



VA NEW MEXICO  
HEALTHCARE SYSTEM

# New Mexico VA

Postdoctoral Fellowships in  
Clinical Psychology &  
Clinical Health Psychology

# 2023-2024

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# LOCATION



New Mexico VA Health  
Care System (NMVAHCS)  
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Albuquerque, NM 87108

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# INTRODUCTION

Welcome to the New Mexico VA Postdoctoral Fellowship in Clinical Psychology and Clinical Health Psychology. We have APA-accredited postdoctoral programs in clinical psychology, clinical health psychology, and neuropsychology. We will have **five** (5) fully funded postdoctoral positions in the clinical psychology program, across the specialties of PTSD (residential and outpatient), severe mental illness, and family/couples therapy for the 2023-2024 training year. Additionally, we have **three** (3) fully funded postdoctoral positions in clinical health psychology

The NMVAHCS Postdoctoral Fellowship in Clinical Health Psychology is a one-year full-time program that starts the second week of August. The current annual salary is \$52,426 and postdocs are eligible for 13 days of paid annual leave, 13 days of paid sick leave, paid time off for all federal holidays, and authorized absence for attendance at professional and scientific meetings. Postdocs who complete the program successfully will be certified for 2080 hours of supervised clinical activity.

The NMVAHCS Clinical Health Psychology Postdoctoral Fellowship is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). We are accredited by the American Psychological Association (APA) Commission on Accreditation. In previous years, postdoctoral fellows were a part of our APA-accredited program in clinical psychology and in 2021, we were awarded specialty accreditation in clinical health psychology. The next site visit will occur in 2030.

# 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. Psychologists are also in leadership/ managerial roles at both UNMH and IHS, and postdoctoral fellows have the opportunity to work with supervisors who oversee program operations. The New Mexico VA is also home to the Southwest Consortium doctoral internship and serves 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 have completed APA-accredited graduate programs in clinical or counseling psychology programs, as well as an APA-accredited internship prior to beginning the fellowship. All requirements toward the doctoral degree, including dissertation defense, must be completed before the August start-date.

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

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

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

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# APPLICATION PROCESS

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

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

1. Curriculum Vitae.
2. Cover letter including a brief statement of your major clinical and research interests.
3. Three letters of recommendation (in the APPA CAS portal they are referred to as "Evaluations") from people who are familiar with your clinical and/or research work. At least one letter should be from an internship supervisor.
4. Letter from your dissertation chair regarding your dissertation status and anticipated defense date. If your dissertation chair is one of your three letters of recommendation, this information can be included in that letter.
5. Graduate Transcripts.
6. **PTSD Tracks only:** Brief essay (500 words or fewer) describing the following:
  - i. Your experience with Evidence-Based Psychotherapies (EBPs), including number of cases/groups you have completed with various EBPs.
  - ii. Your training in EBPs, including amount of supervision, workshops, seminars, etc.
  - iii. How you see EBPs fitting within a generalist clinical practice.
  - iv. Your approach to integrating cultural considerations into your clinical practice.

All application materials must be uploaded into APPA CAS by December 15, 2023. Please contact Madeleine Goodkind, Ph.D., Director of Training, for questions or further information. Dr. Goodkind can be reached by phone at (505) 376-2430 or by email at [madeleine.goodkind@va.gov](mailto:madeleine.goodkind@va.gov).

Application materials will be initially reviewed for basic eligibility, strength of training and experience, and goodness of fit with our program, from which a pool of applicants will be selected for interviews. Interviews will be conducted virtually.

Applicants are evaluated across several criteria, including breadth and quality of training, documented experience in the emphasis area(s) to which they apply, scholarly activity, quality of written application materials, strength of letters of

recommendation, demonstrated experience in evidence-based practice, interest in issues related to diversity, and goodness of fit with the programs goals and objectives.

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

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





# 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 postdocs will provide telehealth care during their fellowship 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.

