

Clinical Services Seminar Syllabus: Sample

	Title/Presenter(s)	Abstract	Objectives	Seminar Core Reading List	Dates/ Competency
1	Our Framework, Our Community & The Local Clinical Science Model Marta Flores, PsyD, Juanita Zuñiga, PsyD, Carol Kerr, PhD	Learn and understand the framework with which we work from and serve our BHRS community. Learn and better understand the Local Clinical Science Model in which we work from.	1) Learn and understand the framework we utilize when working with our clients and our community. The aim is for you to learn and incorporate this framework into your work throughout this year. 2) Gain an understanding of the population we serve, which includes the community, the people, and the services we offer 3) Define and understand the LCS model	Beidas, R. S., Stewart, R. E., Walsh, L., Lucas, S., Downey, M. M., Jackson, K., Fernandez, T., & Mandell, D. S. (2015). Free, brief, and validated: Standardized instruments for low-resource mental health settings. <i>Cognitive and behavioral practice</i>, 22(1), 5–19. https://doi.org/10.1016/j.cbpra.2014.02.002 Stricker, G., & Goldfried, M. R. (2019). The gap between science and practice: A conversation. <i>Psychotherapy</i>, 56(1), 149–155. https://doi.org/10.1037/pst0000220 Woods-Jaeger, B., Cho, B., & Briggs, E. C. (2020, February 13). Training Psychologists to Address Social Determinants of Mental Health. Training and Education in Professional Psychology. Advance online publication. http://dx.doi.org/10.1037/tep0000307	09/23 Research ICD EBP A EBP I
2	Culture-wise, Trauma-Informed Engagement and Assessment Marta Flores, PsyD Juanita Zuñiga, PsyD Carol Kerr, PhD	Overview of best practices and compliance with California Medi-Cal regulations from the DHCS regarding goal setting and treatment planning for specialty mental health services	1) Define 3 strategies to promote engagement with SMI clients (youth & adults with trauma history) 2) Identify 2 ways cultural intersections and disparities may shape or complicate engagement at the outset of treatment. 3) Describe how to structure initial sessions to increase a sense of safety and choice.	Chisholm, J., & Petrakis, M. (2020). Peer worker perspectives on their potential role in the success of implementing recovery-oriented practice in a clinical mental health setting. <i>Journal of Evidence-Based Social Work</i>, 17(3), 300-316. World Health Organization. (2021). Guidance on community mental health services: promoting person-centred and rights-based approaches. Wylie, L., Van Meyel, R., Harder, H., Sukhera, J., Luc, C., Ganjavi, H., ... & Wardrop, N. (2018). Assessing trauma in a transcultural context: challenges in mental health care with immigrants and refugees. <i>Public health reviews</i>, 39(1), 1-19	09/30 ICD L&E C/IP P
3	LGBTQ+ Clinical Considerations Audrey Vera, LMFT	Review sexual & gender minority health mental health concepts and terminology and outline best practices for clinical interventions specific to the LGBTQ and other sexual and gender minorities (LGBTQ+) population.	1) Demonstrate the appropriate use of culturally relevant terms used within the LGBTQ+ population. 2) Describe how the minority stress theory explains health disparities seen among LGBTQ+ population. 3) List 2 culturally affirming practices for working with LGBTQ+ individuals and families.	O'Grady, K. (2015, June 15). Retrieved September 30, 2021, from https://www.anxiety.org/lgbtq-anxiety-depression. Semlyn, J., King, M., Varney, J., Hagger-Johnson, G. Sexual orientation and symptoms of common mental disorder of low wellbeing: combined meta-analysis of 12 UK population health surveys. <i>BMC Psychiatry</i>. 2016; 16:67. From LGBTQIA Health Education	10/07 ICD C/IP P

