:**
  Establishes and maintains effective relationships with patients and caregivers; Independently applies theoretical concepts and professional knowledge to organize and understand clinical material; Develops evidence-based treatment plans that are grounded in diagnosis and case conceptualization, set realistic goals, and consider clients’ preferences; Collaborative approach to treatment that maximizes learning from patients with the goal of meeting each client’s unique needs; Conducts on-going evaluations of intervention effectiveness; adapts intervention methods and/or goals accordingly. Expertise in conducting treatment with community mental health populations and ability to adjust approach to the diversity characteristics, setting and context.

- **Generalist Psychological Assessment Skills and Knowledge Base:**
  Knowledge of Assessment Methods, Instruments and Psychometrics; Selection of tests and construction of an assessment battery; Diagnosis, conceptualization and recommendations; Communication of assessment findings: Understanding of the collaborative therapeutic model of assessment; Understanding of assessment with diverse clients

- **Supervision:**
  Understanding of role expectations, processes, and procedures of supervision; Enhancing the learning and professional functioning of others (proto-supervisory skills); Peer-supervisory practices

- **Consultation, Advocacy, and Interdisciplinary Skills:**
  Understanding of the role of a consultant in the context of shared and distinctive contributions of other professions in multidisciplinary community mental health system of care. Implementation of consultation and collaboration with other professionals. Professional feedback and communication of consultation findings to others.
NAAPTC Training Model and Philosophy

The NAAPTC Doctoral Internship in Clinical Psychology is an experience-based training program that provides socialization into the profession of psychology and development of generalist entry-level psychology practice skills: proficiency in psychological assessment and conduct of psychotherapy (individual, family, group and couples) across the life span with a variety of patient populations and in a broad spectrum of clinical settings. The hallmark of our training program is the focus on development of informed clinical sensitivity to diversity (particularly in regard to Asian American and Russian-speaking minorities), and on building a repertoire of assessment and intervention skills applicable to a wide range of clients, including more disturbed and chronically troubled patients.

While receiving didactic and supervisory training, interns function as integral members of the RAMS clinical staff. Our multi-lingual, multi-cultural, and multi-disciplinary treatment team includes psychologists, psychiatrists, psychiatric nurses, mental health peer specialists, clinical social workers, vocational counselors, and marriage and family therapists. Because of the rich diversity of the client population and treatment team, interns have the opportunity to hone their clinical skills and consolidate their professional identities as psychologists while developing advanced sensitivity to issues of race, culture, ethnic identity, religion, class, disability, gender, and sexual orientation.

The variety of clinical experiences offered through the RAMS Outpatient Community Mental Health Clinic, low-fee counseling center at the Asian Family Institute, and the three available clinical rotation sites (Comprehensive Crisis Services, Peer Division Program/ TAY HireAbility Services, and Adult Residential Treatment Program) allows our program enough flexibility to accommodate each intern’s specific learning needs. Interns have a chance to practice their skills treating a wide spectrum of mental disorders with a broad range of clients (with respect to age, marital status, ethnicity, etc.) in various clinical modalities, and in an array of clinical and community settings, both online and in-person. The formal training curriculum (didactic seminars, case conferences, individual and group supervision) is designed to parallel and complement this intense clinical exposure and to facilitate interns’ growth as clinicians and psychologists.

Our internship’s training model is that of the Scholar/Practitioner, which underscores preparation for scientifically informed professional psychology practice. Consistent with this model, our internship emphasizes professional identity and clinical skills development through provision of diverse types of direct patient care rooted in a knowledge-based, theoretical foundation, empirical data, and informed sensitivity to diversity issues. Interns’ learning from this intense experiential exposure is supported by ongoing evaluation of the efficacy of their interventions and continued treatment planning in meeting patients’ needs.

While we expect the doctoral programs to prepare students theoretically, our training emphasizes the integration of theory with practice. The training blends experiential and didactic methods of professional development and is bolstered by professional reading. Direct clinical services in a variety of settings (e.g., the experiential) are supported by didactic seminars (grounded in theory and empirical knowledge) that aim to enhance academic education and to reduce pertinent clinical or cultural limitations. We utilize supervision as a bridge between experiential and didactic methods. While providing didactic instruction timed to interns’ particular needs, dilemmas, and concerns, both individual and group supervision provide a model of clinical work that encourages interns to draw their own experiential conclusions. In keeping with the scholar/practitioner model of training, following most seminar and group supervision sessions, we distribute professional articles on clinical, ethical, and professional development issues or on relevant matters of cultural, ethnic, religious, or gender diversity that emerge during meetings. Sometimes readings on a particular topic are assigned before a presentation to inform the group discussion.

Through integration of theoretical and clinical reading with discussion of case material in seminars and supervision, interns learn to formulate their cases in accordance with psychological models of development, theories of clinical dynamics, and accumulated empirical data about diversity. They also learn to define assessment, diagnosis, and treatment goals with reference to DSM-5 criteria and information regarding documented treatment efficiency.
For completion of the program, we require three types of scholarly products that integrate empirical material with the body of professional literature: an individual Cultural Competency Project (an applied clinical study of clinically relevant cultural phenomena); three formal clinical case presentations (with a comprehensive write-up that includes both clinical and cultural formulations), and at least four integrated assessment reports on a full test battery.

Given the dearth of research that systematically demonstrates the generalizability of empirically supported practices for minority, immigrant and indigent populations, the task of integration of the science of psychology with clinical practice is not an easy one. To be attuned to diversity, we cannot simply build upon the existing literature, but rather must practice informed skepticism and meet the challenges of attending to complex social issues.

Spanish poet Miguel Unamuno aphoristically stated: “True science teaches, above all, to doubt and to be ignorant.”1 For an internship program specializing in clinical work with disenfranchised and minority clients, it is particularly important to enable interns to bring into their clinical practice not only the knowledge of psychological science but also its scientific attitudes: rigorous attention to data, disciplined inquiry, and hypothesis-based thinking that is open to change in the face of evidence. To quote George Stricker,2 the author of the “local clinical scientist” training model, “We owe it to our patients to collect data systematically about what we do so that we can learn from our experience and do better next time.”

Even though our program does not fully subscribe to the “local clinical scientist” training model, we do share its ideal of a clinician who, in addition to drawing on relevant literature, approaches the solution of a specific local problem with an overarching sense of scientific discipline. We teach our interns to deal with each individual treatment like it is as a unique mini-research project that occurs in the context of the consultation room: to generate clinical hypotheses and to verify them by empirical observations, to select interventions on the basis of case formulations, and to support/modify hypotheses based on the interventions’ outcomes.

The theoretical orientation of the NAAPPTC internship is psychodynamic, with emphasis on Object Relations, Interpersonal, and Contemporary Relational approaches. These approaches emphasize the therapist’s function as a participant observer – someone who is readily available to clients’ input (both verbal and emotional, communicated by impact3) and who studies such input to understand better not only the client’s psyche but also his/her own functioning in the “bi-personal field”4 of clinical work. The patient is viewed as a credible interpreter of the therapist’s experience in the clinical encounter; learning from patients without abandoning the therapist’s own knowledge and experience-informed perspective is encouraged. This approach allows interns to conduct every treatment as a disciplined co-participant inquiry with the goal of meeting each client’s unique needs.

The supervisory function focuses on the clients’ experience and the impact of clinical interventions on that experience. Interns learn to evaluate the effectiveness of their interventions by “tracking” clients’ reactions in the session, studying each case as it progresses, and observing the improvement of clients’ functioning both within the therapy setting (e.g., treatment compliance, increased eye contact, ability to talk about problems, insight) and outside of it (e.g., decrease in symptoms and liabilities, increase in coping mechanisms, progress toward contracted treatment goals). We also foster interns’ ability to study themselves with the same inquisitive scientific attitude and to explore the impact of their own clinical and cultural biases, beliefs, and assumptions on their work.

This attitude of informed curiosity and co-participant inquiry enables interns to go beyond the unquestioned use of technique-based or empirically supported approaches, and to develop strategies that are both rooted in the accumulated body of knowledge and respectful of clients’ cultural and individual diversity. We encourage interns to carry such openness to learning from clients into their future work as scholar-practitioners so that they can help advance the relevance of the theories and practices of psychology to the needs of seriously mentally ill and minority patients in the public sector.

2 Stricker, G., The Local Clinical Scientist, Evidence-based Practice, and Personality Assessment, 2006; 86(1): 4-9
Core Internship Training Activities

While many specific training experiences are tailored to assessment of interns’ competencies, these core internship training activities are required of all interns:

Orientation Program
Orientation to the NAAPTC Internship Program, RAMS Outpatient Clinic, External Rotations, and the San Francisco Community Mental Health System. Three Weeks in the beginning of the year.

Clinical Work at the RAMS Outpatient Clinics
Individually, group, family, and dyadic psychotherapy with adult and child clients; clinical case management; new client intakes; initial/ongoing clinical assessment and treatment plan development; comprehensive psychological assessment/testing; clinical documentation, charting, and billing; multidisciplinary team work. In an average week this includes: 8 therapy hours; 1 hour of clinical intakes; 1 hour of psychological testing; about 2 hours of non-direct casework and charting/paperwork as needed.

Clinical Rotation Training
8 hours per week of clinical services, supervision, teamwork, and didactic training at two successive external clinical rotations chosen from three options that represent different levels of mental health treatment, prevention and rehabilitation.

Clinical Supervision (all hours are per week)
2 hours of individual supervision on outpatient therapy cases (1 hour with director of training/primary supervisor and 1 hour with a staff psychologist who serves as delegated supervisor); 1 hour of group supervision with an external delegated supervisor on outpatient therapy cases; 1 hour of assessment group supervision and .5 hour of individual supervision on assessment cases with assessment supervisor (plus the ongoing report writing support via phone/email as needed); 1 hour of Cultural Competency Project supervision with the director of training (in the summer, after interns complete their Cultural Competency Projects, this is replaced by 1 hour of Professional Issues Seminar with director of training); 1.5 hours of group supervision on rotation experiences, supplemented by ongoing, hands-on modeling and mentorship at rotation sites (formats differ at different rotations).

Teamwork Meetings
Weekly hour-long training group meeting (includes practicum trainees); monthly 1.5-hour-long inter-program Clinical Grand Rounds, at the Outpatient Clinic; weekly multidisciplinary team meetings at rotation sites; yearly daylong “All RAMS Professional Retreat” with the RAMS CEO, Executive Leadership Team, management and staff from all RAMS programs.

Didactic Seminars
Weekly 1.5-hour-long Intern & Trainee Seminar (includes practicum trainees); weekly 1.5-hour-long RAMS Outpatient In-Service Clinical Training (includes practicum trainees, postdoctoral fellows, and clinical staff); weekly 1-hour-long Assessment Seminar; team meetings and in-service trainings at rotation sites (formats vary). Additionally, interns can enroll in one or both elective 1-hour-long weekly seminars (Group Consultation/Seminar on Working with Children and Families and Clinical Approach and Sociocultural Considerations in Working with the CMH Clients) and attend All RAMS Training Series (format varies, from 1.5-hour-long to half-day events).

Clinical Case Conferences
Monthly 1.5-hour-long Adult Clinical Case Conference and monthly 1.5-hour-long Child Clinical Case Conference at the Outpatient Clinic (includes practicum trainees, postdoctoral fellows, and clinical staff from multiple programs); case conferences at rotation sites (formats vary); weekly 1.5-hour-long Intern and Trainee Clinical Case Conference (four months in the second part of the year).

3 Optional attendance of the monthly Adult Outpatient Team and Child, Youth, & Family Team meetings.
**Scholarly Projects and Presentation of Professional Work**

To facilitate development of interns’ professional identity as psychologists as well as research and professional presentation skills, for completion of the internship, the program requires three types of scholarly products that integrate empirical clinical material with the body of professional literature.

- one individual Cultural Competency Project, including a written treatise and an in-service oral presentation to an audience of fellow interns, practicum trainees, and clinical staff from multiple RAMS programs
- three formal clinical case presentations, including a comprehensive written case formulation, an hour of detailed process notes, oral presentation, and group discussion (one child or adult case is presented to an audience of peers at the Intern and Trainee Case Conference; one adult and one child case are presented to an outside expert discussant and a large audience of clinicians at the RAMS Adult and Child Clinical Case Conferences, respectively).
- At least four psychological assessment reports on a comprehensive battery of tests, each to include: integrative case write-up, recommendations to the client and feedback to referral source. Each intern is required to present two assessment cases in the Assessment Seminar; they are also encouraged to present their assessment work at the RAMS Clinical Grand Rounds and/or team meetings at their rotation sites.

**Peer Supervision:**

Doctoral interns are expected to hone their proto-supervisory and consultation skills by providing feedback, guidance, and advisement to psychology practicum trainees and masters-level interns. The Team Meetings and Intern and Trainee Clinical Case Conference provides the formal settings for this practice. As the year progresses, interns are expected to take on more leadership (under the guidance from the director of training) and, during the second half of the case conference series, they independently facilitate one case conference session each.

**Optional Training Activities**

Interns may choose to engage in several optional activities:

- Under supervision, providing ongoing peer consultation to a para-professional clinical staff or to a less experienced trainee.
- Delivering one didactic presentation to one of the RAMS programs’ clinical staff; topic is determined by both interns’ interests and program training needs.
- Participating in outreach efforts raising mental health awareness in the communities RAMS serves (health fairs, NAMI events, parenting classes, translation of psychoeducational materials, etc.)

**Interns’ Weekly Time Commitment Guidelines**

<table>
<thead>
<tr>
<th>Training and Supervision (about 17 hours per week)</th>
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<tbody>
<tr>
<td>2 hrs Individual clinical supervision with primary and secondary supervisors</td>
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<tr>
<td>2 hrs Group supervision on psychotherapy cases, including one elective consultation group</td>
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<tr>
<td>2 hrs Rotation supervision: weekly 1.5 hrs of formal group supervision, supplemented by hands-on training, mentorship, and team meetings at rotation sites</td>
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<tr>
<td>2 hrs Assessment Seminar/Group Supervision and individual supervision on assessment cases</td>
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<tr>
<td>1 hr Group supervision on Cultural Competency Project</td>
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<tr>
<td>3 hrs Didactic Seminars and Clinical Conferences at the Outpatient Clinic</td>
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<tr>
<td>1 hrs Teamwork meetings, clinical grand rounds, and consultation with multidisciplinary staff</td>
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<tr>
<td>4 hrs Dissertation support, Cultural Competency Project, and professional literature review time</td>
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**Direct and Indirect Clinical Services (about 18 hours per week)**

<p>| 9 hrs Outpatient clinical services (psychotherapy, case management, new clinical intakes) |  |
| 2 hrs Administration, scoring &amp; interpretation of psychological tests (time for testing at rotations subtracted) |  |
| 5 hrs Clinical Work at Rotation Sites (time for supervision, team meetings &amp; lunch break subtracted) |  |
| 2 hrs Clinical charting, treatment plan development, and indirect case work |  |</p>
<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td><strong>MONDAY</strong></td>
<td>10:20 -11:10</td>
<td>Group Supervision on Outpatient Therapy Cases</td>
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<td></td>
<td>mandatory, starts 10/11</td>
<td>with Clara Kwun, LCSW, psychoanalyst in Private practice</td>
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<tr>
<td></td>
<td>2:00-3:00</td>
<td>Group Consultation/Seminar on Working with Children &amp; Families</td>
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<td></td>
<td>recommended, starts 10/4</td>
<td>with Michael Litter, PsyD, psychotherapist in private practice</td>
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<tr>
<td></td>
<td>3:00-5:00</td>
<td>Psychological Assessment Seminar and Group Supervision</td>
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<td></td>
<td>mandatory, starts 10/4</td>
<td>with Mai Nguyen, Psy.D, and Sahil Sharma, Psy.D.</td>
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<tr>
<td><strong>TUESDAY</strong></td>
<td>10:20-11:50</td>
<td>Intern/Trainee Seminar and Case Conference</td>
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<td></td>
<td>mandatory, starts 10/5</td>
<td>with Flora Chan, PsyD, interim director of training (and guest speakers)</td>
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<tr>
<td></td>
<td>12:00-12:50</td>
<td>Virtual Training Center: Intern/Trainee Group Lunch on Zoom</td>
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<td><strong>WEDNESDAY</strong></td>
<td>schedule varies</td>
<td>In-Service Clinical Training and Treatment Team Meetings</td>
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<td>3:00-4:00</td>
<td>mandatory, starts 9/29</td>
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<tr>
<td><strong>THURSDAY</strong></td>
<td>1:30-3:00</td>
<td>Groups and Systems: Group Supervision on Rotation Experience</td>
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<td></td>
<td>mandatory, starts 10/14</td>
<td>with Sasha Zinchenko, PhD, RAMS Supervising Psychologist</td>
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<td></td>
<td>4:00-5:00</td>
<td>Clinical Understanding and Sociocultural Considerations in Working with Community Mental Health Clients</td>
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<td></td>
<td>recommended, starts 10/14</td>
<td>with Chiyon Won, Psy.D., Senior Psychologist at UC Berkeley CAPS and former staff and former staff and intern at RAMS</td>
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<td><strong>FRIDAY</strong></td>
<td>schedule varies</td>
<td>Clinical Rotation Day</td>
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<td></td>
<td>mandatory, starts 10/1 &amp; 10/8</td>
<td>Clinical work and supervision at the External Rotation Sites</td>
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<td>*For the intern at the Comprehensive Crisis Rotation, the orientation dates are on: Thursdays 9/23 &amp; 9/30, 9a-5p. Beginning on 10/8, the rotation will be on Fridays, 9a-5p.</td>
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<td>*For interns at TAY/Peer Services and Broderick Rotation, the orientation date is Friday, 9/24 and clinical work and supervision will begin on 10/1.</td>
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RAMS Outpatient Clinic Training

The RAMS Outpatient Clinic is a free-standing mental health facility contracted by the City and County of San Francisco to provide community-oriented mental health services to individuals and families throughout the life span. Clinical work with these clients makes up the majority of doctoral interns supervised professional experience throughout the year.

While receiving didactic and supervisory training, interns function as integral members of the clinic’s diverse staff. Our multi-lingual, multi-cultural, and multi-disciplinary treatment team includes psychologists, mental health peer specialists, marriage and family therapists, clinical social workers, psychiatrists, and psychiatric nurses from an exceedingly broad variety of cultural backgrounds. This provides an opportunity and creates a demand to practice multidisciplinary collaboration in a diverse professional environment.

Adult cases are assigned through Adult Outpatient and Prevention Services; child cases are assigned through Children, Youth and Family Services. The Asian Family Institute’s low-fee counseling center also refers clients to interns. Combined, these three RAMS programs (with over 1000 open cases) cover the full range of diagnostic groups throughout the life span. Many of these patients suffer from severe and persistent mental illnesses. The client population is extremely culturally diverse, which affords interns rich exposure to clinical work with minority clients, in particular, Asian Americans and Russian-speaking immigrants. Additionally, because of the nature of the client population, interns learn counseling related to trauma, mourning, and adaptation to major life changes.

Training Objectives/Competencies
Interns have the opportunity to hone their clinical skills while exercising flexibility in using clinical theory and methodology to account for diversity matters and to accommodate more disturbed and chronically troubled patients’ needs. Interns are expected to build a repertoire of culturally competent psychotherapy and clinical case management skills applicable to a broad variety of clients and situations across the life span. Interns are also expected to establish proficiency in culturally informed clinical assessment, including the ability to consider clients’ strengths and liabilities through a cultural lens and to make the evaluation data relevant to functional life skills and client’s own goals. Through close collaboration with the treatment teams at the Outpatient Clinic and other RAMS programs, as well as with a broad variety of San Francisco mental health, social service, medical, and educational organizations, interns sharpen their consultation and professional presentation skills and gain knowledge of outpatient clinic-based treatment’s place and function in the overall system of care. These experiences also afford interns close familiarity with the specific roles psychologists play in the community settings and help them consolidate their professional identities as psychologists.

Responsibilities and Caseload Requirements
At the Outpatient Clinic, doctoral interns are expected to provide about 13 hours weekly of various clinical services, including initial clinical intakes; administration of psychological assessments; individual, family, and dyadic psychotherapy; case management; collateral work; consultation with other providers; charting and billing.

Interns begin their training year with a small caseload of relatively stable “transfer” psychotherapy cases (4 to 5 patients). As interns’ skills and confidence grow, they build their assessment caseloads, and their therapy caseloads increase in both size and complexity. Assignment of specific clinical duties is both self-guided (by interns’ initial self-evaluations, learning plans, and caseload requests) and closely monitored (according to supervisors’ evaluation of each intern’s progress towards the program’s target competencies).

The director of training screens intakes and client transfers to assign psychotherapy cases that meet interns’ learning needs, professional interests, and skill sets. The assessment supervisor selects psychological testing cases from a diverse pool of referrals and assigns them in accordance with their evaluations of interns’ competence and interests. In all areas of clinical experience, interns perform services under explicit, hands-on mentorship; as skills solidify, they are expected to function more autonomously and to become full-fledged team members under supervision to assure competent clinical work and continued learning.
External Clinical Rotations

To diversify interns’ clinical training experience and to provide comprehensive exposure to the system of community-based mental health services, doctoral interns are assigned to two consecutive clinical rotations. Each intern spends one day a week at a rotation site delivering clinical services and receiving on-site training and supervision, which is provided both individually and in treatment team consultation (specific clinical duties and training/supervision arrangements vary depending on rotation).

The two rotations are selected from three options that represent different levels of mental health treatment and prevention: Crisis Services, Residential Treatment, and Vocational Support. All rotations provide intensive exposure to teamwork in a diverse multidisciplinary setting located within, and collaborating with, a non-mental-health institution (medical hospitals and police; board and care home; employers and social service agencies). Functioning as team members at these settings allows interns to learn about the value and challenges of cross-disciplinary and inter-organizational cooperation. It also fine-tunes and consolidates interns’ professional identities as clinical psychologists. At every rotation, interns have the opportunity to engage in a combination of individual assessment/evaluation and psychological intervention; group therapy and/or milieu work; and case management, collateral treatment, and professional consultation. Each rotation offers a unique set of clinical issues, treatment approaches, and client populations, and sets specific expectations in regard to interns’ clinical duties and performance.

Rotations are assigned according to both self-guidance and perceived “best fit.” At the beginning of the year, interns do a “rotation tour,” which serves a dual function: interns’ orientation to the rotation sites and a “job” interview. The director of training, who accompanies interns on the tour, facilitates a discussion between the interns and the site’s treatment team to differentiate the training opportunities available at each rotation and to help clarify each intern’s training needs and interests. Interns rank their rotation choices and specify how they would like to sequence them. The director of training, in consultation with the rotation supervisors, strongly considers interns’ preferences when assigning rotations.

