



VA NEW MEXICO  
HEALTHCARE SYSTEM

# Southwest Consortium

Doctoral Internship in  
Health Service Psychology

# 2024-2025

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# CONSORTIUM PARTNERSHIP



New Mexico VA Health  
Care System (NMVAHCS)



University of New Mexico Hospital (UNMH)

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# INTRODUCTION

Welcome to the Southwest Consortium Doctoral Internship in Health Service Psychology! The training program consists of two consortium partners—the New Mexico VA Healthcare system (NMVAHCS) and the University of New Mexico Health Sciences Center (UNMH); additionally, we have a strong collaboration with Indian Health Services (IHS) where we have a clinical rotation. We have a strong tradition of psychology training dating back to our first cohort of doctoral interns in 1995.

This program has many unique qualities, including being the only internship in the nation to have APA- accredited psychology training through IHS and being able to provide VA training experiences to non- US citizens through our affiliation with UNMH. We will have eight (8) fully funded internship positions for the 2022-2023 training year.

The Southwest Consortium Doctoral Internship is a one-year full- time program that starts the second week of July. The current annual salary is \$33,740 and interns are eligible for 13 days of paid annual leave, 13 days of paid sick leave, paid time off for all federal holidays, and authorized absence for attendance at professional and scientific meetings. Interns who complete the program successfully will be certified for 2080 hours of supervised clinical activity.

Of our eight interns, seven interns are funded by VA and one intern is funded by the University of New Mexico Hospital (UNMH). Pay and leave are the same across both funding sources, although there are differences in health insurance eligibility. VA- funded interns are eligible for VA health insurance, while the UNMH- funded intern is provided an additional stipend of 20% to purchase private health insurance.

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

# ACCREDITATION

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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. We have 5 other psychologists who are supervisors at UNMH and IHS. Psychologists are also in leadership/ managerial roles at both UNMH and IHS, and psychology interns have the opportunity to work with supervisors who oversee program operations at these institutions. The New Mexico VA is also home to APA-accredited residencies in clinical psychology and clinical neuropsychology, as well as serving as a major practicum site for the University of New Mexico doctoral program in clinical psychology.

The Southwest Consortium is accredited by the American Psychological Association. We are also members of the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN) and meet its training standards. The next APA site visit will occur in 2027.

Questions related to the program's accreditation status should be directed to the Commission on Accreditation:

[Office of Program Consultation and Accreditation](#)

[American Psychological Association](#)

[750 1st Street, NE](#)

[Washington, DC 20002-4242](#)

[\(202\) 336-5979](#)

[apaaccred@apa.org](mailto:apaaccred@apa.org)

# ELIGIBILITY

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## General Eligibility Requirements

Applicants must be doctoral students in good standing from APA-accredited programs in clinical or counseling psychology. Applicants with a doctoral degree in another area in psychology are also eligible provided they meet APA criteria for re-specialization training in clinical or counseling psychology. Applicants must be approved for internship status by their director of graduate training. Interns are required to provide current immunization records. All consortium member sites conduct drug screening exams on randomly selected personnel as well as new employees. In accordance with the Federal Drug-Free Workplace Program, interns may be selected for random drug testing (to include cannabis) during the course of their training year. Interns are also subject to fingerprinting and background checks by the VA; those interns who are funded by UNMH or participate in rotations through UNMH that involve working with minors will also be required to receive a Children, Youth, and Family Department (CYFD) background check initiated by UNMH. Selection decisions are contingent on passing these screens.

The Office of Academic Affiliations (OAA) provides information about eligibility requirements for those in VA-funded positions.

## VA Additional Requirements

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

## UNMH Additional Information

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

# APPLICATION PROCESS

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All applications must be submitted according to the APPIC Application for Psychology Internship Match process. Thus, all materials will be uploaded through the AAPI online portals, described in APPIC and National Matching Services materials.

The application deadline is **November 3, 2023**.

Please contact Dr. Madeleine Goodkind, 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](mailto:madeleine.goodkind@va.gov).



## APPIC PROGRAM CODES

General Track: 143711  
(7 positions)

Neuropsychology Track: 143716  
(1 position)

# TELEHEALTH POLICY AND VIRTUAL CARE

The covid-19 pandemic accelerated and increased the amount of virtual care we were providing. This increase has continued, with many more patients requesting virtual care (telehealth) than prior to the pandemic. It is important to distinguish between telehealth (providing care to the patient when they are off campus) and telework (working from home). It is quite likely that psychology interns will provide telehealth care during their internship year.

The current policy at the VA is primarily a hybrid model, by which we mean that many providers work on site part of the week and work from home on select other days (typically one or two per week). The frequency and amount of telework varies by clinical rotation, with clinic need and patient preference serving as the priority and with the acknowledgement that at any point a change in clinic and/or patient need could require a decrease in telework.

At this point, HPT in psychology are afforded the same allowances for telework that staff are, though policies can change and we are beholden to any mandates we receive from OAA and APA. We will keep you apprised of any changes in policy that arise.



# SELECTION CRITERIA


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Applicants are evaluated across several criteria:

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

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.

We have a strong record in recruiting and training diverse internship classes. To that end, we 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.



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

# TRAINING SETTINGS

The **New Mexico VA Healthcare System (NMVAHCS)** 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), 80 residential rehabilitation treatment program beds (treating factors leading to homelessness, PTSD, SUD a 40 bed Domiciliary RRTP), and a 36-bed Nursing Home Care Unit. The NMVAHCS has multiple specialized programs including a sleep medicine center, a psychosocial rehabilitation specialty program, and interdisciplinary pain rehabilitation services.

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

# TRAINING PHILOSOPHY & AIMS

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

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

**Generalist Training:** We ascribe to a generalist training philosophy; therefore, we aim to provide interns with experiences to increase knowledge in areas of specialty interest while also ensuring training in areas that might represent gaps in their graduate training. The program utilizes a variety of learning methods to assist interns to obtain competence in the domains listed below, including individual and group supervision, didactics, experiential trainings, participation in team meetings, and modeling from psychologists and other staff.

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

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

Culture is conceptualized broadly and we emphasize an understanding of both self and others to effectively integrate issues related to culture and individual differences into professional activities. Personal self- disclosure by interns is encouraged in order to facilitate our goals of increasing cultural awareness regarding self and others.

Thus, interns may be invited to share aspects of their background that have shaped their world view in important ways. This is voluntary although encouraged, and takes place within the context of individual supervisory relationships and in the internship cohort during intern seminar.

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

- Research
- Ethical and Legal Standards
- Individual and cultural diversity
- Professional values, attitudes, and behaviors
- Communication and Interpersonal Skills
- Assessment
- Intervention
- Consultation and Inter-professional Skills
- Supervision



I feel very fortunate to have completed internship here at the Southwest Consortium (and within the NMVAHCS) because the training was exceptional and I appreciated the breadth of experience and amazing people.  
- SWC graduate



# PROGRAM STRUCTURE & TRACKS

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Internship begins the second week of July and continues through the second week of July of the following year. Interns' typical schedule is 8:00 a.m.- 4:30 p.m., Monday through Friday, although occasionally additional time might be necessary to complete clinical tasks. The Southwest Consortium is an integrated consortium, meaning that most interns will rotate at more than one institutional site.

Depending on interns' rotation schedules, they will be located at the main campus of the NMVAHCS, UNMH, and/or Albuquerque IHS sites, although all interns will spend at least one day per week at the NMVAHCS for intern seminar and other training activities. Interns will spend approximately 25 hours per week engaged in providing professional psychological services and they will receive at least two hours of individual supervision per week, in addition to at least one hour of group supervision weekly.

## General Track

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

## Neuropsychology Track


Interns in the neuropsychology track will spend at least 50% of their time engaged in neuropsychological training activities over the entire course of the training year, in accordance with the Houston guidelines for neuropsychology training. In addition, neuropsychology track interns will two six-month minor rotations that require 8 hours per week. Minor rotations are designed to supplement neuropsychology experiences by providing generalist (predominantly psychotherapy) training in either traditional mental health and/ or specialty medical settings. While most major rotations are available as minor rotations, some onsite training experiences (e.g., residential programs) can be difficult to take full advantage of with only 8 hours per week. Off-site rotations are available to all interns, although logistical issues must be considered, particularly for neuropsychology interns. As such, most neuropsychology interns select onsite minor rotations. Nevertheless, if an intern has a strong interest in an offsite elective, all rotations are feasible. Neuropsychology interns additionally participate in other required training experiences, including intern psychotherapy clinic, seminar, and didactics and/or team meetings. Neuropsychology track interns are also provided with 4 hours of protected research time weekly. This time is often spent on dissertation preparation or a research project but may alternatively be used as additional report writing time.