# TRAINING PHILOSOPHY & AIMS

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

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

**Broad understanding of individual and cultural diversity:** We consider our training in cultural and individual diversity to be a particular strength of the program. We follow the *Reflective Local Practice* model (Sandeem, Moore, & Swanda, 2018). This model emphasizes the importance of self-reflection in order to gain self-understanding in the service of lifelong cultural growth; familiarity with one's *local* community and cultures; and incorporating this knowledge to clinical *practice*. The following assumptions underlie reflective local practice: 1) culture is universally present, 2) culture exists within a matrix of multiple cultural identities (i.e., intersectionality), 3) culture is ever-shifting, 4) bias is universal, and 5) understanding power structures within systems and historical events is necessary for providing competent care. We emphasize an understanding of both self and others to effectively integrate issues related to culture and individual differences into professional activities. Personal self-disclosure by postdocs is encouraged in order to facilitate our goals of increasing cultural awareness regarding self and others. Thus, postdocs may be invited to share aspects of their background that have shaped their world view in important ways. This is voluntary although encouraged, and takes place within the context of individual supervisory relationships and in the cohort during seminars.

The psychology training program (including the internship and fellowship programs) has an Inclusion, Diversity, Equity, and Access (IDEA) workgroup. This workgroup aims to promote recruitment of diverse trainees and recruitment and retention of diverse

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

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

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

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

#### **Level 2: Program-Specific Competencies**

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

#### **Level 3: Specialty Competencies (Clinical Health Psychology only)**

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

# 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.

# PROGRAM STRUCTURE

Postdoctoral Fellowship begins the second week of August and continues through the first week of August of the following year. Postdocs' typical schedule is 8:00 a.m.- 4:30 p.m., Monday through Friday, although occasionally additional time might be necessary to complete clinical tasks. Postdocs will be located at the main campus of the NMVAHCS which is in Albuquerque. Fellows will spend approximately 20-25 hours per week engaged in providing professional psychological services and they will receive at least two hours of individual supervision per week along with two additional hours of other structured learning activities.

# CLINICAL PSYCHOLOGY EMPHASIS AREAS

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## **Family Psychology Emphasis**

*Supervisors: Lorraine Torres-Sena, Ph.D., James Fisher, Ph.D., and Jennifer Wong, Ph.D.*  
The majority of the fellow's clinical time will be spent providing couple and family therapy in the Marriage and Family Therapy Program, a subspecialty of the Outpatient Mental Health Clinic. As part of their clinical caseloads, fellows will provide some of their clinical care via Telehealth. The Outpatient Mental Health Clinic is the primary hub for patients receiving mental health treatment at the NMVAHCS and is comprised of multiple psychologists, psychiatrists, social workers, and nursing staff. Fellows will function as full members of the Outpatient Mental Health Marriage and Family Program, providing assessment and therapy to psychiatrically complex patients with comorbid relational and other mental health programs. Fellows will also serve as consultants to other OMH staff regarding couples and marriage therapy.

Specific activities include:

- Conducting weekly intake assessments for families and couples seeking services
- Provision of evidence-based psychotherapy for families and couples. A primary focus of the fellow's training will be in the implementation of Integrative Behavioral Couples Therapy (IBCT). The fellow may also gain experience with other evidence based therapies provided in the couple and family program including: Traditional Behavioral Couples Therapy, Strategic Approach Therapy and Functional Family Therapy
- Opportunities to develop and implement couple/family focused psychotherapy groups that would be of interest to the fellow and meet clinical needs of patients seen in the couple and family program (e.g., parenting group, relationship skills group when only one partner is willing to participate)
- Opportunities to supervise doctoral interns or practicum students in the provision of family and couple therapy
- Participation in weekly OMH interdisciplinary treatment team meetings as a marriage and family therapy consultant
- Participation in bi-weekly couple and family case consultation meetings

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

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

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

The majority of the fellow's clinical time will be spent in the PTSD Clinical Team (PCT), an outpatient clinic serving Veterans with PTSD. PCT is an outpatient team comprised of psychologists and social workers, all of whom specialize in providing evidence-based assessment and psychotherapy for Veterans who have experienced trauma leading to PTSD or subclinical PTSD. This program trains fellows in conducting 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. EBPs emphasized include Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), and Written Exposure Therapy (WET), however, fellows can have opportunities to deliver other relevant EBPs when these make sense for a particular Veteran. Opportunities for massed EBP delivery and/or group delivery are also possible.