Each intern will go through two eight-hours-per-week, six-month-long rotations:

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<tr>
<th>Intern A</th>
<th>Intern B</th>
<th>Intern C</th>
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<tr>
<td>September through February</td>
<td>Crisis Services: SF Department of Public Health CCS Program</td>
<td>Vocational Support: RAMS Peer Division &amp; TAY HireAbility Programs</td>
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<tr>
<td>March through August</td>
<td>Residential Services: RAMS Broderick Street ARF Program</td>
<td>Crisis Services: SF Department of Public Health CCS Program</td>
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Comprehensive Crisis Services Rotation

The San Francisco Department of Public Health Comprehensive Crisis Services program comprises child- and adult-focus crisis teams. Child Crisis Team helps children experiencing problems such as acute depression, suicidal or homicidal ideation, psychosis, family violence, truancy and school behavioral problems. Immediate crisis evaluations and crisis stabilization services are offered in the CCS office and also in the community. Upon arrival, the Child Crisis team conducts a 5150 crisis evaluation to determine if the child needs to be involuntarily hospitalized at a psychiatric facility, or if the child is safe to receive treatment on an outpatient basis. The team also provides consultation, home visits, short-term psychotherapy, and referrals to community treatment programs. The Mobile Crisis Team provides evaluation and treatment to San Francisco adults who are experiencing psychiatric emergencies and may also have concomitant substance abuse issues. The service is mobile and will provide services wherever necessary. Its goal is to conduct an early intervention before the situation escalates to a critical crisis point; to assess and stabilize crises; to link clients to community services; and to divert hospitalization and psychiatric emergency room services whenever possible. Individuals who meet criteria for Welfare and Institutions Code 5150 are involuntarily detained and transported to the hospital. Interns have the opportunity to develop proficiency at establishing rapport with individuals and families in acute distress and become skilled at crisis assessment and intervention.

Adult Residential Services Rotation

Licensed by the California Department of Social Services - Community Care Licensing Division, the Broderick Street Adult Residential Facility is a pioneering program, which provides community-based, long-term home for 33 adults who have serious, persistent mental illnesses and medical conditions requiring monitoring. Many residents of this program are monolingual Asian Americans. The program’s culturally competent services include room and board; basic care and supervision; individual therapy; case management; crisis management; medical support services; and therapeutic activity groups focused on symptom management, interpersonal issues, wellness, and recovery. The Placement Team of the San Francisco Department of Public Health facilitates admission into BSARF; referrals come from a variety of sites within the system of care. Interns have the opportunity to develop skills in group therapy and psychological assessment with complex clinical cases in which psychological, medical, and situational factors are closely intertwined.

Vocational Support Services Rotation

This external clinical rotation affords interns the opportunity to work and learn at two separate and distinct vocational- and employment-focus programs. RAMS Division of Peer-based Services is a pioneering program that trains and employs people with a lived experience of mental illness to support others with similar challenges. Transitional Age Youth Empowerment, a division of RAMS HireAbility Vocational Program, focuses on helping underprivileged youth between 15 and 25 years old who face obstacles in continuing their education and/or entering the workforce. At the Peer Division Program, interns have the opportunity to become proficient in providing inter-disciplinary consultation and running workplace wellness support groups for peer counselors. At the TAY Empowerments programs, interns build expertise at conducting comprehensive, vocationally focused psychological assessments that target learning / work-task management strategies and provide specific recommendations aimed at supporting clients in reaching their vocational and educational goals. Combined, interns’ experience at these programs supports building a wide repertoire of assessment, consultation, and intervention in the vocational rehabilitation and employment support areas.
Clinical Supervision & Group Consultation/Seminars

Doctoral interns receive 3-4 weekly hours of individual, face-to-face or teleconferencing supervision and 4-5 weekly hours of group supervision/consultation/seminars. While mainly psychodynamic and systems in approach, supervision takes many different formats:

Supervision on Outpatient Psychotherapy Cases
- **1 hour of weekly individual supervision with the primary supervisor,** who holds overarching responsibility for interns’ professional performance and learning.
- **1 hour of weekly individual supervision with the delegated supervisor,** who assumes primary responsibility for approximately half of the intern’s outpatient clinical cases.
- **1 hour of weekly group supervision with an external delegated supervisor.** Interns take turns presenting their clinical work to each other and the supervisor, who provides theory-informed framework for the discussion, helps integrate input from various participants, and offers feedback, suggestions and modeling that target interns’ case formulation, intervention, and proto-supervision skills.

Supervision of Rotation Clinical Work (different formats at different rotations)
- **1.5 hours of weekly group supervision with the rotation supervisor,** who bears primary responsibility for interns’ rotation work and learning related to groups and systems. The group format allows for modeling of group work and practice of proto-supervision skills. This is supplemented by mentorship, hands-on training, and additional supervision at rotations. Assessment supervisor supervises assessments conducted at rotation sites.

Assessment Supervision
- **.5 hour of weekly individual supervision with the assessment supervisor,** supplemented with ongoing assessment and report writing support via phone/email as needed (15 minutes per week on average). Since interns come to the program with different levels of testing proficiency, individual meetings allow for supervisory instruction that is tailored to the unique learning needs of each intern, and for full attention to the specific issues involved in their testing cases.
- **2 hours of weekly Psychological Assessment Seminar/Group Supervision with the assessment supervisor.** The group format allows interns the opportunity to learn from each other and to practice their proto-supervision skills as they cooperate to review assessment data, score and interpret test protocols; discuss diagnostic hypotheses, feedback and consultation strategies; and ponder assessment-related clinical, cultural, and professional dilemmas.

Supervision on the Intersection of Clinical, Cultural, and Professional Issues
While always emphasizing the interplay between all three frameworks, this weekly supervision with the director of training goes through two distinct stages:
- **1 hour of weekly Cultural Competency Project Meeting (October through June).** Under supervision, and towards development and implementation of their required individual Cultural Competency Projects, interns help each other consider a variety of clinical, teamwork, and training experiences, as well as relevant systemic phenomena through culturally informed lenses.
- **1 hour of weekly Professional Issues Seminar (July-August).** Under supervision, interns process and critically evaluate their clinical, cultural, and teamwork experiences within the framework of legal, ethical, and professional standards.

Elective Consultation Groups/Seminars (each intern is required to select one of these groups and can choose to attend both; these groups also include some externs)
- **1 hour of weekly Consultation Group/Seminar on Working with Children & Families:** Interns take turns presenting their cases to each other and the instructor, who facilitates group discussion, makes suggestions regarding therapy techniques, and helps participants situate their work against the background of psychological knowledge.
- **1 hour of weekly Consultation Group/Seminar on Clinical Understanding and Sociocultural Considerations in Working with Community Mental Health Clients:** Interns read assigned articles, discuss their clinical and sociocultural implications, and present clinical cases and professional dilemmas to be considered within this explicitly defined theoretical framework. The instructor facilitates group discussion and helps interns to articulate sociocultural dimensions of their work, to apply theoretical concepts to case formulation and treatment planning, and to monitor the outcomes of clinical interventions.
Beginning of Supervision: Some Issues to Discuss

- What types of clients/issues/therapy modes you have worked with
- Whether you have any previous experience providing telehealth services
- Whether you have any preferred therapeutic approach
- What you see as your particular strengths in clinical work
- Any clients or issues you have had trouble working with
- What your expectations/goals for this training year are
- Under what conditions you generally learn best
- Any conditions you are aware of that tend to hinder your learning
- What your previous supervision experience was like
- What supervision methods and styles have worked well for you
- What you did not like about your previous supervision experiences
- Whether you had a chance to use supervision to confront any personal biases that might affect your work as therapist and, if so, what it was like for you
- How you receive feedback, in particular, feedback that you might experience as negative
- Your level of comfort at giving feedback to your supervisors and how it worked in your previous supervision experiences
- How a supervisor can help you to give him/her candid feedback, including feedback about things you find difficult or do not like
- What kind of procedures exist to make sure that you can provide such feedback about supervision on an ongoing basis
- How client assignments are to be made
- Your supervisor’s expectations from you as a supervisee (e.g., the format of supervision, use of process notes, scope of issues to discuss, etc.)
- How to reach your supervisor outside of scheduled supervision sessions
- How planned leave time is taken and how to handle unexpected absences
- How your performance will be evaluated (criteria, frequency, format, etc.)
- How you feel about your first sessions with this supervisor
- What important issues have been left out and need to be discussed in the near future
First and foremost, all SPE should best be conducted pursuant to the best practices and accepted standards that have been developed over time by the American Psychological Association, the Association of Psychology Postdoctoral and Internship Centers (APPIC), and the California Psychology Internship Council (CAPIC).

Prior to the Commencement of SPE:
The following issues should be discussed between the supervisor and the trainee. (A written agreement between supervisor and trainee could include these details and more, as determined by the participants):

1. Specific expectations regarding time commitments
   - The supervised work will begin [date] and will continue through [date]
   - Expected number of hours the trainee is to work per week
   - Number of hours of supervision during that period and on what schedule

2. How client assignments are to be made
3. Expected models or conventions of intervention
4. How reimbursement for services is to occur, including amounts
5. Space and other resources that are to be made available to the trainee
6. Details of arrangements for malpractice insurance
7. Goals of supervised experience
   - Supervisor’s
   - Trainee’s
8. The format of supervision (e.g., case notes; audio or videotape; live supervision, etc.) and the supervisor’s interactional style
9. Expected role of trainee in supervision sessions (e.g., Will the supervisor take a teaching role? Will the supervisor address counter transference, etc.?)
10. Contingency plans in case of emergency
    - How will trainee reach supervisor?
    - Procedures to follow in responding to an emergency
11. Supervisor’s preferences regarding record keeping
12. Performance evaluation
    - Frequency
    - Evaluation criteria
    - Format of evaluation

Best Supervision Practices Include:
1. Clear role induction at the outset (Expected roles and behaviors of both supervisor and trainee)
2. Maintenance of clear professional boundaries (e.g., does not use the trainee as a confidant or involve the trainee in conflicted dynamics within the setting)
3. Provision of clear feedback, both positive and negative, about the trainee’s performance
4. Most supervision theorists believe that some level of conflict is inevitable in supervision as in any relationship. Therefore, the supervisor should:
   - Discuss conflict when it occurs
   - Take responsibility for his/her role in the conflict that arises
   - Seek consultation if the conflict reaches an impasse (because supervision is a hierarchical relationship, the ultimate responsibility for this resides with the supervisor)
5. Respect for human diversity and individual differences that may exist between the supervisor and trainee. The supervisor makes it clear to the trainee that discussions of such differences are safe and appropriate.

Quality Supervision is NOT:
1. Placing the delivery of services above the trainee’s professional needs
2. The supervisor using supervisory sessions as an opportunity to talk primarily about his or her own cases or him/herself

Trainees Should Always Remember:
The supervisor may be liable for any of the trainee’s actions during the supervised experience. Therefore, it is the trainee’s responsibility to keep the supervisor as fully informed as possible about the trainee’s work with clients and about their client’s responses. If the trainee is experiencing discomfort about any aspect of the supervision experience, it is the trainee’s responsibility to address the discomfort directly with the supervisor.
Psychological assessment training is an integral part of the NAAPTC internship. It aims to enable interns to develop empirically- and theoretically-informed, consumer-driven, entry-level psychological assessment skills applicable to a wide range of clients, treatment settings, and referral questions.

The seminar curriculum is based on contemporary research on and theoretical learning from concepts and practices related to psychological testing and cognitive neuroscience, with an emphasis on cross-cultural assessment and collaborative/therapeutic assessment. The training consists of an intensive Orientation Program, followed by weekly two-hour Assessment Seminar/Group Supervision and .5 hour individual supervision on assessment cases, supplemented as-needed with phone and email consultation on testing and report writing. Every intern is required to complete at least four comprehensive testing batteries during the training year. Remote-in-office assessments and tele-assessment are conducted during the COVID-19 pandemic. Thus, both standardized test administration and modified tele-assessment administration will be reviewed. The core curriculum is supplemented with clinical, didactic, and academic training covering a wide range of topics and issues that arise as students deal with their assigned assessment cases.

Each of the four comprehensive assessments comprises clarification of the referral questions; collection of pertinent background and historical information; administration, scoring, and interpretation of the assessment measures; interpretation and integration of all assessment data in light of the referral questions and the client’s own assessment goals; writing of a client feedback letter and an integrated assessment report that includes a culturally informed clinical case formulation, full DSM 5 diagnosis, and treatment recommendations; and providing feedback to the client and consultation to the referral source. The comprehensive testing batteries are based on a combination of the following: cognitive tests and basic neuropsychological screening measures, such as the WAIS-IV, WISC-V, WJ-IV, WMS-IV, CVLT-2, ROCF, and D-KEFS (selected subtests); personality and emotional functioning tests, such as the Rorschach (R-PAS scoring), MMPI-2RF, HTP, RISB, AAP, and TAT; and self-report measures. Typically, specific referral questions result in supplementation of these assessment instruments by other measures, such as the Beery VMI, CPT-3, ABAS-III, WRAML-2, RBANS-2, Colored Progressive Matrices, CTT, BASC-3.

Psychological testing cases are assigned by the assessment supervisor, who selects them from a pool of assessment referrals that come from multiple RAMS programs. Relatively straightforward assessment referrals are chosen as the first two assignments, with more complex testing cases being assigned as an intern’s developing competence warrants. Given the diversity of the populations served and the services offered by RAMS, interns have latitude in selecting their testing cases. They have the opportunity to test adults and children with a variety of issues in living, mental health diagnoses, cultural backgrounds, and primary languages, and to provide consultation on assessment and treatment plan development within a number of different treatment settings (e.g., outpatient clinic, prevocational counseling program, and residential care home for individuals who are struggling with both mental and medical illness).

Interns are expected to build a repertoire of testing skills applicable to a broad range of clients, including patients with severe and persistent mental illnesses; to establish entry-level proficiency of culturally informed comprehensive psychological assessment and clinical evaluation in a variety of treatment settings; to develop the ability to consider clients’ strengths and liabilities through a cultural lens; and to make assessment data relevant to referral questions, functional life skills, and clients’ own goals.
Didactic Training

The training year starts with an intensive three-week-long Orientation Program. After that, interns’ didactic curriculum includes five training seminars per week (supplemented by trainings at the clinical rotation sites). Two of these seminars are for interns only (the 60-minute-long Cultural Competency Project Meeting/Professional Issues Seminar and the 60-minute-long Assessment Seminar). At the other two seminars (the 90-minute-long Intern & Trainee Seminar and the 80-minute-long In-Service Clinical Training), interns are exposed to clinical and diversity issues in the context of a multidisciplinary treatment team and training cohort. Interns can also choose one or both of the elective 60-minute-long weekly consultation groups/seminars: Clinical Understanding and Sociocultural Considerations in Working with Community Mental Health Clients and Relational Work with Children & Families (open to doctoral psychology interns, postdoctoral psychology fellows, and practicum students).

Each seminar features a core training curriculum (sequenced to parallel and support the interns’ learning process) and “targeted” presentations or discussions (designed to address particular issues encountered in clinical work). This enables didactic instruction that both is grounded in psychological science and theory and meets the intern group’s particular needs as they face the unique populations served at RAMS.

The Orientation Program occurs during the first three weeks of the training year. Interns do not generally see clients during this time. To welcome interns into the RAMS community, the first day of the training year begins with an introductory meeting with the internship training team, followed by interns’ participation in an in-service adult case conference. This way, interns have the opportunity to meet their supervisors and colleagues in an informal atmosphere, to get immediate and direct exposure to the clinical culture at RAMS, and to start developing a support system that will help them function as part of the treatment team.

This introduction is followed by a slate of didactic presentations and discussions designed to 1) familiarize interns with the structure, functions, and essential procedures of RAMS, Inc.; the San Francisco community mental health system; and pertinent state and federal regulations; 2) introduce interns to RAMS’s treatment philosophy and sensitize them to the rewards and challenges of working with community mental health populations; 3) ensure a shared understanding of the internship’s training goals and objectives, policies and procedures, and the structure and sequencing of training activities.

Throughout the orientation, interns work closely with the director of training, who helps to clarify each intern’s learning needs and interests and guides their selection of clinical rotation sites and elective training experiences. At the end of the orientation period, the director of training schedules a formal meeting with interns to answer their questions and to provide a detailed review of the internship program. This is also when the yearlong conversation about professional issues (such as stresses and self-care during the internship year as well as the rewards and challenges of working with community mental health patients) begins.

By the end of the orientation, and to advance to the next stage of training and start delivering professional services, interns must pass the Privacy/Confidentiality Certification Test (on HIPAA regulations, SFPDH policies, and RAMS policies and procedures relating to the protection of patient information) and Compliance Certification Test (on compliance policies, procedures, and standards of SFPDH and State and Federal laws and regulations). They also must become certified in using the evidence-based, computerized assessment and treatment planning systems employed by all San Francisco community mental health organizations: ANSA (Adults Needs and Strengths Assessment) and CANS (Child Assessment of Needs and Strength). Additionally, interns are required to perform a self-evaluation (using our standard Evaluation of Intern Clinical and Professional Development form), which inform supervisors’ preliminary understanding of each intern’s individual professional growth needs and limitations. Interns’ self-assessments serve as a starting point for development of individual learning plans and help us tailor the core training curriculum to the learning needs of the particular intern class.
The Intern & Trainee Seminar (yearlong, Tuesdays, 10:20 am - 11:50 am) involves doctoral psychology interns, psychology practicum trainees, and interns from other mental health disciplines. Interim Director of Training, Flora Chan, is responsible for the development and implementation of this seminar’s training curriculum. She also serves as the seminar facilitator and main instructor.

The purpose of this weekly 90-minute seminar is to advance interns’ clinical and cultural knowledge towards the program’s target competencies, to shore up any relevant limitations in their doctoral-level education, and to support interns’ learning from clinical work and other experiential professional exposure. This seminar also serves as a counterpart to the In-Service Clinical Training, which runs in parallel to it. The seminar allows for close monitoring of interns’ professional development and for identification and processing of any difficulties learning the didactic content provided at the In-Service Clinical Training. Additionally, having practiced professional discussion within a large peer group, interns are better able to actively engage in and take advantage of professional discussions, including those that involve clinical staff and external discussants/presenters.

The Intern & Trainee Seminar is structured and timed to parallel and facilitate interns’ development of target training competencies and of the yearlong treatments they conduct. Correspondingly, in the course of the training year the seminar goes through several distinct stages.

For the first part of the year, this seminar is didactic. The initial sessions serve as an orientation to the seminar; they offer a historical overview of treatments for the poor and mentally ill, and an introduction to systemic dynamics present within community mental health settings. This is followed by a series designed to lay the foundation for culturally informed psychodynamic therapy with the poor, minorities, and severely mentally ill in a community mental health center. At this stage, instruction is delivered mainly as lectures and discussions of assigned professional articles. To facilitate development of interns’ ability to apply psychological concepts to clinical work, these modes of training are supplemented by illustrative analyses of interns’ nascent work with their clients, as well as of clinical and supervision vignettes provided by the instructor. In this way, in addition to building the requisite knowledge base for the development of clinical competence, the seminar targets interns’ professional presentation competence, in particular, their ability to demonstrate clinical acumen in a professional discussion and to provide peer consultation.

The next series of trainings is designed to help interns increase their cultural knowledge and to foster greater cultural self-awareness in clinical and systemic contexts. At this stage, training is mainly experiential. It consists of individual presentations and group discussions of cultural predilections that influence how interns and trainees conceive of their work and their clients, and how they experience themselves in the context of therapeutic relationships and the field. Assigned professional articles provide the overarching theoretical framework for these discussions.

Later in the training year, when interns and trainees develop more competence and confidence as clinicians, the Intern & Trainee Seminar becomes a four-months-long weekly Clinical Case Conference. Each intern and trainee is required to deliver one formal clinical case presentation, which includes a comprehensive case write-up (with both cultural and clinical formulations), professional literature references, and case material. Interns serve as co-facilitators of the case conference (in a peer-supervisor capacity). This affords them the opportunity to further advance their professional presentation competency and to hone their developing proto-supervision skills. The director of training provides role modeling and ongoing evaluative feedback on interns’ performance as peer supervisors.

Toward the end of the training year, the focus of the seminar shifts again, this time toward termination with clients and with the training program, evaluation of treatment outcomes, and related professional development issues.
The In-Service Clinical Training (yearlong, Wednesdays, 9:10 am-10:30 am) involves doctoral psychology interns, postdoctoral fellows, psychology practicum trainees, interns from other mental health disciplines, and clinical staff from the RAMS Outpatient Clinic. It is also open to clinicians and trainees from all other RAMS programs, who have the option of attending this in-service training if the topic is relevant to their clinical work and interests.

Interim Director of Training, Flora Chan, Psy.D, is responsible for the development and implementation of this training series’ curriculum.

The didactic facet of the In-service Clinical Training focuses on comprehensive psycho-socio-biological treatments for complex mental disorders, as well as on social and cultural factors that influence symptom manifestation and treatment course. Since the program is psychodynamic, most presentations emphasize contemporary psychoanalytic theories and psychodynamic treatment principles as they apply to severe mental illness and to working with minorities.

In an attempt to create a training experience most suited to interns’ and staff's learning needs, this seminar features a two-fold didactic curriculum. The core curriculum, designed to reflect major issues of treatment planning and implementation at RAMS, is largely unchanged year after year. It emphasizes assessment and clinical interventions with the more disturbed/chronically troubled client, and issues related to working with diverse populations. Presentations supplementing the core curriculum are tailored to meet the current intern group’s particular needs as it faces the unique populations served at RAMS.

This flexible curriculum allows the In-service Clinical Training to parallel and support the development of yearlong treatments conducted by interns. In the beginning of the training year, the training focuses on the “the basics”: the role and function of the “therapy frame” and “treatment contract” in working with disturbed patients. This is followed by a series of trainings on the levels of personality organization (Autistic-Contiguous, Paranoid-Schizoid, and Depressive positions), which provides a theoretical framework for case conceptualization and sets the stage for in-depth discussions of intervention strategies designed for different levels of personality organization.

Subsequent seminars feature a slate of speakers on specific clinical, multicultural, and professional development issues related to comprehensive, multidisciplinary treatment of community mental health clients. These topics include burnout prevention and self-care strategies; stage-of-treatment-related dynamics; and evidence-supported/“best practice” approaches to treatment of specific mental health issues and to working with particular populations.

As part of the In-service Clinical Training series, interns are required to present at least one adult and one child case to the entire clinic’s staff and to an invited discussant (usually, a psychoanalyst or a psychodynamic therapist practicing in the community). This is also the setting in which interns present their Cultural Competency Projects. In this manner, they have the opportunity to conduct a professional presentation to a group of colleagues with advanced experience and training. This is our way of introducing doctoral interns to the role that psychologists play in contributing to and advancing our understanding of the human experience.

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The series also includes three yearlong monthly clinical case conferences: Clinical Grand Rounds, Adult Case Conference and Child Case Conference, described separately – see “RAMS Case Conferences”).

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Clinical Case Conferences

The RAMS Outpatient Clinic has several ongoing case conferences, each with a different focus and audience.

The Clinical Grand Rounds (yearlong, monthly, 9:00 am -10:25 am on first Wednesdays of the month) is a cross-program clinical forum allowing staff, interns, and trainees from several RAMS programs to gather and take part in a free-flowing conversation on a pre-selected clinical topic relevant to their work. Clinical cases and vignettes presented to illustrate the topic under consideration usually focus on a client or family receiving clinical services from multiple programs or providers. The directors of the Child, Youth and Family (CYF) Services, Adult Outpatient Program (AOP), and training moderate the conversation.

