



New Mexico VA

Postdoctoral Fellowship in Clinical Health Psychology



MADELEINE GOODKIND, Ph.D.
Director of Training

KATE BELON, Ph.D.
Assistant Director of Training

JAMES FISHER, Ph.D.
Assistant Director of Training

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Welcome!

Welcome to the New Mexico VA Postdoctoral Fellowship in Clinical Psychology. We have APA-accredited postdoctoral programs in clinical psychology, clinical health psychology, and neuropsychology. Two postdoctoral fellows will be selected for the 2022-2023 training year.

Introduction

The NMVAHCS Postdoctoral Fellowship in Clinical Health Psychology is a one-year full-time program that starts the second week of August. The current annual salary is \$46,625 and postdocs 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. Postdocs who complete the program successfully will be certified for 2080 hours of supervised clinical activity.

The NMVAHCS Clinical Health Psychology Postdoctoral Fellowship 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. In previous years, postdoctoral fellows were a part of our APA-accredited program in clinical psychology and in 2021, we were awarded specialty accreditation in clinical health psychology. The next site visit will occur in 2030.

Psychology Training

The NMVAHCS has 40 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. Psychologists are also in leadership/managerial roles, and postdocs have the opportunity to work with supervisors who oversee program operations. The New Mexico VA is also home to APA-accredited Southwest consortium predoctoral internship, and is a major practicum site for the University of New Mexico doctoral program in clinical psychology.

Accreditation Status

The NMVAHCS Postdoctoral Fellowship in Clinical Psychology is accredited by the American Psychological Association. The next APA site visit will occur in 2030. 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 have completed APA-accredited graduate programs in clinical or counseling psychology programs, as well as an APA-accredited internship prior to beginning the fellowship. All requirements toward the doctoral degree, including dissertation defense, must be completed before the August start-date.

The VA conducts drug screening exams on randomly selected personnel as well as new employees, and postdoctoral fellows are subject to these random screens. In accordance with the Federal Drug-Free Workplace Program, a postdoctoral fellow may be selected for random drug testing during the course of their training year. Postdocs are also subject to fingerprinting and background checks. Selection decisions are contingent on passing these screens.

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. Postdocs 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 for more information about eligibility requirements.

Application & Selection Process

The program uses the APPIC Psychology Postdoctoral Application Centralized Application Service (APPA CAS <https://appicpostdoc.liaisoncas.com/>). Each emphasis area is listed separately, so applicants should ensure they have selected the correct emphasis area(s) prior to submitting their application.

Within APPA CAS, applicants are asked to submit the following materials:

1. Curriculum Vitae.
2. Cover letter including a brief statement of your major clinical and research interests.
3. Three letters of recommendation (in the APPA CAS portal they are referred to as "Evaluations") from people who are familiar with your clinical and/or research work. At least one letter should be from an internship supervisor.
4. Letter from your dissertation chair regarding your dissertation status and anticipated defense date. If your dissertation chair is one of your three letters of recommendation, this information can be included in that letter.
5. Graduate Transcripts.

All application materials must be uploaded into APPA CAS by January 3, 2022. Please contact Madeleine Goodkind, Ph.D., Director of Training, for questions or further information. Dr. Goodkind can be reached by phone at (505) 265-1711 ext. 7741 or by email at madeleine.goodkind@va.gov.

Application materials will be initially reviewed for basic eligibility, strength of training and experience,

and goodness of fit with our program, from which a pool of applicants will be selected for interviews. Interviews will be conducted virtually.

Applicants are evaluated across several criteria, including breadth and quality of training, documented experience in the emphasis area(s) to which they apply, scholarly activity, quality of written application materials, strength of letters of recommendation, demonstrated experience in evidence-based practice, interest in issues related to diversity, and goodness of fit with the programs goals and objectives.

The NMVAHCS Clinical Health Psychology Fellowship program has a strong record in recruiting and training diverse fellowship 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.

We offer virtual open house and interview days to applicants who have been selected; we are not offering in-person interviews or visits at this time. We have decided to hold virtual rather than in-person interviews because of the social justice implications of doing so. The economic burden of traveling to interviews can be great, and we are aware that if an in-person option is offered, applicants may feel pressured to avail themselves of that option. Additionally, the covid-19 pandemic has taught us that virtual open houses and interviews are a very effective way for programs and applicants to get the information necessary for program and applicant rankings.