Specific activities include:

- Full psychosocial and diagnostic assessments, including, if differential diagnosis warrants it, use of the CAPS-5
- Provision of evidence-based therapy, including PE, CPT, and WET
- Opportunities for program evaluation and development and participation in ongoing IRB-approved research projects
- Participation in, and leading, the PTSD journal club
- Provision of tiered supervision to practicum students and/or interns participating in PCT rotations.
- Assisting in consult triage and education about PTSD specialty care to Veterans and other levels of mental health care

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

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

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

Specific activities include:

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

## Serious Mental Illness Emphasis

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

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

- Provision of specialized behavioral health interventions in individual and group format, including Cognitive Behavioral Therapy, Dialectical Behavior Therapy, Illness Management and Recovery, Social Skills, Imagery Rehearsal Therapy, SMART Recovery, Solution Focused Therapy, Neurofeedback, and other Recovery-oriented treatments
- Opportunities to engage in health psychology interventions with Veterans with SMI diagnoses, including CBT-Insomnia, CBT-Chronic Pain, management of medical conditions (i.e., diabetes, obesity, PAP adherence), tobacco cessation, and others
- Participation in multidisciplinary team meetings and consultation with other disciplines
  - There are opportunities to collaborate with a primary care clinic dedicated to Veterans with SMI (Psychiatry Primary Care) on consultation, special projects, receiving handoffs, etc.
- Participation in special projects including working with the SAIL metrics, NEPEC database, Measurement Based Care, program development of specialty groups (e.g., developing a curriculum for nurse-led groups on the inpatient psychiatric unit) and enhancing engagement in treatment for referred veterans in PRRC
- Supervision of practicum level psychology students or doctoral interns, and participation in Supervision of Supervision training group
- Opportunities to attend didactic presentations across the Medical Center
- PRRC focus: working with persons with chronic, serious mental illness to enhance recovery in such areas as independent living skills, symptom management, communication and relationships, sense of meaning, and participation in community activities

- Inpatient psychiatry service focus: working with persons with acute psychiatric conditions with a focus on safety, crisis stabilization, evaluation, and treatment planning

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

#### The Settings:

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



# CLINICAL HEALTH PSYCHOLOGY TRAINING OPPORTUNITIES

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

Our fellowship in behavioral sleep medicine falls and occupies one slot within the Clinical Health Psychology Postdoctoral program. Fellows in this position will pursue clinical training among multiple clinical experiences listed below, with an emphasis on behavioral sleep medicine. Sleep medicine will serve as the major year-round rotation, with minor rotations in other specialty areas of health psychology.

## ***Primary Care Mental Health Integration***

The PCMHI Team is a collaborative, consultative behavioral health program co-located within the NMVAHCS primary care clinics. PCMHI providers work closely with primary care providers and other medical specialties, focusing on psychological and behavioral issues related to patients' health. The PCMHI program affords a unique and diverse training opportunity for psychology interns in conducting consultation with medical providers, as well as working in collaboration with prescribers in providing brief, targeted assessment and behavioral intervention with a wide range of diagnoses and presenting problems.

## ***Primary Care Mental Health Integration – Women's Clinic Sub-Rotation***

The Women's Clinic sub-rotation allows fellows the opportunity to be co-located within the Women's Comprehensive Clinic and work with female Veteran's on gender specific care including reproductive stage changes (prenatal, postpartum, menopause), sexual functioning, and infertility challenges. Fellows will provide brief, targeted assessments and behavioral interventions as related to these specialized issues as well as more general BH conditions including depression, anxiety, PTSD, grief, and lifecycle adjustments. Fellows will also have the opportunity to provide consultation and collaboration with medical providers who are also involved in a patient's care (e.g., PFPT, GYN, PCP, etc.)

## ***Interdisciplinary Diabetes Clinic***

Fellows join an interdisciplinary team including a physician, medical residents, and a dietitian / CDE to treat veterans with chronically uncontrolled diabetes. Fellows will obtain more in-depth knowledge into the treatment of diabetes and common

behavioral health issues that arise in this population. Fellows will have opportunities to carry a small caseload of patients to treat behavioral health issues affecting diabetes self-management using evidence based practices such as CBT and MI. Fellows will also have opportunities to consult with medical providers, conduct conjoint medical appointments with other providers, provide didactics to medical residents, learn about the use of informatics in health care, and be involved in administrative activities related to running a multidisciplinary team. There may be opportunities to lead/co-lead groups which have been on hold due to COVID but may be restarting this year.

### **Health Promotion Disease Prevention (HPDP)**

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

### **Home-based Primary Care**

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.

