



# Southwest Consortium

Doctoral Internship in Health Service Psychology

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**Our Consortium Partners**



**New Mexico VA Health Care System**

**University of New Mexico Hospital**



**Indian Health Service**

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# Welcome!

Welcome to the Southwest Consortium Doctoral Internship in Health Service Psychology. The training program consists of **three consortium partners**—the New Mexico VA Healthcare system (NMVAHCS), the Indian Health Service (IHS), and the University of New Mexico Health Sciences Center (UNMH). We have a strong tradition of psychology training dating back to our first cohort of doctoral interns in 1995.

This program has **many unique qualities**, including being the only internship in the nation to have APA-accredited psychology training through IHS and being able to provide VA training experiences to non-US citizens through our affiliation with UNMH. We will have **seven (7)** fully funded internship positions for the 2021-2022 training year.



## Introduction

The Southwest Consortium Doctoral Internship is a one-year full-time program that starts the fourth week of July. The current annual salary is \$26,254 and interns are eligible for 13 days of paid annual leave, 13 days of paid sick leave, paid time off for all federal holidays, and authorized absence for attendance at professional and scientific meetings. Interns who complete the program successfully will be certified for 2080 hours of supervised clinical activity. Of our seven interns, six interns are funded by VA and and one intern is funded by the University of New Mexico Hospital (UNMH). Pay and leave are the same across all funding sources, although there are differences in health insurance eligibility. VA-funded interns are eligible for VA health insurance, while the UNMH-funded intern is provided an additional stipend to purchase private health insurance.

The Southwest Consortium is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). We are accredited by the American Psychological Association (APA) Commission on Accreditation. The next site visit will occur in 2027.

## Psychology Training

The NMVAHCS has 32 full-time psychologists on staff, many of whom play key leadership roles in the Behavioral Health Care Line (BHCL) and in other programs throughout the medical center. We have 5 other psychologists who are supervisors at UNMH and IHS. Psychologists are also in leadership/managerial roles at both UNMH and IHS and psychology interns have the opportunity to work with supervisors who oversee program operations at these institutions. The New Mexico VA is also home to APA-accredited residencies in clinical psychology and clinical neuropsychology, as well as serving as a major practicum site for the University of New Mexico doctoral program in clinical psychology.

# Accreditation Status

The Southwest Consortium is accredited by the American Psychological Association. The next APA site visit will occur in 2027. Questions related to the program’s accreditation status should be directed to the Commission on Accreditation:

[Office of Program Consultation and Accreditation](#)  
American Psychological Association  
750 1st Street, NE Washington, DC 20002-4242  
(202) 336-5979  
[Email APA](#)

# Eligibility

## General Eligibility Requirements:

Applicants must be doctoral students in good standing from APA-accredited programs in clinical or counseling psychology. Applicants with a doctoral degree in another area in psychology are also eligible provided they meet APA criteria for re-specialization training in clinical or counseling psychology. Applicants must be approved for internship status by their director of graduate training. Interns are required to provide current immunization records. All consortium member sites conduct drug screening exams on randomly selected personnel as well as new employees. Interns are also subject to fingerprinting and background checks. Selection decisions are contingent on passing these screens.

## VA Additional Requirements:

Male applicants who were born after 12/31/59 must have registered with the Selective Service and sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed. Interns will have to complete a Certification of Citizenship in the United States prior to beginning the fellowship. Only applicants who are US Citizens are eligible to match with the VA-funded positions. See [www.psychologytraining.va.gov/eligibility.asp](http://www.psychologytraining.va.gov/eligibility.asp) for more information about eligibility requirements.

## UNMH Additional Requirements:

Non-US Citizens are eligible to match with the UNMH-funded position.

# Application Process

All applications must be submitted according to the APPIC Application for Psychology Internship Match process. Thus, all materials will be uploaded through the AAPI online portals, described in APPIC and National Matching Services materials. The application deadline is November 1, 2020. Please contact Aaron Joyce, Ph.D., ABPP Director of Training, for questions or further information. Dr. Joyce can be reached by phone at (505) 265-1711 ext. 3432 or by email at [aaron.joyce@va.gov](mailto:aaron.joyce@va.gov).

## APPIC Program Codes

**General Track:**  
143711

**Neuropsychology Track:**  
143716

# COVID-19 Impact on Training

The pandemic has created many personal and professional challenges for everyone. A major challenge impacting our training program is the substantial uncertainty about how COVID-19 will impact healthcare for the foreseeable future. We strive to be transparent with potential applicants to our program with regard to how training opportunities may be affected. Unfortunately, this means that we cannot definitively predict how specific rotations and other training experiences may change for the 2021-2022 training year, although the vast majority of our rotations have continued to this point with appropriate modifications. We can state with confidence each of our consortium institutions will continue to provide high-quality patient care to those they are charged to serve. In addition, we expect the telehealth modalities will continue to be highly utilized. Finally, we will be conducting a 100% virtual open house and interview process. We remain committed to our mission of excellence in psychology training and take pride in the adaptations we have made to our training and patient care modalities as the situation requires. We will update our materials as we learn more about changes for the coming year. Please feel free to contact us if you have any questions.

## Selection Criteria

Applicants are evaluated across several criteria:

- Breadth and quality of training
- Scholarly activity
- Dissertation progress
- Quality of written application materials
- Strength of letters of recommendation
- Demonstrated experience in evidence-based practice
- Interest in issues related to diversity
- Goodness of fit with the programs goals and objectives

We have a strong record in recruiting and training diverse internship classes. To that end, we of course follow Federal Equal Opportunity guidelines. However, our continuing commitment to self-examination regarding diversity issues, the diversity of our clinical populations, and the diversity of our faculty have helped us to go beyond guidelines to become a truly welcoming place for persons with varied ethnic, cultural, sexual orientation, or disability backgrounds.

## Training Settings

**The New Mexico VAHCS** is a VHA complexity level 1b, tertiary care referral center that also serves as a large teaching hospital affiliated with the University of New Mexico. The NMVAHCS serves all of New Mexico along with parts of southern Colorado, western Texas, and eastern Arizona via 13 Community-Based Outpatient Clinics (CBOCs). Inpatient services include 184 acute hospital beds (including a 26 bed Spinal Cord Injury Center and a 26 bed locked Inpatient Psychiatry Unit), 90 residential rehabilitation treatment program beds (treating factors leading to homelessness, PTSD, SUD a 40 bed Domiciliary RRTP), and a 36-bed Nursing Home Care Unit. The NMVAHCS has multiple specialized programs including a sleep medicine center, a psychosocial rehabilitation specialty program, and interdisciplinary pain rehabilitation services.

**The University of New Mexico HCS** operates New Mexico's only Level I Trauma Center, treating nearly 90,000 emergency patients and more than 450,000 outpatients annually. UNMH serves as the primary teaching hospital for the UNM School of Medicine and participates in hundreds of advanced clinical trials annually. It also is the home of the highly regarded UNM Children's Hospital and the National Cancer Institute-designated UNM Cancer Center. The UNM Hospital system includes Carrie Tingley Hospital, UNM Children's Psychiatric Center and UNM Psychiatric Center; and shares missions and resources with UNM's College of Nursing and College of Pharmacy as well as the New Mexico Poison Center.

**The Indian Health Service** Albuquerque Area is responsible for the provision of health services to 27 distinctly different tribal groups via five hospitals, eleven health centers, and twelve field clinics, which

deliver care at the community level. The Area serves 20 Pueblos, two Apache bands, three Navajo Chapters, and two Ute tribes across four Southwest states. Additionally, numerous tribal members from throughout the United States who live, work, or go to school in the urban centers of the Albuquerque Area are provided services in health facilities operated by the Indian Health Service.

# Training Philosophy and Aim

The training philosophy of the Southwest Consortium Doctoral Internship is guided by the following principles:

**Integration of Science and Practice:** Training follows the scientist-practitioner model. Interns are granted up to 4 hours per week for scholarly activities that they can use for work on dissertation, or in research, program development, and/or program evaluation activities if their dissertation is complete. Evidence-based psychotherapies are taught and our faculty includes national trainers for several EBP rollouts within the VA.

**Generalist Training:** We ascribe to a generalist training philosophy; therefore, we aim to provide interns with experiences to increase knowledge in areas of specialty interest while also ensuring training in areas that might represent gaps in their graduate training.

**Developmental and Collaborative Supervision:** Our instructional approach is developmental, meaning that we begin assessment of interns’ skills from the moment they begin internship and create training plans for them that follow a trajectory of increasing autonomy over the course of the training year. We treat interns as “junior colleagues”, such that interns are expected to be active contributors in all training activities. To this end, the focus on supervision is broad, encompassing clinical domains, professionalism, and effectiveness in interprofessional settings.