The Adult Clinical Case Conference (yearlong, monthly, 10:30 am-12:00 pm on first Wednesdays of the month) is part of the In-Service Clinical Training and involves doctoral interns, postdoctoral fellows, practicum trainees, and the Adult Outpatient Program staff. The directors of the AOP and training oversee this conference.

The Child Clinical Case Conference (yearlong, monthly, 9:10 am -10:30 am, on final Wednesdays of the month) is also part of the In-Service Training and includes interns, postdoctoral fellows, and externs, along with the outpatient and school-based staff from Children, Youth & Family Services. The directors of CYF and training oversee this forum.

Both Child and Adult Case Conferences involve an external discussant who provides an in-depth analysis of the clinical case and moderates the discussion. Typically, the discussants represent a psychodynamic approach to therapy. However, depending on the nature of the case and requests of the presenter, other arrangements can be made. RAMS clinicians take turns presenting their cases. Each doctoral intern is required to present at least one adult and one child case in this format.

Participation alongside staff and supervisors in these trainings affords interns the opportunity to hone their clinical skills and to build professional presentation competency. Usually, at the beginning of the year, interns prefer to mainly listen to their more experienced colleagues. Later, as they develop more confidence, interns feel free to ask questions, make comments, and participate in discussions. By mid-year, interns become ready to face the initially intimidating prospect of presenting their clinical work to an outside expert in front of a large professional audience. The experience of having presented their clinical work alongside the clinic’s staff bolsters interns’ professional confidence and helps them assume co-facilitator roles in the smaller and more intimate Intern and Trainee Case Conference.

The Intern and Trainee Clinical Case Conference (second half of the training year7, weekly, 10:25 am -11:55 am, Tuesdays) involves practicum trainees and doctoral interns only. This conference is overseen by the director of training.

Each participant is expected to deliver one formal case presentation. This includes a comprehensive clinical case write-up (clinical work with a client of their own choice, described from a knowledge-based perspective grounded in theory, empirical data, and informed sensitivity to diversity), an hour of process notes from a recent therapy session, and an oral presentation of a case to the peer group.

In addition to offering another opportunity for honing clinical and case presentation skills, the Intern and Trainee Clinical Case Conference also affords doctoral interns a venue for trying their hand at peer supervision with less experienced colleagues (psychology practicum students and interns in counseling and social work). In this forum, doctoral interns serve as co-facilitators alongside the director of training, who provides role modeling and ongoing instructive/evaluative feedback on their supervisory performance. Towards the end of the training year, each intern has a chance to facilitate one session of this case conference independently (under supervision).

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7 During the first semester, the Intern and Trainee Seminar is run as a didactic clinical training and a seminar on cultural self-awareness in clinical settings (described separately, see “Intern and Trainee Seminar”).
Intern & Trainee Case Conference Presentation Format

I. Purpose: The formal clinical case presentation provides therapist-presenters an opportunity to hone their professional presentation skills, to build confidence with demonstration of their clinical acumen to a group of colleagues, and to receive consultation from other participants along with supervision from the facilitator. It also gives participants the opportunity to provide peer supervision, to develop and practice their proto-supervisory skills, and to learn about therapeutic problems, crises, impasses, conflicts, and approaches with clinical cases that are not their own.

Each participant presents one clinical case. Group members are welcome to offer their observations and hypotheses about the case and the dynamics of the session. Doctoral interns are expected to serve as co-facilitators alongside the director of training. As the case conference progresses, each doctoral intern is encouraged to facilitate one case conference session independently (under supervision).

Examples of topics/questions within the context of the case presentation include:

- Diagnostic issues and considerations
- Issues related to the therapeutic frame and boundaries
- Concerns about the “fit” between client and treatment approach
- Culture-specific clinical issues and treatment modifications
- Treatment dilemmas related to client’s substance use
- Transference and countertransference illustrations and dilemmas
- Issues related to interaction with other professionals involved with the case
- Therapeutic crises or impasses and ways to resolve them
- Stage of treatment (e.g., beginning of treatment or termination) issues

II. Written Handout: A comprehensive case description (without any identifying information) must be written and distributed to all group members a week prior to the scheduled presentation day. The write-up should integrate multiple sources of data (client’s perspective, collateral information, therapist’s perspective, ANSA/CANS data, other measurements, etc.); provide evidence of clinical work and thinking that are supported by professional literature/evidence research; and cover the following areas:

- Reason for Referral and Presenting Problem
  Besides referral information, this part should include clients’ subjective perception of their problems and expressed goals for treatment (provide direct quotes if you can). It should also reference the intake information (including the DSM-5 Self-Rated Symptom Measure data when available); ANSA/CANS data; the goals included in the Treatment Plan of Care; and your perception of client’s reasons for being in treatment.

- Description of the Client (physical, behavioral, and social)
  Age, gender, culture, and primary language as well as level of comfort with the language used in therapy; patient’s current situation, including SES, means of support, living situation and significant others; MSE at the first visit (including physical appearance, cognitive, behavioral, emotional presentation, and style of interaction with therapist); and any observed variations in client’s behavior and appearance during the course of treatment.

- Brief Pertinent Life History
  Social/cultural/SES background; family of origin: composition and relationships among family members; and family history of mental illness, substance use and trauma. What is known of patient’s early developmental history, significant relationships, and school experiences; relationship, education, work and leisure pursuits throughout patient’s lifetime; relevant medical history (including medications). If applicable, include immigration history, military service, substance use/abuse, problems with the law/incarceration, and any other significant events. Current family: composition, background, history, and relationships. Include any pertinent cultural, class, and social factors that have affected patient’s development and functioning.

- Psychiatric and Other Treatment History of the Presenting Problem

8 This biography will inevitably contain an amalgam of your patient’s view of her/his life, accounts by others, and your attempts at reconstruction of her/his history. Make sure to identify your perception vs. the patient’s.
Dates, lengths, and treatments modes; crises and hospitalization history, including precipitating factors if known; medications prescribed and compliance history; treatment termination history; patient’s perception of past treatments (include direct quotes if you can).

**DSM-5 Diagnosis** (non-DSM diagnostic impressions can be added, if helpful)

Should include the “focus-of-treatment” diagnosis and any secondary diagnoses and rule-outs. Reference ANSA/CANS, the DSM-5 Self-Rated Symptom Measure data, and any psychological testing data when available.

**Treatment Planning**

Chosen modality and current goals for the treatment; rationale for choosing a particular treatment approach and perceived “fit” between the approach and patient’s issues. This part should integrate professional literature/evidence research with the patient’s diagnosis and background, ANSA/CANS data, Treatment Plan of Care goals, etc.

**Brief Summary of Current Treatment**

Course of treatment: establishment of the therapeutic relationship; emergence of major themes and attempts to address them; and termination issues. Note treatment crises and intrusion of outside factors, such as illness, divorce, or move to a new place. For each phase, give examples of topics discussed; patterns of behavior and ways of relating as manifested in and outside of therapy; salient transference/countertransference issues.

**Monitoring of Treatment Outcomes**

Progress towards agreed-upon goals of treatment and any other signs of improvement. This section should also cover how you monitor outcomes, both for your interventions within each session and for the overall treatment.

**Cultural Formulation** (with implications for assessment and treatment)

Follow the DSM-5 Outline for Cultural Formulation (OCF) 9: Cultural Identity of the Individual; Cultural Conceptualization of Distress; Psychosocial Stressors and Cultural Features of Vulnerability and Resilience; Cultural Features of the Relationship between the Individual and the Clinician; and Overall Cultural Assessment.

**Clinical Case Formulation** (from any chosen theoretical orientation)

Hypotheses about how the patient has developed difficulties and what supports maladaptive patterns. For example, you may develop a tentative workup of longstanding personality style (ego-functioning, characteristic defenses, capacity for and type of object relations, major conflicts, etc.) and its developmental antecedents. Conversely, you may focus on cognitive patterns, schemas, and faulty information processes regulating patient’s perception of self and others. Formulation should draw on your observations of relational dynamics, and on hypotheses about the origin of the transference/countertransference patterns in the patient-therapist relationship. It should also incorporate cultural factors delineated above.

**Current Clinical Concerns**

Besides the list presented above, you may include anything that puzzles you about the case or any treatment decisions with which you would like to receive help.

**III. Process Notes:** Typed process notes of a recent psychotherapy hour (as close to verbatim as possible, PHI removed) are distributed to all participants on the day of the presentation. The notes are presented to the group and discussed in detail (in light of the case data, clinical and cultural formulation, and the issues the presenter asks to address).

**IV. Presentation:** Presentations start with questions from the group about any pertinent information that needs to be clarified in the write-up. Then the presenter takes about 10 minutes to present the case, including any additional information since the write-up was completed. The purpose is to help the group better understand what it is like for the therapist to work with this particular client, rather than merely to go over the written text. The group then asks questions and/or make comments with the aim of enhancing the clinical and cultural formulations. Next, the therapist presents process notes from a recent session. This is followed by a group discussion that focuses on the presenter’s stated concerns. In addition, the facilitator may ask the conference to focus on a particular clinical, cultural, or theoretical issue.

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NAAPTC Cultural Competency Training

The development of clinical sensitivity to diversity is a hallmark feature of the NAAPTC internship. The NAAPTC understands diversity as all differences related to culture, ethnicity, race, national origin, class, religion, gender, sexual orientation, and physical condition. It is an aspect of clinical work and professional functioning that permeates the internship's learning environment.

Through exposure to a diverse client population, training cohort, and clinical staff, interns are faced with their assumptions about various cultures. This creates an opportunity and demand to address one's own cultural biases and limitations in tolerating diversity. In this environment, the interns' cultural sensitivity is demonstrated in the overall context of their professional responsibilities. Clinical aspects of diversity are discussed in supervision, case conferences, and didactic seminars on an ongoing basis. The Intern and Trainee Seminar also includes a focused four-month-long Cultural Self-awareness Module. In addition, interns can utilize the experience and expertise of diverse training cohorts and staff who are not core training faculty. In this way, peers and staff act as cultural consultants to cases with particular diversity issues, and supervisors often encourage interns to seek consultation on those cases.

A structured part of the NAAPTC diversity training is the required Cultural Competency Project, which is designed to provide structural scaffolding for, and to facilitate the development of, clinical sensitivity to diversity. The project comprises a clinical study that explores an intersection of clinical and cultural/social issues in light of interns’ own cultural biases and predilections. It must be of sufficient scope and depth that four weekly hours allotted to this work over the course of nine months are needed to complete it.

The director of training supervises interns’ work on their projects during the weekly hour-long Cultural Competency Project Meeting. It is conducted as a combined psychodynamic group supervision/clinical seminar where interns discuss their work, process various aspects of their internship experience, and help each other consider a variety of clinical, systemic, and training phenomena through culturally-informed lenses.

With help from their peers and supervisor, each intern identifies a specific cultural bias that may be affecting his/her clinical work, and chooses a relevant aspect of psychological functioning in the selected group’s culture on which to focus. As interns plan their individual projects and consider how they want to test their biases, they present their nascent ideas at the meeting and collaboratively ponder relevant clinical, cultural, and professional examples.

Throughout the course of this work, exploration of cultural biases is informed and shaped not only by feedback from the other members of the group, but also by cultural aspects of the group process. Supervision is focused on enabling interns to draw their own experiential conclusions. The director of training helps interns reflect on their functioning in diverse professional environments; facilitates discussion of cultural issues present in their clinical work and in the group process; assigns readings to bridge interns’ own insights with the accumulated body of professional knowledge; and helps find “cultural consultants.” As such, this forum provides a working model for considering intersections between cultural and clinical issues.

Staff clinicians and therapists in the community are available to work formally as mentors to interns as well as informally as sources of advice and support. In the summer, interns present their Cultural Competency Projects to the entire staff at the In-service Clinical Training. A written version of their presentation is added to the training library as a resource for staff and future interns.

At the end of the training year, interns’ attention starts to shift to the next developmental stage: postdoctoral residency or entry in the professional workforce. To parallel and support their professional development, this weekly training becomes the Professional Issues Seminar. For the last two months of the year, the discussions and assigned readings focus on a broad range of professional, legal, and ethical issues relevant to psychologists’ work as well as on exploration and evaluation of the learning and growth interns have achieved over the course of the internship year.
Cultural Self-Awareness

Objective: To develop a level of self-awareness, including awareness of one’s own cultural biases and countertransferential tendencies, which permits optimal use of one’s own emotional reactions and behavioral responses to diverse client populations.

The following questions are provided as a guideline only. You don’t have to answer them in any particular order and may skip any of them or add anything you wish.

To help other group members relate to your cultural identity, please bring a personal/family photograph or an object that represents something meaningful about your culture.

Please be ready to tell the group about your experience of your own culture and cultural differences.

1. Describe your ethnic/cultural/social identity.
2. What was the ethnic, cultural and social makeup of the place where you lived as a child?
3. Describe who in your family influenced your sense of your cultural identity or any significant childhood experiences that shaped it.
4. What was your first encounter with a culture different from your own?
5. What reactions towards other cultures have you observed – in yourself, in your family, in other people?
6. So far, what has been the closest (or the most meaningful) encounter with a different culture? How did it affect you?
7. How do people tend to react to you as a representative of your culture?
8. What characteristics of your native culture do you experience as essential parts of yourself?
9. Is there anything about your native culture you experience as foreign to you?

If you can think of an interesting/difficult situation in your work related to your cultural identity, please share it with the group.

1. Any situations involving a client’s reactions to cultural differences between you and the client?
2. Any situations involving your reactions to cultural differences/similarities between you and your client?
3. Any situations involving cultural differences/similarities between you and your supervisor?
4. Any situations where you catch yourself judging one culture by standards of another?
5. Any situations where you catch yourself “excusing” pathology to be “tolerant” of another culture?
6. Any situations where you feel that there is a “culture clash” between a client’s culture and conventional approaches to therapy?
7. Any situations where you feel that there is a “culture clash” between your culture and conventional approaches to therapy/supervision?
8. Any situations where either your or your client’s language (fluency, accent, choice of expressions, use of slang or jargon, etc.) was an issue?
## Concept of Cultural Humility

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<tr>
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<th>Cultural Competence</th>
<th>Cultural Humility</th>
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<tbody>
<tr>
<td><strong>Goals</strong></td>
<td>• To build an understanding of minority cultures to better and more appropriately provide services</td>
<td>• To encourage personal reflection and growth around culture to increase service providers’ awareness</td>
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<td><strong>Values</strong></td>
<td>• Knowledge</td>
<td>• Introspection</td>
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<td>• Training</td>
<td>• Co-learning</td>
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<td><strong>Shortcomings</strong></td>
<td>• Enforces the idea that there can be ‘competence’ in a culture other than one's own.</td>
<td>• Challenging for professionals to grasp the idea of learning with and from clients.</td>
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<td>• Supports the myth that cultures are monolithic.</td>
<td>• No end result, which those in academia and medical fields can struggle with.</td>
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<td>• Based upon academic knowledge rather than lived experience.</td>
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<td>• Believes professionals can be &quot;certified&quot; in culture.</td>
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<tr>
<td><strong>Strengths</strong></td>
<td>• Allows for people to strive to obtain a goal.</td>
<td>• Encourages lifelong learning with no end goal but rather an appreciation of the journey of growth and understanding.</td>
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<td>• Promotes skill building.</td>
<td>• Puts professionals and clients in a mutually beneficial relationship and attempts to diminish damaging power dynamics.</td>
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Cultural Competency Projects Completed by NAAPTS Doctoral Interns

Reem Abu Hweij (2021). It’s Not Me, It’s You: When Old Aggressors Meet
Lee, Audrey Sangeun (2021). Contextualizing the Meaning of Cultural Morality in Psychotherapy
Timothy Kim (2020). My Mother Looks Like Connie Chung?
Sahil Sharma (2020). To See or Be Seen: Reflections of an Immigrant Therapist
Wendy Ong (2020). What if I Told You I am not a Person of Color?
Andy Nguyen (2019). White-space Reversal: Feeling Foreign in the Familiar
Kira Steifman (2019). It’s Not Me, It’s You: Disavowal of Vulnerability in the Cultural Sphere
Jenna Hanson (2018). Taking on Whiteness
Adrea Lao (2018). Speaking the Unspeakable: The losses that lost our voice
Jeffrey Suiter (2018). A Psychological Paradox: Searching for the “Shiny Man” while Being a “Good Black Man”
Raha Ghasemi (2017). MUSLIM-ISH: Being the Other in Trump’s America
Katerina Tsapanidou (2017). The Immigrant Clinician and the Immigrant Patient: Loss, Mourning, and the Mother Tongue
Stephanie Lim (2016). “Parentified Child” Therapist and “Parentified Child” Client
Jung Yeon Yim (2016). “What’s in a Name?”: Developing Professional Identity as an Immigrant Therapist
Alexey Tolchinsky (2015). Psychodynamic Psychotherapy with a Client from the Same Cultural Tradition
David Cushman (2014). Working at RAMS as a White Therapist: Between Colonizing & Feeling Consumed
Al Wong (2014). Lost in translation: Son of Chinese Immigrants Working with His “Native” Culture
Long On (2014). Honorifics and Set Roles with Vietnamese Clients: “Little Nephew” as a Therapist?
Chiyon Won (2013). Religion and Faith in Clinical Encounter
Papu Ramakrishnan (2013). Knowing and Not-knowing

Flora Chan (2012). ChineseAmerican: Is There Space In Between?

Christine Mok-Lamme (2012). Culture and Gender in Treatment: Reflections of a Female Chinese American Therapist

Tom Wooldridge (2011). An Exploration of a Therapist’s Biases about Couple’s Therapy

Carissa Dwiwardani (2011). Not Meant to Play this Part?” Young Therapist’s’ Experience in Conducting Therapy with Older clients

Sangeeta Prasad (2011). One Befuddled Therapist’s Journey through Cultural Resistance: The Subjectivity of Telugu Culture


Lee Wong-Holland (2010). I am Whatever You Say I am”: Therapist’s Cultural Identity and Working with Clients’ Transferences

Corinna Press (2010). Woman’s Coming to Terms with Hate in the Therapy Room

Alice Shim (2009). Translation of the Western Psychotherapy Training into the Korean Relational Paradigm: How Does it Work?


Choi, Jean (2008). Resurrecting a Dead Mother Tongue: Clinical Implications of Native Language Loss in the Psychotherapeutic Encounter


Heo, Jayoung (2007). A Reflection on the Virginia Tech Massacre


Okasha, Sharif (2007). Us And Them: An Exploration of Fundamental Biases Emerging from the Therapeutic Dyad

Kotagal, Shyam (2006). Intersection of Sexuality and Gender Roles in Identity Dynamics

Cheung, German (2006). It’s GA+Y or +GAY: How does Christianity Read with Homosexuality

Zurfluh, Thomas (2006). A Therapist’s Bias Against Religion


Thompson, David (2005). Countertransference with African Americans

Ng, Hawlan (2004). Clinician of Color Discussing Race-related Clinical Issues in a Multi-racial Group of Clinicians

Yao, Ping (2004). Chinese Clinicians, Chinese Clients, Western Approaches: Issues of Cultural Fit

Hwang, Wei-Chin (2003). To Reveal or not to Reveal Psychiatric Diagnoses to Chinese Clients: Are We Being Culturally sensitive?

Lin, Sheening (2003). Racial Prejudice within the Gay Community


Lewellen, Tracy (2002). Countertransference with a Disabled Client

Li, Monica (2002). Countertransference and Ethnicity Matching with Asian Therapist

Cleary, Brian (2001). Understanding Transsexualism: The Invisible Culture in America

Lin, Stephany (2001). Incorporating Hispanic/ Latin-American Spiritual Believes of Santeria & Espiritismo into Mental Health Treatment

Peter Ly, (2001). Cambodian Believes Regarding Mental Health & Mental Illness


Diaz, Sandra. (2000). The Therapeutic Use of Rituals in the Treatment of Addiction among North American Indians from the Perspective of an Alcohol and Drug Treatment Center in Canada: Poundmaker’s Lodge/ Nechi Institute


Ayoub, Amana (1999). Socio-Cultural Perceptions of Mental Health from the Asian Client’s Perspective: Focus on Cambodian Beliefs


Inoue, Sachi. (1998). The Role of Client-Therapist Ethnicity Match in Countertransference


Detailed Training Curriculum, Core Readings, & Schedules
Licensed by the California Department of Social Services - Community Care Licensing Division, the Broderick Street Adult Residential Facility is a pioneering program, which provides community-based, long-term home for 33 adults who have serious, persistent mental illnesses and medical conditions requiring monitoring. Many residents of this program are monolingual Asian Americans. The program’s culturally competent services include room and board; basic care and supervision; individual therapy; case management; crisis management; medical support services; and therapeutic activity groups focused on symptom management, interpersonal issues, wellness, and recovery. The Placement Team of the San Francisco Department of Public Health oversees admission into BSARF; referrals come from a variety of sites within the community system of care.

At this rotation, interns have the opportunity to build skills in clinical work with complex cases in which psychological, medical, and situational factors are closely intertwined. They learn to conduct psychological assessments of multiply diagnosed patients, develop assessment-based behavioral modification recommendations for residents, and provide practical treatment consultations to multidisciplinary treatment staff. Taking part in the program’s milieu treatment and therapeutic community building efforts while having the opportunity to design and facilitate a therapeutic activity group for the program’s residents enables interns to form an in-depth understanding of treatment approaches effective in working with this client population. Additionally, interns become familiar with the array of integrated medical, behavioral health, and housing services offered to residents and gain knowledge of the benefits and features of residential care programs and their role in the overall system of care for clients with dual and triple diagnoses.

**Responsibilities and Caseload Requirements**

- Conduct clinical work and staff consultation as a member of a multidisciplinary residential treatment team, including participation in clinical meetings, shift reports, case conferences, and treatment planning.

- Provide comprehensive psychological assessments of one or two patients (depending on intern’s competency assessment) in the residential environment. This includes administration, scoring, and interpretation of psychological tests; interview with patients and team members; formulation of a provisional diagnosis and recommendations (to be discussed with and approved by the supervisor); writing of integrated assessment reports; completion of required documentation; and presentation of results to relevant care providers.

- Observe, design, and lead (or cofacilitate, depending on intern’s competency assessment) a therapeutic activity group tailored to the behavioral health needs of the program’s residents. As group leaders, interns will have primary responsibility for all clinical and administrative duties typically performed by clinicians leading groups, such as developing group curriculum, reporting significant events from the group to the treatment team, and documenting services and client responses.

- Provide additional clinical services based on intern interests and competencies, as assessed by the supervisory team. These services may include individual consultation, additional group activities, participation in milieu treatment, therapeutic community building efforts, and conducting a training session for the facility staff, amongst others.

In all areas of supervised professional experience, interns will begin by shadowing supervisors and other clinical service providers; will progress to performing services alongside them; and, as skills solidify, will ultimately provide these services more autonomously (under supervision). Examples for how interns will assume increasing autonomy are listed below:
Interns shadow the facility staff in order to understand the program’s structure, policies, procedures, and Medicare documentation requirements. They progress to assisting with documentation of services. By the final phase of the rotation, interns are expected to document services and incidents independently with follow-up reviews conducted by their supervisors and the program’s administration.