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 training experiences may change for the 2022-2023 training year, although the vast majority of our clinical experiences have continued to this point with appropriate modifications.

We can state with confidence that we 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.

Training Setting

The New Mexico VA Healthcare System 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.

Training Philosophy and Aim

Integration of Science and Practice: The training philosophy of the NMVAHCS Fellowship in Clinical Psychology is guided by the Scientist-Practitioner model. Fellows are expected to use up to 20% of their time in program development or program evaluation activities. Research time can substitute for this if a fellow has a well-defined research project that could be completed within the fellowship year. Evidence-based psychotherapies (EBPs) are taught and our faculty includes national trainers for several EBP rollouts within the VA. Intelligent consumption of research and a hypothesis-testing approach to clinical work is taught through supervision and didactic activities.

Developmental and Collaborative Supervision: Our instructional approach is developmental, meaning that we begin assessment of postdocs' skills from the moment they begin postdoc and create training plans for them that follow a trajectory of increasing autonomy over the course of the training year. We treat postdocs as "junior colleagues", such that postdocs 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 postdocs is encouraged in order to facilitate our goals of increasing cultural awareness regarding self and others. Thus, postdocs 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 postdoc cohort during seminar.

Professional Development and Preparation: The overarching aim of the program is to prepare fellows for eventual leadership roles in a broad variety of interprofessional settings, with a specific focus on the knowledge and skills required for success in complex healthcare settings. To this end, training is structured around three levels of competency: (1) advanced areas competency required of all programs at the postdoctoral level, (2) program-specific, and (3) specialty competencies.

Level 1: Advanced Competency Areas Required of All Programs at the Postdoctoral Level:

1. Integration of science and practice
2. Individual and cultural diversity
3. Ethical and legal standards

Level 2: Program-Specific Competencies

1. Professional values, attitudes, and behaviors
2. Communication and interpersonal skills
3. Assessment
4. Intervention
5. Supervision
6. Consultation and interprofessional/interdisciplinary skills
7. Systems
8. Professional development
9. Leadership

Level 3: Program-Specific Competencies

1. Medical foundations for clinical health psychology
2. Professional values and attitudes as related to the specialty of clinical health psychology
3. Assessment as related to the specialty of clinical health psychology
4. Intervention as related to the specialty of clinical health psychology
5. Consultation and interprofessional skills as related to the specialty of clinical health psychology
6. Program development and evaluation

Program Structure

Postdoctoral Fellowship begins the second week of August and continues through the first week of August of the following year. Postdocs' 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. Postdocs will be located at the main campus of the NMVAHCS which is in Albuquerque. Fellows will spend approximately 20-25 hours per week engaged in providing professional psychological services and they will receive at least two hours of individual supervision per week along with two additional hours of other structured learning activities.

Training Opportunities

Fellows will focus on clinical training across a broad spectrum of activities within clinical health psychology, including the integration of mental health into primary care and specialty medical clinics, advanced clinical practice with diagnoses and presenting problems common to health psychology (e.g. chronic pain, sleep problems, smoking cessation, chronic disease self-management, coping with illness and weight management), provision of interprofessional consultation, training of non-mental health staff in behavioral health concepts, and program development/evaluation. Fellows will have opportunity to receive supervised experience in the following settings:

Primary Care Mental Health Integration

The PCMHI Team 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 with a wide range of diagnoses and presenting problems.

Health Promotion Disease Prevention (HPDP)

In this setting, fellows work with the facility health behavior coordinator in several capacities. Fellows will provide training and consultation to medical fellows in two disease-specific clinics (hypertension and diabetes) to enhance the medical fellows' effectiveness in patient interactions and facilitation of behavior change. Fellows will have the opportunity to be involved with training other staff in motivational interviewing. Fellows will also provide brief behavioral interventions for smoking cessation and weight management. Finally, fellows can elect to conduct psychological assessments of patients being considered for bariatric surgery.