**Broad understanding of individual and cultural diversity:** We consider our training in cultural and individual diversity to be a particular strength of the program. Culture is conceptualized broadly and we emphasize an understanding of both self and others to effectively integrate issues related to culture and individual differences into professional activities. Personal self-disclosure by interns is encouraged in order to facilitate our goals of increasing cultural awareness regarding self and others. Thus, interns may be invited to share aspects of their background that have shaped their world view in important ways. This is voluntary although encouraged, and takes place within the context of individual supervisory relationships and in the internship cohort during intern seminar.

**The overarching aim** of the program is to produce interns prepared to enter careers in a wide variety of clinical and research positions, with a specific focus on the knowledge and skills required for success in complex health-care settings. To this end, training is structured around the APA Profession-Wide Competencies, which span the following domains:

- Research
- Ethical and Legal Standards
- Individual and cultural diversity
- Professional Values, Attitudes and Behaviors
- Communication and Interpersonal Skills
- Assessment
- Intervention
- Consultation and Interprofessional skills
- Supervision

## Quotes from our graduates:

*“I am so pleased that I chose the Southwest Consortium as my internship. I had an EXCELLENT training experience and believe that my training prepared me extremely well for the professional experiences that followed internship, and are still on the horizon in my career.”*

# Program Structure

Internship begins the first week of July and continues through the final week of June of the following year. Interns’ typical schedule is 8:00 a.m.- 4:30 p.m., Monday through Friday, although occasionally additional time might be necessary to complete clinical tasks. The Southwest Consortium is an integrated consortium, meaning that most interns will rotate at more than one institutional site. Depending on interns’ rotation schedules, they will be located at the main campus of the NMVAHCS, UNMH, and/or Albuquerque IHS sites, although all interns will spend at least one day per week at the NMVAHCS for intern seminar and other training activities. Interns will spend approximately 25 hours per week engaged in providing professional psychological services and they will receive at least two hours of individual supervision per week, in addition to at least one hour of group supervision weekly.

**General Track:** Interns will complete three four-month major rotations each of which accounts for approximately 20 hours per week. Interns will also complete two six-month adjunctive clinical experiences that require roughly 4 hours per week. The remainder of interns’ schedules is comprised of the intern psychotherapy clinic, assessment clinic, seminar, and other didactics and/or team meetings.

**Neuropsychology Track:** Interns in the neuropsychology track will spend at least 50% of his or her time engaged in neuropsychology training activities over the entire course of the training year, in accordance with the Houston guidelines for neuropsychology training. In addition, neuropsychology track interns will two six-month minor rotations that require 8 hours per week. Minor rotations are designed to supplement neuropsychology experiences by providing generalist training in either traditional mental health settings and/or specialty medical settings. In addition, neuropsychology interns will complete two six-month adjunctive clinical experiences that require roughly 4 hours per week. Neuropsychology interns will also participate in other required training experiences, including intern psychotherapy clinic, seminar, and other didactics and/or team meetings.

## Rotation Selection

After interns are matched, they are asked to review their background, training needs, and specialty requests with a mentor or supervisor, and communicate this review to the Internship Training Committee. The Internship Training Committee will try to match the needs of each intern in terms of filling experiential gaps and supplying the intern with requested experiences. A proposed schedule of major rotations is then emailed to incoming interns prior to the beginning of the training year. Incoming interns are able to give feedback and request changes to this proposal prior to their July start-date. Interns select their adjunctive experiences after they have arrived on site.

We believe that our model of helping interns select rotations prior to their arrival on internship helps them more quickly settle into their training experiences and supports better cohesion with their colleagues. We have an excellent track record of provide interns with the training experiences that they both want and need in order to attain increased breadth and depth of their skills.

### Quotes from our graduates:

*“My time at the SWC was invaluable toward my development as a psychologist. The emphasis on experiential learning, especially within didactics, was challenging and very worthwhile. Overall, supervisors were incredibly willing to share their time, and clearly invested in the training experience. “*



# Rotation Descriptions

## Family Psychology Emphasis

Supervisors: Lorraine Torres-Sena, Ph.D., Rachel Coleman, Ph.D., and James Fisher, Ph.D.

Interns on this rotation will provide couple and family therapy in the Marriage and Family Therapy Program, a subspecialty of the Outpatient Mental Health Clinic. The Outpatient Mental Health Clinic is the primary hub for patients receiving mental health treatment at the NMVAHCS and is comprised of multiple psychologists, psychiatrists, social workers, and nursing staff. Interns will function as members of the Outpatient Mental Health Marriage and Family Program, providing assessment and therapy to psychiatrically complex patients with comorbid relational and other mental health programs.

Specific activities include:

- Conducting weekly intake assessments for families and couples seeking services
- Provision of evidence-based psychotherapy for families and couples. A primary focus of the interns' training will be in the implementation of Integrative Behavioral Couples Therapy (IBCT). Interns may also gain experience with other evidence based therapies provided in the couple and family program including: Traditional Behavioral Couples Therapy, Strategic Approach Therapy and Functional Family Therapy
- Participation in weekly OMH interdisciplinary treatment team meetings as a marriage and family therapy consultant
- Participation in bi-weekly couple and family case consultation meetings

## Inpatient Psychiatry

Supervisor: Elizabeth Konichek, Ph.D.

The inpatient psychiatry service is comprised of two locked units which provides full acute inpatient services; a 26-bed general unit and a 10-bed vulnerable/geri-psych unit. Both units focus on acute crisis stabilization and containment for veterans who are either a danger to themselves or others, or are actively psychotic and require stabilization. The disciplines of psychiatry, psychology, social work, nursing, occupational therapy, and recreation therapy are represented on each unit and work together as an interdisciplinary teams. Patients on the unit run the gamut of age, diagnostic, psychosocial, and cognitive function, and have been admitted for acute psychiatric reasons (i.e., suicide, homicide, commitments, detox, psychiatric stabilization, etc.). The psychologist on the units is to serve as a psychological consultant to the treatment team, as well as providing psychodiagnostic, personality, and neuropsychological assessment, group psychotherapy, and brief therapeutic interventions.

Specific activities include:

- Co-facilitation of process and psychoeducation groups
- Psychological and neuropsychological assessments to assist with diagnostic clarification and discharge planning
- Experience with patients with acute psychiatric conditions, dementia, and personality disorders, with a focus on safety, crisis stabilization, evaluation, and treatment planning
- Participation in interprofessional team meetings to provide assessment results and observations of patient behaviors

## Neuropsychology

Supervisors: Joseph Sadek, Ph.D., ABPP, and Robert Frost, Ph.D., ABPP

The Neuropsychology clinic referrals come from medical, mental health, social work, and rehabilitation health care providers. Interns will be exposed to a broad mix of VA outpatients and inpatients, referred from a wide range of medical clinics, including Neurology, General Medicine, Geriatrics, Psychiatry, and Rehabilitation services. Common reasons for referral include assessment of dementia, decision-making capacity, assessment of TBI, and assessment of subjective cognitive decline associated with psychological and psychiatric disorders such as PTSD, depression, and psychosis. We also receive referrals for stroke, neurological disorders such as MS and Parkinson's disease, brain tumor, adult ADHD, learning disabilities, and malingering.

Specific activities include:

- Training in a process-oriented, hypothesis-testing approach, emphasizing a flexible screening battery
- Completion of at least two neuropsychological evaluations per week, typically consisting of one screening case and one case with greater complexity
- Provision of therapeutic discussion of assessment results to patients, family, and/or caregivers
- Participation in Neuropsychology Teaching Rounds, which consists of case presentation, didactics, and ABPP preparation.

### **Military Trauma Treatment Program**

*Supervisors: Jennifer Klosterman Rielage, Ph.D., Catherine Hearne, Ph.D., Madeleine Goodkind, Ph.D., Erika Johnson-Jimenez, Ph.D., and Diana Bennett, Ph.D.*

The Military Trauma Treatment Program is an outpatient team comprised of four psychologists and two social workers, all of whom specialize in providing evidence-based assessment and psychotherapy for patients who have experienced military trauma. The program focuses on comprehensive mental health assessments for diagnostic clarification and treatment planning, evidence-based psychotherapy, and provision of consultation to other programs within the Behavioral Health Care Line regarding patients experiencing PTSD.

