



# New Mexico VA

Postdoctoral Fellowship in Clinical Psychology



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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. We will have **five** (5) fully funded postdoctoral positions in the clinical psychology program, across the specialties of PTSD (residential and outpatient), severe mental illness, and family/couples therapy for the 2023-2024 training year.

## Introduction

The NMVAHCS Postdoctoral Fellowship in Clinical 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 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. The previous site visit occurred in 2022 and the next site visit will occur in 2032.

## 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 most recent APA site visit occurred in 2022 and the next site visit will occur in 2032. 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.

The Office of Academic Affiliations (OAA) provides [this information](#) about eligibility requirements for those in VA-funded positions. [Here](#) is additional information about what VA being a drug-free workplace means for trainees.

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](http://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.liasoncas.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. **PTSD Tracks only:** Brief essay (500 words or fewer) describing the following:
  - a. Your experience with Evidence-Based Psychotherapies (EBPs), including number of cases/groups you have completed with various EBPs.
  - b. Your training in EBPs, including amount of supervision, workshops, seminars, etc.
  - c. How you see EBPs fitting within a generalist clinical practice.
  - d. Your approach to integrating cultural considerations into your clinical practice.



4. 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.
5. 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.
6. Graduate Transcripts.

All application materials must be uploaded into APPA CAS by December 16, 2022. Please contact Madeleine Goodkind, Ph.D., Director of Training, for questions or further information. Dr. Goodkind can be reached by phone at (505) 376-2430 or by email at [madeleine.goodkind@va.gov](mailto: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 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 next 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. We follow the *Reflective Local Practice* model (Sandeem, Moore, & Swanda, 2018). This model emphasizes the importance of self-reflection in order to gain self-understanding in the service of lifelong cultural growth; familiarity with one's *local* community and cultures; and incorporating this knowledge to clinical *practice*. The following assumptions underlie reflective local practice: 1) culture is universally present, 2) culture exists within a matrix of multiple cultural identities (i.e., intersectionality), 3) culture is ever-shifting, 4) bias is universal, and 5) understanding power structures within systems and historical events is necessary for providing competent care. 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 cohort during seminars.

The psychology training program (including the internship and fellowship programs) has an Inclusion, Diversity, Equity, and Access (IDEA) workgroup. This workgroup aims to promote recruitment of diverse trainees and recruitment and retention of diverse staff and fosters a work environment that includes all social identities and draws upon strengths and works against barriers of marginalization. It is represented by the core values of including individual perspectives contribute to a **brave space** in pursuit of learning from our mistakes, openness to feedback, and personal growth and promotion of honest and open discussions about inclusion, diversity, equity, and access; embodying the philosophy of the reflective local practice model; acknowledging that approaches to diversity, equity, and inclusion evolve, and we assist psychology staff and trainees as they grow in their approach to inclusivity; upholding the value of creating a welcoming and responsive environment that grows and changes with an evolving culture; and that by attending and responding to these values, we strive to provide culturally responsive and just care to an increasingly diverse veteran population. This workgroup holds monthly meetings to discuss implementation of the goals of the program and ongoing projects, and hosts a monthly "Lunch and Learn". Trainees are expected to attend whenever possible.

**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 two levels of competency: (1) advanced areas competency required of all programs at the postdoctoral level and (2) program-specific 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

## 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.

## Emphasis Areas

### **Family Psychology Emphasis**

*Supervisors: Lorraine Torres-Sena, Ph.D., James Fisher, Ph.D., and Jennifer Wong, Ph.D.*

The majority of the fellow's clinical time will be spent providing couple and family therapy in the Marriage and Family Therapy Program, a subspecialty of the Outpatient Mental Health Clinic. As part of their clinical caseloads, fellows will provide some of their clinical care via Telehealth. 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. Fellows will function as full 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. Fellows will also serve as consultants to other OMH staff regarding couples and marriage therapy.