Interdisciplinary Pain Rehabilitation Program (IPRP)

IPRP is the tertiary level of pain care at NMVAHCS. We are an interdisciplinary team focused on intensive outpatient rehabilitation for Veterans with chronic and complex pain conditions. Our most common pain complaint is lower back, but there is a large range including: phantom limb pain, headaches, knee, shoulder, and psychosomatic pain. Most of our patients have been struggling with chronic pain for many years and have sought many past passive treatments including surgeries, injections, and medications. Our team consists of medicine, psychology, nursing, and physical therapy. We focus on active approaches to chronic pain including exercise, stretching, mindfulness, and CBT-based skills. We take both a biopsychosocial and whole health approach to our Veterans care with an aim to increase Veteran's functional ability and quality of life. Our care consists of intensive outpatient closed groups (half and/or full day treatment with medicine, psychology, and physical therapy) as well as individual treatment as needed. There is opportunity for individual cases surrounding conditions related to chronic pain such as insomnia, depression, and grief. We believe strongly in evidence- and measurement-based care.

Comprehensive Addiction and Recovery Pain (CARA)

CARA is responsible for treating the most complex acute and chronic pain conditions as the NMVAHCS' only full service pain clinic. We have a large outpatient program and provide inpatient consultation/treatment in all of our facilities' inpatient/residential wards. Our program is robust with 18 pain management specialists who approach care from an interdisciplinary whole health and biopsychosocial model. We provide comprehensive evaluation and treatment in the following areas: integrative, osteopathic, and sports medicine; interventional pain anesthesiology and addiction psychiatry, pain psychology, physical therapy, massage therapy, pharmacy, and nursing. Trainees will be able to learn Intraprofessional approaches to manage pain and will work with psychologists that remain active in current research with NIH funded grants and other national VHA projects (e.g., brief protocol for CBT-CP, protocol for ACT and Mindfulness Based Relapse Prevention for chronic pain and opioid use disorder, VHA Pain Mobile App, etc.). Our national consultants and subject matter experts will train you to use CBT-CP

and ACT-CP. You will be able to facilitate presurgical evaluations for spinal cord stimulator implant trials and even observe the surgical procedure. Given the nature of chronic pain, you will also learn to apply CBT-I, CPT for chronic pain and trauma, biofeedback, and neuroscience pain education in individual and group formats. Our physical therapy pain specialists offer traditional PT, provide yoga/tai chi, graded motor imagery, dry needling, and work in concert with psychology to integrate exposure techniques with movement. Incoming trainees will now have the opportunity to engage in adapting this unique approach with use of virtual reality. Further, trainees will work with clinical pharmacists, medical prescribers, and addiction psychiatry on supportive taper planning and education about behavioral aspects relevant to opioid medication management and opioid use disorder.

Palliative Care

Fellows in this setting will work on an interdisciplinary team in the NMVAHCS Palliative Care team, which provides care to patients with a variety of terminal conditions, including cancer, chronic obstructive pulmonary disease, congestive heart failure, and dementia. Fellow activities will include assessment regarding end-of-life, acceptance of medication conditions, and associated behavioral health conditions. Fellows will also provide brief therapy for patients and family members, with a major focus on Acceptance and Commitment Therapy (ACT). Fellows will be exposed to concerns common to palliative care, including adjustment to illness and end-of-life status, cognitive changes, and substance abuse.

Residential Setting

The residential setting is a highly interdisciplinary treatment team with a primary focus on behavioral health goals for Veterans who need a higher level of care than that offered in an outpatient setting. Common health concerns include insomnia, chronic pain, and chronic disease management. Fellows will be able to follow individual Veterans and/or develop group programming to address health psychology needs, and will be able to serve in the role of psychologist on the interdisciplinary team. The residential setting is a rich environment that allows for frequent consultation with other disciplines, interacting with Veterans with unique/uncommon presentations, and developing creative interventions outside of the standard psychotherapy model (for example, conducting brief daily check-ins on a specific goal or involving staff from other disciplines in behavioral health interventions).

Sleep Medicine

The NMVAHCS Sleep Medicine clinic provides evaluation and treatment of a wide variety of sleep-related presenting problems, including insomnia, sleep apnea, circadian rhythm disorders, and other complex sleep issues. Fellows are embedded into the Sleep Medicine clinic working alongside sleep medicine physicians, fellows, and technicians to provide consultation and same-day behavioral assessment of patients that would benefit from behavioral health intervention. Fellows will receive in-depth exposure to multiple areas of behavioral sleep medicine, including Cognitive Behavioral Therapy for Insomnia, Positive Airway Pressure (PAP) adherence, and behavioral treatments of other sleep disorders.