Interns participate in initial engagement activities and introductions with the client population during the first phase of the rotation. As interns become familiar with the challenges, diagnoses, and goals of each client, they collaborate with the program staff to identify appropriate milieu interactions and interventions. By the final phase of the rotation training, interns are expected to be able to meet independently with chronically and severely mentally ill clients and to assume increased responsibility for coordinating milieu and community enhancement in the form of client outings, case management, interpersonal interactions, etc.

As interns gain familiarity with the program and its approach to supporting residents, they get a chance to learn about and observe therapy groups run by staff members. About a month into the rotation, with their supervisor’s help and input from the program’s administration, interns are expected to design a group therapy activity in line with clients’ needs and their own interests/skill sets. In the final phase of training, interns are expected to lead or cofacilitate a therapy group for residents, under supervision.

During the initial training phase, with input from the program’s staff, interns identify candidates for psychological assessment. They then proceed to conduct comprehensive assessments with at least one client, under supervision. In the course of these assessments, interns present preliminary results at the weekly clinical meeting to address any difficulties with the process and to receive initial feedback. After completing the assessment process, interns present the findings, including recommendations for treatment, to the clinical and medical staff.

**Training Objectives/Competencies**

- Identify and understand the psychological needs of individuals in residential care who suffer from a combination of chronic and severe mental illnesses, ongoing medical conditions, and history of substance abuse problems.
- Learn differential diagnosis in complex cases; recognize symptoms and functional impairments related to closely intertwined mental, physical, and situational issues.
- Learn to develop assessment-based behavioral modification recommendations suitable for residential treatment.
- Become skilled at applying clinical understanding within the residential care milieu and practical treatment consultations to multidisciplinary treatment staff.
- Gain skills at designing and conducting time-limited therapy group for clients with severe mental illnesses in residential care.
- Understand the benefits and features of residential care programs and their role in the overall system of care for clients with severe and persistent mental illnesses.

**Clinical Supervision and Training**

Administrative oversight and on-site consultation are provided by Program Director Kristin Chun, LMFT. Weekly off-site clinical supervision is provided by Rotation Supervisor Alexander Zinchenko, PhD and Assessment Supervisor Mai Nguyen, PsyD.

**Schedule**

Rotation placements are September through February and March through August. Rotation day is Friday, eight hours per week on average, including off-site supervision.

**Location and Phone**

Address: 1421 Broderick Street, San Francisco, CA 94115.
Phone: 415-292-1760
Comprehensive Crisis Services

The San Francisco Department of Public Health Comprehensive Crisis Services program comprises child- and adult-focus crisis teams. Child Crisis Team helps children experiencing problems such as acute depression, suicidal ideation, homicidal ideation, psychosis, family violence, truancy and school behavioral problems. Immediate crisis evaluations and crisis stabilization services are offered in the CCS office and also in the community. Upon arrival, the Child Crisis team conducts a crisis evaluation to determine if the child needs to be involuntarily hospitalized at a psychiatric facility (5150 evaluation), or if the child is safe to receive treatment on an outpatient basis. The team also provides consultation, home visits, short-term psychotherapy, and referrals to community treatment programs. The Mobile Crisis Team provides evaluation and treatment to San Francisco adults who are experiencing psychiatric emergencies and may also have concomitant substance abuse issues. The service is mobile and will provide services wherever necessary. Its goal is to conduct an early intervention before the situation escalates to a critical crisis point; to assess and stabilize crises; to link clients to community services; and to divert hospitalization and psychiatric emergency room services whenever possible. Individuals who meet criteria for Welfare and Institutions Code 5150 are involuntarily detained and transported to the hospital. Interns have the opportunity to develop proficiency at establishing rapport with individuals and families in acute distress and become skilled at crisis assessment and intervention.

Interns placed at this rotation have the opportunity to conduct clinical work as a member of the Comprehensive Crisis Services’ diverse multidisciplinary treatment team, including taking phone crisis screens; conducting crisis evaluation/assessment interviews; and implementing treatment plans of care. At this rotation, interns become skilled at crisis assessment and intervention both in the field and in the crisis clinic; gain knowledge of resources available to effectively triage cases, and for follow-up care for individuals and families; and develop in-depth understanding of the laws, policies, and procedures involved in involuntary hospitalization due to danger to self, danger to others, or grave disability related to a mental illness. Interns also learn the structure and features of Comprehensive Crisis Services’ programs, and their role in the overall San Francisco City and County Department of Public Health system of mental health care.

Responsibilities and Caseload Requirements

- Perform clinical work as a member of the Comprehensive Crisis Services’ multidisciplinary treatment team, including participation in weekly team meetings and ongoing consultation with the clinical staff on shift.
- Conduct phone crisis screens and participate in face-to-face crisis evaluation/assessment interviews. This includes collection of detailed history and assessment of psychosocial context (including history of present and past mental health issues and treatment, review of existing and closed charts), and obtaining collateral information from family members, caregivers, school teachers, outpatient treatment providers, and others.
- Perform detailed patient Mental Status Exams.
- Formulate provisional diagnosis and treatment plan of care recommendations and complete all required documentation.
- Present each case to the Officer of the Day (O.D.).
- Following an assessment of a patient, have clinical discussion with team members to develop and implement a treatment plan of care.
- There are a number of other professional services that interns may provide at this rotation (e.g., short-term crisis stabilization). The particular menu of activities assigned to a given intern concords with the intern’s interests and the supervisory team’s assessment of competency levels in each area.
In all areas of supervised professional experience, interns start with shadowing a supervisor or other members of the treatment team and performing services alongside them. As skills solidify, interns will be expected to provide these services more autonomously (as team members and under supervision). Examples for how interns will assume increasing autonomy are listed below.

- Interns will start with shadowing team members conducting crisis phone screens; advance to performing phone screens under close hands-on monitoring as competence grows (this level of competency is expected by the end of the rotation’s first month); and move to conducting phone screens independently when deemed ready by supervisor.
- Initially, interns will be watching crisis evaluation/assessment interviews conducted by team members; based on supervisor’s assessment of competency, they are expected to progress to assisting the team with selected aspects of crisis evaluation (this level of competency is expected by the end of the rotation’s first month); and conduct crisis evaluation/assessment interviews as the First Lead under supervision when ready (this level of competency is expected in the rotation’s last quarter).
- Over the duration of rotation, interns gain increasing responsibility for treatment plan of care (TPOC) implementation. They start taking part in the treatment team’s clinical discussion of TPOC development and implementation; advance to assisting the team with selected aspects of TPOC implementation as skills grow (expected by the end of the rotation’s first month); and, under supervision, take charge of TPOC implementation for clients they have assessed (development of this competency is expected by the rotation’s midpoint).
- Cases assigned to interns for face-to-face crisis evaluation/assessment interviews and TPOC development and implementation will be pre-screened by the treatment team for level of difficulty and risk involved. Interns will start with cases judged to be relatively straightforward and, based on the supervising team’s assessment of competency, progress to more complex and involved cases.

**Training Objectives/Competencies**

- Become skilled at crisis assessment and intervention in both the field and crisis clinic.
- Develop proficiency at establishing rapport with individuals and families in acute distress.
- Learn the laws, policies, and procedures involved in a WIC 5150 or involuntary hospitalization due to danger to self, danger to others, or grave disability related to a mental illness.
- Gain knowledge of available resources to effectively triage cases not requiring a crisis evaluation and for follow-up care for individuals and families.
- Learn the structure and features of comprehensive crisis services’ programs and their role in the San Francisco City & County Department of Public Health system of mental health care.

**Supervision and Training**

Administrative oversight and weekly on-site supervision are provided by CCS staff, Dr. Bella Yu, PsyD. Weekly off-site supervision is provided by Dr. Alexander Zinchenko, PhD. This is further aided by on-site mentorship and ongoing consultations with the CCS clinical team on assigned cases and general clinical issues. Interns participate in Comprehensive Crisis Services’ orientation, on-the-job training, and weekly shift team meetings. Content includes clinical case review and updates, crisis intervention and triage services best practices, and connecting individuals and families to community partners for ongoing care.

**Schedule**

Two rotation placements are available: September through February, and March through August. Rotation day is Friday and hours can be arranged to match either the morning or the afternoon shifts (both shifts are 8 hours).

**Location and Phone**

Address: 3801 3rd Street, Suite 400, San Francisco, CA 94124
Phone: Child Crisis: (415) 970-3800; Adult Mobile Crisis: (415) 970-4000
Vocational and Employment Support Services

This external clinical rotation combines the experience of working and learning at two separate RAMS Programs: Division of Peer-based Services and Transitional Age Youth Empowerment. Both programs have culturally diverse multilingual staff who provide a wide range of services and utilize an approach that is strengths-based, guided by principles of wellness and recovery, and promotes a sense of empowerment, self-determination, and hope.

The Peer-based Services Division is a pioneering program that trains, places, and employs people with a lived experience of mental illness to support others with similar challenges. Its Peer Internship component offers paid internship and on-the-job training to current or past consumers of behavioral health services, family members of a consumer, and peer providers already working or volunteering in the field, so they can learn to effectively utilize their lived experience to benefit the wellness and recovery of others. The Peer Counseling & Outreach Services component provides peer counseling, supportive case management, and resource linkage to clients of San Francisco community behavioral health programs. Examples of its services include assistance in securing stable housing; coordination of health and behavioral health services; help with seeking benefits; linkage to community resources, and support in maintaining overall wellness. The Peer Wellness Center component serves adult community mental health clients by offering them a safe place that utilizes empathy and peer support to help promote and inspire recovery. The Center offers many peer-led activities, including Peer-to-Peer Support Groups, Healthy Living Workshops, Creative Arts Expression, Skills Building Classes, Community Social Events, and On-Site Recreational Activities. Taken together, these program components provide peer counseling, outreach, and education & training at about 30 sites throughout San Francisco.

RAMS Hire-Ability program provides vocational training and internship that help community mental health clients build both technical and social skills necessary for success in the workplace. Its employment services connect clients with employers in the public and private sector and provide them with on-the-job support. Transitional Age Youth Empowerment is an innovative component of HireAbility that focuses on the needs of underprivileged youth between 15 and 25 years old who face obstacles in continuing their education and/or entering the workforce. It includes NextGen (initial job readiness engagement program for ages 18-24); Career Connections (intensive career counseling, vocational training, and paid internship placements for ages 15-25); as well as two programs for youth ages 16-24 who are interested in the behavioral health field: Youth 2 Youth (a Peer Certificate training program) and TAY Peer Employment (paid internships).

Interns’ experience at this rotation supports building a wide repertoire of assessment, consultation, and intervention in the vocational rehabilitation and employment support areas. At the Peer Division Program interns have the opportunity to become proficient in providing on-the-job support by running workplace wellness support groups. At the TAY Empowerments programs, interns build expertise at conducting comprehensive, vocationally focused psychological assessments that target learning / work-task management strategies and provide specific recommendations aimed at supporting clients in reaching their vocational and educational goals. Both programs afford interns a rich opportunity to interact with colleagues from non-clinical mental health-related fields (peer counselors, vocational specialists, etc.) and to hone their inter-disciplinary consultation skills. The most significant learning occurs through interns’ engagement with the programs’ ethos of empowerment. This experience compels interns to see beyond manifest mental health and substance abuse issues and to incorporate a systemic wellness and recovery perspective into their conceptualization of clients’ psychological needs and strengths. Additionally, interns have the opportunity to develop a sophisticated understanding of the complexity of vocational and employment support programs, their place in the overall system of care, and the intricacies of psychologists’ work in organizations that have multiple stakeholders, including non-clinical parties.
Responsibilities and Workload Requirements

Division of Peer-based Services

- Conduct a time-limited workplace wellness support group for peer counselor staff (dependent on interns’ interest and aptitude as well as the program’s needs, a second group can be added). Under supervision, interns have primary responsibility for all duties that typically fall to clinicians who lead such groups: learning about the context of peer counselors’ work as well as staff’s and program’s needs and challenges; developing group curriculum (in coordination with the program management), conducting the group, and collaborating with the program supervising staff as necessary.

Transitional Age Youth Empowerment:

- Conduct a comprehensive Career Development Strategies Assessment for at least two youths who are facing challenges in continuing education or preparing for employment. The assessment utilized cognitive/intellectual functioning assessment instruments included in the basic Learning Needs Assessment psychological test battery, supplemented with other tests as needed. Under supervision, interns have primary responsibility for all of the duties that typically fall to clinicians who perform such assessments: establish and maintain client rapport; administer and score the tests; interpret the results; write the comprehensive assessment report; develop recommendations aimed at supporting clients in their vocational pursuits; provide feedback to the clients; and present recommendations to the TAY program.

In all areas of supervised professional experience, interns start with receiving an ample informational support and hands-on guidance from the programs’ staff and clinical supervisors. As interns demonstrate increasing understanding of the programs and their skills solidify, they are expected to provide services more autonomously (under supervision).

Examples of how interns will assume increasing autonomy are listed below.

- Time-Limited Workplace Wellness Support Group: In collaboration with the program management and supervising team intern is to identify a topic for a time-limited support group that is beneficial for the peer counseling staff. With the supervisor’s help, they move to design, advertise, and run a support group for staff peer counselors. Supervision of the group switches to rotation supervisor, while the program manager remains available for hands-on supportive guidance and consultation (this level of competency is expected by the end of the rotation’s first month). During the next stage, interns conduct weekly group sessions, under supervision. With growing competence, interns assume more responsibilities in joint planning of the curriculum and facilitation strategy. In the final phase of training, the intern is expected to be responsible for independently facilitating the group, with the group process and progress reviewed during.

- Career development Strategies Assessment: Interns initially practice their test administration skills using video tutorials and mock test administration. When Assessment Supervisor determines the requisite level of skills, a first assessment case is assigned (with the level of complexity appraised to be commensurate with interns’ competency). The supervisor help interns choose psychological tests appropriate for the referral question, intake data, and the client’s own questions. Based on the results of the initial tests, supervisors guide interns through selection of additional assessment instruments. Interns’ scoring is reviewed, and training in this area is provided as needed. Supervisor guides interns through integration of the test findings with data from the clinical interview, behavioral observations, and collateral data; helps formulate conclusions and devise vocational recommendations; and coaches interns to conduct feedback meetings. A second assessment client is assigned as warranted by assessment of an intern’s skills. Typically, with this second assessment, a more complex testing referral is chosen, and interns go through the aforementioned stages of assessment with more autonomy (commensurate with their assessed competence). By the end of the rotation, interns are expected to be fully conversant with test administration and scoring; building an appropriate LNA test battery; and integrating test results, writing reports, developing recommendations and conducting feedback sessions (under supervision).
Training Objectives/Competencies

Division of Peer-based Services

- Become versed in applying a therapeutic supportive framework in a work-based, non-clinical context. This includes understanding systemic issues as they relate to workgroup relationships; maintaining professional collaboration with program’s management while keeping appropriate frame; and navigating the complexities of peer counselors being staff at the program, yet service recipients in the group.

- Learn to integrate a social and systemic perspectives alongside traditional forms of clinical conceptualization and intervention. Develop skill at applying systemic, social, and psychological understanding within the work milieu.

- Build a repertoire of tools for conducting support groups in a work-based setting, which includes creating a safe therapeutic space within a non-clinical system; establishing group norms and addressing boundary challenges; developing working alliance with individual members and the group as a whole; and facilitating a group environment in which members are able to process conflict, avoidance, and vulnerable emotions.

Transitional Age Youth Empowerment:

- In the context of the youth vocational support program, integrate a social and systemic perspective alongside traditional forms of conceptualizing behavioral health issues. Learn to account for the impact of multi-generational history of poverty, discrimination and trauma; lack of access to education, medical, housing and legal services; and distrust of “the system”.

- Become proficient at establishing rapport with clients who are ambivalent and/or mistrustful of the evaluation process due to the stigma of past mental health treatment and/or special education history, past traumas, discrimination, and poverty.

- Advance psychological assessment competencies, including proficiency at administration, scoring, and interpretation of psychological tests; ability to construct a focused LNA test battery; and skill at writing integrative assessment reports that specifically target clients’ learning needs and work-task management strategies.

- Learn to develop assessment-based, practical, vocational recommendations that can help clients develop better strategies for reaching their vocational and educational goals.

- Develop skills at consultation on patients’ assessments with program’s multidisciplinary staff. Become well-versed at applying clinical understanding while collaborating with non-clinical service providers (employment specialists, trainers, and case managers) on helping clients with their vocational goals and access to resources.

Clinical Supervision and Training

Administrative oversight is provided by Clinical Manager of the Division of Peer-based Services Richard Zevin, LCSW and HireAbility Transitional Age Youth Empowerment Managers Steven Taka, LMFT and Maya Feng, LPCC. Weekly off-site clinical supervision is provided by Rotation Supervisor Alexander Zinchenko, PhD., Psy.D. Assessment supervisor Mai Nguyen, Psy.D. oversees interns’ work on psychological testing and integrated assessment reports. This supervision is aided by ongoing teamwork and consultations with behavioral health counselors, vocational rehabilitation counselors, and case managers at the programs.

Schedule

Two rotation placements are available: September through February, and March through August; 8 hours per week. Schedule is flexible and depend on the schedule of the services.

Location and Phone

Division of Peer-Based Services:
Address: 1282 Market Street, San Francisco, CA, 94102
Phone: (415) 579-3021

HireAbility Transitional Age Youth Empowerment Services
Address: 1234 Indiana Street, San Francisco, CA 94107
Phone: (415) 282-9675
This weekly yearlong training series (Mondays, 10:20am-11:10 am) involves NAAPTC doctoral interns only. NAAPTC Group Supervisor, Clara Kwun, LCSW, psychoanalyst in private practice, is responsible for development and implementation of its training curriculum in consultation with the director of training.

Group supervision focuses on presentation and discussion of clinical process in the interns’ active psychotherapy cases. Emphasis is placed on understanding the unfolding of the clinical process between therapist and patient in each case. We follow patients through the intake process, the initial clinical interviews, and negotiation of treatment goals before focusing on the ongoing weekly psychotherapy.

Interns’ case presentations provide an opportunity to consider the constitutive elements of an analytic process, as well as the ways diagnostic considerations affect treatment plans. We pay close attention to transference and countertransference data and use it to further elaborate our understanding of the patient’s psychopathology. We keep in mind the ways that culture, language, and socioeconomic factors play an important role in our work.

Development and Consolidation of a Professional Identity as a Psychologist

Through case presentation and discussion, this group supervision targets development and consolidation of a professional identity as a psychologist.

We incorporate continual self-assessment as we discuss and provide feedback on strengths and weaknesses of each clinician and his/her interventions. This supervision also models the importance of ongoing learning throughout the clinician’s lifetime, and of learning from others. We discuss clinical concepts, focus on ways to use theory, and provide a suggested reading list to accompany the supervision.

During the course of our work, we examine and discuss any legal and ethical concerns as they arise in work with the clinic’s patients.

Another aspect of professional development this supervision covers is the practice of presenting to colleagues. Participants learn how to give and receive feedback in a productive way that promotes learning together.

Development and Enhancement of Clinical Practice Skills

As this group supervision focuses mainly on discussion and presentation of therapy skills, it increases generalist psychotherapy skills. We take up the issue of diagnostic assessment and how it impacts treatment planning and intervention.

We discuss treatment of trauma, psychosis, depression, and borderline patients in particular. Because of the diverse population at RAMS, we also are mindful of the impact of immigration, transgenerational trauma, and how culture and language affect our work with clients. We also use process notes to help track outcomes of interventions and to aid in keeping focus on measuring client progress in the therapy.
Psychological Assessment Training: Curriculum

Assessment Supervisor Dr. Mai Nguyen, Psy.D. is responsible for the development and implementation of this yearlong training series in consultation with the director of training.

Intensive Assessment Orientation Series (weekly seminar in September; 18 hours). The purpose of this segment is to introduce interns to the assessment training curriculum; to shore up any relevant limitations in their doctoral-level education in the area of psychological assessment; to enable competent administration and scoring of cognitive and achievement measures; and to lay the foundation for development of the required assessment competencies.

During orientation, each intern follows a mock testing case that utilizes challenging situations interns often face in clinical practice. Interns act out mock assessment sessions and offer peer-supervisory feedback to each other during group debriefing, while the assessment supervisor provides modeling and instruction. This role-play of the semi-structured interview, test administration, scoring, and feedback sessions affords preliminary information about the intern’s baseline assessment skill level. If problem areas are observed, additional supervision and self-study homework is provided.

1. Introduction to theory and practice of Collaborative/Therapeutic Assessment, including consultation with referral sources, collaborative work to develop assessment questions, initial interview and assessment process.

2. Basic Test Psychometrics

3. Ethical and Legal Issues in Assessment
   a. Application of ethical and legal concepts to professional assessment activities.
   c. HIPPA and its implications for psychological assessment.
   d. Multicultural Assessment and Ethical Practice.

4. Review and practice of administration of semi-structured interviews, and cognitive and achievement tests: MSE, MOCA, WAIS-IV, WJ-IV, WMS-IV, selected subtests of the Halstead-Reitan and D-KEFS, and self-report measures. This includes interns taking turns to role-play administration of a semi-structured interview and at least several subtests of each test, with the assessment supervisor providing remedial instruction and rating interns’ performance on the Checklist Mock Administration form.

5. Review and practice of test scoring procedures: To obtain scoring competency, interns are given a homework assignment to score mock tests; the assessment supervisor provides remedial instruction to the group and individually.

6. Application of scientific knowledge to clinical practice: Review of relevant theories and contemporary research on psychological assessment, as well as methods and common pitfalls of test interpretation.

7. Integration of assessment findings into comprehensive written reports: This includes targeting reports to the referral questions and to nature of the treatment setting, and presentation of assessment information to non-psychologists.
8. Consumer-driven feedback to clients, families, and referral sources. This includes role-play of feedback sessions and remedial instruction on the principles of Collaborative/Therapeutic Assessment.

**Psychological Assessment Group Supervision & Seminar** (once weekly, 2-hour-long) & **Individual Supervision on Assessment Cases** (.5 hour per week). By building on interns’ previous learning and evolving experience, this training is structured and sequenced to support the development of interns’ assessment competencies. The first two testing cases focus on cognitive and achievement-related referral questions. The next two batteries feature more complex referral questions. For the last two reports, interns have the opportunity to assess children, adolescents, and clients whose native language is not English. The assessment supervisor works closely with the interns to ensure that foundational skills are established before advanced training experience is introduced. As competencies progress, interns assume more responsibility choosing appropriate tests and interpreting results, and the supervision focus shifts to fostering their ability to recognize when consultation is needed. To augment the experiential aspect of learning from others’ cases, a case presentation format is utilized. By the internship year’s end, interns are exposed to over 20 assessment cases. In both group and individual supervision, training is bolstered by didactic instruction and scholarly reading assignments.

**Curriculum (October – July):** The seminar aims to support the development of requisite competencies for cognitive and achievement assessment; to provide foundational knowledge of the biological underpinning of assessment; to lay the groundwork for personality assessment competency; and to start building a culturally competent approach to assessment.

After interns have mastered basic administration and scoring of cognitive and achievement measures during the orientation, the first testing cases are assigned. Interns begin meeting with the assessment supervisor for weekly individual supervision on their developing assessments, and the seminar/group supervision commences.