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 fellow's training will be in the implementation of Integrative Behavioral Couples Therapy (IBCT). The fellow 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
- Opportunities to develop and implement couple/family focused psychotherapy groups that would be of interest to the fellow and meet clinical needs of patients seen in the couple and family program (e.g., parenting group, relationship skills group when only one partner is willing to participate)
- Opportunities to supervise doctoral interns or practicum students in the provision of family and couple 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
- 

***The PTSD Emphasis area consists of two separate tracks, Residential and Outpatient, each of which selects one fellow per training year. Descriptions of each track follow below:***

### ***Posttraumatic Stress Disorder Emphasis– Outpatient Track***

*Supervisors: Jennifer Klosterman Rielage, PhD and Bill Schumacher, Ph.D.*

The majority of the fellows' clinical time will be spent in the Military Trauma Treatment Team (MTTP), an outpatient clinic serving veterans with PTSD. MTTP is an outpatient team comprised of six psychologists and one social worker, all of whom specialize in providing evidence-based assessment and psychotherapy for men and women who have experienced military trauma. This program trains fellows in conducting comprehensive mental health assessments for diagnostic clarification and treatment planning, evidence-based psychotherapy, particularly Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT), and provision of consultation to other programs within the Behavioral Health Care Line regarding patients experiencing PTSD.

Specific activities include:

- Full psychosocial and diagnostic assessments, including use of the CAPS-5
- Provision of evidence-based therapy, including PE and individual CPT
- 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, and delivery of DBT-based skills groups
- Opportunities for program evaluation and development and participation in ongoing research projects
- Participation in and leading the PTSD journal club
- Provision of tiered supervision to practicum students and/or interns participating in specialized rotations in PE or CPT.

### ***Posttraumatic Stress Disorder Emphasis – Residential Track***

*Supervisor: Nicole Duranceaux, Ph.D., Ashley DeMarco, Ph.D., Cisco Salgado-Garcia, Ph.D., Sowmya Yeturo, Psy.D.*

Fellows' primary clinical setting will be the Substance Abuse, Trauma, and 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. Fellows will be expected to serve as a fully-functioning member of an interprofessional team consisting of staff and other trainees from psychology, psychiatry, medicine, social work, and nursing. Fellows 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
  - Involvement in program evaluation and program development
  - Provision of supervision to other psychology trainees
  - Involvement in administrative activities within the residential unit and/or psychology training programs
  - Opportunities to participate in multi-day trainings in Cognitive Process Therapy, Prolonged Exposure, and Motivational Interviewing from national VA trainers
  - Participation in and leading the PTSD program journal-club
-



## Serious Mental Illness Emphasis

*Primary Supervisors: Dvorah Simon, Ph.D, Kate Belon, Ph.D., and Caitlin Gallegos, Ph.D.*

Fellows within the SMI emphasis will gain in-depth training in providing recovery-oriented treatment for veterans at different levels of acuity and clinical care, emphasizing the veteran's strengths and preferences in the development of a collaborative recovery plan, with a treatment focus on skill-building, increasing independence, and taking active ownership of their health and well-being. Fellows will be providing clinical services across the continuum of care (inpatient psychiatric units, residential units, and PRRC outpatient service), with primary placement in either Residential Service, the Psychosocial Rehabilitation and Recovery Center (PRRC), or the Inpatient Psychiatric units, with additional time spent at the other levels of care. Fellows' clinical time will primarily be focused on providing group and individual treatment interventions, consultation with multidisciplinary teams, and psychological assessment, to patients experiencing a broad array of chronic and acute mental health concerns, severe mental illness, and homelessness due to addictions, mental illness, or other psychosocial factors. Supervision experiences will also be available. Additionally, Fellows will be closely involved in program development and evaluation projects, as well as system redesign, with a focus on continuity of care, access, and flow between programs. Finally, fellows will have the opportunity to learn EBPs and participate in new program implementation.