Specific activities include:

- Psychosocial and diagnostic assessments
- Provision of evidence-based therapy, including Prolonged Exposure (PE) and group and individual Cognitive Processing Therapy (CPT)
- Provision of time-limited Motivational Interviewing (MI) and Harm Reduction for patients with comorbid problematic substance use and PTSD who wish to engage in an EBP
- Delivery of brief psychoeducational groups including Motivational Interviewing for enhancing motivation to engage in PTSD treatment, treatment of comorbid PTSD and substance use disorders, family education groups, DBT-based skills groups, In-vivo groups, and aftercare groups
- Opportunity to participate in adjunctive therapies for the treatment of PTSD including: CBT for insomnia, CBT for Depression, Interpersonal Psychotherapy for Depression, Nightmare Reprocessing Therapy, Acceptance and Commitment Therapy for PTSD
- Participation in PTSD program journal-club

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### **Outpatient Mental Health Clinic**

*Supervisors: Karen Cusack, Ph.D., Sarah Gooch, Ph.D., and Martha Brisky, Ph.D.*

The Outpatient Mental Health Clinic at the VA serves veterans with a wide variety of mental health needs. The interprofessional team consists of psychology, psychiatry, social work, and nursing to provide services for veterans across the continuum of care, from diagnostic assessment to treatment for both acute and chronic conditions to recovery-based services. Evidence-based treatment is emphasized and is provided in both individual and group formats. In addition, formal and informal consultation across disciplines is a core feature of this clinic to promote seamless patient care.

Specific activities include:

- Comprehensive, interview-based, diagnostic assessment
- Provision of evidence-based psychotherapies, including Cognitive Behavioral Therapy (CBT), Prolonged Exposure (PE), Motivational Interviewing (MI), and Cognitive Processing Therapy (CPT)
- Psychoeducational and skills-based group therapy for depression, anxiety, anger, and other problems common to the patient population of this clinic
- Participation in team treatment meetings and consultation with other mental health disciplines
- Participation in multiple modalities of supervision, including video-taped and live supervision

## ***Palliative Care***

*Supervisor:* Jessica Madrigal-Bauguss, Ph.D.

The Palliative Care team is an interdisciplinary team that responds to inpatient consults throughout the hospital and outpatient consults. There are also palliative/hospice beds located on the Community Living Center (CLC) and the team provides care to these Veterans as well. The team includes physician, nurse practitioner, nurse educator, nursing, physical therapist, dietician, recreational therapist, pharmacist, social worker, chaplain, and psychologist. The rotation is a behavioral health focused rotation working with the team and other medical specialties to address psychological and behavioral health issues in Veterans with serious medical illnesses. Interns will learn to provide brief, clinical assessments as well as psychotherapy, behavioral intervention, family support, and staff support. Conditions often encountered on the rotation include cancer, organ failure, end stage dementias, and chronic, progressive diseases. The supervision and clinical approach takes more of an Acceptance and Commitment Therapy (ACT) approach, but is open to other theoretical approaches as well.

Specific activities include:

- Behavioral health consultation on inpatient and outpatient bases in coordination with the team.
  - Psychological follow-up as needed for inpatient Veterans who have been consulted on or admitted as palliative/hospice on the CLC unit, either focusing on mood and coping, family support, or perhaps behavioral health interventions.
  - Participation in a monthly ALS clinic to provide brief psychological assessment and follow-up as indicated.
  - Participation in interdisciplinary team meetings and rounds as able.
  - Providing grief therapy when follow-up has been requested by Veterans' family members.
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## ***Primary Care Mental Health Integration***

*Primary Supervisors:* Eric Levensky, Ph.D., Aaron Joyce, Ph.D., ABPP, Elizabeth Wawrek, Psy.D., and Melissa Falkenstern, Ph.D.

The Primary Care Mental Health Integration Team (PCMHI) is a collaborative, consultative behavioral health program co-located within the NMVAHCS primary care clinics. PCMHI providers work closely with primary care providers and other medical specialties, focusing on psychological and behavioral issues related to patients' health. The PCMHI program affords a unique and diverse training opportunity for psychology interns in conducting consultation with medical providers, as well as working in collaboration with prescribers in providing brief, targeted assessment and behavioral intervention in a wide range of areas, including depression and anxiety disorders, coping with chronic medical illness, minimizing impairments in functioning, treatment adherence (e.g., medication, CPAP, diabetes), health-behavior change (e.g., smoking, diet, physical activity), pain management, stress management, insomnia, end-of-life and caregiver issues, and PTSD and SUD treatment engagement.

Specific activities include:

- Behavioral health consultation based on a co-located, collaborative care model
- Provision of same-day mental health services for patients seen in Primary Care
- Provision of specialized behavioral health interventions, including Cognitive Behavioral Therapy (CBT) for Insomnia and Chronic Pain and Motivational Interviewing (MI) targeting problems with medical adherence
- Co-facilitation of group therapy for depression, chronic pain, anxiety, anger, and smoking cessation
- Participation in PCMHI training rounds, which consists of case presentation, didactics, and journal club components

**Spinal Cord Injury / Disease Center**

*Supervisors: Shelley Leiphart, Psy.D.*

The Spinal Cord Injury and Disease Center provides both inpatient and outpatient services to veterans with a spinal cord injury, and in some instances, those who have a disease with spinal cord involvement (e.g. Multiple Sclerosis, Amyotrophic Lateral Sclerosis, Primary Lateral Sclerosis). The program provides acute rehabilitation following newly acquired spinal cord injuries as well as inpatient medical care for a variety of issues (e.g. illness, wound healing, surgical procedures, respite). The program also serves as the primary care center for veterans with spinal cord injuries who live within the local area. Additionally, all veterans with spinal cord injuries are eligible for comprehensive annual evaluations. In this regard, this facility serves as the source of care for approximately 500 veterans within the southwestern region of the US.

Specific activities include:

- Opportunities for psychological, neuropsychological, and decisional capacity assessment
  - Psychotherapy focusing on response to injury, medical adherence, and general mental health conditions
  - Consultation with family to support patient rehabilitation
  - Brief interventions for health-behavioral change, such as tobacco cessation and substance use
  - Formal and informal consultation with other staff regarding the management of difficult patient behaviors
  - Participation in interprofessional team meetings
  - Opportunities for teaching other staff on general mental health topics and principles of behavior change
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**Substance Abuse and Trauma Rehabilitation Residence**

*Supervisor: Nicole Duranceaux, Ph.D. and Caitlin Gallegos, Ph.D.*

The Substance Abuse and Trauma Rehabilitation Residence (STARR), a 24 bed unit that treats male and female veterans who have co-occurring post-trauma issues and recent or current substance use disorders. Interns serve as members of an interprofessional team consisting of staff and other trainees from psychology, psychiatry, medicine, social work, and nursing. Interns will gain experience with providing specialized psychotherapies for PTSD and SUD-related issues, assessment of psychiatrically-complex patients to determine appropriateness for admission, and consultation with other professions regarding patients' course of treatment and discharge planning.

Specific activities include:

- Provision of evidence-based psychotherapy for SUD and PTSD, including Prolonged-Exposure and Cognitive Processing Therapy
- Provision of psychological assessment for diagnostic clarification and determination of appropriateness for residential treatment
- Co-facilitation of residential group programming
- Behavioral health consultation within the residential milieu setting, including facilitation of team-based interventions targeting problematic patient behaviors
- Opportunities to participate in multi-day trainings in Cognitive Process Therapy, Prolonged Exposure, and Motivational Interviewing from national VA trainers
- Participation in PTSD program journal-club



## **UNM Alcohol and Substance Abuse Program**

*Supervisor: Patti Fernandez, Ph.D.*

ASAP treats adult, adolescents, and transitional age youth with a range of presenting substance use disorders and co-occurring mental health conditions; including but not limited to persons requiring Opioid Replacement Therapy (ORT). ASAP is a free-standing clinic that provides comprehensive assessment, psychotherapy, pharmacotherapy and primary care through an imbedded Patient Centered Medical Home.

Specific activities include:

- Comprehensive psychodiagnostic assessment and treatment planning;
  - Brief cognitive screening, ADHD evaluations, and personality assessment
  - Brief integrated care interventions using motivational techniques for an array of health-behavior change
  - Evidence based individual, group, couples, and family psychotherapeutic interventions with individuals presenting with a primary substance use disorder and possible comorbid trauma condition and/or severe mental illness
  - Participation in interdisciplinary team meetings
  - Participation in psychotherapeutic didactic series for best practice substance use treatment and integrated care
  - Opportunity to work with adolescents and transitional age youth and their families
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## **UNM Carrie Tingley Hospital**

*Supervisor: Kati Morrison, Ph.D.*

UNM Health's Carrie Tingley Hospital (CTH) provides compassionate, coordinated health care to children and adolescents/young adults (birth to age 22) with complex musculoskeletal and orthopedic conditions, rehabilitation needs, developmental issues, and long-term physical disabilities. CTH is located on the 5<sup>th</sup> floor of UNMH and has 8 dedicated beds for rehabilitation, with other beds on the unit designated typically to orthopedic patients. Patients' stay range from a few days to 6-12 months; 2-6 weeks is typical. An emphasis is placed on clinical experiences working with issues of adjustment for individuals and families facing a range of physical and cognitive challenges. Many patients have co-morbid psychiatric diagnoses including PTSD, depression, and anxiety disorders.