# ROTATION SELECTION

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

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



I have found all feedback received during this year to be very individualized to my own culture, values, and professional identity.

- SWC graduate

# ROTATION DESCRIPTIONS

*\*\* Indicates off-VA-site rotation placement*

## **Family Psychology Emphasis**

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

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

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

## **Home-based Primary Care**

*Supervisor: L. Nikki Rowell, PhD.*

Home Based Primary Care (HBPC) provides comprehensive, longitudinal primary care services to older Veterans with chronic, complex, and disabling disease. Our Veterans are served by an interdisciplinary team which includes nurse, physician (doctor or NPs), dietitians, OTs, PTS, social work, psychology and neuropsychology. We serve both rural and metropolitan Veterans on an outpatient basis from their homes. Psychologists play an integral role in the interdisciplinary team that works collaboratively to provide holistic care for veterans served. Our role includes assessment of mood, cognition, and decision-making capacity. Cognitive assessment and decisional capacity assessment are sometimes available during this rotation at a level commensurate with training goals. Our role also includes intervention: short and long term evidenced based individual treatments as well as supportive therapy to our Veterans for all of their mental health needs (examples include adjustment to life cycle transitions/changes in functioning level/getting a new medical diagnosis or adjustment to progression of disease, existential distress common at the end of life, grief/bereavement work, dignity therapy, PTSD, depression, anxiety, sleep problems). There are opportunities for EBPs and ESTs as needed/available based on patient need including: MI, CBT-I, dignity therapy, CBT-D, CBT-CP, CBT-I, Additionally, we provide both caregiver education and support or couples treatment

if/when needed. Trainees will also collaborate with interdisciplinary team members in the context of team meetings and on-going consultation to guide patient care. Prior experience in geropsychology or health psychology is not necessary for this rotation, as supervision and educational opportunities will assist with training needs/meet you where you are developmentally.

## Neuropsychology

*Supervisors: Joseph Sadek, Ph.D., ABPP-CN, Rachel Bencic Hamilton, Ph.D., & Jessica Fett, Psy.D.*

Referral questions in the Neuropsychology clinic commonly include the differential diagnosis of various neurodegenerative conditions or dementia syndromes, TBI, complex medical cases, psychiatric conditions, and cerebrovascular disease/stroke. The majority of our evaluations occur in outpatient settings (which includes teleneuropsychology). Nevertheless, there are occasional opportunities to evaluate patients on our residential (e.g., STARR and PRRC) units. There are also periodic medical or psychiatric inpatients to be seen that may be offered to the intern dependent on interest and schedule demands/availability. Specific activities include:

- Training in a process-oriented, hypothesis-testing approach utilizing a fixed-flexible battery
- Completion of two comprehensive neuropsychological evaluations per week
- Provision of therapeutic discussion of assessment results to patients, family, and/or caregivers
- Participation in weekly Neuropsychology Rounds and bimonthly Clinical Development Series, which consists of case conference, didactics (including neuroanatomy), and ABPP preparation.

## PTSD Clinical Team (PCT)

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

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

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



Depression, Nightmare Reprocessing Therapy, Acceptance and Commitment Therapy for PTSD

- Participation in PTSD program journal-club

## **Outpatient Mental Health Clinic**

*Supervisors: James Fisher, Ph.D.*

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

Specific activities include:

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

## **Psychosocial Rehabilitation & Recovery Center (PRRC) Program**

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

The Psychosocial Rehabilitation Program is an outpatient service that provides individual assessment, recovery planning, individual psychotherapy, and psychotherapy groups and education classes using an "adult education model" for Veterans diagnosed with a serious mental illness. The program goal is to help veterans live a more fully engaged life by empowering them to take a more active role in their care and play a more active and effective role in their personal relationships and community of choice. The treatment focus guided by the recovery model and consists of skills training, community-based activities and rehabilitation planning. Specific activities include:

- Provision of specialized behavioral health interventions in individual and group format, including Illness Management and Recovery, Social Skills, Image Rehearsal Therapy, SMART Recovery, Solution Focused Therapy, Neurofeedback, and other recovery-oriented treatments
- Participation in interdisciplinary team meetings and consultation with other disciplines
- Opportunities to attend didactic presentations across the medical center
- Experience 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.

## **Palliative Care**

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

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

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

## **Primary Care Mental Health Integration (PCMHI)**

*Supervisors: Eric Levensky, Ph.D., Elizabeth Wawrek, Psy.D., Melissa Falkenstern, Ph.D., Candyce Tart, Ph.D., & Angela Babadjanian, Psy.D.*

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

- Behavioral health consultation based on a co-located, collaborative care model
- Provision of same-day mental health services for patients seen in Primary Care
- Provision of specialized behavioral health interventions, including Cognitive

Behavioral Therapy (CBT) for Insomnia and Chronic Pain and Motivational Interviewing (MI) targeting problems with medical adherence

- Co-facilitation of group therapy for depression, chronic pain, anxiety, anger, and smoking cessation
- Participation in PCMH training rounds, which consists of case presentation, didactics, and journal club components

## Spinal Cord Injury / Disease Center

*Supervisors: Erika Johnson-Jimenez, Ph.D.*

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

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

## Substance Abuse and Trauma Rehabilitation Residential Program

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

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

- Provision of evidence-based psychotherapy for SUD and PTSD, including Prolonged-Exposure and Cognitive Processing Therapy
- Provision of psychological assessment for diagnostic clarification and determination of appropriateness for residential treatment
- Co-facilitation of residential group programming
- Behavioral health consultation within the residential milieu setting, including

facilitation of team-based interventions targeting problematic patient behaviors  
Opportunities to participate in multi-day trainings in Cognitive Process Therapy,  
Prolonged Exposure, and Motivational Interviewing from national VA trainers  
Participation in PTSD program journal-club

## **UNMH Alcohol and Substance Abuse Program (ASAP) \*\***

*Supervisors: Patti Fernandez, Ph.D.*

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

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

## **UNMH Carrie Tingley Hospital (CTH) \*\***

*Supervisors: Kati Morrison, Ph.D.*

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

- Psychological and neuropsychological assessment
- Individual, group and family psychotherapy, with particular emphases on Cognitive Behavioral Therapy (CBT), Trauma-Focused CBT, Acceptance and Commitment Therapy (ACT), Strategic Family Therapy, and Brief Solution-Focused Family Therapy Individual and group cognitive rehabilitation
- Consultation with other disciplines and trainees, particularly psychiatry, neurology, and neuropsychology fellows
- Assistance with patient reintegration into community settings, particularly discussing neuropsychological assessment results and recommendations with



school staff

- Collaboration in weekly integrative team meetings with physical, speech/language, occupational, acupuncture, and massage therapists, medical providers from a variety of disciplines, and nursing staff
- Participation and co-leading of psycho-social rounds with various team members

### **UNMH Pain Consultation and Treatment Center \*\***

*Supervisors: Krishna Chari, Psy.D.*

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

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

### **Albuquerque Indian Hospital \*\***

*Supervisors: William Shunkamolah, Ph.D*

The Indian Health Service (IHS) Albuquerque Area office is one of 12 regional IHS offices and is located in Albuquerque, NM. This office is responsible for providing services to Native Americans in an area that includes most of New Mexico, Colorado, and portions of Texas and Utah. Twenty-seven tribes (approximately 65,000 members) with varying cultures and beliefs reside in the Albuquerque Area. The Albuquerque Indian Hospital is a facility located adjacent to UNMH in Albuquerque.

The rotation focuses on training interns in a wide variety of assessment and intervention approaches within a busy outpatient setting that serves tribal members. This rotation provides strong preparation for interns interested in working with underserved populations.

# ADJUNCTIVE EXPERIENCES

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Adjunctive experiences are designed to provide interns with hands-on experience providing psychotherapy in specialized treatment modalities. Supervision is focused on improving an intern's ability to assess patients for appropriateness for a specific psychotherapeutic modality and ensuring that therapy is delivered with fidelity to treatment guidelines.