1. Individual and Group Supervision on Assessment Cases; the latter includes case presentations with peer-discussion and feedback as well as supervisory instruction.
2. Group Training on administration, scoring, and interpretation of personality measures: Rorschach with R-PAS scoring, MMPI-2, MCMI, HTP, RISB, AAP, and TAT. This includes interns’ taking turns to role-play administration of personality measures, with the assessment supervisor providing remedial instruction and rating interns’ performance on the Checklist Mock Administration form.
3. Group instruction and assignments on Assessment of Non-Native English Speakers. This involves an examination of instruments, procedures, and issues relevant to ethical and effective cross-cultural assessment.
4. Group instruction on General Principles of Neuropsychology, including basic information needed to understand biological variables essential for testing.

**Assessment Case Presentations:** In the course of the Group Supervision, interns are required to present at least two testing cases to their peers and assessment supervisor. They are also encouraged to present a testing case to a wider group of colleagues at either the Clinical Grand Rounds or at a rotation site team meeting.
Assessment Seminar Bibliography


Intern and Trainee Seminar: Curriculum

Interim Director of Training, Flora Chan, PsyD., is responsible for development and implementation of the training curriculum for this seminar. She also serves as the seminar main instructor (weekly, Tuesdays, 10:25 am -11:55 am).

10/20: Psychodynamic Therapy in the Community

This four-session series is designed to lay the foundation for culturally informed psychodynamic therapy in a community mental health clinic with the poor, minorities, and severely mentally ill. To bridge interns’ insights with the existing body of professional knowledge, readings are distributed after each training session.

The initial trainings review the history of madness as a social concept, facilitate discussion of the stigma of mental illness, and help interns explore their first reactions to their RAMS clients. Then, the major turning points in the history of mental health treatment are reviewed, including the discovery of the “talking cure” and the development of psychoanalysis, as well as the creation and evolution of the US community mental health system. Interns are encouraged to ponder the gradually and increasingly diverging paths of psychoanalysis and “therapy for the people” in light of social, cultural, and psychological factors.

This serves as a foundation for an in-depth discussion of the socio-cultural factors and parallel processes that affect working in a community clinic with the poor, minorities, and severely mentally ill. Common clinical approaches to these populations are considered in light of these factors; available evidence on the efficacy and/or effectiveness of various approaches is discussed. Professional readings reviewed and/or assigned include the evidence-support research on psychodynamic psychotherapy (both the meta-analyses of therapy outcomes and the available naturalistic studies of heterogeneous patient populations within psychiatric settings). To build capacity for science-informed treatment planning and to integrate empirical research into clinical judgment, special attention is paid to the research exclusion criteria; patient populations’ demographics; and types of outcomes studied (symptom reduction vs. improved functioning in the community vs. personality traits and mental capacities). This discussion also underscores the specificity of therapeutic interventions/technique versus the relevance of common curative factors/treatment alliance, and the importance of having the freedom to think with patients about the technical interventions best suited to helping them.

Finally, interns are invited to “design” client-guided relational therapeutic approaches that would be more respectful of differences and less affected by various biases (societal, institutional, and therapist’s own). This part of the seminar culminates with discussion of interpersonal/relational principles and techniques as well as of the key role of clinicians’ self-awareness and flexibility of self-image/openness to “role responsiveness” in this type of treatment.

11/20: Building a Successful Culturally Competent Community Program

The objective of this 3-session module is to introduce interns to the field of program development and evaluation, to review various approaches to this subject, and to invite interns to generate their own ideas about elements and design for culturally sensitive mental health programs. RAMS CEO Dr. Jorge Wong, PhD. and RAMS Deputy Chief Christina Shea, LMFT, teach this module.

Issues of cultural competency in the development and evaluation of clinical programs are presented and discussed with use of examples and demonstrations from RAMS’s ongoing program development effort, which aims to build culturally competent holistic mental health programs based on traditional indigenous wellness activities practiced in the Samoan, Filipino, Cambodian, Laotian, and Vietnamese communities (Asian & Pacific Islander Mental Health Collaborative, a partnership between RAMS and six San Francisco grass-root organizations serving these communities; funded by the Mental Health Services Act - Prevention and Early Intervention Population-Focused Programs).
12/20 - 3/21: Cultural Awareness Training

The objective of this 16-session module is to provide experiential exposure to diversity and to foster interns’ awareness of their own cultural biases and countertransferential tendencies, towards development of the ability to optimally use one’s own emotional reactions and behavioral responses to diverse clients.

For this facet of the seminar, we utilize parts of Growing Our Own, an empirically-supported curriculum specifically designed to train clinicians on providing culturally competent services to Asian American and Pacific Islander consumers. Every member of the training group presents their reflections on how their own cultural background(s) and experiences affect them as clinicians (for a sample list of questions to be addressed, see Cultural Self-Awareness). Each presentation is followed by a group discussion facilitated by the instructor and informed by assigned readings. In a very diverse training cohort, such exposure to other group members’ reflections allows for interns to face their assumptions about various cultures. This creates an opportunity and demand to address one’s own biases and limitations in tolerating diversity, as well as to learn and appreciate cultural and ethnic differences. It also provides interns with the possibility to utilize the experience and expertise of their peers, and teaches them to competently utilize others as cultural consultants to cases with particular diversity issues.

04/21 - 07/21: Intern and Trainee Case Conference

This 15-session training series is described under “RAMS Case Conferences” and “Case Conference Presentation Format.”

08/21: Clinical Issues in Termination

The objective of this three-session module is to support interns’ clinical learning during termination of the treatments they have been conducting, and to help them consolidate the competency gains achieved during the training year.

This segment focuses on the clinical dynamics of termination and on ways clients at different levels of personality organization experience and deal with losses/ endings. Didactic instruction and group discussion of case examples is supplemented by foundational and contemporary writings on the subject. We utilize Glen Gabbard’s “best practices”10 paper on termination to help interns process their expectations of a “successful treatment,” and to evaluate the real outcomes of the yearlong treatments they have been conducting. Termination of the program and interns’ self-appraisal of their own growth are also addressed in this setting.

Intern and Trainee Seminar Sample Reading List

Psychodynamic Therapy in the Community
Part 1: Historical Overview


Part 2: Community Mental Health System


Part 3: Evidence-based Practice


Part 4: Issues of Approach and Technique


Cultural Self-Awareness Module


Clinical Case Conference


Termination


In-Service Clinical Training: Curriculum

Interim Director of Training, Flora Chan, PsyD., is responsible for development and implementation of this curriculum (Wednesdays, 9:10-10:30, except for the first and last Wednesday of the month).

09/20 – 11/20: Clinical Work with the Community Mental Health Populations
This section, along with the intensive Orientation Training Program\(^\text{11}\) introduces interns to some of the most central issues of working with severely disturbed clients. Staff clinicians’ attend these trainings as well; their questions, comments and clinical examples help orient the new doctoral interns to the RAMS client population. The topics include:
- Clinical, ethical, and legal considerations in dealing with mental health crisis;
- Role, function, and features of “therapy frame” and “treatment contract” in working with the disturbed patients in the outpatient context;
- Concepts of Autistic-contiguous, Paranoid-schizoid and Depressive Positions as a framework for case conceptualization and informed choice of intervention strategies specifically designed for different levels of personality organization;
- Dual Diagnosis and Substance Abuse Issues
- Multidisciplinary approach to treating adult and child community mental health clients, including collaboration with psychiatrists around medication issues
- Clinical case management and mental health consultation: practical aspects and theoretical conceptualization of the dynamics involved.

12/20: Technical Aspects of Clinical Work with the Severely Disturbed Clients
This section presents a further elaboration of the “positions” framework that was introduced earlier in the year. Fitting the more advanced stage of the treatments interns are conducting, this training series focuses on the implementation of this approach for effective treatment planning and ongoing clinical work. The topics include:
- Choosing intervention strategies appropriate for different levels of personality organization and monitoring the outcomes of intervention;
- Intervention strategies designed for working with clients’ deficit areas and technical aspects of working with active and passive aggression and resistance.

1/21: Outpatient Clinical Work with Children and Adolescents
At RAMS, most new child clients are referred and start receiving services following public schools’ parent-teacher conferences (held in the late winter). Consequently, we offer a child-focus training series around this time. The topics include:
- Review of normative developmental issues at different ages
- Collaborating with families on child’s treatment
- Play therapy and ways of understanding and engaging in the realm of “make-belief”
- Issues involved in working with adolescents, including understanding of their use of computer games and utilizing it in therapy

2/20: Contemporary Relational Approach to Working with Severely Traumatised and Fragile Clients
- Introduction of the concept of “nonintrusive therapist”
- Technical issues in working with past traumas as they resurface in the relationship

03/21: Introduction to Clinical Work with Minority Clients
This section is designed to provide the basic framework for conceptualization of the issues involved in working with mentally ill clients of diverse backgrounds as well as for considering the role of interns’ own culture in clinical encounters. The topics include:
- DSM 5 Cultural Formulation Interview & Outline for Cultural Formulation DSM; their implementation for assessment & treatment;
- Clinical implications of cultural and language interplay in client-therapist dynamics

\(^{11}\) Described separately, see “2014-2015 Orientation Training Schedule”.

04/21: Clinical Work with Immigrant Clients
This section addresses a specific subset of minority populations served by RAMS and provides a further elaboration on ways to consider relevant cultural phenomena in clinical work. Given that many of RAMS staff, interns, and trainees are immigrants themselves (or come from immigrant families), this series also aims to promote thinking about the role of therapist's own culture in clinical encounters. The topics include:
- Psychological dynamics of immigration, including clinically relevant aspects
- Immigration and psychosis
- Diagnostic and treatment considerations in treating mentally ill immigrant clients
- Immigrant therapist/immigrant client dynamics, including the issues brought up by working in one's native language in the diaspora

05/21: Therapist’s Self Care
This two-session presentation series is part of the professional development section, which is designed and timed to parallel the unfolding of the interns’ training year. In the second quarter of the year, interns already carry a full workload and may start to feel the impact of the stresses involved in working with the severely disturbed and traumatized clients. This two-part training aims to provide framework for better understanding of the processes involved and to strengthen interns’ self-care skills. The topics include:
- Concepts of Stress, Compassion Fatigue, Burnout, and Vicarious Traumatization, including ways of identifying signs and symptoms.
- “Best practice” strategies for self-care and burnout prevention

06/21: Clinical Dynamics of Termination
This two-session section is presented as interns’ clinical cases are entering into termination phase. The topics include:
- Dynamics of object loss and internalization for healthier and more disturbed clients, including technical aspects of addressing termination and transfer with fragile clients
- Issues in termination with children of different ages, including technical aspects
- Therapists’ reactions to termination and managing them

07/21: Doctoral Interns Present Their Cultural Competency Projects
Development of cultural competency and of clinical sensitivity to diversity is a hallmark of the NAAPTC internship. To this end, each intern is required to complete a Cultural Competency Project, which is an applied clinical study that explores his/her cultural biases and attains new knowledge about a targeted area where clinical and/or professional and cultural/social matters intersect. This requirement is designed to help interns fine-tune their use of self as a clinical instrument, and to advance their sensitivity to diversity in an intern-selected area of interest. At the end of the internship year, interns present their projects to the entire staff and training group.

08/21: Good Enough Endings
Also part of the professional development section, this final training session addresses both treatments and training outcomes from a psychodynamic perspective.

The in-service didactic curriculum is supplemented by training on clinical and cultural issues provided at the monthly Adult and Child In-service Clinical Case Conferences, including discussions of “best practice” approaches to treating specific mental health issues and to clinical work with particular populations. The curriculum is further augmented by the Clinical Grand Rounds discussions. Examples of topics include use of interpreters in mental health treatment; integration of psychological assessment findings into treatment planning and patient advocacy; issues of differential diagnoses with geriatric patients; dynamics of working with terminally ill children; coordination of care between individual and couple therapists; collaboration between psychotherapists and mental health peer counselors; effects of community violence on clients and clinicians; impact of social media on clinical work with adolescents, etc.
Cultural Competency Project Meeting/Professional Issues Seminar: Curriculum

Interim Director of Training, Flora Chan, PsyD., is responsible for development and implementation of this curriculum (Wednesdays, 3pm-4pm). This training series is conducted as a combination psychodynamic group supervision/clinical seminar. Its objective is to enable interns to develop proficiency at considering the interplay between clinical, cultural, and professional aspects of their work. While always emphasizing the interplay between all three frameworks, this seminar goes through two distinct stages:

- **Cultural Competency Project Meeting (October-June):** Provides group supervision on interns' work on their individual Cultural Competency Projects and offers scaffolding for interns' overall cultural competency development. Specifically, it aims to advance interns' awareness of their countertransference tendencies with diverse populations and to allow for optimal use of their own emotional reactions and behavioral responses to clients of diverse backgrounds.

- **Professional Issues Seminar (July-August):** Designed to consolidate the professional development gains achieved by interns during the internship year. This section focuses on helping interns process and evaluate various aspects of their clinical, cultural, training, and teamwork experiences within the framework of legal, ethical, and professional standards relevant to their work as psychologists.

Over the course of the Cultural Competency Project meetings' first few months, interns work on selecting topics for their individual project, which is a clinical study exploring an intersection between clinical and cultural/social issues in light of one's own cultural biases, with the aim of facilitating development of clinical sensitivity to diversity in an area of interest. It must be of sufficient scope and depth that four weekly hours allotted to this work over the course of nine months are needed to complete it.

To identify cultural biases that may be affecting their clinical work and professional functioning, interns discuss and process various aspects of their internship experience and help each other consider a variety of clinical, systemic, and training phenomena through culturally-informed lenses. By January, with help from peers and the supervisor, each intern is expected to choose a particular bias as a focus for their study; to select what relevant aspects of psychological functioning in the selected group's culture they would like to explore; and to write, submit, and present to the group a brief proposal for their future study. During the next stage, as interns consider how they want to go about testing their biases, they present their nascent ideas and collaboratively ponder relevant clinical, cultural, and professional examples. In the summer, interns present their Cultural Competency Projects to the entire staff at the In-Service Clinical Training and submit a written version of their presentation, which is added to the training library as a resource for staff and future interns.

Throughout the course of this seminar, interns’ work on identifying and exploring their cultural biases is informed and shaped by not only feedback from other group members, but also cultural aspects of the group process. Supervision focuses on enabling interns to draw their own experiential conclusions about these matters. The director of training helps interns reflect on their functioning in diverse professional environments; facilitates discussion of cultural issues present in their clinical work and in the group process; assigns readings to bridge interns’ own insights with the accumulated body of professional knowledge; and helps find “cultural consultants” for their projects. In these ways, this forum provides a working model for considering intersections between cultural and clinical issues.

At the training year’s end, interns’ attention is starting to shift to the next developmental stage: postdoctoral residency or entry in the professional workforce. To parallel and support their professional development, this weekly training also shifts its focus for the last two months and becomes a Professional Issues Seminar. Interns explore and evaluate the learning and growth outcomes achieved during the internship year, and ponder a broad range of professional, legal, and ethical issues relevant to their work as psychologists.
Sample Reading List

Cultural Competency Project Meeting


Professional Issues Seminar


Guidelines for Clinical Supervision in Health Service Psychology, Approved by APA Council of Representatives, 2014


Ethical Principles of Psychologists and Code of Conduct Adopted August 21, 2002 Effective June 1, 2003 With the 2010 Amendments Adopted February 20, 2010 Effective June 1, 2010

Elective Seminar: Working with Children and Families

This weekly yearlong training series (Mondays, 2:00 pm - 3:00 pm) includes doctoral interns, postdoctoral fellows, and some psychology practicum trainees (those who chose to attend this training on top of their contracted practicum time and activities). Dr. Michael Litter, Psy.D., therapist in private practice, is responsible (in collaboration with the director of training) for development and implementation of its training curriculum.

This elective training combines features of clinical seminar and group supervision: It is designed to shore up limitations in doctoral-level education pertinent to the area of child psychotherapy and to support development and implementations of the treatments interns are conducting with children, youth and families. The curriculum specifically targets the following competencies: psychological intervention skills and knowledge base in regard to working with children, youth and families; professional communication (particularly, skill at presenting own work and discussing cases); development of proto-supervisory skills (ability to develop relevant hypotheses and provide helpful feedback regarding the dynamics of other clinician’s cases); and continuing self-development (particularly, awareness of professional strengths and weaknesses and ability to seek and receive feedback).

The initial sessions are devoted to a group discussion of participants’ previous experiences with child therapy. This serves as an orientation to the training series, while helping to clarify each intern’s competency level and thus allowing to tailor the curriculum to fit their professional development needs.

The next phase is run more like a clinical seminar. It provides an overview of basic concepts and treatment approaches pertaining to clinical work with children (including “best practice” approaches, essential therapy techniques, and ways to monitor outcomes of treatment interventions, both within therapy and outside of it). At this point, the instruction is largely didactic and utilizes classroom discussions of assigned professional articles as well as examples from participants’ nascent child-focused work at RAMS.

During the next stage, to parallel and support the development of interns’ child and family treatments, the training shifts to the group supervision mode. Participants take turn presenting clinical cases to each other and the instructor (with three consecutive sessions devoted to each case). Initially, most of the supervisory input comes from the instructor, who helps participants to situate their cases against the background of the lager psychological knowledge; guides the process of clinical case formulation; models/ discusses therapeutic techniques; and makes instructional suggestions regarding trainees’ work. As interns grow in both their professional confidence and competence, they become more actively involved as peer consultants (under supervision). Interns and trainees exchange their own ideas about each other’s work; and the role of the instructor becomes that of a facilitator, who helps to integrate input from various participants; offers instructional clinical suggestions when needed; and continues to provide role modeling for supervision as well as ongoing feedback on the progression of interns’ proto-supervisory skills.

At the end of the year, the focus of this training series shifts to the issues involved in clinical termination with children and to the evaluation of outcomes, both of the yearlong treatments interns have been conducting and of their own growth and development as child therapists.

Sample Reading List:

**Elective Seminar: Clinical Understanding and Sociocultural Considerations with Community Mental Health Clients**

*This yearlong, weekly training series (Thursdays, 4:00 pm - 5:00 pm) includes doctoral interns, postdoctoral fellows, and psychology practicum trainees who chose to attend this training on top of their contracted practicum time and activities. Chiyon Won, PsyD, Senior Psychologist at UC Berkeley CAPS (in consultation with Flora Chan, PsyD) is responsible for the development and implementation of its training curriculum.*

This seminar lays the foundation for a theoretically, culturally, and systemically informed framework that supports treatment development and implementation with RAMS clients. It is designed to shore up the limitations in doctoral-level education in the area of public-sector psychotherapy with severely mentally ill, disenfranchised, and minority individuals. The training aims to build interns’ competencies in clinical intervention (in particular, case conceptualization, treatment planning, and outcome tracking skills); competency with diverse populations; professional ethics; proto-supervisory skills; and continual professional development (in particular, interest in increasing knowledge and skill through professional literature and group discussion).

During the first six months, instruction is mainly didactic; it reviews professional readings to provide a shared understanding of psychodynamic concepts and systemically informed approach to clinical work. The initial sessions serve as an orientation to the seminar and offer a basic overview and discussion of psychodynamic approaches and their suitability for culturally and systemically informed work. This is followed by a series of discussions of assigned professional articles. Interns are introduced to some germane psychodynamic “classics” as well as a variety of contemporary object-relational writings that address clinical phenomena, such as projective identification, prevalent in severely ill clients. Reading assignments that specifically target relevant cultural and social phenomena help interns to situate clinical issues in the context of the larger culture. Group discussions focus on the clinical and cultural implications of the assigned papers. To bridge professional knowledge with interns’ clinical work, participants are encouraged to share clinical case vignettes. At the beginning, many interns find this prospect rather intimidating but start to share more as they build confidence.

By mid-year, this class becomes more of a seminar. Interns and other participants are encouraged to take lead in discussions and to select topics relevant to their current clinical work, professional interests, and/or current sociopolitical events. Participants also contribute their suggestions for appropriate professional readings. Some recent examples of intern-requested topics are *shared trauma in the therapist-client couple* (in response to the pandemic) and *non-clinical writings on race by prominent thinkers of color* (in response to the increased social awareness of systemic racism and Black Lives Matter protests).

Throughout the seminar, discussions of the assigned theoretical and socio-cultural reading materials are interspersed with clinical vignettes. In the beginning, the instructor tends to make use of her own clinical experiences, while the participants are encouraged to bring up their own cases. Object-relational writings that highlight clients’ indirect and non-verbal communications help interns to learn how to make sense of the clinician’s observations and subjective experiences and use them as a source of information about the therapeutic process and the cultural dynamics embedded in it.

The final part of the seminar focuses on theoretical conceptualization of issues involved in termination and transfer of vulnerable, system-dependent clients, presented from socially informed object-relations and attachment perspectives. This includes object loss and internalization dynamics for healthier and more disturbed clients as well as technical aspects of addressing termination and transfer with fragile clients in light of contemporary relational approaches, attachment theory and social justice approach.

As the year comes to an end, the seminar switches to processing interns’ expectations of a “successful treatment” and to helping them evaluate the real outcomes of the yearlong treatments they have been conducting.
### Sample Syllabus: 2020-21 Reading List

<table>
<thead>
<tr>
<th>Date</th>
<th>Reading</th>
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<tbody>
<tr>
<td>10/29/20</td>
<td>Chanda D. Griffin, Rossanna Echegoyén &amp; Julie Hyman (2020): The Secret Society: Perspectives from a Multiracial Cohort</td>
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<tr>
<td>11/4/20</td>
<td>Continued discussion on “Perspectives from a Multicultural Cohort”</td>
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<tr>
<td>11/11/20</td>
<td>Holiday</td>
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<tr>
<td>12/2/20</td>
<td>D. Steven Nouriani (2017) Islamic Cultures and Jungian Analysis</td>
</tr>
<tr>
<td>1/20/21</td>
<td>Martín-Baró, I. Chapter 6: War and Mental Health from the book, Writings for a Liberation Psychology&lt;br&gt; Fromm, E. pp 66-68 from chapter: Love and Its Disintegration in Contemporary Western Society from the book, The Art of Loving</td>
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<tr>
<td>2/3/21</td>
<td>No reading. Discussions on topics raised in previous meetings: values, morals, beliefs and ways they impact our clinical thinking and work</td>
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<td>3/3/21</td>
<td>No reading. Topic: Cultural transference and countertransference in treatment</td>
</tr>
<tr>
<td>3/17/21</td>
<td>Steiner, J. (1985) Turning a Blind Eye: The cover up for the Oedipus</td>
</tr>
<tr>
<td>3/31/21</td>
<td>Tuck, E. and Yang, K. (2012) Decolonization is not a metaphor</td>
</tr>
<tr>
<td>4/7/21</td>
<td>Continued discussion of article, “Decolonization is not a metaphor”</td>
</tr>
<tr>
<td>4/21/21</td>
<td>Break</td>
</tr>
<tr>
<td>4/28/21</td>
<td>Break</td>
</tr>
<tr>
<td>5/12/21</td>
<td>Continued discussion on values and morals in clinical work</td>
</tr>
<tr>
<td>5/19/21</td>
<td>Selected excerpts on Critical Community Psychology from books: Kagan, Carolyn; Burton, Mark; Duckett, Paul; Lawthom, Rebecca; Siddiquee, Asiya. Critical Community Psychology</td>
</tr>
<tr>
<td>5/26/21</td>
<td>Continue discussion from 5/19: Critical Community Psychology</td>
</tr>
<tr>
<td>7/7/21</td>
<td>Break</td>
</tr>
<tr>
<td>7/14/21</td>
<td>Break</td>
</tr>
<tr>
<td>7/21/21</td>
<td>Discussion on termination and loss</td>
</tr>
<tr>
<td>7/28/21</td>
<td>Discussion on cultural expressions of termination, loss, and affection</td>
</tr>
</tbody>
</table>
Sample List of Clinical Grand Rounds

In this cross-program clinical forum, staff, interns, and trainees from several RAMS programs gather to take part in a free-flowing conversation on a pre-selected clinical topic relevant to their work. Clinical case and vignettes that are selected to illustrate the topic under consideration usually focus on a client or family receiving clinical services from multiple programs or multiple providers. Monthly, 85-minute-long (first Wednesday, 9:00-10:20); overseen and moderated by the directors of the Child, Youth and Family (CYF) Services, Adult Outpatient Program (AOP), and Training Program.