Specific activities include:

- Psychological and neuropsychological assessment
- Individual, group and family psychotherapy, with particular emphases on Cognitive Behavioral Therapy (CBT), Trauma-Focused CBT, Acceptance and Commitment Therapy (ACT), Strategic Family Therapy, and Brief Solution-Focused Family Therapy Individual and group cognitive rehabilitation
- Consultation with other disciplines and trainees, particularly psychiatry, neurology, and neuropsychology fellows
- Assistance with patient reintegration into community settings, particularly discussing neuropsychological assessment results and recommendations with school staff
- Collaboration in weekly integrative team meetings with physical, speech/language, occupational, acupuncture, and massage therapists, medical providers from a variety of disciplines, and nursing staff
- Participation and co-leading of psycho-social rounds with various team members

*UNMH Pain Consultation and Treatment Center*

*Supervisor: Krishna Chari, Psy.D.*

The UNMH Pain Consultation and Treatment Center is an interdisciplinary clinic that treats adults, adolescents and children with chronic, complex, and sometimes unexplained pain conditions. The team consists of a diverse group of providers including physicians, physical therapists, psychiatrists, pharmacists, and psychologists who work together to meet patients functional goals. Our patients are referred for many different reasons—from failed back surgery, to migraines, to psychogenic pain conditions. Psychology interns would learn how to effectively integrate traditional psychotherapy practice with pain-specific interventions, and would be trained on effective consultation skills with medical providers.

Specific activities include:

- Training in Clinical Hypnosis and Bio-feedback
- Participation in interdisciplinary team meetings
- Brief therapy techniques
- Opportunities to run groups
- Exposure to adult and adolescent clients
- Exposure to mind-body interventions including EMDR, gestalt therapies, and relaxation training.
- Exposure and training on medically/psychologically complex issues: i.e. non-epileptic seizures, conversion disorders, psychogenic pain.
- Interns can also choose to participate in monthly child/adolescent clinics that are not pain specific, including cleft-palate clinic and school-based health clinics.

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*Albuquerque Indian Hospital*

*Supervisor: William Shunkamolah, Ph.D.*

The Indian Health Service (IHS) Albuquerque Area office is one of 12 regional IHS offices and is located in Albuquerque, NM. This office is responsible for providing services to Native Americans in an area that includes most of New Mexico, Colorado, and portions of Texas and Utah. Twenty-seven tribes (approximately 65,000 members) with varying cultures and beliefs reside in the Albuquerque Area. The Albuquerque Indian Hospital is a facility located adjacent to UNMH in Albuquerque. The rotation focuses on training interns in a wide variety of assessment and intervention approaches within a busy outpatient setting that serves tribal members. This rotation provides strong preparation for interns interested in working with underserved populations.

# Adjunctive Experiences

Adjunctive experiences are designed to provide interns with hands-on experience providing psychotherapy in specialized treatment modalities. Supervision is focused on improving an intern’s ability to assess patients for appropriateness for a specific psychotherapeutic modality and ensuring that therapy is delivered with fidelity to treatment guidelines. Interns complete two, simultaneously-occurring adjunctive experiences over six months. These will occur in the six-month period when interns are not in the assessment clinic. See below for additional information about the assessment clinic. Adjunctive experiences vary slightly from year to year; however, the full list of possible experiences is as follows:

- Acceptance and Commitment Therapy
- Cognitive Behavioral Therapy for Chronic Pain
- Cognitive Behavioral Therapy for Depression
- Cognitive Behavioral Therapy for Insomnia
- Cognitive Processing Therapy
- Integrative Behavioral Couples Therapy
- Motivational Interviewing
- Prolonged Exposure

# Additional Training Activities

**Supervision:** Supervision is characterized by a close, collegial relationship with a primary rotation supervisor focused on improving interns' skills in all competency domains. Supervisors serve several functions, including modeling a scientist-practitioner approach to clinical activities, facilitating increasing autonomy over the course of the training year, and providing focused feedback regarding interns' progress. Styles of supervision may vary from site to site within the internship. Co-therapy, direct observation, and electronic recordings are used to different degrees by various supervisors.

**Initial Training Needs Assessment:** During the second week of orientation, interns participate in a series of experiences which inform the faculty as to the interns' training needs for the year. Interns are asked to write about previous cases they have treated, to be the interviewer in a simulated patient exercise, to write a sample medical record note based on their interview, to write about their thoughts on cultural influences in psychological treatment, and to answer written questions about ethics, reflective practice, and psychological assessment. Interns are then provided feedback about their performance and engage in discussion about the development of their individualized training plan. The final training plan is a mixture of the interns' stated needs and specialty wishes, and any needs uncovered by the training need assessment.

**Didactics:** All interns participate in intern seminar, which focuses on professional development, critical-thinking, integration of science, culture, and ethics into clinical activities, and development in competency domains. Intern seminar is designed to be an active learning environment, such that role-play, discussion, and other experiential exercises are a key part of all seminar topics. In addition to intern seminar, interns have the opportunity to participate in formal trainings with nationally-recognized experts in Motivational Interviewing, Prolonged Exposure, and Cognitive Processing Therapy. Interns also

participate in rotation-specific didactics and journal clubs to increase their knowledge in areas relevant to their work on rotations. In most of these settings, interns will also be responsible for presentations in order to hone their presentation styles and practice teaching to a variety of audiences.

**Psychotherapy Clinic:** The Psychotherapy Clinic is a year-long experience required of all interns at Southwest Consortium. The purpose of this experience is to provide interns with intensive supervision on complex cases (typically an hour of individual supervision weekly in addition to twice-monthly group supervision). Cases for this clinic are selected to be complex enough to not be treatable using standard EBP protocols alone. Interns usually carry one or two patients in this clinic at a time and can see these patients for up to 11 months. The learning focus of this clinic is on developing rich, principle-based case conceptualizations and associated treatment plans for challenging cases.

**Assessment Clinic:** The Assessment Clinic is a six-month-long experience required of all interns except for the neuropsychology-matched intern. The purpose of the assessment clinic is to provide interns with foundational competence in comprehensive psychological assessment for a variety of presenting concerns. Interns are expected to complete approximately two assessment cases per month over the six months.

**Scholarly Activity:** Consistent with our scientist-practitioner model, interns are provided up to four hours per week to engage in scholarly activities. Interns are encouraged to use this time for dissertation progress until their dissertations are completed. Once their dissertations are completed, interns can engage in a range of scholarly activities, including working with faculty on active research projects, program evaluation, and/or program development.

# Time Allocation

The following tables illustrate an approximately weekly time allocation for rotations, adjunctive experiences, and additional training activities. Time estimates are based on a 40-hour week, although the actual amount of time spent on any given activity will vary and may exceed 40 hours for some weeks.

Activity					Time Requirement
Rotations	Standard Track	Rotation 1 (4 months)	Rotation 2 (4 months)	Rotation 3 4 (months)	20 hours per week
	Neuropsychology	NP Rotation		NP Rotation	
Additional Rotations		Assessment clinic (6 mos)		Adjunctive Experiences (6 mos)	10 hours per week
Scholarly Activity		Full Year Activities			4 hours per week
Intern Seminar					4 hours per week
Psychotherapy Clinic					2 hours per week

General Track Sample Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday			
8:00	STARR	STARR	Scholarly Activity	STARR	Intern Seminar			
9:00								
10:00								
11:00								
12:00								
1:00		Psychotherapy Clinic	CBT-I Adjunctive		IBCT Adjunctive			
2:00								
3:00		STARR				STARR		
4:00								

Neuropsychology Sample Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00	Neuropsychology	Neuropsychology	PCMHI	Psychotherapy Clinic	Intern Seminar
9:00					
10:00					
11:00				Neuropsychology	
12:00					
1:00				CPT Adjunctive	Scholarly Activity
2:00					
3:00					
4:00					



# Internship Admissions, Support and Initial Placement Data

Internship Program Admissions		
Does the program require that applicants have received a minimum number of hours of the following at the time of application? Is yes, indicate how many:		
Total Direct Contact Intervention Hours:	N	Y                      Amount: 250
Total Direct Contact Assessment Hours:	N	Y                      Amount: 50
Other minimum criteria used to screen applicants: We review each application holistically and we will make exceptions to these minimums listed above in the case of applicants who have characteristics we believe would be exceptionally good fit with our, such as a strong interest and experience with diversity and individual differences, good experience with evidence-based practice, and/or career goals that are closely aligned with our program aims. We also prefer that applicants be making good progress with their dissertations and at least have their proposals complete at the time of application. Please see Eligibility Requirements (page 5) for additional applicant eligibility criteria.		