Interns complete two, simultaneously-occurring adjunctive experiences over six months. These will occur in the six-month period when interns are not in the Assessment Clinic (detailed below). Adjunctive experiences vary slightly from year to year; however, the full list of possible experiences is as follows:

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

# ADDITIONAL TRAINING ACTIVITIES

## **SUPERVISION**

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

## **INITIAL TRAINING NEEDS ASSESSMENT**

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

## **DIDACTICS**

All interns participate in intern seminar, which focuses on professional development, critical-thinking, integration of science, culture, and ethics into clinical activities, and development in competency domains. Intern seminar is designed to be an active learning environment, such that role-play, discussion, and other experiential exercises are a key part of all seminar topics.

In addition to intern seminar, interns have the opportunity to participate in formal trainings with nationally-recognized experts in Motivational Interviewing, Prolonged Exposure, and Cognitive Processing Therapy. Interns also participate in rotation-specific didactics and journal clubs to increase their knowledge in areas relevant to their work on rotations. In most of these settings, interns will also be responsible for presentations in order to hone their presentation styles and practice teaching to a variety of audiences.

## **SCHOLARLY ACTIVITY**

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

## **PSYCHOTHERAPY CLINIC**

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

## **ASSESSMENT CLINIC**

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

## **CHIEF INTERN**

Each intern will serve as the chief intern for approximately one month. Responsibilities of the chief intern include providing logistical assistance to the intern seminar presenters. The Chief Intern is responsible for collecting intern feedback about seminar topics and providing such feedback to the Director of Training.

The Chief Intern will also attend Internship Training Committee meetings to represent their cohort.

## **WORK PORTFOLIO**

Interns are expected to provide a "portfolio" of their internship work. This portfolio includes 1) de-identified samples of their psychological assessment, intervention, or consultation work drawn from each clinical rotation or experience; 2) a cultural essay discussing an event or series of events that occurred during the internship year which promoted cultural learning on the part of the intern; 3) an ethical essay discussing an event or series of events that occurred during the internship year which promoted ethical learning on the part of the intern; 4) a PowerPoint or other materials associated with their observed teaching experience; 5) a spreadsheet record of their clinical and other training hours; and 6) a list of their research products and accomplishments during the year.

## **PRESENTATIONS**

Each intern is required to present on the following topics: 1) a research presentation, 2) a multicultural presentation (with 1-2 other interns), 3) presentation on an assessment instrument, 4) a psychotherapy case presentation, and 5) various brief presentations as a part of their seminar participation during their internship year. In addition, interns may be asked to present on other topics within their clinical rotations.



# TIME COMMITMENT AND ALLOCATION

**TIME COMMITMENT.** The internship begins the second week of July and continues through the second week of July of the following year. Interns' typical schedule is 8:00 a.m. - 4:30 p.m., Monday through Friday, although occasionally additional time might be necessary to complete clinical tasks. Depending on interns' rotation schedules, they will be located at the main campus of the NMVAHCS, UNMH, and/or Albuquerque IHS sites, although all interns will spend at least one day per week at the NMVAHCS for intern seminar and other training activities. Interns will spend approximately 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 supervision hours that will either be individual or group supervision depending on the interns' rotations and other training experiences.

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

Activity					Time Requirement
Rotations	Standard Track	Rotation 1 (4 months)	Rotation 2 (4 months)	Rotation 3 (4 months)	20 hours per week (22 hours per week for neuropsych)
	Neuropsychology	NP Rotation		NP Rotation	
Additional Rotations		Assessment clinic (6 mos)	Adjunctive Experiences (6 mos)		10 hours per week
Minor Rotation (neuropsych only)					4 hours per week
Scholarly Activity		Full Year Activities			4 hours per week
Intern Seminar					4 hours per week
Psychotherapy Clinic					2 hours per week

### General Track Sample Schedule

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

### Neuropsychology Sample Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00	Neuropsych	Neuropsych	Neuropsych	PRRC Minor Rotation	Intern Seminar
9:00					
10:00					
11:00					
12:00			Scholarly Activity		
1:00					
2:00					
3:00					
4:00	Psychotherapy Clinic				

**Required Meetings:** in many rotations, there will be content or clinic specific meetings that you will attend. Below are those that are required or available for all interns.

**Intern Seminar: Fridays, 8a to 12p.** From 8a to 8:30, interns will lead the discussion most weeks, providing an overview and reflection on a clinical case, cross cultural community activity, or scholarly reading. (Each intern will be assigned to lead this discussion three times, once on each of the three domains). On the first Friday of the month, we will have a group goal setting activity from 8 to 8:30. From 8:30 to 10:50 will be our main seminar topic and speaker(s) on a range of

topics. From 11:00 to 12:00, we will have either psychotherapy clinic seminar (on the 1<sup>st</sup>, 3<sup>rd</sup>, and 5<sup>th</sup> Fridays) or assessment seminar on the 2<sup>nd</sup> and 4<sup>th</sup> Fridays.

**Assessment Consultation:**

**Optional Meetings:**

**DEI Lunch & Learn:** Third Thursday of the month at 12p over Teams

**IDEA Workgroup:** Second Monday of the month at 12p over Teams

**Postdoc Grand Rounds:** Typically third Monday of the month at 12 over Teams (not all months)

**PTSD Journal Club:** Second Tuesday of the month at 12p over Teams

# EXPECTATIONS OF INTERNS AND FACULTY

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**Expectations of Interns.** The Internship Training Committee, faculty, and interns are responsible for organizing and coordinating a set of meaningful training experiences which will aid the intern in their professional growth. Interns, therefore, must honestly and thoughtfully identify and articulate their training needs and keep their supervisors and the Internship Training Committee apprised of changes in these needs as the year progresses. Any problems encountered by the interns related to their training sites, work-related relationships, supervision relationships, clinical work, or personal problems or situations that impact their ability to provide clinical services, should be immediately relayed to a member of the Training Faculty and/or the Director of Training. All such problems will be addressed in a non-punitive and practical manner. All interns will be encouraged and helped to clearly identify the changing limits of their competence.

While initially not yet licensed, interns must adhere to all professional standards of practice and ethical constraints that are relevant for psychologists. Interns must actively and independently review the APA Code of Ethics and the New Mexico statutes relevant to psychologist's practice, review relevant scientific literature, seek necessary supervision, actively participate in consultation, and undertake continuing education. Interns are expected to be active participants in every aspect of their training, including being timely and prepared for supervision. The internship may be their last organized and intensive professional opportunity to receive critical supervision and guidance and they are expected to take full advantage of it.

Interns must be open to honest feedback from the faculty, from supervisees, from affiliated professionals and staff, and from other interns.

Interns are expected to be self-revealing about their own backgrounds to the extent that it serves the goal of improving their diversity awareness. They are expected to be self-revealing about their own tendencies and difficulties insofar as this openness serves the goal of improving their clinical abilities. Interns are expected to provide feedback and constructive criticism to the Director of Training, training faculty, host organizations, and other interns and thereby contribute to the continuous development of the internship. Active participation in didactics, provision of feedback to the Internship Training Committee, consultation with mentors and faculty, regular completion of formal evaluation instruments, and informal discussions with the Director of Training are methods by which interns contribute to the continuous improvement of the internship.

Interns are expected to enter the internship with strong competencies. That being said, they are also expected to grow over the training period in professional independence and creativity. Supervision density does not necessarily change throughout the year, but the process is expected to become increasingly collegial. We expect interns to develop concepts and skills in response to real problems and to develop a professionally mature understanding of the increasingly complex environment in which independently practicing psychologists must function.

**Expectations of Faculty.** Training faculty should represent positive, competent and professional role models to interns as evidenced by significant clinical involvement; commitments to

teaching, training and/or research; and experience with program development, advocacy and administrative activities. In addition, continued professional education and service to psychological societies and to the professional community are important. Faculty members are expected to take primary responsibility for the quality of the supervisory relationship. To that end, they are expected to be highly accessible to interns, to be available for needed supervision and consultation and to arrange for backup supervision when necessary, to be fair and forthright in evaluations, and to be open to constructive criticism and feedback on their supervisory skills. Faculty members involved in the internship are expected to be active in maintaining competence in the provision supervision, which can be done through participation in peer supervision-of-supervision groups, CE training on supervision, and/or independent reading on supervision skills.