Spinal Cord Injury & Disease Center

Fellows will work on an interdisciplinary team in the Spinal Cord Injury/Diseases Center, which serves both inpatient and outpatient veterans via rehabilitation, mental health/medical care, and comprehensive annual evaluations. Fellows will be exposed to issues common to SCI/D, including adjustment to acute injury or other complex medical issues, psychological functioning, cognitive changes, substance abuse, end-of-life care, discharge planning and placement, and learn about the contributions each team member's discipline. Activities may include psychological and neuropsychological assessment, psychotherapy, consultation with family and team members, team meetings, and educational opportunities.

The amount of time fellows spend in these settings is flexible and can vary over the course of the year. Fellows will be encouraged to choose a focus within health psychology (e.g. primary care mental health integration, chronic pain, etc.), which will guide training plan development in conjunction with fellows' training needs and career goals.

Additional Training Activities

Supervision: At the level of fellowship training, supervision takes on a mentorship approach, characterized by a close, collegial relationship with a primary supervisor in the area of the fellow's emphasis training. 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 fellows' progress in the competency domains. Styles of supervision may vary from across different clinical experiences within the fellowship. Co-therapy, direct observation, and electronic recordings are used to different degrees by various supervisors.

Didactics: All fellows participate in the fellow seminar series. The fellow seminar reflects the more advanced nature of postdoctoral training as compared to internship training, in that the fellows are themselves heavily involved in the creation and evaluation of the seminar series. A prominent focus in the seminar series is on professional development issues and the transition from student to professional. In addition, fellows participate in emphasis area-specific trainings consisting of journal clubs, invited presentations, and case conferences. Fellows also have the opportunity to participate in didactics and consultation for several evidence-based psychotherapies, including Cognitive Processing Therapy, Prolonged Exposure, and Motivational Interviewing.

Program Evaluation & Research: Fellows are allotted up to 20% of their time to engage in scholarly activities. All fellows are expected demonstrate evidence of scholarly activity over the course of the training year by completing either program evaluation or research projects, the scope of which will be determined by the fellows' history of research productivity, feasibility, interests, and overall training plan. The Program Evaluation Seminar provides fellows with training in program evaluation design, planning, and implementation with the expectation that fellows complete a project over the course of the year. The culmination of this project is a formal presentation to the training program, other psychologists, and facility leadership. In addition, they may join a faculty researcher in an ongoing project or use research time to write up already-collected data for publication.

Training in Supervision: All fellows are expected to provide clinical supervision under the supervision of a licensed faculty member during the training year. Fellows provide supervision to either a practicum student or doctoral intern also receiving training within the fellow's emphasis area. The fellow's mentor works with the fellow to identify supervision activities that are appropriate to the fellow's skill set and the needs of the fellow's supervisee. Typically, fellows start

with circumscribed supervision roles that gradually expand over the course of the training year. In addition, fellows participate in a weekly supervision of supervision consultation group comprised of fellows in clinical and clinical health specialties, directors of training, and other interested faculty. The purpose of the supervision of supervision consultation groups is to aid fellows and faculty to progress as supervisors by providing a forum for receiving and providing feedback regarding one's own behavior as a supervisor.

Leadership: A key component to our preparation of fellows for eventual leadership roles is to facilitate training that goes beyond direct clinical service provision. Therefore, fellows are expected attend a monthly leadership seminar to receive didactics on leadership models. In tandem with the leadership seminar, fellows are expected to complete several experiential activities to facilitate leadership development, including self-assessments, shadowing facility leaders, and leading meetings. The timing and specifics of these activities will be developed in conjunction with area of emphasis supervisors. Fellows will present on these activities at the end of the year.

Teaching & Psychology Grand Rounds: Fellows are provided with multiple teaching opportunities throughout the training year and are expected to participate in the teaching of fellow psychologists and other staff. Examples of teaching opportunities include co-facilitation of evidenced-based psychotherapy workshops, presentations to psychology faculty, and co-presenting in intern seminar. Fellows will be expected to provide a formal presentation (Psychology Grand Rounds) held at the NMVAHCS and attended by providers within and outside the VA for continuing education credit. The content of the presentation should focus on a clinical situation that synthesizes the scientific literature related to the situation in question.

Professional Meetings, Independent Workshops, & Intensive Trainings: Fellows are encouraged to network at professional meetings relevant to their areas of interest. Fellows will be provided the time to attend appropriate workshops and professional meetings. Absences for professional meetings should be negotiated with supervisors and appropriate requests for leave time must be made as far in advance as possible. An upper limit of 5 days of authorized absence per year is granted to fellows for professional leave (which may include job talks). The VA also provides intensive internal trainings which the fellow may attend without using authorized absence.