### **Patient Population:**

Veterans served within the HPBC population comprised of mostly older adults with complex medical presentations, many of which live rurally. Veterans are diverse in terms of disabilities (ranging from partial to full medical and in home care), medical conditions (mostly progressed to end stage chronic conditions including Parkinson's, Alzheimer's, ALS, COPD, heart failure, etc), living conditions (living in homes, medical

foster homes, on reservations), education, occupation, levels of social support, and psychiatric diagnosis (depression, PTSD, adjustment to life cycle transitions, among others). Veterans also may or may not have hospice on board. Issues that our veterans with HBPC face are far reaching and includes the full spectrum of mental health care, including adjustment to and coping with chronic disability and illness, psychological distress, cognitive dysfunction, family/relationship issues, chronic pain, depression, anxiety, PTSD, and substance abuse. This work can be extremely rewarding and meaningful given its complexity.

### **Palliative Care**

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

### **Residential Setting**

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

### **Sleep Medicine**

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

### **Spinal Cord Injury & Disease Center**

Fellows will work on an interdisciplinary team in the Spinal Cord Injury/Diseases Center, which serves both inpatient and outpatient veterans via rehabilitation, mental health/medical care, and comprehensive annual evaluations. Fellows will be exposed to issues common to SCI/D, including adjustment to acute injury or other complex medical issues, psychological functioning, cognitive changes, substance abuse, end-of-life care, discharge planning and placement, and learn about the contributions

each team member's discipline. Activities may include psychological and neuropsychological assessment, psychotherapy, consultation with family and team members, team meetings, and educational opportunities.

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

# ADDITIONAL TRAINING ACTIVITIES

## **SUPERVISION**

At the level of fellowship training, supervision takes on a mentorship approach, characterized by a close, collegial relationship with a primary supervisor in the area of the fellow's emphasis training. Supervisors serve several functions, including modeling a scientist-practitioner approach to clinical activities, facilitating increasing autonomy over the course of the training year, and providing focused feedback regarding fellows' progress in the competency domains. Styles of supervision may vary from across different clinical experiences within the fellowship. Co-therapy, direct observation, and electronic recordings are used to different degrees by various supervisors.

## **DIDACTICS**

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

## **PROGRAM EVALUATION & RESEARCH**

Fellows are allotted up to 20% of their time to engage in scholarly activities. All fellows are expected demonstrate evidence of scholarly activity over the course of the training year by completing either program evaluation project

or research projects, the scope of which will be determined by the fellows' history of research productivity, feasibility, interests, and overall training plan. The Program Evaluation Seminar provides fellows with training in program evaluation design, planning, and implementation with the expectation that fellows complete a project over the course of the year. The culmination of this project is a formal presentation to the training program, other psychologists, and facility leadership. In addition, they may join a faculty researcher in an ongoing project or use research time to write up already-collected data for publication.

## **LEADERSHIP**

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

## **TRAINING IN SUPERVISION**

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

## **TRAINING IN SUPERVISION (CONT'D)**

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

## **TEACHING & PSYCHOLOGY GRAND ROUNDS**

Fellows are provided with multiple teaching opportunities throughout the training year and are expected to participate in the teaching of fellow psychologists and other staff. Examples of teaching opportunities include co-facilitation of evidenced-based psychotherapy workshops, presentations to psychology faculty, and co-presenting in intern seminar. Fellows will be expected to provide a formal presentation (Psychology Grand Rounds) held at the NMVAHCS and attended by providers within and outside the VA for continuing education credit.

## **WORK PORTFOLIO**

Postdocs are expected to provide a "portfolio" of their fellowship 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 fellowship year which promoted cultural learning on the part of the postdoc;

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; and 5) a list of their research products and accomplishments during the year.

## **PROFESSIONAL MEETINGS, WORKSHOPS, AND TRAININGS**

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

# ADDITIONAL MEETINGS AND LEARNING OPPORTUNITIES

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**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 postdocs. As much as possible, we will hold our seminars and trainings in person, though sometimes we will meet by Teams in order to facilitate participation from speakers and presenters who are off-site.

**Postdoc Seminar:**

1<sup>st</sup> Wednesday of the month from 3:00p to 4:30m mostly in-person

**Supervision of Supervision**

2<sup>nd</sup> and 4<sup>th</sup> Wednesdays of the month from 3:00p to 4:00p mostly in-person

**Leadership Seminar**

2<sup>nd</sup> Friday of the month from 8:30a to 10:00a mostly in-person

**Program Evaluation Seminar**

3<sup>rd</sup> Friday of the month from 8:30a to 10:00a over Teams

**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 POSTDOCS AND FACULTY

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## **Expectations of Postdocs.**

The Psychology Training Committee, faculty, and postdocs are responsible for organizing and coordinating a set of meaningful training experiences which will aid the postdoc in their professional growth. Postdocs, therefore, must honestly and thoughtfully identify and articulate their training needs and keep their supervisors and the Psychology Training Committee apprised of changes in these needs as the year progresses. Any problems encountered by the postdocs 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 postdocs will be encouraged and helped to clearly identify the changing limits of their competence.