Should significant training problems arise in the course of the supervisory relationship (i.e., problems which make the supervisory relationship untenable, or problems in internship performance which may require significant remediation), training faculty are expected to immediately relay this to the intern and the Director of Training. Training faculty are also expected to participate in the internship program through timely completion of trainee evaluation forms and consistent attendance at faculty training meetings.

**Expectations of Consortium Member Institutions.** To be included in the consortium, each member institution must demonstrate a strong understanding and support of health service psychology as an independent health care discipline with strong theoretical, scientific and clinical foundations. This can be demonstrated by the number of psychologists employed or affiliated with the organization, the nature of psychologist position descriptions, the degree of professional autonomy and respect accorded to psychologists, and the opportunity for psychologists to be involved in organizational leadership.

In addition to the obvious and articulated support of health service psychology as a discipline and a profession, consortium member organizations must also demonstrate a strong commitment to training as a legitimate goal in its own right. Organizations must never lose sight of the fact that they are hosting individuals in training. All experiences designed for interns exist to develop their professional competence and not simply to further other goals of the organization. Consortium member organizations agree to give interns professional status and responsibility commensurate with their level of training.

Each organization must also recognize and honor a commitment to good working relations among the constituent organizations. This includes developing and honoring agreements; participating in Internship Training Committee activities; committing human, financial and material resources to the Consortium; and supporting Consortium activities both within and outside the organization.

# SUPERVISION

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Clinical supervisors are interns' most important training resource. Supervisors serve in several functions, including modeling an integration of science and practice in clinical activities, facilitating increasing autonomy over the course of the training year, and providing focused feedback regarding interns' progress in the competency domains.

All supervisors within the consortium have major patient-care responsibilities, so interns gain skills and knowledge by working side by side with their supervisors. Interns can expect intensive supervision with the opportunity to take on considerable professional responsibility as warranted by their growing levels of competence.

Styles of supervision may vary from site to site within the consortium. Co-therapy, direct observation, and electronic recordings are used to different degrees by various supervisors.

To promote uniformity of supervisory skills, monthly faculty meetings are held during which interns' performance, training activities and objectives, and responsivity to supervision are discussed along with general issues of supervision and supervisory skill development. Faculty also are required to provide evidence of active maintenance of competence in the provision of supervision through either involvement in peer supervisor consultation, continuing education credit, and/or involvement in other educational activities.

Staff members are eligible to be clinical supervisors if they are licensed appropriately for their institution of employment, have served within their institution for a minimum of six months, and have received no feedback from supervisees that indicates ethical or competence problems. If a supervisor has received feedback indicating ethical or competence problems, they are expected to work with the Director of Training to demonstrate clear evidence that these problems have been adequately addressed prior to being permitted to resume clinical supervision. New supervisors receive monitoring and attention from the Director of Training regarding supervisory skills. On some rotations, interns will be supervised by more than one psychologist. On these rotations, one psychologist will be considered to be the primary supervisor and will assume final responsibility for the intern's training in that rotation.

The supervisor works with the intern at the beginning of the rotation to make preliminary assessments of the intern's level of competence in areas important to that rotation. They also work together to delineate training goals and to ensure that these goals match the goals developed by the intern in consultation with the Director of Training, as well as their academic Director of Clinical Training.

Supervisors schedule regular direct supervision sessions. Based upon the supervisor's assessment of intern's progress, additional supervision may be scheduled as needed. Interns will receive a minimum of two hours of formal, scheduled, individual face-to-face supervision week, along with two additional hours that will be either group or individual supervision depending on their rotations and other training experiences. If



the intern is not being offered this degree of supervision or if the intern has concerns about the nature or focus of the supervision, they should first raise the issue directly with the supervisor. If the perceived problems are not thereby resolved, the intern should speak with the Director of Training.

In most settings, supervisors must co-sign all progress notes, treatment plans, assessment reports, patient-related correspondence and any other intern entries into the medical record. Immediately upon arrival at a rotation, interns should inquire as to the specific countersignature requirements of that institution, as well as instructions for emergency situations that might arise.

When the supervisor is physically unavailable for on-site supervision, they must arrange for another psychologist or a qualified professional from another discipline to provide supervision and to co-sign reports and chart entries. This "back-up" supervisor must be on staff or have staff privileges in the institution.

At the midpoint and end of each rotation the supervisor reviews progress with the intern according to the Internship Evaluation Form and formulates plans for the remainder of the rotation or for the next training experience. During this meeting, interns also provide the supervisor with written and verbal feedback using the Supervisor Evaluation Form (see Appendices). If an intern has a concern about this process, they must speak to the Director of Training.

At the end of the rotation, the Director of Training reviews the intern's progress with the training faculty, summarizes the evaluations from each of the intern's supervisors and writes a summary letter to the intern's Director of Clinical Training. This letter is not in a letter-of-recommendation format. That is, the intern's strengths and weaknesses will be clearly stated and training needs will be identified. The purpose of this letter is to promote active, meaningful communication between the doctoral program and the internship, and to alert the graduate program to potential problem areas which will be the subject of remediation, or which might be useful in graduate program development.

# EVALUATION OF INTERNS AND EXIT CRITERIA

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At the start of interns' rotations and at the beginning of any subsequent new clinical activities, supervisors will conduct a preliminary evaluation of interns' skills through direct observation. Supervisors will use this information to document a determination regarding the level of supervision interns require for those activities in accord with VA Handbook 1400.04, Supervision of Associated Health Trainees (See Appendix 4, Graduated Levels of Responsibility).

Formal evaluations will be conducted on a semester or trimester schedule (depending on the rotation), during which the rotation supervisor reviews progress with the intern using the Intern Evaluation Form (appendices). The rating scale is below.

Throughout the training year, any credible source of information which has relevance for the intern's growing level of competence is used as needed to add to the evaluation process. Possible important sources include feedback from patients/clients and their families, feedback from support staff, feedback from non-psychologist professionals, and feedback from seminar facilitators.

In order to successfully complete the program, interns must obtain a rating of "4" (indicating that they are performing at a level appropriate for collaborative supervision) on all items on the Evaluation Forms.

**1 = Lacks Basic Competency.** Trainee has no skill in this area yet and is need of remedial training. Requires didactic instruction to prepare for performance in this area, and is therefore not yet in client contact.

**2 = Basic Competency.** Trainee requires intensive supervision that consists of direct observation and detailed preparatory instruction in this skill/domain.

**3 = Intermediate Competency.** Trainee requires directive supervision and further growth is desirable.

**4 = Entry-to-Practice Competency.** Trainee demonstrates sufficient competence in this skill/domain to be able to practice independently in an entry-level position. Trainee is aware of the boundaries of their competence in this skill/domain and knows when to seek supervision.

**5 = Advanced Competency.** Trainee almost always brings their own appropriate ideas to supervision and is functioning beyond what would be expected for an entry-level psychologist in this domain.

**6 = Advanced to Expert Competency.** Trainee demonstrates mastery in this skill/domain. Trainee would be able teach or supervise this skill with minimal guidance.

# ADMINISTRATIVE ORGANIZATION OF THE TRAINING PROGRAM

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## *Director of Psychology Training*

The Director of Psychology Training (Director of Training) is selected by the NMVAHCS Chief of Psychology following application review and interview with a VA-appointed hiring committee working in consultation with non-VA consortium representatives. The Director of Training oversees all of the Psychology Training at NMVAHCS, including practicum training, internship, and post-doctoral residency programs.

## *Assistant Director of Psychology Training*

The Assistant Director of Psychology Training (Assistant Director of Training) is selected from VA psychologists, nominated by the Director of Training, approved by the Chief of Psychology, and endorsed by unanimous vote of the Training Committee (Internship Training Committee). The Assistant Director of Training assists the Director of Training in the administration of all of the psychology training programs at NMVAHCS.

## *Training Committee*

The Training Committee provides a forum for supervisory discussion and monitoring of trainee progress and training plans, and for recommendation of training program policy and procedure changes, program self-study, and ongoing quality improvement. Training policies and procedures are designed and formulated by the TD and ATD, with consultation from the Training Committee. The focus and function of the Training Committee is to serve the needs and goals of the trainees (postdoctoral fellows, interns, and practicum students) and to ensure that training policies and procedures are consistent with the rules and regulations of each of the participating organizations as well as with those of the American Psychological Association's Commission on Accreditation. Members of the committee are responsible for active participation in the ongoing work of the group and for seeing that their training, documentation, and supervisory activities continue to meet the highest standards.