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4	Fundamentals of Crisis Assessment Amit Rajparia, MD	Provide an overview of the BHRS Crisis response systems and principles of care.	1) Review essential knowledge and skills for rapid risk assessment of danger to others, self, and grave disability 2) Reinforce values and responsibilities in BHRS system	Sommers-Flanagan, J. (2018). Conversations about suicide: Strategies for detecting and assessing suicide risk. <i>Journal of Health Service Psychology</i> , 44(1), 33-45. Jobes, D. A., Zhang, I., & Tyndal, T. (2021). Collaborative Assessment and Management of Suicidality Approach. In <i>Suicide Risk Assessment and Prevention</i> (pp. 1-17). Cham: Springer International Publishing.	10/14 EBP A L&E C/IP
5	Values Exercise Juanita Zuñiga, PsyD	Knowledge and skills in eliciting values to inform tx. Reflect individually and collectively on similarities and differences	1) Learn use of values exercise to build relationships and shape treatment. 2) Discuss differences in personal values and respecting differences 3) Discuss adapting exercise to needs/abilities of clients	Miller, W. R., C'de Baca, J., Matthews, D. B., & Wilbourne, P. L. (2001). Personal values card sort. Albuquerque, NM: University of New Mexico. Kimball, R. S. (2018). Prediction of clinical symptoms and psychological flexibility using a novel values card sort activity. Southern Illinois University at Carbondale.	10/21 ICD P R
6	Case Management Resources Tran Nguyen, PsyD	Increase knowledge of local community resources in order to better advocate for clients needs. Promote skills and attitudes for working effectively with other providers in the system of care.	1) Knowledge of case management models and community resources in Marin County 2) Knowledge of the difference between SSI and SSDI 3) Awareness of resources to provide to individuals who are struggling with homelessness	Incedere, A. & Yildiz, M. (2019). Case Management for Individuals with Severe Mental Illness: Outcomes of a 24 Month Practice. <i>Turkish Journal of Psychiatry</i> . Talisman, N. et al. (2015). Case Management: A New Approach. <i>Psychiatr Ann</i> , 45(3): 134-138	10/28 C/ID EB-A
7	Panel of Post-docs Juanita Zuniga, PsyD Marta Flores, PsyD & Panel of Post-Doc/Internship Graduates	Increase interns' knowledge of post-doctoral options and skills for networking, interviewing, and managing anxiety.	1) Knowledge about post-doc options and strategies to define individual needs 2) Contact with recent program grads as resources about VA, Kaiser, formal vs. informal post-doc or psych assistantships.	APA Postdoctoral https://www.apa.org/education-career/grad/post-fellow APPIC PostDoc Site https://www.appic.org/Postdocs	11/4 P C, IP
8	HOLIDAY				11/11

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9	The Role of Peer Providers Mark Parker, BHRS Peer Provider	Overview and discussion of the role, function, and historical and current incorporation of peer providers into mental health treatment systems	1) Explain the distinguishing functions and benefits of peer providers in mental health teams 2) Describe systemic barriers and challenges for implements peer support services in traditional mental health treatment models	Davidson, L. et al. (2018). Revising the rationale and evidence for peer support. <i>Psychiatric Times</i> , 35(6), 11-22. Retrieved from https://www.psychiatrictimes.com/view/revisiting-rationale-and-evidence-peer-support Mancini, M. A. (2019). Strategic storytelling: An exploration of the professional practices of mental health peer providers. <i>Qualitative Health Research</i> , 29(9), 1266-1276. https://doi.org/10.1177/1049732318821689	11/18 C/IP
10	Competency to Stand Trial Todd Schirmer, PhD	Competency to stand trial (CST) is the most common type of forensic referral. Psychologists may be asked to complete CST while working at a state hospital, county behavioral health department, or private forensic practice. This seminar focuses on foundational skills in CST assessment. This includes review of landmark Court cases, the relevant legal standard, the PC 1368/1370 process, CST assessment instruments, malingering, expert testimony, culture and CST, and the CST restoration process. The seminar will include opportunities to practice CST assessment through simulated cases.	1) Identify best practices in CST assessment 2) Learn landmark Court cases and the relevant legal standard	Tsytarev, S.V. & Landes, A (2008). Competency to stand trial: A multicultural perspective. In LA Suzuki & JG Ponterotto (Eds). <i>Handbook of multicultural assessment: Clinical, psychological, and educational applications</i> (pp. 651-665).	12/2 L & E EB-A