Financial and Other Benefit Support for the Upcoming Training Year: VA-Funded Positions	
Annual Stipend/Salary For Full-Time Interns	\$26,254
Annual Stipend/Salary For Half-Time Interns	N/A
Financial and Other Benefit Support for the Upcoming Training Year: UNMH-Funded Position	
Annual Stipend/Salary For Full-Time Intern	\$31,504
Annual Stipend/Salary For Half-Time Intern	N/A
Insurance: VA-Funded Positions	
Program provides access to medical insurance for interns?	Yes
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	No
Insurance: UNMH-Funded Position	
Program provides access to medical insurance for interns?	No, an additional 20% is added to the base salary of \$26,254 to allow interns the option to purchase individual insurance policies
Time Off: All Positions	
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	4 hours accrued every 2 weeks
Hours of Annual Paid Sick Leave	4 hours accrued every 2 weeks
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns in excess of personal time off and sick leave?	Yes, negotiated on a case by case basis
Other Benefits:	Up to 5 days of professional leave to use for conference attendance, dissertation defense, or interviews

Initial Post-Internship Positions: Aggregated Tally for Cohorts 2017-2019

Total number of interns who were in the 3 cohorts	33	
Total number of interns who did not seek employment because they returned to their doctoral program/are competing doctoral degree	1	
Initial Positions	Postdoctoral Position	Employment Position
Community mental health center	N/A	N/A
Federally qualified health center	N/A	N/A
University counseling center	1	N/A
Veterans Affairs medical center	20	N/A
Military health center	N/A	N/A
Academic health center	6	N/A
Other medical center or hospital	3	N/A
Psychiatric hospital	N/A	N/A
Academic university/department	1	N/A
Community college or other teaching setting	N/A	N/A
Independent research institution	N/A	N/A
Correctional facility	N/A	N/A
School district/system	N/A	N/A
Independent practice setting	1	N/A
Not currently employed	1	N/A
Changed to another field	N/A	N/A
Other	N/A	N/A
Unknown	N/A	N/A

# Supervision Competence of Faculty

We have a strong focus on constant improvement in the area of faculty competence in supervision skills. To that end, we use supervision of supervision groups to provide peer supervision and consultation to faculty and psychology residents regarding their supervision techniques and approaches. In addition, we ask interns to provide feedback on supervision to their supervisors using a detailed behaviorally-based evaluation form, which we have found to be more helpful than narrative-only or general feedback forms.

## Location Information

New Mexico and the Albuquerque metropolitan area offer a unique ethnic and cultural mix of persons with Hispanic, Anglo, and Native American heritage, among others, which is reflected in the traditional folk arts of the region, other visual arts, dance, and theater. The state boasts a highly concentrated intellectual and scientific climate, with national laboratories (Los Alamos National Laboratories, Sandia National



Laboratories), the University of New Mexico, CASAA (Center on Alcoholism, Substance Abuse, and Addictions; a center for Motivational Interviewing research and training) and the Mind Research Network, one of the nation's leading neuroimaging facilities. Many consider New Mexico's unique high desert and mountain landscape to be unsurpassed in terms of sheer natural beauty, and the climate in Albuquerque's "mile-high" metropolitan area is moderate. New Mexico offers great opportunities for hiking, climbing and skiing, and a number of natural hot springs, ruins, and other destinations lie within an hour or two of Albuquerque. The calendar year features an incredible mix of activities,

ranging from devotional events (public feast days and dances at many of the pueblos, Good Friday pilgrimage to Chimayo), arts festivals (Spanish and Indian Markets on the Plaza in Santa Fe, the International Flamenco Dance festival in Albuquerque), and athletic competitions throughout the state. Albuquerque has attracted national attention, having been rated as #1 for its size in appeal to the "Creative Class" by sociologist Richard Florida, and Men's Health Magazine recently rated Albuquerque #1 as the "Most Fit City," due to the array of bike paths, trails, gyms, and other amenities that are available in this vibrant city.



# Training Faculty

**Diana Bennett, Ph.D.:** Dr. Bennett (University of Utah, 2016) is a staff psychologist working in outpatient PTSD (Military Trauma Treatment Team and Women's Stress Disorders Treatment Team). Dr. Bennett completed her internship at the Ann Arbor VA and was a postdoctoral fellow at the Ann Arbor VA/ University of Michigan Department of Psychiatry consortium with dual emphases in trauma/PTSD and women's mental health. Her clinical activities primarily involve providing evidence-based psychotherapy for PTSD (cognitive processing therapy, prolonged exposure) and associated conditions in individual and group formats.

**Annette Brooks, Ph.D. :** J. Annette Brooks, Ph.D. (Oklahoma State University, 1997) is a psychologist working in the Education Service of the NMVAHCS. She is tasked with overseeing educational initiatives geared toward staff of the NMVAHCS. She supervises interns on the development and implementation of educational and psychoeducational materials, as well as on Motivational Interviewing and other Behavioral Medicine interventions. Research interests include behavioral healthcare delivery (e.g., CPAP adherence obesity) and motivational enhancement.

**Rachel Coleman, Ph.D. :** Dr. Coleman (University of Memphis, 2012) is a staff psychologist with the Outpatient Mental Health Clinic (OMH). Dr. Coleman was an intern at the Southwest Consortium and then joined the Psychosocial Rehabilitation and Recovery Center team at NMVAHCS, where she worked until June 2018. With OMH, she spends half of her time providing couples therapy within the Family Program; she also provides group and individual therapy.

**Krishna Chari, Psy.D :** Krishna Chari (Chicago School of Professional Psychology, 2012) is a Child, Adult & Family Psychologist. He is the assistant medical director and lead psychologist at UNMH Pain Center, where he provides individual and group therapy. Dr. Chari also helps run the Pediatric Pain program at the center, is the behavioral health consultant for UNM Cleft Palate Clinic, and a behavioral health consultant in the UNM School Based Health Clinics. Dr. Chari completed his internship at La Rabida Children's Hospital/ University of Chicago. Clinical foci include non-pharmaceutical pain management, adjustment/coping to medical illness, and he has worked extensively with trauma & recovery. He is certified in and practices clinical hypnosis and biofeedback. Dr. Chari's clinical orientation stems from a humanistic/existential background, and gives significant weight to cultural considerations to serve emotional and physical healing.

**Karen Cusack, Ph.D.:** Dr. Karen Cusack (Western Michigan University, 2001) joined the NMVAHCS in November, 2011 as a staff psychologist in the Outpatient Mental Health Clinic. Her clinical and research interests include PTSD, comorbid substance abuse, and cognitive-behavioral interventions to address these disorders. Dr. Cusack's utilizes a cognitive-behavioral framework in her approach to assessment and treatment, and has extensive experience in using CBT interventions (including CPT and PE) to treat PTSD. Her work in the Specialty Mental Health Clinic will include work with individuals, couples, and groups.

**Melissa Falkenstern, Ph.D. :** Dr. Falkenstern (Washington State University, 2015) is a staff psychologist on the Primary Care Mental Health Integration team. Dr. Falkenstern was an intern at the Southwest Consortium and completed a postdoctoral residency in Clinical Psychology, Primary Care Psychology emphasis area, at the NMVAHCS. Her clinical activities include providing consultation to primary care staff, individual and group psychotherapy for patients seen in the NMVAHCS primary care clinics, and acting as a behavioral health consultant on an interdisciplinary team that treats primary care patients diagnosed with diabetes.



**Caitlin Scott Gallegos, Ph.D.:** Dr. Gallegos (Arizona State University, 2016) is a clinical psychologist in the Substance Abuse, Trauma, and Rehabilitation Residence (STARR) program. Her primary clinical activities include provision of evidence based psychotherapy for combat trauma, MST, developmental trauma, substance dependence, personality pathology, and other complex psychiatric comorbidities (including Cognitive Processing Therapy, Prolonged Exposure, and Motivational Interviewing), facilitation of psychotherapy group interventions, behavioral health consultation within an interdisciplinary treatment team and facilitation of team-based interventions, diagnostic assessment, and engagement in administrative activities in the residential program. Dr. Gallegos is a graduate of the Southwest Consortium.