- The Training Committee meets monthly or more frequently if necessary depending on the needs of the program. Meeting minutes are maintained.
- The Training Committee consists of at ten voting members, as well as ex-officio members. The ten voting members include six VA representatives, one UNMH representative, one IHS representative, the training director, and the assistant training director. Ex-officio members will not vote on motions and may attend training committee meetings, but their presence is not required. Ex-officio members include NMVAHCS Chief of Psychology, the NMVAHCS ACOS for Education (or delegate), the IHS Area Director, and the UNMH Director of Mental Health. Other such members may be asked to participate as determined by the needs of the Training Committee. Ex-officio members' presence may be requested in the situation of a formal grievance, a trainee competency issue, or any other ethical or legal issue before the Training Committee. At a minimum, they will be informed of such issues in a timely fashion.

- The Director of Training is a permanent member who prepares agendas and chairs the Training Committee meetings. The Assistant Director of Training is also a permanent member and may chair meetings in the absence of the Director of Training. While the Chief of Psychology has overall responsibility for the training programs, the Training Director and Assistant Training Director hold programmatic authority.
- Voting members of the Internship Training Committee are drawn from the consortium organizations and their membership is approved by their immediate supervisor within their home organization.
- Voting members include the Director of Training, Assistant Director of Training, and the additional nine members. Non-voting Training Committee members include the trainee representatives and the ex officio members.
- The Chief of Psychology appoints staff members to the TC, in collaboration with the Training Director and Assistant Training Director, with an eye toward representing the broad interests of the psychology training programs.
- Each VA staff TC committee membership term will be three years, with members being able to serve no more than two consecutive terms. TC members must rotate off the committee after two full terms and are able to return to committee membership after one year. The consortium partner committee members and representative from Education do not need to rotate off of the committee, in order to maintain representation from consortium partners and OAA.
- Interns and postdocs are each assigned to attend one or two Training Committee meetings (on a rotating basis) during their training year while serving as the Chief Intern or Postdoc. The Chief Intern or Postdoc will be present for those Training Committee activities that do not involve discussions about individual trainees or staff, or other sensitive issues.
- The TC consists of the following workgroups, which are each led by a TC member who serves as work group coordinator: a) Assessment, b) Practicum, c) Diversity, Equity, and Inclusion (DEI), and d) EBPQI/Research. Workgroup members may include both TC and non-TC members. All workgroup members are staff psychologists, with trainee representatives being able to participate in identified projects.
- The Training Committee may meet as a whole to consider issues that pertain to all levels of training or in sub-workgroups (see above) to consider issues that pertain solely to the internship, postdoctoral, or practicum programs.
- Any staff member, intern or resident may request that the Training Committee consider an issue. Such requests should be submitted in writing to the Training Director. The Training Director will inform the person of the date the issue will be considered. Also, the Training Directors and Chief Psychologist have an open-door policy for any supervisor that has concerns or suggestions regarding the training program.
- If a Training Committee member experiences a conflict of interest in a decision to be made by the Training Committee, that member is expected to bring this to the attention of the committee and to abstain from voting on the issue. If the issue involved will require a protracted consideration (more than two Training Committee meetings), an alternate member will serve to consider and vote on the issue. That

alternate member will be recommended by the conflicted member and approved by vote of the Training Committee.

- Decisions made by the Training Committee are based on information obtained from staff, trainees, and/or other involved parties. This information may be requested by memo, questionnaire, interview, or open discussion. Decisions that change the policies of the program will be written and distributed as additions or corrections to this manual. Of important note, policy changes that impact requirements (i.e. additions to the required curriculum) for meeting minimum levels of achievement of the program will not take effect until the beginning of a new training year. As such, policy changes that assist in clarification of procedures and additional opportunities for programming that benefit the trainees will take immediate effect upon vote of the Training Committee and inclusion in manual for the current training year.
- Any significant program changes are discussed in the monthly Psychology Staff before implementation to ensure that all staff supervisors have the opportunity to provide input. Email is also used as a forum to notify staff of potential changes and to receive feedback.

### *Functions of the Training Committee*

- Intern selection: A committee made up of the Director of Training, Training Committee members, and volunteer faculty members evaluates applications and rates them on various dimensions. These ratings are used to select candidates for invitation for personal interviews. Training faculty interview candidates, rate them and give feedback to the Training Committee, which provides consultation to the TD and ATD regarding the final ranking list for the coming year. The ranking list is mainly based on composite score of the application rating and the interview rating. Impressions garnered through other interactions with the candidates can also influence the ranking list.
- Intern and postdoc orientation: The TD and ATD determine orientation activities for incoming interns and postdocs, with consultation from the Training Committee. The Director of Training and Assistant Director of Training conduct this orientation with assistance from staff and faculty.
- Intern and postdoc seminar and other didactics: The Training Committee is responsible for reviewing the previous year's intern feedback, assessing current training needs, and suggesting adaptations to didactics to meet those needs.
- Internship applicant recruitment: The Training Committee, in conjunction with selected administrative and clinical staff, is responsible for organizing the internship applicant open houses and other recruitment activities.
- Program evaluation and quality assurance: The Training Committee considers the following documents in program evaluation, quality assurance, and program development: a) Intern Evaluation of Rotations and other training experiences; b) Supervisors' Evaluations of Interns; c) Intern work samples and formal presentations; d) Intern feedback on Seminar Series; e) Intern Evaluation of Supervisors, f) Information on best practices in psychology training. If there is a deficient evaluation for a rotation or supervisor, the Director of Training will provide this feedback to the NMVAHCS Chief of Psychology or the appropriate Consortium Institution Training Committee member and



to the individual psychologist(s) directly. Failure to improve may lead to the Training Committee not assigning interns to that setting/supervisor. Supervisors in this situation can always engage in further supervision training (e.g., peer supervision of supervision groups, formal CE in supervision) and re-apply for inclusion in the supervision faculty.

# INTERNSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA

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

Financial and Other Benefit Support for the Upcoming Training Year: VA-Funded Positions	
Annual Stipend/Salary For Full-Time Interns	\$33,740
Annual Stipend/Salary For Half-Time Interns	N/A
Financial and Other Benefit Support for the Upcoming Training Year: UNMH-Funded Position	
Annual Stipend/Salary For Full-Time Intern	\$40,480
Annual Stipend/Salary For Half-Time Intern	N/A
Insurance: VA-Funded Positions	
Program provides access to medical insurance for interns?	Yes
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	No
Insurance: UNMH-Funded Position	
Program provides access to medical insurance for interns?	No, an additional 20% is added to the base salary of \$26,254 to allow interns the option to purchase individual insurance policies
Time Off: All Positions	
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	4 hours accrued every 2 weeks
Hours of Annual Paid Sick Leave	4 hours accrued every 2 weeks
In the event of medical conditions and/or family needs that require ex- tended leave, does the program allow reasonable unpaid leave to interns in excess of personal time off and sick leave?	Yes, negotiated on a case by case basis
Other Benefits:	Up to 5 days of professional leave to use for conference attendance, dissertation defense, or interviews

# INITIAL POST-INTERNSHIP POSITIONS: AGGREGATED TALLY FOR COHORTS 2019- 2022

Total number of interns who were in the 3 cohorts	26	
Total number of interns who did not seek employment because they returned to their doctoral program/are competing doctoral degree	0	
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	<b>13</b>	N/A
Military health center	<b>1</b>	N/A
Academic health center	<b>8</b>	N/A
Other medical center or hospital	N/A	N/A
Psychiatric hospital	N/A	N/A
Academic university/department	N/A	<b>2</b>
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	<b>2</b>	N/A
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 interns to provide feedback on supervision to their supervisors using a detailed behaviorally-based evaluation form, which we have found to be more helpful than narrative-only or general feedback forms.

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# LIVING IN ALBUQUERQUE

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. New Mexico scores very favorably according to the Human Rights Campaign in terms of its friendliness to the LGBTQ+ community.