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11	Imposter Syndrome Marta Flores, PsyD Juanita Zuñiga PsyD	An overview of what imposter syndrome is, ways in which culture and society impact vulnerability to imposter syndrome, and ways in which to reframe / redefine these experiences as a developing professional	1) Define “Imposter Syndrome” and some typical cognitions and related affect 2) Identify cultural factors and disparities that increase vulnerability to this syndrome 3) Identify how perfectionism and procrastination can contribute to syndrome related anxiety and depression	Bravata, D. M., Madhusudhan, D. K., Boroff, M., & Cokley, K. O. (2020). Commentary: Prevalence, Predictors, and Treatment of Imposter Syndrome: A Systematic Review. <i>Journal of Mental Health & Clinical Psychology</i> , 4(3). Joshi, Aishwarya and Mangette, Haley (2018) "Unmasking of Impostor Syndrome," <i>Journal of Research, Assessment, and Practice in Higher Education</i> : Vol. 3 : Iss. 1 , Article 3. https://ecommons.udayton.edu/jraphe/vol3/iss1/3 Sakulku, J. (2011). The Impostor Phenomenon. <i>The Journal of Behavioral Science</i> , 6(1), 75-97. https://doi.org/10.14456/ijbs.2011.6	12/9 P C/IP
12	Interdisciplinary Clinical Conference: Trauma Martin Epsen, MD	Overview of current evidence-base and best practices with applied case examples in the identification and psychiatric treatment of trauma presentations and posttraumatic stress disorder, including pharmacological interventions, coordinated care, and psychosocial treatments	1) Explain the mechanisms of sedative misuse in the worsening of PTSD and trauma symptoms 2) Identify signs and clinical expression of trauma symptoms and describe current best practices for treatment of PTSD	DeVido, J. J., & Epsen, M. F. (2020). Clinical Update: What is Old is New Again: Rediscovering Narrative in Healthcare and Charting a Future for Addiction Specialists. <i>The American Journal on Addictions</i> , 29(5), 418-425.	12/16 EBP A & I C/IP
13	County Holiday	Required R&R			12/23
14	County Holiday	Required R&R			12/30
15	Case Discussion Lorena Talactac, PsyD				1/6

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16	Shame and Trauma-Informed Treatment Marta Flores, PsyD Juanita Zuñiga PsyD	Examination of functional and adaptive elements related to shame, expression of shame in therapeutic encounters, and strategies for reducing shame activation via trauma-informed treatment approaches	1) Describe adaptive and functional elements related to the universal expression of shame 2) Apply trauma-informed techniques for managing shame in therapy	Au, T. M., Sauer-Zavala, S., King, M. W., Petrocchi, N., Barlow, D. H., & Litz, B. T. (2017). Compassion-based therapy for trauma-related shame and posttraumatic stress: Initial evaluation using a multiple baseline design. <i>Behavior Therapy</i> , 48(2), 207-221. https://doi.org/10.1016/j.beth.2016.11.012 Aakvaag, H. F., Thoresen, S., Wentzel-Larsen, T., Dyb, G., Røysamb, E., & Olff, M. (2016). Broken and guilty since it happened: A population study of trauma-related shame and guilt after violence and sexual abuse. <i>Journal of Affective Disorders</i> , 204, 16-23. https://doi.org/10.1016/j.jad.2016.06.004	1/13
17	SNOW DAY				01/20
18	Addressing Somatic Complaints from a Psychophysiological Perspective Dan Zuiches, PhD	Introductory review of somatization disorders with a review of common presentations, chief complaints, and biofeedback principles as well as applied practice with techniques that can be implemented in a community practice setting	1) Demonstrate ability to accurately diagnosis and identify common somatic presentations 2) Practice and apply mindfulness techniques that target primary somatic presentations of distress	Fava, G. A., Cosci, F., & Sonino, N. (2017). Current psychosomatic practice. <i>Psychotherapy and Psychosomatics</i> , 86(1), 13-30. https://doi.org/10.1159/000448856 Peper, E., Harvey, R., Takabayashi, N., & Hughes, P. (2009). How to do clinical biofeedback in psychosomatic medicine: An illustrative brief therapy example for self-regulation. <i>Japanese Society of Biofeedback Research</i> , 36(2), 109-126. https://doi.org/10.20595/jjbf.36.2_109	01/27
19	Building Clinical Confidence Marta Flores, PsyD Juanita Zuñiga PsyD	Define “Clinical Confidence” and review research on the concept while exploring what are obstacles in the professional development path and how to develop and a life-span perspective on growth and learning.	1) Review stages of professional development from novice to expert 2) Identify cultural and historical factors within psychology that contribute to lack of study relative to other health service professions 3) Explore strategies to build confidence within APA competency domains during early career phase	Callahan, J. L., & Watkins, C. E., Jr. (2018). Evidence-based training: The time has come. <i>Training and Education in Professional Psychology</i> , 12(4), 211–218. Goodwin, Tracy. https://theartofspeakingup.com/38-the-psychology-of-the-voice-how-to-express-authentic-power-through-the-sound-of-your-voice-with-tracy-goodwin/ Grodzky, L. (2020) https://www.psychotherapynetworker.org/magazine/article/2439/the-path-to-clinical-confidence/9e3c6e04-7f3b-4216-a099-cb6c8ad57815/oim	02/03