**Madeleine Goodkind, Ph.D.:** Madeleine Goodkind (University of California, Berkeley 2011) is a clinical psychologist in the Military Trauma Treatment Program (MTTP) within the Behavioral Health Care Line in the New Mexico VA Health Care System. In the MTTP, she provides evidence-based treatments (primarily CPT & PE) for men with PTSD. Dr. Goodkind completed her internship at the VA Northern California Healthcare System and her postdoctoral fellowship with the MIRECC program at the Palo Alto VA Healthcare System and Stanford University. Current research interests include the emotional and neurobiological underpinnings of PTSD and transdiagnostic processes in psychiatric illnesses; in the past, she has published articles investigating emotional processes in people with neurodegenerative disorders. Dr. Goodkind serves as a regional trainer and consultant for CPT in VISN 18 (AZ, NM, and west TX) and VISN 21 (Northern CA).

**Erika Johnson-Jimenez, Ph.D.:** Dr. Johnson-Jimenez, (University of South Dakota, 2004) is the psychologist on the Home-Based Primary Care team. She has previously worked in prison mental health and with geriatric populations, and has an interest in disaster mental health and cultural issues in psychology. She is a graduate of the Southwest Consortium.

**Aaron Joyce, Ph.D., ABPP :** Dr. Joyce (Saint Louis University, 2009) serves as the Director of Internship and Postdoctoral Training and is a staff psychologist on the Primary Care/Mental Health Integration team. He is board certified in Clinical Health Psychology and provides supervision in Primary Care Mental Health Integration and Behavioral Sleep Medicine. Dr. Joyce was an intern at the Southwest Consortium and completed a postdoctoral fellowship in primary care mental health integration at the Minneapolis VA prior to returning to the NMVAHCS. His clinical activities include providing consultation to primary care staff, behavioral sleep medicine, and individual and group psychotherapy for patients seen in NMVAHCS primary care clinics.

**Brian Kersh, Ph.D. :** Dr. Kersh (University of Alabama, 2002) is a psychologist working within Ambulatory Care as a Behavioral Health Specialist. He also holds a faculty appointment in the Department of Psychology at the University of New Mexico. Dr. Kersh completed his internship at Southwest Consortium and now engages in both research and clinical work at NMVAHCS. His current clinical duties involve education of clinical staff in health behavior promotion, and the development of health behavior promotion programs within this VAMC. His current research interests focus on motivational interviewing approaches to health behavior change (e.g., smoking cessation).

**Elizabeth Konichek, Ph.D.:** Dr. Konichek (Palo Alto University, 2018) is the Clinical Coordinator for the Inpatient Psychiatric Service at the New Mexico VA Healthcare System. She completed her internship at the Sheridan Wyoming VA. She has specialized training in her area of emphasis in graduate school: Diversity and Community Mental health with additional training with SMI populations. Her clinical activities include: providing group and individual brief psychotherapy, facilitating family meetings, and consulting to the multidisciplinary team for patients on the acute psychiatric inpatient unit.

**Shelly Leiphart, Psy.D.:** Dr. Leiphart (Wright State University, 2008) is a staff neuropsychologist on the Zia Spinal Cord Injury/Disease Center. She completed her internship with Wright State University and the Dayton VA Medical Center, and completed a 2-year neuropsychology post-doctoral fellowship at NMVAHCS. Dr. Leiphart's primary inpatient and outpatient clinical activities include psychological assessment and intake exams, individual and family psychotherapy, neuropsychological assessment, decisional capacity assessment, and participates with interdisciplinary team functioning, consultation, and patient care. In her free time, Dr. Leiphart is an avid rock climber, hiker, and mountain biker.

**Eric Levensky, Ph.D.:** Dr. Levensky (University of Nevada, Reno, 2006) is a staff psychologist in the Behavioral Medicine Service at the NMVAHCS, and is an Assistant Professor at the University of New Mexico Department of Psychiatry. Dr. Levensky's primary clinical activities include providing consultation and liaison, psychological assessment, individual and group psychotherapy, and educational services for a variety of medical patient

populations, including those with a range of Axis I and II disorders, sleep problems, chronic pain, and problems with treatment compliance, health behavior change, and coping with chronic illness. Currently, Dr. Levensky is conducting program evaluations of the Mental Health/Primary Care Integration Team and the Chronic Pain Rehabilitation Program (which integrates behavioral health) at the NMVAHCS.

**Jessica Madrigal-Bauguss, Ph.D. :** Dr. Madrigal-Bauguss (University of North Texas, 2010) is a staff psychologist working on the Zia Spinal Cord Injury/Disease team and Hospice Palliative Medicine Team. Dr. Madrigal-Bauguss was an intern at the Little Rock VA Health Care System and participated in a postdoctoral fellowship in palliative care at the Milwaukee VA prior to starting at the NMVAHCS. Her clinical activities include providing consultation to SCI/D and HPMT staff, annual SCI/initial SCI rehab evaluations, individual inpatient or outpatient psychotherapy (SCI/D and HPMT, including bereavement therapy), providing family support (SCI/D and HPMT), and inpatient and outpatient palliative care assessments for patients seen in NMVAHCS.

**Brenda Mayne, Ph.D.:** Dr. Mayne (Michigan State University, 1995) currently works as the Suicide Prevention Coordinator at the NM VAMC; this involves crisis intervention, case management, education, program development, and coordination with agencies throughout the state. Her interests include suicide and homicide intervention, crisis response, and chronic severe mental illness. She came to the VA after years in private practice and rural psychiatric care. Her current research interests include suicide prevention and the impact of recovery model behaviors on reducing the effects of serious mental illness.

**Larissa Maley, Ph.D.:** Dr. Maley has a Master's degree in Clinical Psychology from Columbia University, and a Ph.D. from Seton Hall University. She completed specialized training in the treatment of trauma conditions at the James A. Haley Veterans Hospital in Tampa, Florida and postdoctoral training at the Raymond G. Murphy VA in Albuquerque, NM. Dr. Maley currently works as the Chief of Clinical Programming for the University of New Mexico Hospitals addictions and substance abuse programs (ASAP), and is the clinical director of the substance use treatment for adolescents & young adults in recovery program (STAR). In her role at UNMH she provides clinical services, supervises students, teaches psychotherapy, and develops and evaluates clinical programs to ensure that best practice standards are met. She is trained in multiple cognitive behavioral interventions and interpersonal techniques and is a nationally certified provider of both Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) therapy.

**Kati Morrison, Ph.D.:** Dr. Morrison (University of Texas at Austin, 2015) is a Pediatric Psychologist at Carrie Tingley Hospital and Assistant Professor in the Department of Psychology. She completed both her pre-doctoral internship and post-doctoral fellowship at the University of New Mexico Health Sciences Center. She graduated from the School Psychology doctoral program at the University of Texas at Austin with emphases in Pediatric and Clinical Child interventions. Kati also has a master's degree in Sociology from Stanford University and previously was a credentialed K-8 teacher in California. Kati's clinical, research, and teaching interests focus on trauma, anxiety, pain management, family systems, and adjustment to disability.

**Jennifer Klosterman Rielage, Ph.D.:** Dr. Rielage (Southern Illinois University at Carbondale, 2004) completed her doctoral internship at the Puget Sound VAMC, Seattle Division and completed a postdoctoral fellowship at the Seattle VA's Center for Excellence in Substance Abuse Treatment and Education (CESATE). She serves in the facility's PTSD/SUD Specialist role and provides consultation and empirically-based treatment to veterans with comorbid PTSD and substance use disorders. Dr. Rielage has an active research program focused on individual differences in personality and their relationship to PTSD comorbidities (Rielage, Hoyt, & Renshaw, 2010), men's military sexual trauma (MST; Hoyt, Rielage, & Williams, 2011) and incorporating MI/MET in traditional PTSD treatments for veterans with comorbid PTSD and SUD. An intern can be involved in any of these pieces of Dr. Rielage's work, particularly in group co-facilitation, diagnostic assessment, and program/group development.

**Sarah Rinehart, Ph.D.:** Dr. Rinehart (University of Illinois at Urbana-Champaign, 2017) is the clinical director for PACE (Psychosocial Achievement and Community Engagement), which is the SMI focused residential treatment program at NMVAHCS. She completed her internship at the Southwest Consortium and then received her fellowship in SMI from the Minneapolis VA, where her research focused on motivation and affective states in bipolar disorder. Her current clinical activities include providing assessments, group therapy, and individual therapy to patients with SMI and co-occurring substance use disorders. She also develops programming and coordinates treatment planning for PACE veterans. Her research background is in sexual harassment and homophobia, and she is involved in creating and implementing trainings for how to respond to sexual harassment for medical trainees as well as staff.