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 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 (UNM athletics, AAA baseball team called the "Isotopes" named for the team that appeared in *The Simpsons* and New Mexico United Soccer Team, established in 2019 and with a huge fan following). 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 consistently rates Albuquerque as one of the top 'Most Fit Cities' due to the array of bike paths, trails, gyms, and other amenities that are available in this vibrant city.





# TRAINING FACULTY

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**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 traumatized Veterans with chronic struggles with mental health and substance use disorders.

**J. Annette Brooks, Ph.D.:** Dr. Brooks (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.

**Krishna Chari, Psy.D. :** Dr. 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.

**Ashley DeMarco, Ph.D.:** Dr. 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.:** Dr. 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.

**N. Patricia Fernandez, Ph.D.:** Dr. Fernandez (Ph.D. in Health Psychology, the University of Texas at El Paso, 2010 & Re- specialization in Clinical Psychology, Fielding Graduate University, 2017) is a Clinical Psychologist, Team Lead, and Training Coordinator at the Addictions and Substance Abuse Programs (ASAP) at the University of New Mexico Hospital and the Psychologist Manager at ASAP and UNM Psychiatric Center. Dr. Fernandez completed her pre-doctoral internship at the Southwest Consortium at the Raymond G. Murphy VA Medical Center and her postdoctoral fellowship at ASAP. ASAP provides evidence based treatment for substance use disorders and comorbid disorders. Her clinical and research interests include evidence-based treatment in English and Spanish for trauma, suicide prevention, substance use disorders, and severe mental illness. She is passionate about the work of health disparities reduction and culture integration advocacy and enjoys providing competency based and trauma informed/focused training and supervision.

**Jessica Fett, Psy.D.:** Dr. Fett (William James College, 2020) is a staff neuropsychologist at the New Mexico VA Health Care System. She completed her internship at the Tennessee Valley Health Care System (Nashville and Murfreesboro VA campuses). She completed a postdoctoral fellowship in clinical neuropsychology at the Memphis VA Medical Center where she also completed training at St. Jude Research Hospital and Semmes Murphey

Clinic. Dr. Fett has conducted research on the extent to which various cognitive abilities may impact a defendant's ability to be competent to stand trial. She has completed additional research projects on the clinical utility of various performance validity measures. Areas of professional interest include neuropsychological assessment, training and supervision, neuropsychological intervention/cognitive rehabilitation, forensic assessment, and fitness for duty evaluations. Dr. Fett utilizes a developmental approach to supervision. Dr. Fett views her role as one that blends teaching, supporting, and consulting depending on trainee experience, needs, and goals. Outside of work, Dr. Fett spends her time with her husband and two Goldendoodles. She is an avid runner and enjoys spending downtime reading.

**James K. Fisher, Ph.D.:** Dr. 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.

**Caitlin Gallegos, Ph.D.:** Dr. Gallegos (Arizona State University, 2016) is a clinical psychologist in the Psychosocial Rehabilitation and Recovery Center (PRRC). Dr. Gallegos completed her internship at the Raymond G. Murphy VAMC, and joined the same VA as a staff psychologist in 2017. Dr. Gallegos initially worked in the residential section of BHCL, where she specialized in the treatment of PTSD, SUD, and complex psychiatric comorbidities in an interdisciplinary residential setting, and was a clinical supervisor for interns in this rotation. Currently, she works part-time at the VA in the PRRC, with a focus on providing care to veterans with severe mental illness, and a particular interest in the treatment of comorbid SMI and post-trauma difficulties. She is committed to helping individuals with serious mental illness to lead fulfilling, meaningful lives. In her time outside of work, she is a mother of two toddlers, loves reading (especially Stephen King), and enjoys spending time outdoors.

**Madeleine Goodkind, Ph.D., ABPP-BC:** Dr. 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 and she is board certified in behavioral and cognitive psychology. 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.

**Rachel Hamilton, Ph.D.:** Dr. Hamilton (University of Wisconsin - Madison, 2019) is a staff neuropsychologist at the New Mexico VA Health Care System. She completed her internship at the William S. Middleton Memorial Veterans Hospital and a postdoctoral fellowship in clinical neuropsychology at Atrium Health Wake Forest Baptist Medical

Center. Dr. Hamilton has conducted research on the mechanisms underlying cognitive deficits in psychopathy, focusing on the neurocognitive, psychophysiological, and neurobiological correlates of attentional abnormalities characteristic of the syndrome. Additional research projects include investigation of the cognitive and neuropsychiatric predictors of deteriorating social cognition in behavioral variant frontotemporal dementia and collaboration on a project formalizing a decisional capacity assessment protocol for research centers. As a clinical neuropsychologist, she provides comprehensive cognitive assessment and diagnosis of patients experiencing a variety of neurological and psychiatric conditions, with a particular interest in neuropsychiatric disorders, degenerative conditions (e.g., Alzheimer's disease, Parkinson's disease, atypical parkinsonism, frontotemporal dementia), autoimmune-inflammatory diseases, concussion and traumatic brain injury, stroke, and seizure disorders. Dr. Hamilton adopts a developmental approach to supervision. She is an avid animal lover and spends her non-work hours trying to keep up with her five-year-old son.

**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.

**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.

**Neila Reeves, Ph.D.:** Neila Reeves, Ph.D.: Dr. Reeves (Oklahoma State University, 2011) is a staff psychologist in the telemental health program. Dr. Reeves completed her internship at the Michael E. DeBakey VA Medical Center (MEDVAMC) in Houston, Texas as well as a postdoctoral fellowship at the Waco VA Medical Center. She then went on to serve as a staff psychologist in Primary Care Mental Health Integration at the MEDVAMC. Dr. Reeves joined the staff of Raymond G. Murphy VA Medical Center in 2015 as a staff psychologist for Home Based Primary Care for two years before transitioning to her current role. Dr. Reeves has served as a supervisor for VA psychology training programs throughout her VA career. In her current clinical role, Dr. Reeves provides assessment and individual psychotherapy for a variety of presenting conditions. She values working as a member of an interdisciplinary team. Dr. Reeves' primary areas of interest are mindfulness and Acceptance and Commitment Therapy (ACT). Outside of work she enjoys reading, hiking, running, traveling, and spending time with friends and family.

**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:** Dr. Rowell (University of New Mexico, 2018) is a clinical health psychologist who currently works in Home-based Primary Care. Her clinical work has focused 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). 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-CN :** 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.:** Dr. 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.

**Dvora 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.

**Candyce D. Tart, Ph.D.:** Candyce Tart (Southern Methodist University, 2012) is the Lead CBOC PCMH Psychologist at the NMVAHCS. Prior to this role, she served as Director of the Farmington Vet Center and CBOC staff psychologist for the Durango and Farmington CBOCs. Her current work focuses on expanding access to evidence-based behavioral health interventions to rural veterans. Dr. Tart specializes in CBT treatments, with a special focus on exposure-based and behavioral treatments – e.g., PE, CPT, ERP (exposure and response prevention), CBT-I, CBT for panic disorder, and CBT for social phobia. Dr. Tart completed her internship at the Southwest Consortium in Albuquerque, NM and a PTSD postdoctoral fellowship at the New Mexico VA Healthcare System. Past research interests include augmenting exposure based treatments with pharmacological and behavioral interventions (e.g., use of D-cycloserine and exercise to augment exposure therapy) and the role of distress tolerance in anxiety disorders. On her off time you can find Dr. Tart off-line and outdoors, exploring the local southwest rivers and canyons with her dogs and husband.

**Lorraine M. Torres-Sena, Ph.D.:** Dr. 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. 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 GSP 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. 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.

**Sowmya Yeturo, PsyD:** Dr. Yeturo (Nova Southeastern University, 2021) is a staff psychologist at the Residential Rehabilitation Treatment Program (RRTP). She graduated from Nova Southeastern University in South Florida and completed her internship at the West Palm Beach VA, where she first fell in love working with Veterans. She completed her postdoctoral training at the New Mexico VA Medical Center and loved it so much, that she accepted a full-time position. Dr. Yeturo's current clinical work with the residential treatment team focuses on the treatment of complex comorbidities including trauma- and substances-related disorders within an interdisciplinary setting. She enjoys the milieu therapy approach in residential that allows for systemic and interpersonal interventions. She is involved in a variety of clinical activities (individual and group therapy, assessment, and clinical training) that are a part of the residential program. A strong component in her work is the focus on advocacy and social justice, allowing spaces for staff, peers, and patients to have difficult conversations and work in collaboration to best meet the needs of patients and staff. She is passionate about providing culturally sensitive and trauma-informed care across levels of system, including long term goal of engaging in advocacy work to hopefully impact mental health legislation, addressing access and stigma associated with receiving appropriate behavioral health care.