- August 6, 2014: Integration of Psychological Assessment Findings into Clients’ Treatment and Vocational Rehabilitation: Clinical and Systemic Issues:
  A multidisciplinary cross-program treatment team present an adult outpatient case. The team comprises: an AOP staff psychologist who conducted psychological testing for the client (as a doctoral intern in the prior year); the assessment supervisor; client’s vocational counselor at the RAMS HireAbility Program; doctoral intern who serves as client’s individual therapist and two past therapists (individual and couples), as well as their individual clinical supervisors.

- October 1, 2014: Coordination of care in “broken treatments”: Developmental, clinical, ethical and systemic considerations:
  Five CYF staff (three psychologists, two marriage and family therapists, a social worker, and a psychiatrist) co-present a trajectory of treatment for a teenage client who has been seen in individual therapy by five RAMS clinicians over the course of three years.

- November 5, 2014: Keeping hope where there is none: Treatment planning, therapist self-care and finding resources while working with terminal illness.
  Two CYF staff (a psychologist and a marriage and family therapist) co-present their clinical work with an indigent single-parent immigrant family where both children have a progressively debilitating terminal illness.

- December 3, 2014: Issues of care coordination between mental health disciplines with different standards of professional conduct and clinical boundaries.
  An AOP staff psychologist and a certified peer counselor co-present a case of an adult client who receives individual psychotherapy and makes ample use of peer services (activities group, drop-in center, etc.).

- January 7, 2015: Legal and ethical considerations in clinical cases that involve child custody-related issues.
  A multidisciplinary group of CYF clinicians present their work with a particular family engaged in a child custody litigation; RAMS director of Operations provides information on legal, ethical and administrative regulations that guide handling of child custody issues in clinical work.

There were no Clinical Grand Rounds in September and July when All-RAMS Staff Meetings were held.
February 4, 2015: *An individual’s mental illness affects the whole family: Ethical, care coordination, and treatment planning issues in working with a family of a severely mentally ill person.*

A cross-program multidisciplinary treatment team present work with a family where the father and four children receive individual and family therapy at RAMS, but the mother who is diagnosed with schizophrenia refuses treatment. The team comprises a doctoral intern, two CYF staff psychologists, a CYF staff counselor and an AOP staff counselor.

March 4, 2015: *“May I speak for you”: Clinical & professional considerations when clinicians serve as mental health interpreters.*

Staff psychologists, mental health counselors, interns and trainees present clinical vignettes from their experience of providing translation to a psychiatrist and/or serving as interpreters in collateral visits with monolingual clients and families.

April 1, 2015: *Clinical and systemic issues involved in care coordination for severely mentally ill adults who receive concurrent individual and family therapy.*

A doctoral intern (family therapist) and an AOP clinical staff (individual therapist) present their work with a client diagnosed with schizophrenia. The past individual and family therapists (an AOP staff counselor, who was “fired” by the client, and a CYF staff psychologist, who worked with the client as an intern in the prior year) as well as two staff psychologists who supervise the case provide the background information on the history of treatment.

May 6, 2015: *Differential diagnosis and integration of psychological assessment findings into treatment planning with geriatric clients.*

A cross-program treatment team present a case of an older adult who has current persecutory delusions and a past history of recurrent major depression & traumatic brain injury. The team comprises: a doctoral intern who conducted psychological assessment and his Assessment supervisor; a current trainee therapist and his clinical supervisor; a CYF staff psychologist (who worked with the client as an intern and made an initial assessment referral) and his clinical supervisor for the case.

June 3, 2015: *Impact of community violence on clinical work: Clinical, ethical, & systemic considerations and therapist’s self care.*

A staff psychologist presents his reflections on the experience of conducting a school-based psychotherapy group with African American teenagers from San Francisco’s most impoverished and violence-ridden neighborhoods.

August 5, 2015: *Social Media and Therapy: Clinical issues and dilemmas related to professional standards.*

A multidisciplinary group of staff, interns and trainees present clinical vignettes from their work at the School-based Wellness Program, CYF Services, and Adult Outpatient Program.
**Selected List of RAMS Agency-Wide Trainings**

Envy and Misogyny: Linked and Distinct and Hard to Manage Clinically (February 2020)
Presenter: Adriane Harris, PhD

City-wide conference on School-based Mental Health: Revisioning Progress (February 2019)
Keynote Speakers: Jean Robertson, MA Ed, Chief of Special Education for SFUSD & Terrence Owens, PhD; multiple panelists. Designed and organized by RAMS CYF Program.

Asian Americans and Microaggressions: Clinical Implications (October 2018)
Presenter: Kevin Nadal, PhD

The Road Less Travelled: R.D. Laing’s Approach to Treating Psychosis (April 2018)
Presenter: Michael Guy Thompson, PhD

Getting into Mud Together: Trauma, Despair and Dream Analysis (March 2018)
Presenter: Etty Cohen, PhD

Time Limited Dynamic Psychotherapy: Making Every Session Count (October 2016)
Presenter: Hanna Levenson, PhD

Differential Diagnosis and the DSM-5 (July 2015)
Presenter: Paul Gibson, LCSW

Ninth Annual Evelyn Lee Diversity & Cultural Competency Training: A Day with Janet Helms (December 2014)
Presenter: Janet Helms, PhD

Psychoanalytic Seminar Series: A Day with Adam Phillips (March 2014)
Presenter: Adam Phillips, PhD

Eighth Annual Evelyn Lee Diversity & Cultural Competency Training: Global Health Psychoanalysis: A New Frontier (November 2013)
Presenter: Jess Ghannam, PhD

Psychoanalytic Seminar Series: Relational Factors in Supervision: The Therapeutic Relationship, Supervisory Alliance, and Parallel Process (June 2013)
Presenter: Nancy McWilliams, PhD

Seventh Annual Evelyn Lee Diversity & Cultural Competency Training: Stereotype Threat: How it Affects Us and What We Can Do (October 2012)
Presenter: Claude Steele, PhD

Asian Pacific American Mental Health: Knowing Our Roots and Growing Beyond (May 2011)
Presenters: Stanley Sue, PhD, DJ Ida, PhD, Jean Lau Chin, PhD, ABPP; Alvin N. Alvarez, Ph.D.

Through the Lenses of History and Trauma: Understanding Russian Immigrants (April 2011)
Presenter: Alla Volovich, PhD; multiple panelists.

Psychoanalytic Seminar Series: A Day with Otto Kernberg (December 2010)
Presenter: Otto Kernberg, MD, FAPA.

Psychoanalytic Seminar Series: Poetry and Psychotherapy (September 2010)
Presenter: Forrest Hamer, PhD

Psychoanalytic Seminar Series: Treatment of Disturbed & Dissociated Patients (October 2010)
Presenter: Peter Goldberg, PhD

Fifth Annual Evelyn Lee Diversity & Cultural Competency Training: The Globalization of the American Psyche (June 2010)
Presenter: Ethan Watters, author of “Crazy Like Us: The Globalization of the American Psyche”; multiple contributors.

Presenter: Salman Akhtar, MD; multiple contributors
Core Recommended Reading List

Community Mental Health


Psychological Intervention


Dual Diagnosis


Working with Children


Heineman et al. (2013). Juan. Treating Trauma: Relationship-based psychotherapy with child, adolescents, and young adults. Maryland: Jason Aronson.


Evidence-Supported Treatment Research


Psychological Assessment


Cultural Competency and Clinical Sensitivity to Diversity


Professional Development & Supervision


Due Process,
Policies
and
Procedures
In preparation for entry-level psychological work or post-doctoral training, NAAPTC interns are expected to achieve and demonstrate entry-level proficiency in the following chief areas of professional competency:

<table>
<thead>
<tr>
<th>INTERNSHIP GOALS</th>
<th>TRAINING OBJECTIVES AS RELATED TO AREAS OF COMPETENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development and Consolidation of a Professional Identity</td>
<td>Professionalism</td>
</tr>
<tr>
<td></td>
<td>Adherence to Professional Ethics, Legal Standards and Policy</td>
</tr>
<tr>
<td></td>
<td>Communication and Interpersonal Skills</td>
</tr>
<tr>
<td></td>
<td>Cultural Humility and Competency with Diverse Populations</td>
</tr>
<tr>
<td></td>
<td>Application of Scientific Methods and Research</td>
</tr>
<tr>
<td>Development and Enhancement of Clinical Skills</td>
<td>Generalist Psychological Assessment Skills and Knowledge Base</td>
</tr>
<tr>
<td></td>
<td>Generalist Psychological Intervention Skills and Knowledge Base</td>
</tr>
<tr>
<td></td>
<td>Basic Supervision Skills and Knowledge</td>
</tr>
<tr>
<td></td>
<td>Basic Consultation, Advocacy, &amp; Interdisciplinary Skills and Knowledge</td>
</tr>
</tbody>
</table>

Interns’ progress through the program is evaluated in light of these training goals and objectives, which are further delineated as specific sets of competency indicators in our Evaluation of Clinical and Professional Development Form. Interns’ own learning goals (developed in collaboration with their supervisors and recorded in their Individual Learning Plans) provide an additional framework for intern evaluation.

During the training year, intern performance is monitored continuously and on multiple levels, including clinical supervision, participation in didactic trainings and case conferences, evaluation of work projects, and administrative supervision. Feedback from all supervisors, staff, and administrators is considered in the evaluation process, which comprises the following:

**Self-Evaluation & Individual Learning Plans.** At the beginning of the year, interns are expected to review the Evaluation of Professional and Clinical Development Form and asked to consider their relative strengths and weaknesses in regard to the required professional competencies by conducting a self-evaluation. This serves as a starting point for a discussion of interns’ professional and clinical development goals with their supervisors, which should result in development of Individual Learning Plans for each intern (about two months into the year).

**Supervisors’ Meetings.** Regular supervisors’ meetings are an essential part of the ongoing assessment and feedback process. Interns’ individual supervisors meet regularly as part of the monthly Training Program Clinical Supervisors’ Meeting as well as the Psychology Training Committee to discuss intern evaluations at the beginning, at midpoint and in the end of the internship year; more meetings may be called as needed. The purpose of these meeting is to provide supervisors with peer support and consultation and give them an opportunity to clarify their impressions of each intern’s strengths and problem areas. Only information directly pertinent to the success of interns’ training is shared.
The director of training serves as an intermediary between the Psychology Training Committee and the rest of the internship supervisors, which ensures that all supervisors can share and receive information on each intern’s learning needs. Once we define strengths and areas needing further attention, we can track progress in these areas as a group.

**On-Going Evaluation and Feedback.** Evaluation is an on-going process. All supervisors continuously monitor the quality of an intern’s work as presented in supervision and/or through their own observations of interns’ performance at trainings, in teamwork, etc. Interns should expect and request regular supervisors’ feedback regarding their progress towards the internship training goals as well as their own individual learning goals.

**Evaluation of Interns’ Projects.** All work projects (formal clinical case presentations, assessment reports, and cultural competency project) are evaluated with the use of project-specific evaluation forms. Acceptance of each project is required for a positive program evaluation.

**Formal Written Evaluations.** Besides on-going supervisory evaluation and feedback, interns receive at least two formal written evaluations per year from their primary & delegated individual supervisors, assessment supervisor, main group supervisor, and current rotation supervisor. The Evaluation of Clinical and Professional Development, in addition to the numerical rating, provides written assessment of the extent to which interns are meeting program requirements and performance expectations; guidance regarding steps to remediate all problems (if remediable); and substantive feedback on the extent to which corrective actions taken are or are not successful in addressing the issues of concern. Supervisors’ ratings in each area of competency and for overall performance, as well as their narrative feedback (including on interns’ progress towards their own goals) are discussed individually with each intern who then signs the form. For every intern, the director of training combines supervisors’ evaluations into a program evaluation, accompanied by a narrative summary. Before these evaluations are sent to interns’ schools, they are reviewed with each intern individually and interns’ reactions are sought.

Interns’ performance on every of the competency indicators can be rated as one of the following:

<table>
<thead>
<tr>
<th>Not at All/ Slightly</th>
<th>Somewhat</th>
<th>Moderately</th>
<th>Mostly</th>
<th>Very</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Early practicum level or lower, significantly below expectations for a doctoral intern
Practicum level, below expectations for a doctoral intern
Early Internship level; meets expectations during first half of the year to midyear
End-of-the internship & transition to postdoctoral training level; meets expectations at the end of the internship year
Licensed psychologist/independent practice level; above expectations for a doctoral intern

To be considered in good standing with the program and to graduate, intern must receive a positive Program Evaluation for each of the target competency areas: at midpoint, all competency areas need to be rated at least at “2” (or a decimal number rounded to “2”); in final evaluation, all competency areas need to be rated at least at “3” (or a decimal number rounded to “3”).

If any staff, supervisor or administrator becomes aware that an intern demonstrates marked difficulty in achieving or adhering to specific training objectives or has committed a professional or program policy violation, the director of training is informed. In the event of an ascertained professional violation or demonstrated difficulty in achieving satisfactory progress towards the required competencies, the Intern Progress and Performance Remediation Procedure is followed, which typically includes a Performance Improvement Plan and a series of formal evaluations.
Program Completion Requirements. For successful completion of and graduation from the internship program, interns need:

- to be in attendance for a minimum of 1808 hours over a twelve month period;
- to obtain required supervised professional experience at the RAMS Outpatient Clinic and two successive one-day-per-week clinical rotations;
- to submit satisfactory Assessment Reports on at least four test batteries;
- to successfully complete at least three formal Clinical Case Presentations;
- to successfully complete, present, and submit a treatise for a Cultural Competency Project;
- to finish all charting and paperwork required for termination or transfer of their clinical cases;
- to receive a positive final program evaluation.

RAMS provides leaves of absence to eligible employees (which include NAAPTC Doctoral Interns) under the federal Family and Medical Leave Act and the California Family Rights Act as well as any other applicable state law regarding medical leaves. Whenever consistent with applicable law, RAMS will designate eligible leave as coming under both the federal Family and Medical Leave Act and the California Family Rights Act and/or any other applicable state law.

Doctoral Interns are entitled to 192 hours of PTO, ten paid agency holidays, and two “floating” personal holidays (subject to supervisor’s approval)*. There is no separate sick leave – any time to be taken off for any reason is considered leave time. Should an intern, due to an illness or another medically verified reason, need to take leave beyond the allowed amount of leave time, the internship will be extended to allow any missed training to be made up (to be completed in no more than 24 months from the original internship starting day, without additional compensation).

* All time off will be subtracted from the hours you accumulate towards licensure. Additionally, except for some unusual circumstances, no vacation is allowed during termination time - the last three month of training year. Please note and plan accordingly.
There is no expectation that the internship year will be without challenges. It is not uncommon for psychologists in training to have specific deficits of knowledge, skills, or competencies and/or to exhibit some circumscribed conduct problems. Thus, periods of remediation may be expected from time to time. The NAAPTC Doctoral Internship in Clinical Psychology has a proactive approach to remediation, so that interns have every opportunity to meet competency thresholds.

This document establishes guidelines for the management of unprofessional conduct or of significant knowledge, skills, or competencies deficits. These policies provide due process protection to assure that decisions about interns are not arbitrary or made for personal reasons.

For appeal procedures that permit any intern to challenge program decisions, please consult the NAAPTC Internship Grievance Procedure document.

Concerns of sufficient magnitude to warrant formal remedial action include but are not limited to:

- Conduct that hampers the intern’s professional performance;
- Incompetence and/or inability to perform required psychological services in the program’s clinical settings;
- Violations of the ethical standards for psychologists and/or national, state and local laws that govern clinical practice, or essential program regulations;
- Failing to achieve minimum thresholds for the required clinical and professional competencies.

The latter can be evidenced by receiving a negative formal Program Evaluation: at midpoint, ratings below “2” (or a decimal number rounded to “2”) in any of the target competency areas and/or one or more ratings of “1” on any of the competency indicators; in final evaluation, ratings below “3” (or a decimal number rounded to “3”) in any of the target competency areas and/or one or more ratings of “1” on any of the competency indicators.

Additionally, at any point in the training year, if a supervisor believes that a demonstrated difficulty in one or more aspects of functioning requires prompt and specific efforts at remediation, an evaluation form must be filled out immediately, prior to any evaluation deadline. This evaluation will be the basis for development of a remedial training plan.

For minor issues, which mainly concern difficulties with learning and/or incomplete adherence to the internship program procedures, a remedial plan may be written as an attachment to the NAAPTC Evaluation of Clinical Development Form. For any major issues, such as those that have detrimental effect on interns professional functioning and/or involve violations of RAMS, SF CBHS, state and/or federal regulations, a RAMS Employee Performance Deficiency Notice and Improvement Plan will be written and followed.

The specific steps to be followed if a remediation procedure is initiated are outlined below.
Step 1: Interns’ performance is monitored continuously and on multiple levels, including clinical supervision, participation in didactic trainings & case conferences, and administrative supervision. If an intern demonstrates marked difficulty in achieving or adhering to specific training objectives or has committed a program policy or professional violation, the director of training should be notified. At this step, a formal Evaluation of Clinical and Professional Development must be conducted to identify areas requiring improvement and a specific written remedial plan should be made that provides guidance regarding steps to remediate all problems. This may include writing a RAMS Employee Performance Deficiency Notice and Improvement Plan.

Step 2: When initial remedial efforts made by the supervisor do not result in satisfactory progress, another formal evaluation should be conducted, the extent to which corrective actions are or are not successful in addressing the issues of concern documented, and the problem be presented to the director of training for review. At this point, the Psychology Training Committee (director of training, assessment supervisor, and all individual internship supervisors) will be made aware of the problem and provide input for the additional remedial instruction. A specific RAMS Employee Performance Deficiency Notice and Improvement Plan must be written at this point.

Step 3: In the event that an intern has not made sufficient progress in performance, the Psychology Training Committee may recommend placing the intern on probation for a period not less than one month or greater than three months. At this point, the training director from the appropriate graduate institution will be contacted about the remedial training, and will be included in all decisions regarding the intern thereafter. Again, a specific written plan for remedial instruction needs to be developed and intern’s success or lack thereof in addressing the issues of concern documented.

Step 4: If satisfactory progress has been made by the end of the probationary period, the Psychology Training Committee may recommend that the intern return to his/her regular status. If performance has not sufficiently improved, but the intern is making progress, an extension of the probationary period may be recommended. If there is no progress, there may be a recommendation to terminate the intern from the program.

Step 5: Formal actions (probation or dismissal) must receive a majority vote by the Psychology Training Committee and the approval of the RAMS Deputy Chief/ Director of Clinical Programs and/or RAMS President and CEO. Deputy Chief/ Director of Clinical Programs may be used in the case that there is a split decision. Prior to any vote on formal actions, the intern is afforded the opportunity to present his or her case before the Committee or the evaluating persons involved.

In Case of Violations Warranting Immediate Response the Agency Reserves the Right to Initiate Administrative Action as Outlined in the RAMS Personnel Policy Manual.
**Step 1**: Should any intern believe that they have a complaint and/or grievance against the program and/or against any individuals associated with the program, it is their responsibility to discuss the matter with the immediate supervisor. If the intern is not satisfied with the recommendations and, thus, a solution is not found, the intern may proceed to Step two.

**Step 2A**: Oral discussion with the director of training may be had. If the intern is not satisfied with the recommendations developed during this meeting, the intern should provide a written statement of the grievance/complaint to the director of training within one week. The director of training will respond in writing with further suggestions or information within ten working days of receipt of the written grievance statement.

**Step 2B**: Should the intern have a grievance with the director of training, they will arrange a meeting for oral discussion of the matter with the deputy chief/director of clinical programs. If the intern is not satisfied with the recommendations developed during this meeting, they should provide a written statement of the grievance to the deputy chief/director of clinical programs within one week. The deputy chief/director of clinical programs will respond in writing with further suggestions or information within ten working days of receipt of the written grievance statement.

**Step 2C**: Should the intern have a grievance with the deputy chief/director of clinical programs, they will arrange a meeting for oral discussion of the matter with the RAMS president and CEO. If the intern is not satisfied with the recommendations developed during this meeting, they should provide a written statement of the grievance to the RAMS president and CEO within one week. The RAMS president and CEO will respond in writing with further suggestions or information within ten working days of receipt of the written grievance statement.

**Step 2D**: Should the intern have a grievance with the RAMS president and CEO, they will arrange for a meeting with the president of the board of directors / their designated representative for oral discussion of the matter with the board member. Should the intern not be satisfied with the recommendation developed during this meeting, they should provide a written statement of the grievance to the Board Member within one week. The Board Member will respond in writing with further suggestions or information within ten working days of receipt of the written grievance statement.

**Step 3**: If the intern believes that the grievance has not been redressed to her or his satisfaction by this point, s/he must so inform the director of training in writing and may request a consultation conference between the director of training, the intern and a graduate faculty liaison from the intern’s academic program. If requested, such a conference should occur within ten working days of the request. The purpose of the conference is to air the grievance as related to the intern’s training experience and to develop adequate redress if deemed appropriate by the faculty liaison and the director of training. The intern is also informed that at any time during this process, s/he may contact the APA Ethics Committee if the grievance/complaint pertains to ethical standards of practices and/or if Step 3 is not satisfactory.

To ensure confidentiality, the program stores the original grievance/complaint related documents in a marked file in a secure location (a locked file cabinet in the HR Department, separate from the employee/program files of either the complainant or the party against whom the complaint was filed). For accountability purposes, the program also keeps a de-identified log of complaints/grievances that provides a record of the following: the filing date; the nature of complaint/grievance; program response/actions taken to address the issue(s); the degree of problem resolution according to the person who filed the grievance/complaint; and the program level at which the grievance/complaints had been addressed.
This is intended to be a reminder of the matters that need to be taken care of before you leave

____ ALL CHARTING & PAPERWORK – up-to-date, co-signed by supervisor

____ PURQC AUTHORIZATION FORM – for all clients, signed by the PURQC committee

____ TROC, CANS/ANSA & DIAGNOSTIC UPDATE – updated and current (including those that are due before October 1st)

____ ALL CONSENTS – updated and current, documented in Avatar notes, including those that are due before October 1st

____ TRANSFER FORMS – filled out for all clients, co-signed, and placed in a “Transfer” folder on the secure drive (file name: “your name-AOP TRANSFER-client’s initials”; same for CYF)

____ COVERAGE DURING TRANSFER – information essential for coverage given to supervisors responsible for your cases

____ EVALUATIONS OF INTERNSHIP TRAINING EXPERIENCE – submitted online.

____ EVALUATIONS OF ALL SEMINARS AND DIDACTIC PRESENTATIONS – submitted online.

____ EVALUATIONS FOR ALL SUPERVISORS – submitted online.

____ FOUR PSYCHOLOGICAL ASSESSMENT REPORTS – accepted by the assessment supervisor, debriefing and feedback completed. Copy of each report and data given to the assessment supervisor.