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20	How Medications Don't Work Michael Ciranni, MD	Community-based studies and clinical experience both show that a significant proportion of clients seeking services do not respond effectively to medication. This training describes a framework for understanding different forms of resistance to pharmacotherapy, discusses different underlying causes, both physical and psychological, associated with each form of resistance and proposes various interventions for accessing and addressing these underlying causes.	1) Identify three broad forms of resistance to pharmacotherapy and the different underlying causes, both physical and psychological, associated with each form of resistance 2) Apply at least three follow-up issues to explore with a client in order to isolate the underlying cause(s) of a particular form of resistance. 3) Propose at least three interventions, physical or psychological, that could potentially reduce each form of resistance.		02/10
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21	Interdisciplinary Clinical Conference: Substance Use Disorders Jeffrey DeVido, MD	Overview of diagnostic criteria, best practices, & current research on prevalence and presentation of substance use disorders & co-occurring mental health challenges in community settings as well as advancements in medication for addiction treatment (MAT)	1) Demonstrate ability to accurately diagnosis substance use disorders using DSM-5 criteria 2) Learn emerging and best practices related to medication for addiction treatment as an adjunct to traditional SUD treatment services	Wakeman, S. E. (2017). Medications for addiction treatment: Changing language to improve care. <i>Journal of Addiction Medicine, 11</i> (1), 1-2. https://doi.org/10.1097/ADM.0000000000000275 Starzer, M. S. K., Nordentoft, M., & Hjorthøj, C. (2018). Rates and predictors of conversion to schizophrenia or bipolar disorder following substance-induced psychosis. <i>American Journal of Psychiatry, 175</i> (4), 343-350. https://doi.org/10.1176/appi.ajp.2017.17020223	02/17
22	Interdisciplinary Clinical Conference: Psychosis Michael Ciranni, MD, PhD	Overview of aberrant salience hypothesis for psychosis and psychiatric treatment options for psychosis. Discussion of diagnostic differentials for psychosis and trauma as well as review of theoretical models connecting early trauma exposure to development of psychosis.	1) Explain the concept of aberrant salience and how it relates to the formation and maintenance of delusions 2) Apply skills related to differential diagnosis between psychosis and trauma presentations	Kapur, S. (2003). Psychosis as a state of aberrant salience: A framework linking biology, phenomenology, and pharmacology in schizophrenia. <i>American Journal of Psychiatry, 160</i> (1), 13-23. https://doi.org/10.1176/appi.ajp.160.1.13 Okkels, N., Trabjerg, B., Arendt, M., & Bøcker Pedersen, C. (2017). Traumatic stress disorders and risk of subsequent schizophrenia spectrum disorder or bipolar disorder: A nationwide cohort study. <i>Schizophrenia Bulletin, 43</i> (1), 180-186. https://doi.org/10.1093/schbul/sbw082	02/24
23	Mid-Year Evaluations Rebecca Stein, PsyD	Analysis and discussion of feedback on mid-year program surveys; demonstration of how to define stakeholder questions and gather evidence for effective program evaluation and feedback	1) Reflect on learning experience to date and ongoing training needs 2) Summarize and analyze feedback and design ways to measure progress in program improvement	Veilleux, J. C., January, A. M., VanderVeen, J. W., Reddy, L. F., & Klonoff, E. A. (2012). Perceptions of climate in clinical psychology doctoral programs: Development and initial validation of the Graduate Program Climate Scale. <i>Training and Education in Professional Psychology, 6</i> (4), 211–219. https://doi.org/10.1037/a0030303	03/03