# POLICIES

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## GRIEVANCE PROCEDURE

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

1. Informal Mediation: Either party may request that the DoT serve as a mediator, or assist in selecting an appropriate mediator from among active NMVAHCS clinical supervisors, for assistance in problem resolution. Informal mediation may result in satisfactory resolution with no changes to the intern's training plan or, in some instances, may result in recommendations for alterations of the intern's training plan, including changes to either supervisors or rotations. Any recommended changes to rotation assignments must be approved by the Training Committee.

2. Formal Grievance: If informal resolution does not result in satisfactory resolution, or if there is a serious grievance (i.e., legal/ethical allegations) the intern may initiate a formal grievance by sending a written request to the DoT detailing the nature of the grievance, the intern's desired outcome, and any attempts at resolution already taken.

a. The DoT will convene a meeting of the Training Committee as soon as possible, not to exceed one month, to gather relevant facts, establish the specific nature of the grievance, and explore options for change which will adequately resolve the grievance.

The intern and supervisor/other involved parties will be invited to attend the meeting to provide the Training Committee with information relevant to the grievance. The ex-officio members of the Internship Training Committee will not attend this meeting in order to allow themselves to be available as impartial agents for future appeals, if necessary (see b. below).

b. Within 2 weeks of the Training Committee meeting, the committee creates a written set of recommended actions to be taken, to include modifications in training procedures, which will be provided to the intern and other involved parties. If the intern accepts the recommendations, the recommendations will be implemented and the DoT will meet with the intern within two weeks post -implementation to ensure appropriate adherence to the recommendations. If the intern disputes the recommendations, they may appeal to the ex-officio members of the Training Committee, the Associate Chief of Staff for Education, and/or the Chief of Psychology. These two individuals will obtain information as needed, and render the final appeal decision in consultation with the appropriate legal resources, and communicate the decision to the intern, DoT, and Training Committee.

c. The implementation of the suggested actions will be reviewed by the DoT within two weeks after the written recommendations are in place. If any party to a grievance fails to make recommended changes, further recommendations will be made by the Internship Training Committee, to include termination of the rotation or other training experience for that intern. If the rotation is terminated, the intern is reassigned to a rotation which is appropriate for her/his training needs.

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

# REMEDICATION OF PROBLEMATIC PERFORMANCE AND DUE PROCESS POLICY

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

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

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

1. The negative evaluation(s) will be reviewed with discussion from the Training Committee and other supervisors and a determination made as to what action needs to be taken to address the problems identified.
2. After reviewing all available information, the Training Committee may adopt one or more of the following steps, or take other appropriate action:
  - a. The Training Committee may elect to take no further action.
  - b. The Training Committee may direct the supervisor(s) to provide additional constructive feedback and methods for addressing the identified problem areas. If such efforts are not successful, the issue will be revisited by the Training Committee.
  - c. The intern's graduate program Director of Training may also be consulted on the matter, depending on the seriousness of the issue(s).



3. Where the Training Committee deems that remedial action is required, the identified problematic performance of behavior must be systematically addressed. Possible remedial steps include (but are not limited to) the following:

- a. Increased supervision, either with the same or other supervisors.
- b. Change in the format, emphasis, and/or focus of supervision.
- c. Change in rotation or other training experiences.
- d. Recommendations of a leave of absence.

4. Alternatively, depending upon the seriousness of the problematic performance, the Training Committee may place the intern on probation and issue a formal Remediation Plan which specifies that the committee, through the supervisors and Training Director, will actively and systematically monitor for a specific length of time, the degree to which the trainee addresses, changes, and/or otherwise improves the problem performance or behaviors. The Remediation Plan is a written statement to the trainee that includes the following items:

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

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

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

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

1. Continue the Remediation Plan for a specified period of time.
2. Inform the intern that they will not successfully complete the traineeship if their problematic performance does not change. If by the end of the training year, the intern has not successfully completed the training requirements, the Training Committee may recommend that the intern not be graduated. The NMVAHCS Chief of Psychology, NMVAHCS Associate Chief of Staff for Education, the VA Office of Academic Affiliations, VA Regional Counsel, and UNMH representatives (as appropriate) will be informed of the Training Committee recommendation that the intern not be graduated. The intern will be then be informed that he/she has not successfully completed the program. The intern's graduate program Director of Clinical Training will be informed that the intern has not successfully completed the internship program. The Training Committee may specify to the graduate program those settings in which the former intern can and cannot function adequately.

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

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

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

# ILLEGAL OR UNETHICAL INTERN BEHAVIOR

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

## LIABILITY AND LEGAL INFORMATION

The VHA does not provide malpractice insurance for its employees, including interns and residents. However, the law does provide that the attorney general will defend a person who is sued for malpractice or negligence in accordance with the Federal Torts Claim Act.

# EEO PROCESSES

The Department of Veterans Affairs (VA) is committed to ensuring equal employment opportunity (EEO), promoting diversity and inclusion, and resolving workplace conflict constructively to maintain a high performing workforce in service to our nation's Veterans. To that end, the Department will vigorously enforce all applicable Federal EEO laws, regulations, Executive Orders, and Management Directives to ensure equal opportunity in the workplace for all VA employees.

## **EEO & Prohibited Discrimination**

VA will not tolerate discrimination or harassment based on race, color, religion, national origin, sex, pregnancy, gender identity, parental status, sexual orientation, age, disability, genetic information, or retaliation for opposing discriminatory practices or participating in the discrimination complaint process. This applies to all terms and conditions of employment including recruitment, hiring, promotions, transfers, reassignments, training, career development, benefits, and separation. In addition, VA will provide reasonable accommodation to qualified individuals with disabilities and accommodations for religious practices in accordance with applicable laws and procedures.

## **Workplace Harassment**

Harassment is a form of discrimination and will not be tolerated. Workplace harassment is defined as any unwelcome, hostile, or offensive conduct taken on the bases listed above under prohibited discrimination that interferes with and individual's performance or creates and intimidating, hostile, or offensive work environment. Harassment by or against VA employees, applicants, contract employees, clients, customers, and anyone doing business with the VA is prohibited.

## **Alternative Dispute Resolution**

Conflict in the workplace is inevitable. Left unmanaged, it can lead to organizational disruption, high attrition, low productivity, and poor employee morale. To maintain a respectful, productive, and harmonious work environment, it is the policy of VA to resolve workplace disputes at the earliest possible stage. VA offers Alternative Dispute Resolution (ADR) services such as mediation and facilitation to assist parties in constructively resolving conflicts. ADR involves a neutral third-party working with the employee, supervisor, or group to engage in constructive communication, identify issues and concerns, and develop collaboration solutions.

## **Accommodations**

VA is committed to providing reasonable accommodation to qualified individuals with disabilities in accordance with law, unless doing so poses an undue hardship as provided by the applicable law. For people with disabilities, a reasonable accommodation is any change in the work environment or in the manner work is accomplished that enables them to perform the essential functions of their jobs and enjoy equal benefits and privileges of employment. Individuals who believe they



need such accommodation should request accommodation from immediate supervisors/training director. The procedures for requesting and processing requests for reasonable accommodation are contained in VA Directive 5975.1. Trainees are encouraged to reach out as soon as possible to request accommodations, given that the process may take a while.

### **NO FEAR/Whistleblower Protection**

The Notification and Federal Employee Antidiscrimination and Retaliation Act (No FEAR) of 2002 protects Federal employees from unlawful discrimination and reprisal for participation in protected EEO and whistle-blowing activity. The Whistleblower Protection Act prohibits retaliation against public employees or applicants for employment who report official wrongdoing, including gross waste, fraud, and abuse of authority. Retaliation against individuals for reporting violations of laws, opposition to discrimination, or participation in the discrimination-complaint process is unlawful and will not be tolerated.