____ CULTURAL COMPETENCY PROJECT – write-up completed and approved by the director of training; hard copy placed in a folder and given to the director of training to be added to the CCP library.

____ BOP WEEKLY LOGS OF ACTIVITIES - filled out for every week of the year, signed by both individual supervisors and assessment supervisor, a complete set is put in your file.

____ BOARD OF PSYCHOLOGY VERIFICATION OF EXPERIENCE form - filled out, signed by the director of training, placed in a sealed & signed envelope and given to you to mail to the CA BOP at the time of licensing application; one copy left for your internship file.

____ BOARD OF PSYCHOLOGY SUPERVISION AGREEMENT – the original is placed in a sealed & signed envelope (along with the VE Form) and given to you to mail to the CA BOP at the time of licensing application; one copy is left for your internship file.

____ ANY RAMS BOOKS YOU HAVE BORROWED RETURNED TO THE DIRECTOR OF TRAINING

____ RETURN OF THE KEYS TO THE FRONT OFFICE

____ RETURN OF THE LAPTOP TO THE IT

____ CLEANING OUT OF DESK AND ORGANIZING THE SURROUNDING AREA

____ HR Exit/Termination Checklist, including the forwarding address and your decision regarding COBRA, filled out and given to the HR and front office

____ CERTIFICATE OF INTERNSHIP COMPLETION – received!

INTERN’S NAME:

MAILING ADDRESS:

TELEPHONE:

EMAIL:
Professional and Clinical Development Evaluation
PERSONAL LEARNING GOALS FOR THE TRAINING YEAR:

a. Assessment (e.g., intake, initial assessment in therapy, comprehensive psychological assessment)
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

b. Psychotherapy (e.g., case conceptualization, therapeutic interventions, case management, use of self)
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

c. Supervision and Consultation (peer supervision, case conference facilitation, consultation to colleagues, other professionals, and caregivers)
________________________________________________________________________________
________________________________________________________________________________
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Cultural Sensitivity in Clinical Work and Professional Interactions
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

d. Goals related to Socialization into the Profession (including professional deportment, self-awareness and development; ethical, legal and professional standards; professional communication and presentation of clinical acumen & professional work; research, professional literature, and scientific approach)
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
e. Types of Clients/Approaches/Professional Situations You Would Like to Get Experience With

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d. Other Personal Learning Goals and Professional Interests

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________________________________________________________________________________

Signed: ________________________________  Signed: ________________________________

_________________________________________  ________________________________

Intern  Director of Training

_________________________________________

Date  Date
NATIONAL ASIAN AMERICAN PSYCHOLOGY TRAINING CENTER
of RAMS, Inc.
Doctoral Internship in Psychology
Accredited by the American Psychological Association

INTERN'S NAME: [name]
SUPERVISOR: [supervisor name]
TRAINING YEAR: 2021-2022
PURPOSE OF REVIEW: [Initial Review, Mid-placement, Final, or Other (please specify)]

PLEASE RATE INTERN'S DEVELOPMENT IN EACH COMPETENCY AREA USING THE FOLLOWING SCALE:

<table>
<thead>
<tr>
<th>Not at All/ Slightly</th>
<th>Somewhat</th>
<th>Moderately</th>
<th>Mostly</th>
<th>Very</th>
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</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>At this point, intern does not demonstrate professional competency in this area even with close supervision</td>
<td>Intern demonstrates nascent professional competency in this area; close supervision and monitoring are required</td>
<td>Demonstrates moderate professional competency; supervision is integral to maintaining competent performance</td>
<td>Demonstrates professional competency fairly consistently, requires little supervision to maintain competent performance</td>
<td>Consistently performs at the full professional competency level, with little or no supervision, using consultation as appropriate</td>
</tr>
</tbody>
</table>

Approximate Level:
- Early practicum or lower, significantly below expectations for a doctoral intern
- Un satisfactory at any point in the internship year
- Indicates serious difficulties in particular aspects of functioning, which require prompt and specific efforts at remediation, including additional training and supervision
- Immediate formal remediation plan is required; incompatible with successful graduation
- At later points, indicates noticeable difficulties in developing specific competencies, which are expected to resolve given time and additional guidance
- Later in the year, requires formal remediation plan; incompatible with successful graduation
- In the second half of the internship year, indicates development that is below full expectations; requires monitoring, guidance and additional support
- Final rating of “2” (or rounded to “2”) for a whole competency area is incompatible with graduation

Approximate Level:
- Practicum, below expectations for a doctoral intern
- Acceptable only at the start of the internship year
- At midpoint, indicates above expectations performance and competency development

Approximate Level:
- Early Internship, first half of the year to midyear
- Satisfactory competency development in the first half of the internship year
- In the second half of the internship year, indicates development that is below full expectations; requires monitoring, guidance and additional support
- Fully adequate competency development at the end of the year
- At midpoint, indicates above expectations performance and competency development

Approximate Level:
- End-of-the internship, transition to postdoctoral level
- Fully adequate competency development at the end of the year

Approximate Level:
- Early Internship, first half of the year
- Satisfactory competency development in the first half of the internship year
- In the second half of the internship year, indicates development that is below full expectations; requires monitoring, guidance and additional support
- Fully adequate competency development at the end of the year
- At midpoint, indicates above expectations performance and competency development

Approximate Level:
- End-of-the internship, transition to postdoctoral level
- Fully adequate competency development at the end of the year

Approximate Level:
- Licensed psychologist, independent practice
- Far above of what can be expected at the internship level
- This rating is exceptional and, therefore, very rarely given at any point of the internship year

N/A Please choose this category if you have not had the opportunity to observe a behavior in question
Please note that, at the end of each section, you will also be asked to provide a narrative evaluation of the intern’s current level of professional competency development and suggested strategies for improvement.

1. Professionalism: *Demonstrates attitudes and behaviors across clinical contexts that reflect the values and attitudes of psychology and meet standards for professional practice in the community mental health setting.*

1A. Professional identity, integrity, and adherence to professional values:
Displays consolidation of professional identity as a psychologist. Across settings and situations, holds self accountable for adherence to professional values and takes independent action to prevent/correct any lapses. Independently monitors, recognizes, and resolves situations that challenge professional values and integrity; seeks consultation as needed.

0 1 2 3 4 N/O

1B. Professional deportment and accountability:
Consistently and independently accepts personal responsibility and conducts self in a professional manner. Professional dress and presentation; flexibly shifts demeanor to meet requirements of professional situations. Clinical documentation meets standards. Punctual, able to organize activities adequately and meets deadlines without prompting or reminders. Holds self accountable for external review of quality service provision. Utilizes leave time responsibly and exercises due self-care; stressors have only mild impact on professional practice. Seeks consultation as needed.

0 1 2 3 4 N/O

1C. Nonintrusive concern for the welfare of others:
Consistently provides responsible and compassionate patient care, including to clients who express hostility and/or behaviors and attitudes inconsistent with personal values. Collegiality, tact, and courtesy with staff, outside caregivers, and other trainees. Shows deliberate awareness of his/her impact on others in professional settings. Verbal and nonverbal communications convey sensitivity to individual experience, including respect for beliefs different from own.

0 1 2 3 4 N/O

1D. Lifelong learning, reflective practice, and continuing self-development:
Independently engages in self-reflection; accurately recognizes professional and personal strengths and weaknesses. Pursues opportunities to grow and has specific development goals. Demonstrates ongoing effort to increase level of knowledge and skill through professional literature, training and apprenticeship; seeks out additional learning resources. Open to learning from experience and mistakes. Actively invites suggestions and feedback from staff, peers, and supervisors; receptive to feedback without relinquishing authority over cases. Self-monitors functioning within area of competence; seeks consultation when needed.

0 1 2 3 4 N/O

1. OVERALL COMPETENCY RATING:

Comments: Please provide a brief summary of your overall impression of this intern’s current level of competence. In your narrative, please be sure to list and address the following:

- Any special strengths/ talents/competencies of this intern.
- Any growing edges/competency areas that need improvement.
- Any goals and strategies for achieving improvements, which are deemed as necessary for the intern.

2. Adherence to Professional Ethics, Legal Standards and Policy: *Demonstrates solid knowledge and appropriate application of ethical guidelines, laws, and regulations regarding professional activities with individuals, groups, and organizations in a community mental health setting.*
### 2A. Knowledge of and adherence to ethical / professional standards and guidelines:

Consistently demonstrates excellent knowledge of the APA Ethical Principles and Code of Conduct, in particular, those that are most germane to professional work in a community mental health setting (e.g., dual roles, professional boundaries, limits to confidentiality, informed consent, etc.). Independently integrates an understanding of relevant ethical standards with all competencies; seeks consultation regarding complex ethical dilemmas.

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### 2B. Knowledge of and adherence to laws, legal regulations, and agency policies:

Demonstrates solid knowledge of RAMS’ policies and procedures, San Francisco City and County regulations, and the relevant state and federal laws that pertain to practice of psychology, particularly, in a community mental health setting. Independently integrates an understanding of commonly encountered legal standards, policies, and procedures with all competencies (e.g., HIPAA, documentation requirements, mandatory reporting, 5150, etc.). Seeks consultation as needed.

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### 2C. Ethical and Legal Awareness and Decision Making:

Spontaneously recognizes professional situations that require heightened ethical / legal scrutiny and addresses them proactively; independently identifies relevant ethical / legal standards and applies ethical decision-making processes to resolve the dilemmas. Takes appropriate steps when others behave unprofessionally or unlawfully. Judgment is reliable about when consultation is needed.

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### 2. OVERALL COMPETENCY RATING:

**Comments:** Please provide a brief summary of your overall impression of this intern's current level of competence. In your narrative, please be sure to list and address the following:

- Any special strengths/ talents/competencies of this intern.
- Any growing edges/competency areas that need improvement.
- Any goals and strategies for achieving improvements, which are deemed as necessary for the intern.

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### 3. Communication and Interpersonal Skills:

Demonstrates the ability to communicate effectively and

### 3A. Effective verbal, nonverbal, and written communication:
Expresses thoughts in a clear, informative, articulate, engaging, and efficient manner. Professional writing is coherent, concise, demonstrates the clarity of purpose, and free of professional jargon. Competently presents his/her own work to peers, staff, and other professionals. Adept at nonverbal and indirect verbal communications (both understanding and using). Accurate perception of other people’s sensibilities; can adjust communication style to context and situation. Self-monitors; seeks guidance appropriately.

3B. Effective interpersonal skills:

Demonstrates advanced interpersonal skills, effective boundary management, strong emotional intelligence, and high affect tolerance in professional relationships, contexts and settings. Manages and facilitates exploration of affectively difficult issues and challenging communication skillfully; has ability to disagree with others while conveying respect for them. Demonstrates reflectivity regarding own communications and relationships; utilizes reflection to learn and facilitate change. Seeks consultation when appropriate.

3C. Effective professional relationships with a diverse range of individuals and groups across settings and situations:

Develops and consistently maintains effective professional relationships in the diverse multidisciplinary and multicultural community mental health environment. This includes RAMS (clinicians, psychiatric staff, peer counselors, office staff, supervisors and managers); other organizations involved in clients’ care (e.g. school teachers, hospital & residential staff); caregivers, and those receiving professional services. Self-monitors and seeks consultation when appropriate.

3. OVERALL COMPETENCY RATING:

Comments: Please provide a brief summary of your overall impression of this intern’s current level of competence. In your narrative, please be sure to list and address the following:

Any special strengths/ talents/competencies of this intern.
Any growing edges/competency areas that need improvement.
Any goals and strategies for achieving improvements, which are deemed as necessary for the intern.

4 Cultural Humility and Competency with Diverse Populations: Demonstrates and independently applies appropriate sensitivity, knowledge, and skills to work effectively with diverse individuals, groups, and communities who embody a variety of cultural backgrounds and personal characteristics.

4A. Cultural self-awareness and working knowledge of self as shaped by individual/ cultural diversity and context:
Comments: Please provide a brief summary of your overall impression of this intern’s current level of competence. In your narrative, please be sure to list and address the following:

Any special strengths/talents/competencies of this intern.
Any growing edges/competency areas that need improvement.
Any goals and strategies for achieving improvements, which are deemed as necessary for the intern.

5A. Utilization of scientifically derived knowledge in practice and professional development.

Seeks out and independently utilizes scientifically-derived knowledge to aid in professional practice and development. Critically evaluates existing theoretical and research literature; closely familiar with evidence-based research and best practices data, including empirical bases of assessment & intervention, and data on diverse populations. Accurately applies theoretical
models, best practices and research data across the areas of professional practice. Seeks consultation as needed.

5 B. Application of scientific methods for evaluating professional practices.

Applies scientific methods to inform decision-making and evaluate outcomes across all areas of professional practice. Independently creates data-substantiated case conceptualizations; utilizes hypothesis-based format for assessment and interventions; consistently tracks outcomes with clients and uses findings to alter strategies as indicated. Utilizes research and best practices findings to enhance own understanding of multiculturalism and its intersection with treatment; Cultural Competency Project demonstrates competent use of research methodology.

5 C. Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities.

Demonstrates skills as a community mental health psychologist to effectively generate and disseminate knowledge (e.g., contributes psychological knowledge at seminars, grand rounds, and team meetings). Cultural Competency Project demonstrates learning about a targeted area where clinical and cultural matters intersect and contributes to the learning of others.

5. OVERALL COMPETENCY RATING:

Comments: Please provide a brief summary of your overall impression of this intern’s current level of competence. In your narrative, please be sure to list and address the following:

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- Any growing edges/competency areas that need improvement.
- Any goals and strategies for achieving improvements, which are deemed as necessary for the intern.

6. Intervention: Demonstrates appropriate knowledge, skills, and attitudes in the planning, implementation, and evaluation of interventions that are evidence-based and promote the health and well-being of clients in the community mental health setting.

6 A. Establishes and maintains effective relationships with patients and caregivers.

Establishes relationships with clients with ease and confidence; can adjust rapport building style to accommodate a wide range of clients and situations. Understands the issues of frame; structures therapeutic relationship so that there is both a maximum clarity of purpose and appropriate flexibility. Can form clear therapeutic contract with most clients and uses it to support
their engagement in therapy. Able to establish the optimal therapeutic distance with severely disturbed patients and to deal with attacks on frame therapeutically.

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6 B. Independently applies theoretical concepts and professional knowledge to organize and understand clinical material:

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6 C. Develops evidence-based treatment plans that are grounded in diagnosis and case conceptualization, set realistic goals, and consider clients' preferences:

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6 D. Collaborative approach to treatment that maximizes learning from patients with the goal of meeting each client's unique needs:

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6 E. Conducts on-going evaluations of intervention effectiveness; adapts intervention methods and/or goals accordingly:

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6 F. Expertise in conducting treatment with community mental health populations and ability to adjust approach to the diversity characteristics, setting and context:

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Effective clinical skills with a wide range of culturally and diagnostically diverse clients, including the severely and chronically mentally ill; adjusts interventions accordingly. Skilled at implementation of comprehensive approach to mental illness, including collaboration with treatment team members, case management, and consultation provided on patients’ care to others. Good judgment in unexpected or difficult situations (display of aggressive behavior, suicidality, danger to others, etc.). Effective crisis intervention enabling to maintain patient/other safety and contain the crisis within the therapeutic context while following all applicable regulations and assuring own safety. Consults as needed.
6. OVERALL COMPETENCY RATING:

Comments: Please provide a brief summary of your overall impression of this intern’s current level of competence. In your narrative, please be sure to list and address the following:
   - Any special strengths/ talents/competencies of this intern.
   - Any growing edges/competency areas that need improvement.
   - Any goals and strategies for achieving improvements, which are deemed as necessary for the intern.

7. Assessment: Demonstrates knowledge, skills, and attitudes to conduct evidence-based psychological assessment to inform patient care in the community mental health context.

7A. Knowledge of Assessment Methods, Instruments and Psychometrics:

Understands basic psychometrics, including normative data utilization and advantages and limitations of actuarial approach. Independently and accurately administers, scores and interprets commonly used measures; maintains standardized administration procedures and accurate scoring consistently. Conducts a well-focused, thorough and efficient clinical interview and perform thorough mental status examinations that generate useful data towards diagnosis and battery construction. Seeks consultation as needed.

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7B. Selection of tests and construction of an assessment battery:

Utilizes multiple data sources; independently selects assessment methods and instruments that are supported by the current empirical literature, appropriate to characteristics of the service recipient, and capable of addressing the specific referral questions. Selection of measures for a testing battery shows flexible approach that is guided by hypotheses, observations, and data. Seeks consultation as needed to guide battery construction.

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7C. Diagnosis, conceptualization and recommendations:

Integrates multiple test data and interprets accurately utilizing a hypothesis-based format. Able to utilize the interaction process as a diagnostic tool. Accurately conceptualizes the multiple dimensions of the case based on the results of assessment, including client strengths and psychopathology. Diagnoses accurately using DSM-V criteria consistent with history, interview, and test data. Seeks consultation as needed.

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7D. Communication of assessment findings:

Reports are well organized and communicate an integrated understanding of the person that is targeted to the referral questions. Reports accurately reflect data and note the limitations of assessment measures when appropriate. The language is free of professional jargon, clear, and concise, so the report can provide useful debriefing to clients and feedback/consultation to referral sources. Verbal debriefing to clients communicates assessment results in a lucid and sensitive manner. Seeks consultation as needed.

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7E. Understanding of the collaborative therapeutic model of assessment

Skilled at establishing rapport, including with challenging and resistant clients. Shows solid understanding and competent implementation of the collaborative therapeutic model of
Comments: Please provide a brief summary of your overall impression of this intern’s current level of competence. In your narrative, please be sure to list and address the following:

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- Any goals and strategies for achieving improvements, which are deemed as necessary for the intern.

### 7F. Understanding of assessment with diverse clients

Aware of different types of data interpretation and, therefore, the assets and limitations of specific assessment measures based on patients’ age, race, culture, educational level, etc. Aware of ways to compensate for such limitations, including the use of more culturally sensitive instruments and appropriate norms, when available. Independently selects and implements means of evaluation in ways that are responsive to diverse individuals and context. Seeks consultation as needed.

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### 7. OVERALL COMPETENCY RATING:

Comments:
8. **Supervision:** Demonstrates appropriate knowledge, skills, and attitudes for instruction, mentorship, and peer-supervision with trainees and other professionals (proto-supervisory skills).

### 8 A. Understanding of role expectations, processes, and procedures of supervision

Understands the roles and expectations of supervisor and supervisee, including supervisor’s ethical and legal responsibility for supervisee’s conduct and for clients under supervisee’s care. Demonstrates knowledge of supervision models, best practices, and stages of professional development, reflecting on the process of supervision and their own role as a supervisee.

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Able to develop relevant and useful hypotheses regarding the dynamics and formulations of other clinician’s cases; actively practices proto-supervisory skills during seminars. Feedback to others is clear, direct, constructive, and demonstrates accurate perception of other people’s sensibilities, including cultural and contextual factors. Can self-monitor and adjust style. Feedback is informed by professional literature and utilizes multiple sources of clinical data, including own and others’ reactions; helps to make sense of reactions in service of client care. Works to hone proto-supervisory skills by seeking input from instructors and peers about the quality of feedback.

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### 8 C. Peer-supervisory practices:

Effective mentors and provides peer supervision to less advanced trainees. Actively and usefully co-facilitates the Intern and Trainee Case Conference; adjusts style to developmental, cultural, and contextual factors. Skillfully conducts one session of the case conference on his/her own. Seeks input, and utilizes feedback to improve outcomes.

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### 8. Overall Competency Rating:

**Comments:** Please provide a brief summary of your overall impression of this intern’s current level of competence. In your narrative, please be sure to list and address the following:

- Any special strengths/talents/competencies of this intern.
- Any growing edges/competency areas that need improvement.
- Any goals and strategies for achieving improvements, which are deemed as necessary for the intern.
Comments: Please provide a brief summary of your overall impression of this intern’s current level of competence. In your narrative, please be sure to list and address the following:

- Any special strengths/ talents/competencies of this intern.
- Any growing edges/competency areas that need improvement.
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Global Performance and Development Evaluation:

Considering all aspects performance, how would you rate this intern?

My supervisor has discussed the above feedback with me, and I am aware of the content of this evaluation:

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Professional Conduct:
Selected Policies
and Procedures
Outpatient Clinic Office Policies

Office Hours: Monday to Thursday, 9:00 AM to 7:00 PM; Friday, 9:00 AM to 5:00 PM.

Remote Work: At the current stage of the pandemic, interns and trainees will utilize a hybrid model to work with their clients, and the decision to see a client virtually or in-person will be based on a number of factors and guidelines provided by the clinic. Interns and trainees are expected to consult with their supervisors about this decision. If a client is to be seen in-person, then health and safety protocols must be followed. Please see the RAMS Outpatient Clinic’s COVID Protocol for details.

Last-Hour Appointments: Whether you are working remotely or from the clinic, all clinical work must be performed during the clinic’s hours of operation. Additionally, interns and trainees should not schedule clients for the last business hour. This ensures that assistance from a staff clinician is available in the case of emergency and that no one will have to work after closing time. Any exceptions to this rule should always be pre-approved by your supervisor who would agree to take responsibility for handling possible crisis after hours.

Client Arrival at the Clinic for In-person Appointments: Due to the pandemic, our usual protocol (clients’ checking in at reception and waiting in the area adjacent to the front office before their scheduled appointments times) has been changed. Please see the RAMS Outpatient Clinic’s COVID Protocol for details.

Dangerous Behavior: Any threats, assaults or dangerous behavior towards you, other RAMS clients and/or staff & trainees (even very mild) on the part of your client are to be immediately reported to the OD, your supervisor, and the relevant clinical director.

Clinical Concerns: Any immediate clinical concerns (client is suicidal, homicidal, disoriented, needs medication refill right away, etc.) need to be reported to the Outpatient Clinic’s Officer of the Day (OD). OD schedules are distributed/posted weekly. Always know who is on duty. In case of a clinical emergency, call that person promptly. Also call the front office and ask for their help in reaching the OD.

Supervisor Availability: In addition to weekly supervision appointments, your individual supervisor is expected to be reachable by some means of remote communication 100% of the time you do clinical work. Please note that this availability does not imply an immediate response, and, unlike the OD system, is not meant to provide coverage for clinical emergencies.

Opening & Closing: At present, the clinic’s physical site is open for in-person appointments during normal business hours. The front office staff are responsible for opening and locking the building. When seeing clients at the clinic, trainees and interns must come after opening and leave before the last staff member.