Specific activities may include the following, with each trainee's experience individualized based on learning goals and opportunities:

- Provision of specialized behavioral health interventions in individual and group format, including Cognitive Behavioral Therapy, Dialectical Behavior Therapy, Illness Management and Recovery, Social Skills, Image Rehearsal Therapy, SMART Recovery, Solution Focused Therapy, Neurofeedback, and other Recovery-oriented treatments
- Participation in multidisciplinary team meetings and consultation with other disciplines
- Participation in special projects including working with the SAIL metrics, NEPEC database, Measurement Based Care, program development of specialty groups (e.g., developing a curriculum for nurse-led groups on the inpatient psychiatric unit) and enhancing engagement in treatment for referred veterans in PRRC
- Supervision of practicum level psychology students or doctoral interns, and participation in Supervision of Supervision training group
- Opportunities to attend didactic presentations across the Medical Center
- Residential focus: working with persons with addictions, SMI, or other psychosocial factors including homelessness or criminal justice involvement
- PRRC focus: working with persons with chronic, serious mental illness to enhance recovery in such areas as independent living skills, symptom management, communication and relationships, sense of meaning, and participation in community activities
- Inpatient psychiatry service focus: working with persons with acute psychiatric conditions with a focus on safety, crisis stabilization, evaluation, and treatment planning

Fellows who complete this fellowship will be well-prepared for leadership, administrative, and clinical positions within organizations that provide wrap-around care to patients with a variety of chronic and acute concerns. Upon completion of this fellowship, fellows will be well-versed in systems issues and with using system redesign tools, program development and evaluation to direct program changes and improve patient care.

The Settings:

- PACE (Psychosocial Achievement and Community Engagement) is a 16-bed unit dedicated to residential treatment for veterans with SMI
- The PRRC is an outpatient service that provides psychotherapy groups and education classes using an "adult education model" for veterans diagnosed with a serious mental illness.
- The Inpatient Psychiatry Service has two, soon to be three, inpatient psychiatric units, for a total of 36-beds on locked units that focuses on crisis stabilization, safety, and evaluation of Veterans that have acute psychiatric needs. The units offers 24/7 nursing, wrap-around psychiatric and mental health care, and a variety of psychotherapy groups, skill-based classes, and therapeutic activities.

# 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 by rotation 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 bi-weekly supervision of supervision consultation group comprised of fellows and 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 2019-2022

Total number of postdoctoral fellows who were in the 3 cohorts	10	
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	7
Military health center	N/A	N/A
Academic health center	N/A	2
Other medical center or hospital	N/A	N/A
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 PRRC clinic and assistant training director. She completed practica, internship, and postdoctoral training within the NMVAHCS and specialized in health psychology. Dr. Belon is particularly interested in disseminating health psychology treatments (CBT-I, chronic disease management, MI, tobacco cessation, and others) among Veterans with SMI in an attempt to address the mortality gap. She has initiated behavioral health consultation within Psychiatry Primary Care, a primary care clinic dedicated to serving Veterans with SMI diagnoses and is conducting QI/program evaluation activities to determine the impact of such consultation. She is also interested in best practices for incorporating cultural and diversity considerations into training.

**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.

**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.

**Ashley DeMarco, Ph.D.:** Ashley DeMarco (University of Kansas, 2017) is a staff psychologist in the residential treatment program. Dr. DeMarco completed her internship at the Colmery-O'Neil VA Medical Center. She went on to serve as a staff psychologist at the Texas Tech Student Counseling Center, where she provided individual and group therapy and was an active member of the training program. Additional roles included working as a liaison for the Military Veteran's program and serving on the Title IX committee. Upon joining the New Mexico VA, Dr. DeMarco worked in Primary Care Mental Health Integration, specializing in addressing chronic pain (CBT-CP). Her current clinical work on the residential treatment team focuses on the treatment of complex comorbidities including trauma- and substances-related disorders within an interdisciplinary setting. Dr. DeMarco values the rich nature of the residential milieu, the team approach, and the variety of clinical activities (individual and group therapy, assessment, and clinical training) that are a part of the residential program. Outside of work, she enjoys playing sports, cooking, and taking advantage of the wonderful outdoors opportunities in the southwest.