**Joseph Sadek, Ph.D., ABPP :** Dr. Sadek (University of Florida - 2000; postdoctoral fellow, Medical College of Wisconsin 2002) is an Associate Professor in the University of New Mexico Department of Psychiatry and a staff neuropsychologist at the New Mexico VA Health Care System. Dr. Sadek's primary research interests are in the areas of performance-based functional assessment. He has mentored students at the undergraduate, graduate, postdoctoral, medical student, and medical resident level. He has collaborated on research projects related to cardiovascular exercise in Alzheimer's diseases, unilateral stroke, biological mechanisms of vascular dementia, schizophrenia and neuropsychological sequelae of West Nile Virus. He also has research experience in the neurobehavioral effects of HIV. He is chairperson of the New Mexico VA Health Care System Research and Development Committee and is a member of the UNM Psychiatry Research Committee. He is the recipient of UNM Psychiatry's Rosenbaum Award for Clinical Research. He serves on the editorial board of the Journal of the International Neuropsychological Society.

**Evelyn Sandeen, Ph.D., ABPP-Clinical Psychology:** Dr. Sandeen (State University of New York at Stony Brook, 1985) interned in the Sepulveda, California VAMC in 1981-82 and has had a career in the VA system since 1989. During that time she has had an ongoing interest in post-trauma psychotherapies and in training issues. Her specific training interests lie in improving efficacy of training in cultural competence, supervision competence, and case conceptualization. She has been a Director of Training at two VA internship programs and is currently an Assistant Director of Training. She is a Clinical Associate in the Department of Psychology at UNM, and an Associate Clinical Professor in the Department of Psychiatry at the UNM School of Medicine. She is the supervisor of the Residential Care Division at this VAMC, which encompasses five residential care units with nearly 100 beds. She is the co-author of two books on psychotherapy and case conceptualization. Dr. Sandeen is an accreditation site visitor for APA and sits on the National Psychology Professional Standards Board for VA.

**Dvorah Simon, Ph.D.:** Dr. Simon (Fordham, 1991) interned at the VA outpatient clinic in Los Angeles. She spent much of her career at the Rusk Institute (part of NYU Medical Center) where she focused on head trauma and stroke rehabilitation and clinical research on efficacy of interventions for these disorders. She spent several years at the West Los Angeles VAMC where she worked with a population of homeless female veterans. Her clinical interests include solution-focused therapy, Ericksonian therapy, and the intersection of spirituality and psychotherapy. Dr. Simon is a published poet who teaches a workshop for therapists on poetry as a pathway to increasing sensitivity to language and silence.

**Lorraine M. Torres-Sena, Ph.D.:** Dr. Lorraine M. Torres-Sena (University of New Mexico, 2004) is Director of the Behavioral Health Care Line at the New Mexico VA Healthcare System. Before joining the NMVAHCS, she worked at the Center for Family and Adolescent Research (CFAR) as a senior therapist and project manager. The senior therapist position included the implementation and teaching of family therapy based on Functional Family Therapy (FFT), individual therapy based on Cognitive-Behavioral Therapy (CBT), and integrated therapy that combines both family and individual therapy for substance-abusing adolescents and their families. The project manager position included the management of several federally funded grants (ASPEN, CEDAR, VISTA, TRANSITIONS). Dr. Torres-Sena has research interests in domestic violence, systemic approaches, and cross-cultural issues in relation to PTSD and substance abuse.

**Elizabeth Wawrek, Psy.D.:** Dr. Elizabeth Wawrek (University of Denver, 2011) is a staff psychologist on the Primary Care Mental Health Integration team. Dr. Wawrek was an intern at the University of Denver GSPP Internship Consortium. She went on to open a private practice where she specialized in life-cycle transitions, trauma, and military reintegration issues. Before joining NMVAHCS, she worked as a CLC psychologist at the Carl Vinson VA providing clinical services to geriatric Veterans. Her current clinical activities include providing consultation to primary care staff, brief psychological assessments, consult triaging, and individual and group psychotherapy.

# Policies

## GRIEVANCE PROCEDURE

We believe that most problems that interns may have during the internship year are best addressed through face-to-face interaction between the intern and the supervisor or other staff who are directly involved in the problematic situation. This approach is also consistent with APA ethical guidelines, which specify that psychologists always discuss problematic issues involving another psychologist with that person before taking any other steps. Interns are therefore encouraged first to discuss the problem with their direct supervisor, who can provide the intern with guidance on how to approach the individual(s) involved in the concern (if unrelated to the direct supervisor) or attempt to directly resolve the concern (if related to the direct supervisor). Supervisors are expected to be receptive to interns' concerns, attempt to solve the concern in collaboration with the intern, and seek consultation of other training faculty as appropriate. If satisfactory resolution is not achieved by direct interaction between the intern, the supervisor, and/or other involved staff, the following additional steps are available to the intern.

1. **Informal Mediation:** Either party may request that the DoT serve as a mediator, or assist in selecting an appropriate mediator from among active NMVAHCS clinical supervisors, for assistance in problem resolution. Informal mediation may result in satisfactory resolution with no changes to the intern's training plan or, in some instances, may result in recommendations for alterations of the intern's training plan, including changes to either supervisors or rotations. Any recommended changes to rotation assignments must be approved by the Training Committee.
2. **Formal Grievance:** If informal resolution does not result in satisfactory resolution, or if there is a serious grievance (i.e., legal/ethical allegations) the intern may initiate a formal grievance by sending a written request to the DoT detailing the nature of the grievance, the interns desired outcome, and any attempts at resolution already taken.
  - a. The DoT will convene a meeting of the Training Committee as soon as possible, not to exceed one month, to gather relevant facts, establish the specific nature of the grievance, and explore options for change which will adequately resolve the grievance. The intern and supervisor/other involved parties will be invited to attend the meeting to provide the Training Committee with information relevant to the grievance. The ex-officio members of the Internship Training Committee will not attend this meeting in order to allow themselves to be available as impartial agents for future appeals, if necessary (see b. below).
  - b. Within 2 weeks of the Training Committee meeting, the committee creates a written set of recommended actions to be taken, to include modifications in training procedures, which will be provided to the intern and other involved parties. If the intern accepts the recommendations, the recommendations will be implemented and the DoT will meet with the intern within two weeks post-implementation to ensure appropriate adherence to the recommendations. If the intern disputes the recommendations, he or she may appeal to the ex-officio members of the Training Committee, the Associate Chief of Staff for Education, and/or the Chief of Psychology. These two individuals will obtain information as needed, and render the final appeal decision in consultation with the appropriate legal resources, and communicate the decision to the intern, DoT, and Training Committee.
  - c. The implementation of the suggested actions will be reviewed by the DoT within two weeks after the written recommendations are in place. If any party to a grievance fails to make recommended changes, further recommendations will be made by the Internship Training Committee, to include termination of the rotation or other training experience for that intern. If the rotation is terminated, the intern is reassigned to a rotation which is appropriate for her/his training needs.

- d. If the grievance involves a member of the Internship Training Committee, that member will excuse him or herself from any Internship Training Committee meetings pertaining to the intern grievance. If the grievance involves the Dot, the intern may submit the grievance to the Assistant Director of Psychology Training, who will serve in place of the DoT for the formal grievance process and will chair Internship Training Committee meetings pertaining to the intern grievance.

## REMEDIATION OF PROBLEMATIC PERFORMANCE AND DUE PROCESS POLICY

This policy provides doctoral interns and training faculty a definition of problematic performance, a listing of sanctions and an explicit discussion of due process.

**Definition of Problematic Performance:** Problematic performance is said to be present when supervisors perceive that an intern's competence, behavior, professional values, professional relationships, or other characteristics significantly disrupt the quality of his or her clinical services; his or her relationship with peers, supervisors, or other staff; or his or her ability to comply with appropriate standards of professional behavior. It is a matter of professional judgment as to when such behaviors are serious enough to constitute "problematic performance."

**Procedures for Responding to Problematic Performance:** When it is identified that an intern's skills, professionalism, or personal functioning are problematic, supervisors are expected to notify the intern immediately of these concerns. Supervisors should present these concerns to the intern using the Intern Evaluation Form, even if the problematic performance occurs outside of a formal evaluation period. Supervisors are also expected to immediately notify the Director of Training of the problematic intern performance who will then forward the concerns to the Training Committee. The Training Committee, with input from other relevant supervisory staff, then initiates the following procedures:

1. The negative evaluation(s) will be reviewed with discussion from the Training Committee and other supervisors and a determination made as to what action needs to be taken to address the problems identified.
2. After reviewing all available information, the Training Committee may adopt one or more of the following steps, or take other appropriate action:
  - a. The Training Committee may elect to take no further action.
  - b. The Training Committee may direct the supervisor(s) to provide additional constructive feedback and methods for addressing the identified problem areas. If such efforts are not successful, the issue will be revisited by the Training Committee.
  - c. The intern's graduate program Director of Training may also be consulted on the matter, depending on the seriousness of the issue(s).
3. Where the Training Committee deems that *remedial* action is required, the identified problematic performance of behavior must be systematically addressed. Possible remedial steps include (but are not limited to) the following:
  - a. Increased supervision, either with the same or other supervisors.
  - b. Change in the format, emphasis, and/or focus of supervision.
  - c. Change in rotation or other training experiences.
  - d. Recommendations of a leave of absence.
- d. Alternatively, depending upon the seriousness of the problematic performance, the Training Committee may place the intern on *probation* and issue a formal Remediation Plan which specifies that the committee, through the supervisors and Training Director, will actively and systematically monitor for a specific length of time, the degree to which the trainee addresses, changes, and/or otherwise improves the problem performance or behaviors. The Remediation Plan is a written statement to the trainee that includes the following items:



- a. A description of the problematic performance behavior.
- b. Specific recommendations for rectifying the problems.
- c. Time-frames for periodic review of the problematic performance behavior(s).
- d. Competency domains in which the intern's performance is satisfactory. Areas of satisfactory performance must be maintained while the intern works to correct the identified problematic performance behavior(s).
- e. Procedures to assess at each review period whether the problem has been appropriately rectified.