Keys and Locks: Each intern/trainee is given a key that opens doors to multiple areas of the outpatient clinic. When at the clinic, always keep all outside doors and doors between patient and staff areas locked. Each time you exit the clinic or the Training Center, please make sure the door locks behind you. Do not leave any valuables out in the open or at the clinic overnight. Lost keys must be reported immediately to Kristina Bang, Angela Tang, and Flora Chan.

RAMS Laptops and Server Access: At the start of the year, trainees and interns will be issued password-protected RAMS laptops to be used for remote work, electronic clinical charting in the Avatar system, and access to the RAMS secure remote storage server. Please handle them with care. Any damage and losses must be reported immediately to Mike Dang, Angela Tang, and Flora Chan.

Administrative and Technical Assistance: For Avatar-related issues, please contact the Avatar Help Desk at (415) 255-3788 or at Avatarhelp@sfdph.org. For any electronic equipment issues, software malfunctioning, or problems with access to the secure server, please contact RAMS IT Help Desk at helpdesk@ramsinc.org.
COVID-19 Protocols for Clinic-based Appointments

Phone Pre-Screening of Clients Prior to Each In-person Appointment
To prevent exposure to the virus, you are to screen your clients by phone by asking about:

1. Close and direct contact with someone with a confirmed positive COVID-19 test
2. Symptoms of fever, cough, sore throat, trouble breathing, sneezing, congestion/runny nose, nausea, vomiting, diarrhea, fatigue, muscle aches, headache, or new loss of smell/taste.

If any of the above applies to your clients, they cannot come to the clinic. Please instruct your clients to consult with their healthcare providers and obtain an approval to engage with indoor activities in order to resume FTF sessions.

Maintaining Safety at the Clinic:

1. Please use the screening items above for yourself as well. When you arrive at the clinic, you need to sign the RAMS Workplace COVID-19 Screening Form each time you enter the clinic to attest that you reviewed the health screening questions above and that you will follow the clinic’s procedures delineated in this email. This form is placed at the front desk.
2. Practice thorough and frequent hand washing.
3. Keep the windows open in the treatment and staff rooms at all times. Note: Please wear warm clothing and advise your clients to do so since the windows will be kept open at all times.
4. Keep the air purifiers at the lowest level during sessions in the treatment rooms and at all times in the staff rooms.
5. In between sessions, turn the air purifier to the maximum level.
6. The treatment rooms are scheduled to have a 15-minute air circulation time after a 45-minute session. Please keep this schedule so that there will be no delay for the next appointment.
7. Keep at least a 6’ distance from everyone at the clinic at all times.
8. Only five people at a time can be in the trainee area of the Training Center and two people at a time in the interns’ office.

9. At present, the front office staff will:
   • Greet your clients
   • Ask clients to sanitize their hands using hand sanitizer at the front desk
   • Provide surgical masks if they do not have a mask
   • Ask them to wait for you in the waiting rooms

10. Only use the designated in-person treatment rooms, which allow for proper circulation of outside air and social distancing. For those who need to meet clients virtually while at the clinic, there are designated teleconferencing treatment rooms.

Important Things to Remember:
• Practice frequent and thorough hand washing throughout the day.
• Wipe computers, desks, etc. before use.
Essential Guidelines for Doctoral Interns

**Weekly Schedule:** By the end of the orientation, you will need to fill out the *Weekly Work Schedule* posted in the Training Program’s Google Drive Folder. Please promptly update the front office and all your supervisors about any work schedule changes.

**Time-Off:** You need to get your supervisors’ pre-approval for vacation (a month ahead of time is recommended). *Time-Off Request* is submitted via the PayCom electronic system to be approved by the director of training. It is your responsibility to secure coverage for your clients and intake hour.

**Last-Minute Absence:** If an illness or emergency causes you to cancel sessions and/or miss seminars, you must inform: (1) your clients, (2) the front office, (3) your supervisor(s), (4) director of training, and, (5) if a class is missed, its instructor. This includes missing whole day(s) as well as a part of a day. Even when you are out, you are still responsible for your intake hour and will either need to find someone to cover it or arrange for coverage with the intake coordinator (Kristina Bang). When back to work, do not forget to retroactively reflect your leave time on your *Time Card* (submitted via PayCom).

**Communication:** Set up your voicemail so your greeting informs clients of your position at RAMS and your weekly work schedule. When you are on a leave, you need to create a different greeting specifying the dates of your leave and the name/phone of the clinician who is covering for you (the system is capable of storing multiple versions). On the days you are scheduled to work at RAMS, you must check your voicemail frequently. You also need to check your RAMS email at least daily throughout the week. We have an expectation that both voicemails and emails will be replied to within a business day.

**Working under Supervision:** Even though for teaching purposes your supervisor may choose to focus on a specific case for a period of time, all your clinical work and charting are to be monitored and reviewed by an appropriate supervisor on a regular basis. Please note that trainees and interns are not supposed to change modality or frequency of treatment without consulting their supervisors. Each individual supervisor is responsible for clinical cases under his/her supervision, but the ultimate responsibility for all of your clinical work rests with your Primary Supervisor. California Board of Psychology regulations mandate that besides providing one hour of direct face-to-face (or, presently, two-way video conference based) supervision every week, Primary Supervisors monitor the supervision performance of all delegated supervisors and must be available 100% of the time trainee is accruing SPE. Feel free to contact your Primary Supervisor with any work- or training-related questions or concerns at any time; they can always be reached via text or email during the hours you work at RAMS. Please note that for clinical emergencies you must use the RAMS OD system; after the OD addresses the urgent matter in question, you may consult your supervisor as needed.

**Supervision Documentation:** Per California Board of Psychology regulations, prior to the rendering of services by a doctoral intern, clients are to be informed that the intern is unlicensed and functioning under the direction and supervision of a licensed psychologist who shall have full access to the treatment records in order to perform supervision responsibilities. At the commencement of services, a *Working under Supervision Letter* needs to be provided to all clients; please document having done so in an Avatar progress note. Additionally, the California Board of Psychology requires a *California Board of Psychology Supervision Agreement* to be completed prior to commencement of supervision and any supervised professional experience (SPE). Lastly, all Doctoral Psychology Interns must maintain a *Weekly SPE Log*, which is to be reviewed and signed by primary and delegated individual supervisors on a regular basis (at least, monthly). Please use the SPE Log Form posted on the Training Programs’ Google Drive.
Essential Guidelines for Handling PHI

**Electronic Communication:** No Protected Health Information (PHI) can be sent in an email outside of RAMS, posted on a website, or social media. This includes email/online communication requested by a client/client’s caregiver or by another professional working with your client outside of RAMS. The only possible exception to this rule is your supervisor’s specific request to send PHI in a password-protected file; even in this case, only RAMS email addresses can be used (no personal email).

**Client Emails:** Prior to communicating with clients via email, please have client sign (or receive and document verbal consent if only seeing client via telehealth) the **RAMS Form: Request for Authorization to Use Alternative Communication**.

Advise your clients against discussing with you via email any diagnosis or treatment-related issues; use email communication for scheduling purposes only. If an email exchange occurs, record its content in Avatar and delete the e-mails promptly.

**Exchanging Voicemails:** Your RAMS voicemail is secure and password-protected, but your client’s/client’s caregiver’s may not be. Always make sure that the voicemail is secure before you leave a message.

**Faxing PHI:** When faxing documents containing PHI, always use RAMS cover sheets, make sure the recipient fax machine is secure (located in a restricted environment), and call ahead to ensure that the intended recipient will pick up the fax.

**Storage of Electronic PHI:** No PHI can be stored on computer hard drives or on Google Drive. The training group Google Drive folder is reserved for policies, memos, announcements, etc.; nothing related to individual clients can be placed there, even if all identifying information is removed. To store electronic PHI (e.g., an SSI letters, caseload lists, etc.), use the Virtual File Cabinet in the RAMS Online Storage – you will be assigned a username and password (contact IT for support).

**Handling of Video-recorded Therapy Sessions:** Refer to the **Live Supervision Policy**.

**Handling of Confidential Records:** All physical PHI documents must be kept at one of the designated secure locations and never left unattended. When working in the clinic and with paper charts, file every chart as soon as you are done with it – others may need to access the chart. NEVER leave any PHI on/in your desk overnight. While working remotely, use your RAMS laptop in a private location only and close both the server and AVATAR even if you need to step away from the computer for a short time. Never call clients or conduct a session from a public space.

**Transporting PHI Documents Outside of RAMS:** No PHI documents can be taken from the clinic. The only exception is for transporting documents or electronic equipment (e.g., psychological testing protocols or RAMS laptop) with prior supervisor’s approval, between RAMS sites. During transportation, exercise extra caution: keep documents/equipment with you at all times and never leave them exposed and/or unattended.

**Releases of Confidential Information:** In addition to your client’s signing an information release request (or giving an explicit verbal informed consent documented in Avatar), all releases of PHI information must be pre-approved by your supervisor. Additionally, all court-related requests for release of information need to be reported to Director of Operations Angela Tang, LCSW, or Priscilla Kyu, Quality Improvement Manager, and pre-approved by them.

**Uses of Client Information for Training Purposes:** Any clinical notes that are not part of clients’ charts, including process notes and video- or audio-records of sessions, are to be stored in the RAMS Online Storage (electronic version) or in a RAMS chart room (physical version). When preparing for a case presentation, only thoroughly de-identified information can be distributed to group members/case discussants. After the case been discussed with the supervisor and/or presented, these case notes must be destroyed.

**Disposal of Confidential Information:** All documents containing PHI to be discarded must be shredded; electronic devices must be wiped clean by the IT department.
NAAPTC Policy and Procedures for Maintenance of Assessment-Related Confidential Materials

All assessment information (testing protocols with raw data, information from outside sources, scoring sheets, reports, etc.) must be stored and maintained according to RAMS, Inc. and SF Department of Public Health protocols for handling confidential information.

**All Test Protocols:**
Pseudonyms (client#1) should replace the client’s name and all identifying information that can be traced back to the client should be omitted (e.g., DOB, address, name of birth city, names of family members or primary care physicians; the previous schooling, employer, etc.) **Age can be listed on the protocol.**

**For In-Person Assessments:**
No materials containing confidential assessment information of any kind are to be taken outside of RAMS for any reason. They need to be kept in the assessment-specific locked file cabinet (in one of the chart rooms) except for when intern is actively working with them (scoring, analyzing) at their desk in the Training Center (or, during the SIP period, on the RAMS secure storage drive on the password-protected laptop used in a secure location).

**For Telehealth Assessments:**
All confidential information should be stored on the RAMS secure storage drive. De-identified testing protocols should be stored in a secure location. When transporting test protocols to Outpatient Clinic, **do not leave records unattended** (in a car, etc.) at any point.

**Assessment Activities Conducted Off-Site**
In order to protect client confidentiality and to comply with RAMS, SFDPH and HIPAA regulations, all interns and trainees and required to observe the following assessment procedures:

- For assessments conducted at RAMS programs other than the Outpatient Clinic (e.g., Broderick Residential Program) original protocols and other confidential information can be taken off-site only for transportation to the RAMS Outpatient Clinic. Original protocols and confidential information cannot be left unattended (in the car, etc.) at any point during transport.
- In all other situations, such as report writing off-site, **only de-identified copies of assessment records can be utilized.**
- Copies of raw material must have no identifiable information (e.g., a copy of a client’s HTP drawing without any identifying information, a copy of a protocol with the client’s name removed).
- Pseudonyms (client#1) should replace the client’s name and all identifying information that can be traced back to the client should be omitted (e.g., DOB, BIS number, address, name of birth city, names of family members or primary care physicians; previous schooling, employer, etc.) **Age can be listed on the protocol.**
- When sent to the assessment supervisor for review, **electronic reports must be password protected.**
1.5 Equal Opportunity

RAMS is an equal opportunity employer and is committed to providing a work environment that is free of discrimination and harassment. We do not discriminate against applicants or employees with respect to any terms or conditions of employment on account of race, color, national origin, ancestry, sex, sexual orientation, age, religion, creed, physical or mental disability (actual or perceived), medical condition including genetic characteristics, marital status, citizenship, military service status, gender, registered domestic partner status, weight, height or any other characteristic protected by state or federal law or local ordinance. RAMS also prohibits discrimination based on the perception that anyone has any of those characteristics or is associated with a person who has or is perceived as having any of those characteristics.

This commitment applies to all persons involved in the operations of RAMS (including employees, interns, trainees, students, and volunteers), and prohibits unlawful discrimination by any employee of RAMS, including supervisors and co-workers.

4.1 Employment Categories: NAAPTC Doctoral Interns in Clinical Psychology

NAAPTC Doctoral Interns in Clinical Psychology are temporary employees employed full-time by RAMS for the American Psychological Association (“APA”) accredited National Asian American Psychological Training Center (“NAAPTC”). NAAPTC Doctoral Interns are considered temporary employees with a term of employment limited to one year beginning the first week of September and ending the last week in August, provided, however, that their employment may be terminated before then, either by the employee or by RAMS, in accordance with RAMS’ “at-will” employment policy (discussed above).

As such, NAAPTC Doctoral Interns are covered by the same policies & procedures and enjoy the same rights (i.e. equal opportunity, non-discrimination/harassment /retaliation, reasonable accommodation of disabilities, grievance, whistleblower, etc.) as regular RAMS employees, as well as policies and procedures specific to the NAAPTC program. NAAPTC Doctoral Interns are eligible for the same RAMS’ health insurance coverage and leave benefit package available to full-time employees in their first year of employment, as well as a stipend amount which is in accordance to state and local minimum wage requirements. However, as NAAPTC Doctoral Interns, they can utilize Paid Time Off up-front without waiting for accrual.

NAAPTC Doctoral Interns also must follow all requirements, regulations, and policies (for example, work/training expectations, intern evaluations, performance remediation, and grievance procedures) specific to the NAAPTC program, and may be subject to RAMS disciplinary procedures in the event their conduct violates RAMS Code of Conduct.

5.1.3.2. Leave Usage for NAAPTC Doctoral Interns in Clinical Psychology

NAAPTC Doctoral Interns in Clinical Psychology are awarded the same level of PTO as a full-time employee in their first year of employment, which is 192 hours per 12-month period.

Due to the temporary nature of their one-year employment, NAAPTC Doctoral Interns are not required to accrue PTO prior to usage and are instead eligible to schedule leave & use their allotted PTO in advance of accrual, upon request and with the express approval of the director of training.

This policy does not supersede policies regarding Family & Medical Leave, Pregnancy Disability Leave, or other special leave circumstances as prescribed by law.

Please consult the RAMS Personnel Policy Manual for the full list of RAMS policies.
Evaluation Forms for Supervisors, Courses, and Training Experience
1. The instructor/facilitator is knowledgeable on the subject:  
   Disagree strongly ☐ ☐ ☐ Agree Strongly

2. The material was presented clearly and engagingly:  
   Disagree strongly ☐ ☐ ☐ Agree Strongly

3. Theory was well integrated with case vignettes and clinical examples:  
   Disagree strongly ☐ ☐ ☐ Agree Strongly

4. Relevant sociocultural issues were attended to in a helpful way:  
   Disagree strongly ☐ ☐ ☐ Agree Strongly

5. The atmosphere invited participation and learning together:  
   Disagree strongly ☐ ☐ ☐ Agree Strongly

6. The instructor/facilitator effectively directed discussion:  
   Disagree strongly ☐ ☐ ☐ Agree Strongly

7. The format and style were helpful to the way that I learn:  
   Disagree strongly ☐ ☐ ☐ Agree Strongly

8. Presentation and discussion stimulated my thinking:  
   Disagree strongly ☐ ☐ ☐ Agree Strongly

9. The subject matter was useful and applicable to my work:  
   Disagree strongly ☐ ☐ ☐ Agree Strongly

10. What aspects of this course did you find most helpful?  
                             ____________________________________________________________
                             ____________________________________________________________

11. Do you have any suggestions for improvement for the instructor and the course?  
                             ____________________________________________________________
                             ____________________________________________________________

12. If you think you would have learned more if a different format were used, please tell us about it:  
   ☐ I find that more room for discussions would have helped my understanding and engagement  
   ☐ I learn more if presentations and discussions are more structured  
   ☐ I feel that discussions were often dominated by one or a few people  
   ☐ I learn more from discussions when I am given a question to think about first  
   ☐ I think the amount of content was overwhelming, given the time frame.
   ☐ I prefer_____________________________________________________________  
                             ____________________________________________________________
This form is designed as a tool in facilitating a dialog about the supervision you have received. We encourage you to use it whenever you provide your supervisors with a narrative feedback about your experience of supervision (at the very least, please do so during the midpoint and final evaluations).

Utilizing the rating scale below, please place the appropriate number next to each item in the table.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
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<tbody>
<tr>
<td>0</td>
<td>much more of this is needed</td>
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<tr>
<td>1</td>
<td>it would be desirable to have somewhat more</td>
</tr>
<tr>
<td>2</td>
<td>it would be desirable to have a little more</td>
</tr>
<tr>
<td>3</td>
<td>this area is satisfactory</td>
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</tbody>
</table>

**Supervisor is able to:**

1. Clearly define the nature and expectations of the supervisory relationship and maintain an appropriate focus in supervision sessions.

2. Be reliable and prompt with appointments and consultation between appointments.

3. Establish an atmosphere of acceptance, safety, and learning together.

4. Facilitate your awareness of your strengths in clinical work through means other than the use of praise.

5. Provide constructive criticisms about your work and be straightforward regarding areas on which you need to focus to grow as a professional.

6. Invite discussion of your fears and doubts about your clinical work and help you see your mistakes as learning experiences.

7. Communicate genuine interest in you and make you feel s/he wants you to learn and to realize your potential.

8. Foster a conversation about your own goals for clinical and professional development and help you work on achieving them.

9. Model active interest in learning from professional literature, seminars, colleagues, mentors, and clients.

10. Help integrate multiple forms of information (e.g., history, observation, collateral and assessment data when available, etc.) towards a diagnostic picture and case formulation.

11. Facilitate your understanding of countertransference reactions to your clients and help you formulate the clinical dynamics of your cases.

12. Help with integration of diversity and cultural issues into your understanding of your clinical work.

13. Encourage you to share your own hypotheses about the case material and to explore the implications of your interventions.
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<tr>
<td>14.</td>
<td>When needed, provide specific suggestions and role modeling to help you more effectively interact with your clients.</td>
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<tr>
<td>15.</td>
<td>Clearly inform you of legal, ethical and professional issues relevant to your work and help you understand their clinical implications.</td>
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<td>16.</td>
<td>Be helpful with developing presentation of your professional acumen beyond the consulting room (with caregivers, in multidisciplinary teamwork, during group trainings, etc.)</td>
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<td>17.</td>
<td>When asked, present a coherent, theoretical or data-driven rationale for hypotheses and suggestions.</td>
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<td>18.</td>
<td>Make decisions and take responsibility for your work when appropriate.</td>
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<td>19.</td>
<td>Be flexible and responsive to your style of learning, changing needs, and the stresses you are experiencing as an intern.</td>
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<td>20.</td>
<td>Initiate or be receptive to a discussion of cultural issues in the supervisory relationship.</td>
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<td>22.</td>
<td>Facilitate expression of your reservations or disagreements and be genuinely interested in your opinions.</td>
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<td>23.</td>
<td>Admit errors and/or limitations without undue defensiveness.</td>
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<td>24.</td>
<td>Be open to discussing any difficulties between the two of you, which are hindering your learning.</td>
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<td>25.</td>
<td>Deal explicitly with the formal evaluation process.</td>
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</table>

Please write any additional comments to elaborate on what you have found valuable about this supervision experience and also on how your supervisor might have been more of help to you:
Your candid feedback about your experiences as a doctoral intern at RAMS will be much appreciated. It will help us to improve the quality of training at our internship program. Please, let us know what you think regarding the quality of the following aspects of your training experience by placing an X under the heading which best expresses your opinion:

<table>
<thead>
<tr>
<th>EXPERIENCE</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Unsatisfactory</th>
<th>Comments</th>
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<tr>
<td><strong>Clinical Experience:</strong></td>
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<td>Psychological Intervention with Adult Clients</td>
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<td>Psychological Intervention with Children &amp; Families</td>
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<td>Initial Clinical Intake and Evaluation</td>
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<td>Psychological Assessment &amp; Testing</td>
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<td>Multidisciplinary Collaboration &amp; Consultation</td>
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<td>Participation in RAMS Outreach Efforts (if any)</td>
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<td><strong>Caseload:</strong></td>
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<td>Number of Cases</td>
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<td>Diversity of Caseload</td>
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<td>Overall Diversity of Clinical Experiences</td>
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<td><strong>Clinical Supervision:</strong></td>
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<td>Individual Supervision</td>
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<td>Group Supervision</td>
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<td>Assessment Supervision</td>
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<td>Rotation Supervision:</td>
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<td>Cultural Competency Project Meeting</td>
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<td>Presentation of Clinical Cases to an Outside Discussant</td>
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<td>Child &amp; Family Consultation Group <em>(if applicable)</em></td>
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<td>Conceptualization with the Severely Mentally Ill <em>(if applicable)</em></td>
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<td>RAMS Management</td>
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<td>Director of Training</td>
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<td>Training Group Meetings</td>
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<td>Didactic Training:</td>
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<td>Assessment Seminar</td>
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<td>Intern and Trainee Seminar</td>
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<td>Intern and Trainee Case Conference</td>
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<td>Outpatient In-service Clinical Training</td>
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<td>Child Case Conference</td>
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<td>Adult Case Conference</td>
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<td>Clinical Grand Rounds</td>
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<td>Working Environment:</td>
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<td>Relationships in the Training Group</td>
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<td>Relationships with Staff</td>
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<td>Physical Facilities</td>
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<td>Administrative and Technical Support</td>
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</table>
Please, evaluate some aspects of your internship training in more detail. Feel free to express any concerns or suggest changes. It will help us to improve the program.

1. Was the orientation period useful? Now, when you know what you needed to get ready for, what changes would you recommend?

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

2. Do you feel that your previous academic and clinical training experience sufficiently prepared you for the RAMS internship? If not, it would be very helpful for us to know what kind of training and in what areas you wish you had prior to starting your internship.

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
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3. Did you find the time allotted for supervision is adequate? What about your supervisors’ availability to answer your questions between supervision sessions? Would you recommend any changes to the internship supervision structure?

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

4. Have you received help and consultations from staff members other than your supervisor? What was it about and how helpful was it?

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
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5. How satisfied are you with the multicultural/diversity training? Any suggestions for improvement?

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
4. How well acquainted have you become with the **community mental health work**, including its rewards in challenges? What about the San Francisco Community Mental Health System?

__________________________________________________________________________________

__________________________________________________________________________________

5. How well did your RAMS training experience facilitate your **clinical skill development**? What was most useful in that regard (please, be specific)?

__________________________________________________________________________________

__________________________________________________________________________________

6. How well did your RAMS training experience facilitate your **professional and personal development as a psychologist**? What was most useful (please, be specific)?

__________________________________________________________________________________

__________________________________________________________________________________

7. What are the strengths of the training program?

__________________________________________________________________________________

__________________________________________________________________________________

8. What are the weaknesses of the training program?

__________________________________________________________________________________

__________________________________________________________________________________

10. Any other comments or suggestions for improvement:

__________________________________________________________________________________

__________________________________________________________________________________

THANK YOU VERY MUCH FOR TAKING TIME TO LET US KNOW WHAT YOU THINK