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24	Clinical Supervision Part 1 Juanita Zuñiga PsyD	Introduction to competencies for clinical supervision in health service psychology. Define how deliberate practice of peer supervision can establish knowledge, skills and awareness to prepare early career psychologists for assuming supervision roles when licensed.	1) Define supervision and differentiate supervision from a. consultation b. psychotherapy c. instruction. 2) Describe peer supervision practice model 3) Identify research-based developmental models of professional development and supervision 4) Engage in reflective practice on supervisory experiences to date	1. American Psychological Association (2014). Guidelines for clinical supervision in health service psychology. Retrieved from: http://apa.org/ed/resources/index.aspx 2. Chow, D. L., Miller, S. D., Seidel, J. A., Kane, R. T., Thornton, J. A., & Andrews, W. P. (2015). The role of deliberate practice in the development of highly effective psychotherapists. <i>Psychotherapy</i>, 52(3), 337. 3. Hook, J. N., Watkins Jr, C. E., Davis, D. E., Owen, J., Van Tongeren, D. R., & Ramos, M. J. (2016). Cultural humility in psychotherapy supervision. <i>American Journal of Psychotherapy</i>, 70(2), 149-166. 4. Sandeen, E., Moore, K. M., & Swanda, R. M. (2018). Reflective local practice: A pragmatic framework for improving culturally competent practice in psychology. <i>Professional Psychology: Research and Practice</i>, 49(2), 142–150. https://doi.org/10.1037/pro0000183	03/10
25	Competencies and Portfolio Reflections	This seminar will explore in more depth the Integrated Developmental Model of Supervision (IDM) and focus on how style and strategies of supervisory intervention change as supervisees progress across research-defined stages of competency growth.	1) Define qualities of a skilled supervisor and name appropriate strategies for intervention that correspond with each of the defined levels of clinical competence a. Level 1 b. Level 2 c. Level 3 2) Identify transition points in their own learning trajectory that correspond to the transitions between levels as identified by Stoltenberg, McNeill, and Delworth. 3) Describe inflection points in their own evolution of cultural humility and how these will inform their supervisory style.	Poncy, G. (2020). Skillful use of developmental supervision. <i>Journal of Psychotherapy Integration</i> , 30(1), 102–107. https://doi.org/10.1037/int0000162 Shelton, D., & Zazzarino, A. (2020). Infusing Counseling Theories with the Integrated Developmental Model: Strengthening Supervision Practices. <i>Journal of Human Services: Training, Research, and Practice</i> , 6(1), 4. Stoltenberg, C. D., Bailey, K. C., Cruzan, C. B., Hart, J. T., & Ukuku, U. (2014). The integrative developmental model of supervision. <i>The Wiley international handbook of clinical supervision</i> , 576-597.	03/17
26	Nonviolence Crisis Intervention & De-escalation Sean Holcombe, LMFT	Training will review the Crisis Development Model, staff attitudes and approaches for managing clients in crisis. Personal safety techniques and CSU application of these techniques.	1) Identify the four levels of the Crisis Development Model 2) Identify the corresponding attitude and approach to patients in crisis 3) Demonstrate the supportive stance and rationale for its use		03/24

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27	Cesar Chavez HOLIDAY				03/31
28	Clinical Supervision Part 2 Juanita Zuñiga PsyD				04/07
29	Neuropsychological Assessments Selvi Paulraj, PhD	Overview of clinical neuropsychology and adaptations of neuropsychological assessment to a telehealth platform.	1) Identify the various components of a neuropsychological evaluation and the cognitive domains typically assessed 2) Awareness of the benefits and challenges of clinical teleneuropsychological evaluations.	1) Cullum, C. M., Hynan, L. S., Grosch, M., Parikh, M., & Weiner, M. F. (2014). Teleneuropsychology: Evidence for video teleconference-based neuropsychological assessment. <i>Journal of the International Neuropsychological Society: JINS</i>, 20(10), 1028. 2) Marra, D. E., Hamlet, K. M., Bauer, R. M., & Bowers, D. (2020). Validity of teleneuropsychology for older adults in response to COVID-19: A systematic and critical review. <i>The Clinical Neuropsychologist</i>, 34(7-8), 1411-1452	04/14
30	Intern Teaching Seminar:				04/21
31	Intern Teaching Seminar:				04/28
32	Intern Teaching Seminar:				05/05
33	Intern Teaching Seminar:				05/12