**Nicole Duranceaux, Ph.D.:** Nicole Duranceaux (San Diego State-University of California, San Diego, 2009) is a clinical psychologist within the Behavioral Health Care Line in the Mexico VA Health Care System. She is the Chief of the Residential Section and Manager of the Residential Treatment Program. Her clinical work focuses on treatment of complex comorbidities including trauma- and substances-related disorders. She is a New Mexico native and over the years has held a number of positions including with the University of New Mexico Hospital Consultation and Liaison Service and with the Albuquerque Police Department. Dr. Duranceaux is the former president of the New Mexico Psychological Association and currently serves in an ethics-focused role as a member of the New Mexico Board of Psychologists Examiners.

**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 the Director of Psychology Training at the NMVAHCS for the Southwest Consortium Doctoral Internship in Health Service Psychology and the fellowship programs in clinical psychology, clinical health psychology, and clinical neuropsychology; she is a clinical psychologist within the Behavioral Health Care Line in the Mexico VA Health Care System. Her clinical work focuses on interventions for PTSD, primarily CPT and PE. 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.

**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).

**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.

**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.

**L. Nikki Rowell, Ph.D:** Nikki Rowell (University of New Mexico, 2018) is the Clinical Lead for the Interdisciplinary Pain Rehabilitation Program (IPRP) at the NMVAHCS. She is a clinical health psychologist. Her clinical work focuses on chronic pain (CBT, MBSR, Mindful self-compassion, ACT) and other associated health behavior interventions often co-morbid with chronic pain including sleep, health behavior change, grief, adjustment to life cycle transitions/decline in functioning and depression (CBT-I, MI, Dignity therapy, CBT-D). IPRP takes a whole health approach to teach Veteran's active strategies to manage chronic pain including: psychology, physical therapy, occupational therapy, yoga and includes some eastern medicine techniques such as acupuncture and acupressure. Nikki completed her internship and postdoctoral health psychology fellowship at the Southwest Consortium Doctoral Internship in Health Service Psychology where at NMVAHCS. She is interested in psychotherapy process and the implementation of ESTs/EBPs. She is an active member of the Motivational Interviewing Network of Trainers, having a research background in MI for health behavior change as well as a long history of research in differences in pain tolerance across different groups. Dr. Rowell continues to be active in the Motivational Interviewing community and is working towards being part of VISN-22's MI training team. Outside of work, Nikki is an avid skier, traveler, wild ocean animal enthusiast, and scuba diver.

**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.

**Francisco Salgado Garcia, Ph.D.:** Francisco Salgado Garcia (el/he/him; University of Memphis, 2017) is a clinical psychologist in the Residential Rehabilitation Treatment Program (RRTP). He completed his internship at the Southwest Consortium Doctoral Internship in Health Service Psychology, where he trained in the STARR program and in the Consultation Liaison Department at UNM Hospital. He completed his postdoctoral fellowship at the University of Tennessee Health Science Center, Department of Preventive Medicine. His research started with a focus on smoking and smoking cessation and expanded to substance use, stress, coping, mindfulness, pain, opioid use, and wearable technology. His clinical work focuses on interventions for PTSD and SUD, including CPT, ACT, and MI. In addition, he has provided clinical supervision to trainees at all levels (practicum students, interns, postdoctoral fellows) and has provided training to multidisciplinary teams in the areas of MI and smoking cessation.

**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.

**Jennifer D. Wong, Ph.D.:** Dr. Jennifer Wong (The Pennsylvania State University, 2021) is a clinical psychologist in the Outpatient Mental Health Clinic within the Behavioral Health Care Line in the Mexico VA Health Care System. Her clinical work focuses on couples therapy and couples group therapy interventions. She provides evidence-based treatment primarily using an IBCT framework, while also drawing on techniques from BCT and Strength at Home protocols, and principles of CBT. Dr. Wong completed her internship at the Ann Arbor VA Healthcare System and her postdoctoral fellowship at New Mexico VA Healthcare System. Dr. Wong's research has focused on couples' relationships and intimate partner violence perpetration, with a focus on the influence of immediate precipitants, such as conflict context and partner social support, and distal factors such as trauma and maltreatment history.

# 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.