The intern's graduate program Director of Training will be advised that the intern has been placed on probation and a copy of the remediation plan will be sent to the graduate program Director of Training for any additional input he or she might have. In addition, the NMVAHCS Chief of Psychology, NMVAHCS Associate Chief of Staff for Education, the VA Office of Academic Affiliations, and VA Regional Counsel will be alerted that a formal remediation plan has been issued. Appropriate representatives from Indian Health Service and/or University of New Mexico Hospital may also be alerted if the problematic performance occurs on rotations at those sites or with interns funded by those sites.

5. Following the delivery of a formal Remediation Plan, the Training Director will meet with the trainee to review the required remedial steps. The trainee may elect to accept the conditions or may grieve the Training Committee's decision following the intern grievance policy. In either case Training Director will inform the intern's graduation school Director of Clinical Training to indicate the nature of the problematic performance and the steps taken by the Training Committee. Once the Training Committee has issued an acknowledgement notice of the Remediation Plan, the intern's status will be reviewed using the timelines listed on the Remediation Plan.

**Failure to Correct Problematic Performance:** When the defined remediation recommendations do not rectify the problematic performance within the defined time frame, or when the trainee seems unable or unwilling to alter his or her behavior, the Training Committee may need to take further formal action. If a intern on probation has not improved sufficiently to rectify the problems under the conditions stipulated by the Remediation Plan, the Training Committee will conduct a formal review and then inform the intern in writing that the conditions for removing the intern from probation have not been met. The Committee may then elect to take any of the following steps, or other appropriate action:

1. Continue the Remediation Plan for a specified period of time.
2. Inform the intern that he or she will not successfully complete the traineeship if his/her problematic performance does not change.

If by the end of the training year, the intern has not successfully completed the training requirements, the Training Committee may recommend that the intern not be graduated. The NMVAHCS Chief of Psychology, NMVAHCS Associate Chief of Staff for Education, the VA Office of Academic Affiliations, VA Regional Counsel, and IHS and UNMH representatives (as appropriate) will be informed of the Training Committee recommendation that the intern not be graduated. The intern will be then be informed that he/she has not successfully completed the program. The intern's graduate program Director of Clinical Training will be informed that the intern has not successfully completed the internship program. The Training Committee may specify to the graduate program those settings in which the former intern can and cannot function adequately.

3. Inform the intern that the Training Committee is recommending that he or she be terminated immediately from the internship program. The NMVAHCS Chief of Psychology, NMVAHCS Associate Chief of Staff for Education, the VA Office of Academic Affiliations, VA Regional Counsel, and IHS and UNMH representatives (as appropriate) will be informed of the Training Committee recommendation that the intern be terminated immediately.
4. When the Training Committee determines that the intern is not suited for a career in professional psychology, the committee may recommend a career shift for the intern, and withhold endorsement for professional practice should the trainee later seek licensing in any jurisdiction.

**Appeal Process:** An intern may appeal the decision of the Training Committee by submitting a detailed response to the recommendations of the Training Committee. A review panel, comprising five VA psychology faculty members, will be appointed by the Director of Training with the restriction that no one involved in the original action shall be on the panel. This panel will convene within 2 weeks of receipt of the intern's written response document. Legal representation from VA Regional Counsel shall be available to the panel concerning due process issues and the NMVAHCS Chief of Psychology, NMVAHCS Associate Chief of Staff for Education, the VA Office of Academic Affiliations, and IHS and UNMH representatives (as appropriate) will also be informed and available for consultation. The Director of Training shall present the position of the Training Committee and the intern, together with any counsel he or she may choose, shall present the appeal. The Training Committee shall abide by the panel's judgment if it recommends a change to the intern's remediation plan or continuation of training (in the event that the Training Committee has recommended that intern be removed from the program).

All of the above steps will be appropriately documented and implemented in ways that are consistent with due process, including opportunities for trainees to initiate grievance proceedings to challenge Training Committee decisions.

## **ILLEGAL OR UNETHICAL INTERN BEHAVIOR**

1. Infractions by an intern of a very minor nature may be dealt with among the DoT, supervisor, and the intern. A report of these infractions will become a part of the intern's file and will be reported to the Internship Training Committee. Supervisors must report all ethical or legal infractions immediately to the DoT.
2. A significant infraction or repeated minor infractions by an intern must be reviewed by the Internship Training Committee and the Chief of Psychology after a written statement of findings is submitted to the Internship Training Committee by the DoT. The Internship Training Committee will review the case as soon as possible following the receipt of the written statement. After review of the case, the Internship Training Committee will recommend either probation or dismissal of the intern. Recommendations of a probationary period will follow the Remediation of Problematic Performance and Due Process Policy.
3. The intern can appeal any decision of the Internship Training Committee by submitting a written request for appeal to the DoT and/or any member of the Internship Training Committee. In such cases, a committee of psychologists not on the Internship Training Committee will be convened by the Chief of Psychology and the DoT, and such a committee (the "appeal committee") will review the case, including the DoT written findings and the intern's written rebuttal. This review and recommendations coming from this review will occur as soon as possible, but certainly within 2 weeks of receipt of the request for appeal. The NMVAHCS Chief of Psychology, NMVAHCS Associate Chief of Staff for Education, the VA Office of Academic Affiliations, and IHS and UNMH representatives (as appropriate) will be informed of such recommendations. The recommendations of this committee can include continuation of the original set of recommendations made by the Internship Training Committee or a creation of a new set of recommendations. The recommendations of the appeal committee are considered final.

## INTERN LEAVE POLICY

1. Interns will abide by the same leave policy as VA employees. This means that they will earn leave at a rate of 4 hours of Annual Leave and 4 hours of Sick Leave per pay period. Within the training year, this provides approximately 2 weeks (80 hours) of annual leave and approximately 2 weeks (80 hours) of sick leave. Sick leave can be taken to care for sick family members. Leave can only be taken once it is accrued.
2. If there is a pressing need to take leave prior to its accrual, interns can petition the Internship Training Committee to earn compensatory time prior to the requested leave, which could then be taken without a deduction in pay.
3. If it is not possible for interns to arrange the earning of compensatory time prior to leave when there is insufficient accrued leave, interns can take leave without pay, upon approval of the Training Committee. Interns will not be financially compensated for this leave.
4. In the unusual event that an intern requires extended leave (for example, pregnancy or lengthy illness), the intern will be required to go on Leave without Pay (LWOP) status after their accrued sick and annual leave is used. The intern will resume paid status after their return to duty and the training year will be extended to ensure that the 2080 hour training commitment is satisfied.
5. In the event that an intern begins the internship with leave accrued from prior federal service, that leave is available for the intern to use. However, any leave taken in excess of the two weeks of annual and sick leave that would be accrued over the course of the year will require an extension of the intern's training year to ensure that the 2080 hour training commitment is met.
6. Interns can petition the Training Committee for up to 32 hours/training year of Authorized Absence. Authorized Absence is given when the activity a intern is engaged in is judged to be of sufficient instructional quality to be equivalent to hours spent in the internship experience. Examples of experiences that may qualify for Authorized Absence are: presenting a poster or paper at a scientific conference, appropriate workshops, dissertation defense, job talks, or interviews.
7. To request accrued annual or sick leave, all interns should first email their request (hours and days requested) to the DoT and their direct supervisors, preferably at least 30 days in advance of taking leave. Once the leave is approved at this level, interns should use the Vista system to request leave and should also email the timekeepers and any schedulers who schedule regular appointments for them.
8. To request Authorized Absence, interns must petition the Training Committee by emailing the DoT with their request, including what they will be doing and the days/times they will be on leave. Interns must then complete a VA form 71—Request for Leave or Authorized Absence, and have it signed by the Director of BHCL. All interns must clear AA with their direct supervisors as well.