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34	Termination Phase of Treatment Juanita Zuniga				05/19
35	Intern Teaching Seminar:				05/26
36	Eating Disorders Treatment: Applying a social justice lens for healing and liberation Marcella Raimondo, PhD, MPH	The need to incorporate social justice perspectives and practices in our understandings of and approach to eating disorders treatment is irrefutable. When eating disorders occurs in marginalized people, the dynamics have increasing complexity due to being marginalized, isolated, or stigmatized. Marginalized people seeking professional help may find eating disorders services unequipped to provide the interventions and treatment for their intersecting identities. Most eating disorders services are constructed for cisgender heterosexual affluent, thin, able-bodied women and cannot offer appropriate services for a more diverse client population. Eating Disorders treatment programs, advocates and clinicians need to work together to ensure all individuals with eating disorders can access safe and intersectional treatment options. The workshop offers practical interventions through a social justice lens in clinical practice. The workshop asks participants to be reflective and open, examining our own privileges and power in order to move forward to ensure eating disorders treatment equity, especially for marginalized communities.	1. Participants will be able to identify some of the research/practice gaps with regard to EDs and treatment 2. Participants will be able to identify the need for holistic, social justice informed conceptualizations of eating disorders treatment. 3. Participants will be able to identify ways to translate awareness into action in our understandings of and approaches to ED treatment.	Douglas V, Balas B, Gordon K. Facial femininity and perceptions of eating disorders: A reverse-correlation study. PLoS One. 2021 Aug 6;16(8):e0255766. doi: 10.1371/journal.pone.0255766. PMID: 34358270; PMCID: PMC8345843. Brochu PM, Banfield JC, Dovidio JF. Does a Common Ingroup Identity Reduce Weight Bias? Only When Weight Discrimination Is Salient. Front Psychol. 2020 Jan 21;10:3020. doi: 10.3389/fpsyg.2019.03020. PMID: 32038393; PMCID: PMC6985568. Javier SJ, Belgrave FZ. "I'm not White, I have to be pretty and skinny": A qualitative exploration of body image and eating disorders among Asian American women. Asian Am J Psychol. 2019 Jun;10(2):141-153. doi: 10.1037/aap0000133. Epub 2018 Dec 27. PMID: 31156760; PMCID: PMC6538263.	06/02
37	Countertransference Elana Guy, PsyD				06/09

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38	Intern Teaching Seminar:				06/16
39	LGBTQ Event – NO SEMINAR				06/23
40	Psychologist Panel Marta Flores, PsyD Lorena Talactac, PsyD	Interns will be introduced to a panel of licensed psychologists that will discuss their career path/choice(s).	Learn the different types of work/jobs Clinical Psychologists can do Learn the different paths and steps necessary to reach different career paths in psychology		06/30
41	Child Psychiatry Dr. Paul Elizondo				07/07

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42	Clinical Supervision Part 3 Juanita Zuñiga PsyD				07/14
43	Getting Licensed as a Clinical Psychologist Juanita Zuñiga, PsyD				07/21
44	End of the year: Program Evaluation Rebecca Stein, PsyD	Analysis and discussion of feedback on end-year program surveys: demonstration of how to define stakeholder	1) Reflect on learning experience to date and ongoing training needs 2) Summarize and analyze feedback and design ways to measure progress in program improvement	Veilleux, J. C., January, A. M., VanderVeen, J. W., Reddy, L. F., & Klonoff, E. A. (2012). Perceptions of climate in clinical psychology doctoral programs: Development and initial validation of the Graduate Program Climate Scale. <i>Training and Education in Professional Psychology</i> , 6(4), 211–219. https://doi.org/10.1037/a0030303	7/28
45	Intern Farewell/ Graduation Celebration	Staff honors graduating and departing interns	1) Validation of progress 2) Shared value in community celebration		08/04
46	Office Hours				08/11
47	Office Hours				08/18