Postdoctoral Fellows Admissions & Support Data

Financial and Other Benefit Support for the Upcoming Training Year: VA-Funded Positions	
Annual Stipend/Salary For Full-Time Postdoctoral Fellows	\$46,625
Annual Stipend/Salary For Half-Time Postdoctoral Fellows	N/A
Insurance	
Program provides access to medical insurance for fellows?	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
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 fellows 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, presentations, and interviews

Initial Post-Residency Positions: Aggregated Tally for Cohorts 2018-2020

Total number of postdoctoral fellows who were in the 3 cohorts	5	
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	N/A	N/A
Veterans Affairs medical center	N/A	3
Military health center	N/A	N/A
Academic health center	N/A	1
Other medical center or hospital	N/A	1
Psychiatric hospital	N/A	N/A
Academic university/department	N/A	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	N/A	1
Not currently employed	N/A	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 postdocs 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

Katherine Belon, Ph.D.: Dr. Belon (University of New Mexico, 2016) is a psychologist working in the residential treatment programs where she is also a team lead for the CORR unit. She completed practica, internship, and postdoctoral training within the NMVAHCS and specialized in health psychology. Dr. Belon utilizes a cognitive-behavioral and developmental framework for her work with residential patients where she conducts individual and group psychotherapy as well as psychological assessments. She is interested in systems/program improvement activities and program development to meet the needs of multiply traumatized Veterans with chronic struggles with mental health and substance use disorders.

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.

James K. Fisher, Ph.D.: James Fisher (University of Oklahoma, 2012) is a counseling psychologist in the Outpatient Mental Health Clinic within the Behavioral Health Care Line of the New Mexico VA Health Care System. He currently is coordinating the Family Program within the Outpatient Clinic. In the Family Program he provides evidence-based treatment (primarily IBCT) for couples and families. Dr. Fisher completed his internship at the University of Oklahoma Health 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 22. She holds trainings and consults within and outside the VA in CPT.

Aaron Haslam, Ph.D.: I am a clinical psychologist (Texas Tech University, 2018) working in the CARA pain team within the Ambulatory Care Service at the New Mexico VA Health Care System. In this treatment setting I routinely provide CBT and ACT for chronic pain and for mental health conditions that are worsened by chronic pain. I also conduct biofeedback for certain pain conditions. I regularly consult with medical providers inside and outside the CARA pain clinic regarding behavioral pain management. I completed my predoctoral internship (2018) at the VA Western New York Healthcare System in Buffalo in the Health Psychology track. Following this I completed the Health Psychology track in the postdoctoral fellowship (2019) at the NMVAHCS. I am currently serving on the NMVAHCS IRB. Current research interests include applying predictive modeling to pain related outcomes.

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.

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).

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.

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.

William M. Schumacher, Ph.D.: Dr. Schumacher (University of Oregon, 2017) is a staff psychologist on the Military Trauma Treatment (MTTP) team. He provides evidence-based psychotherapy to patients with PTSD. He also has an administrative role tracking and improving hospital metrics. Dr. Schumacher completed his postdoctoral fellowship at NMVAHCS specializing in PTSD treatment and was also an intern at the Southwest Consortium.

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 postdocs may have during the fellowship year are best addressed through face-to-face interaction between the postdoc 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. Postdoctoral fellows are therefore encouraged first to discuss the problem with their direct supervisor, who can provide the postdoctoral fellow 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 postdoctoral fellows' concerns, attempt to solve the concern in collaboration with the postdoctoral fellow, and seek consultation of other training faculty as appropriate. If satisfactory resolution is not achieved by direct interaction between the postdoctoral fellow, the supervisor, and/or other involved staff, the following additional steps are available to the postdoctoral fellow.

1. **Informal Mediation:** Either party may request that the Director of Training (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 postdoctoral fellow's training plan or, in some instances, may result in recommendations for alterations of the postdoctoral fellow'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 postdoctoral fellow may initiate a formal grievance by sending a written request to the DoT detailing the nature of the grievance, the postdoctoral fellows 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 postdoctoral fellow 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 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 postdoctoral fellow and other involved parties. If the postdoctoral fellow accepts the recommendations, the recommendations will be implemented and the DoT will meet with the postdoctoral fellow within two weeks post -implementation to ensure appropriate adherence to the recommendations. If the postdoctoral fellow 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 postdoctoral fellow, 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 Training Committee, to include termination of the rotation or other training experience for that postdoctoral fellow. If the rotation is terminated, the postdoctoral fellow is reassigned to a rotation which is appropriate for her/his training needs.