# INTERN LEAVE POLICY

1. For VA-paid trainees, leave will be entered as LS (sick leave), LA (annual leave), or LN (administrative leave) into the VA timekeeping system (VATAS).
2. Interns will abide by the same leave policy as VA employees. This means that they will earn leave at a rate of 4 hours of Annual Leave and 4 hours of Sick Leave per pay period. Within the training year, this provides 104 hours of annual leave and 104 hours of sick leave. In addition to using sick leave during periods of illness, sick leave can be taken for medical appointments and/or to care for sick family members. Leave can only be taken once it is accrued. Leave is accrued within the pay period such that it is available the first day of the pay period.
3. Interns also receive the following federal holidays: Labor Day, Columbus Day, Veterans Day, Thanksgiving Day, Christmas Day, New Year's Day, Birthday of Martin Luther King, Jr., Washington's Birthday, Memorial Day, Juneteenth National Independence Day, and Independence Day. For these employees, when a holiday falls on a nonworkday -- Saturday or Sunday -- the holiday usually is observed on Monday (if the holiday falls on Sunday) or Friday (if the holiday falls on Saturday).
4. If there is a pressing need to take leave prior to its accrual, interns can petition the Training Committee to earn compensatory time prior to the requested leave, which could then be taken without a deduction in pay.
5. If it is not possible for interns to arrange the earning of compensatory time prior to leave when there is insufficient accrued leave, interns can take leave without pay, upon approval of the Training Committee. Interns will not be financially compensated for this leave.
6. In the unusual event that an intern requires extended leave (for example, pregnancy or lengthy illness), the intern will be required to go on Leave without Pay (LWOP) status after their accrued sick and annual leave is used. The intern will resume paid status after their return to duty and the training year will be extended to ensure that the 2080 hour training commitment is satisfied.

7. In the event that an intern begins the internship with leave accrued from prior federal service, that leave is available for the intern to use. However, any leave taken in excess of the two weeks of annual and sick leave that would be accrued over the course of the year will require an extension of the intern's training year to ensure that the 2080 hour training commitment is met.

8. Interns can request up to 40 hours/training year of Authorized Absence (LN in VATAS). Authorized Absence is given when the activity an intern is engaged in is judged to be of sufficient instructional quality to be equivalent to hours spent in the internship experience. Examples of experiences that may qualify for Authorized Absence are: presenting a poster or paper at a scientific conference, appropriate workshops, dissertation defense, job talks, or interviews.

9. To request accrued annual or sick leave, all interns should first email their request (hours and days requested) to the DoT and their direct supervisors, preferably at least 30 days in advance of taking leave. Once the leave is approved at this level, interns should use the VATAS system to request leave and should also email the timekeepers and any schedulers who schedule regular appointments for them.

10. To request Authorized Absence, interns must petition the Training Committee by emailing the DoT with their request, including what they will be doing and the days/times they will be on leave. Interns must then complete a VA form 71—Request for Leave or Authorized Absence, and have it signed by the Director of BHCL. All interns must clear AA with their direct supervisors as well.

# TRAINEE EMPLOYMENT OUTSIDE THE TRAINING PROGRAM

Any employment that an intern pursues outside of the training program will need to be submitted via the following form for review by the Training Directors and Training Committee.

This document serves as documentation of that extra-training program employment; additionally this document serves to confirm that the Southwest Consortium Doctoral Internship Psychology Training Program has no duties, responsibilities, or liabilities, official or unofficial in the experiences outlined below. The hours accrued during these experiences do not count towards the 2080 hours needed to complete the SWC training program. All extra-curricular activities occur outside the purview of the SWC, to include the VA and any of their partners; therefore appropriate supervision, both clinical and nonclinical, will be provided by the outside employer. It is highly recommended that the trainee obtain written documentation that any outside clinical work is covered by the external supervisor's (or outside institution's) malpractice insurance. Approval may be revoked if the outside employment negatively impacts trainee performance. The following is required for submission for review:

Name:

Date:

Describe extra-curricular employment:

When and where does the extra-curricular employment take place (days of the week, number of hours per week, time of day):

Supervising psychologist:

Signature of intern:

# EVALUATION FORMS

By double-clicking on the form icons below, you will be able to open a PDF of the full evaluation form (or click on the link from within VA to view the online version of the evaluation form).

## Major and adjunctive rotations

### Intern Evaluation Form - Major & Adjunctive

Page 1

Please complete the evaluation form for the intern you are supervising.

At any point, you can save and return to this evaluation form. Scroll down to the bottom and look for the "Save and Return Later" button below the "Submit" button. You'll be given a "Return Code" in order to return to this evaluation and pick up where you left off.

After you sign and submit the form, there will be an option to save it as a PDF. Please do so in order to review it with your intern and send it to Madeleine & Kate.

Thank you!

Please complete the following trainee evaluation form and review the completed evaluation form with your trainee.

Thank you!

Intern Name

Intern email address

Supervisor Name

Supervisor email

Date

Rotation Name

Trimester or semester

- 1  
 2  
 3

Direct Observation for this Evaluation Period Occurred on:

\_\_\_\_\_

07/03/2023 10:11pm

projectredcap.org VA REDCAP

## Psychotherapy Clinic

### Intern Eval Form Psychotherapy

Page 1

Please complete the evaluation form for the intern you are supervising in the psychotherapy clinic.

At any point, you can save and return to this evaluation form. Scroll down to the bottom and look for the "Save and Return Later" button below the "Submit" button. You'll be given a "Return Code" in order to return to this evaluation and pick up where you left off.

After you sign and submit the form, there will be an option to save it as a PDF. Please do so in order to review it with your intern and send it to Madeleine & Kate.

Thank you!

Please complete the following trainee evaluation form and review the completed evaluation form with your trainee.

Thank you!

Intern Name

Intern email address

Supervisor Name

Supervisor email address

Date

Rotation Name

Semester

- 1  
 2

Direct Observation for this Evaluation Period Occurred on:

\_\_\_\_\_

07/05/2023 4:58pm

projectredcap.org VA REDCAP

# Assessment Clinic

## Intern Evaluation Form: Assessment

Page 1

Please complete the evaluation form for the intern you are supervising in the assessment clinic.

At any point, you can save and return to this evaluation form. Scroll down to the bottom and look for the "Save and Return Later" button below the "Submit" button. You'll be given a "Return Code" in order to return to this evaluation and pick up where you left off.

After you sign and submit the form, there will be an option to save it as a PDF. Please do so in order to review it with your intern and send it to Madeleine & Kate.

Thank you!

Please complete the following trainee evaluation form and review the completed evaluation form with your trainee.

Thank you!

Intern Name

Intern email address

Supervisor Name

Supervisor email address

Date

Assessment Rotation Type (e.g. C&P, psychodiagnostic, health)

Semester

- 1
- 2

Direct Observation for this Evaluation Period Occurred on:

07/05/2023 4:58pm

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# Evaluation of Supervisor

## Form 1

Page 1

Please complete the evaluation form of your supervisor and discuss the form with them.

1) Date

2) Trainee Name

3) Trainee Level  practicum  intern  postdoc

4) Supervisor Name

5) Name of Rotation

6) Semester/Trimester  1st  2nd  3rd

Please rate your supervisor using the following scales:

### FREQUENCY EFFECTIVENESS

N/D = Not applicable or not observed

0 = Supervisor behavior in this area was absent.

0 = Supervisor behavior in this area was very ineffective.

1 = Supervisor behavior in this area was rarely present.

1 = Supervisor behavior in this area was rarely effective.

2 = Supervisor behavior in this area was sometimes present.

2 = Supervisor behavior in this area was sometimes effective.

3 = Supervisor behavior in this area was frequently present.

3 = Supervisor behavior in this area was frequently effective.

4 = Supervisor behavior in this area was consistently present.

4 = Supervisor behavior in this area was consistently effective.

07/05/2023 5:05pm

projectredcap.org VA REDCAP

## Links to the forms:

Major and Adjunctive Rotations:

<https://varedcap.rcp.vaec.va.gov/redcap/surveys/?s=JRR4RCJH74XHNJYD>

Psychotherapy Clinic:

<https://varedcap.rcp.vaec.va.gov/redcap/surveys/?s=NXCEDLY7H7E7FDLF>

Assessment Clinic:

<https://varedcap.rcp.vaec.va.gov/redcap/surveys/?s=KPKJNWX9N789EXX9>

Evaluation of supervisor:

<https://varedcap.rcp.vaec.va.gov/redcap/surveys/?s=WL43R8HNWRPWRWJX>