- d. If the grievance involves a member of the Training Committee, that member will excuse him or herself from any Training Committee meetings pertaining to the postdoctoral fellow grievance. If the grievance involves the DoT, the postdoctoral fellow 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 Training Committee meetings pertaining to the postdoctoral fellow grievance.

REMEDICATION OF PROBLEMATIC PERFORMANCE AND DUE PROCESS POLICY

This policy provides doctoral postdoctoral fellows 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 a postdoctoral fellow'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 a postdoctoral fellow's skills, professionalism, or personal functioning are problematic, supervisors are expected to notify the postdoctoral fellow immediately of these concerns. Supervisors should present these concerns to the postdoctoral fellow using the Postdoc Evaluation Form, even if the problematic performance occurs outside of a formal evaluation period.

Supervisors are also expected to immediately notify the DoT of the problematic postdoctoral fellow 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.
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 postdoctoral fellow 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 postdoctoral fellow's performance is satisfactory. Areas of satisfactory performance must be maintained while the postdoctoral fellow 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 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.

5. Following the delivery of a formal Remediation Plan, the Training Director will meet with the postdoctoral fellow to review the required remedial steps. The postdoctoral fellow may elect to accept the conditions or may grieve the Training Committee's decision following the postdoctoral fellow grievance policy. Once the Training Committee has issued an acknowledgement notice of the Remediation Plan, the postdoctoral fellow'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 postdoctoral fellow 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 postdoctoral fellow in writing that the conditions for removing the postdoctoral fellow 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 postdoctoral fellow 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 postdoctoral fellow has not successfully completed the training requirements, the Training Committee may recommend that the postdoctoral fellow 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 postdoctoral fellow not be graduated. The postdoctoral fellow will be then be informed that he/she has not successfully completed the program.

3. Inform the postdoctoral fellow that the Training Committee is recommending that he or she be terminated immediately from the postdoctoral fellowship 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 postdoc be terminated immediately.
4. When the Training Committee determines that the postdoc is not suited for a career in professional psychology, the committee may recommend a career shift for the postdoctoral fellow, and withhold endorsement for professional practice should the trainee later seek licensing in any jurisdiction.

Appeal Process: A postdoctoral fellow 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 postdoctoral fellow'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 postdoctoral fellow, 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 postdoctoral fellow's remediation plan or continuation of training (in the event that the Training Committee has recommended that postdoctoral fellow 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 POSTDOCTORAL FELLOW BEHAVIOR

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

POSTDOCTORAL FELLOW LEAVE POLICY

1. Postdoctoral fellows 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, postdoctoral fellows can petition the 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 postdoctoral fellows to arrange the earning of compensatory time prior to leave when there is insufficient accrued leave, postdoctoral fellows can take leave without pay, upon approval of the Training Committee. Postdoctoral fellows will not be financially compensated for this leave.
4. In the unusual event that a postdoctoral fellow requires extended leave (for example, pregnancy or lengthy illness), the postdoctoral fellow will be required to go on Leave without Pay (LWOP) status after their accrued sick and annual leave is used. The postdoctoral fellow 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 a postdoctoral fellow begins with leave accrued from prior federal service, that leave is available for the postdoctoral fellow 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 postdoctoral fellow's training year to ensure that the 2080 hour training commitment is met.
6. Postdoctoral fellows can petition the Training Committee for up to 40 hours/training year of Authorized Absence. Authorized Absence is given when the activity a postdoctoral fellow is engaged in is judged to be of sufficient instructional quality to be equivalent to hours spent in the postdoctoral fellowship 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 postdoctoral fellows 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, postdoctoral fellows should use the VATAS system to request leave and should also email the timekeepers and any schedulers who schedule regular appointments for them.
8. To request Authorized Absence, postdoctoral fellows 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. Postdoctoral fellows must then complete a VA form 71—Request for Leave or Authorized Absence, and have it signed by the Director of BHCL. All postdoctoral fellows must clear AA with their direct supervisors as well.