While initially not yet licensed, postdocs must adhere to all professional standards of practice and ethical constraints that are relevant for psychologists. Postdocs 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. Postdocs are expected to be active participants in every aspect of their training, including being timely and prepared for supervision. The fellowship 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.

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

Postdocs 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. Postdocs are expected to provide feedback and constructive criticism to the Director of Training, training faculty, host organizations, and other postdocs and thereby contribute to the continuous development of the fellowship. Active participation in didactics, provision of feedback to the Psychology 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 postdocs contribute to the continuous improvement of the fellowship.

Postdocs are expected to enter the fellowship 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 postdocs 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 postdocs 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 postdocs, 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 fellowship 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 fellowship 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 fellowship program through timely completion of trainee evaluation forms and consistent attendance at faculty training meetings.

# SUPERVISION

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Clinical supervisors are postdocs' 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 postdocs' progress in the competency domains.

All supervisors within the training program have major patient-care responsibilities, so postdocs gain skills and knowledge by working side by side with their supervisors. Postdocs 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 postdocs' 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, postdocs 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 postdoc's training in that rotation.

The supervisor works with the postdoc at the beginning of the rotation to make preliminary assessments of the postdoc'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 postdoc in consultation with the Director of Training.

Supervisors schedule regular direct supervision sessions. Based upon the supervisor's assessment of postdoc's progress, additional supervision may be scheduled as needed. Postdocs 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 postdoc is not being offered this degree of supervision or if the postdoc 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 postdoc 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 postdoc entries into the medical record. Immediately upon arrival at a rotation, postdocs should inquire as to the specific co-signature requirements of that rotation, 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 postdoc according to the Postdoc Evaluation Form and formulates plans for the remainder of the rotation or for the next training experience. During this meeting, postdocs also provide the supervisor with written and verbal feedback using the Supervisor Evaluation Form (see Appendices). If a postdoc 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 postdoc's progress with the training faculty, summarizes the evaluations from each of the postdoc's supervisors.

## **Documentation of Supervision**

1. The Veteran health record must clearly demonstrate involvement of the supervising practitioner in trainee-Veteran encounters, using any of the following three types of allowable documentation of supervision:
  - a. Separate progress note or other entry into the Veteran's health record by the supervising practitioner.
  - b. Addendum to the trainee's progress note by the supervising practitioner.
  - c. Supervising practitioner's co-signature of the trainee's health record entry. A supervising practitioner's co-signature signifies that the supervising practitioner has reviewed the trainee entry and, absent an addendum to the contrary, concurs with the content of the entry. Use of "additional signer" or "identified signer" options is not acceptable documentation of supervision. While co-signatures meet the requirement for minimal documentation for supervision, billing for services by the supervisor requires either a separate note or an addendum that specifies the nature of the clinical encounter and the clinical thinking.
2. The amount, level, and frequency of supervision must be consistent with the requirements of the accreditation and certifying bodies for each discipline, and must take into account the performance and skills of the trainee.
3. The timeframe for signing or co-signing health record entries and for completion of associated encounter data is to be delineated by local medical facility policy.

# EVALUATION OF POSTDOCS AND EXIT CRITERIA

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At the start of postdocs' rotations and at the beginning of any subsequent new clinical activities, supervisors will conduct a preliminary evaluation of postdocs' skills through direct observation. Supervisors will use this information to document a determination regarding the level of supervision postdocs 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 postdoc using the Postdoc Evaluation Forms (appendices). The rating scale is below.

Throughout the training year, any credible source of information which has relevance for the postdoc'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, postdocs must obtain a rating of "5" (indicating that they are performing at an advanced competency level) 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.

# 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).

## Clinical Psychology Evaluation Form

## Clinical Health Psychology Evaluation Form

### Clinical Postdoc Evaluation Form

Page 1

Please complete the evaluation form for the postdoc 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!

Postdoctoral Fellow Name

\_\_\_\_\_

Supervisor Name

\_\_\_\_\_

Date

\_\_\_\_\_

Rotation Name

\_\_\_\_\_

semester

1  
 2

Direct Observation for this Evaluation Period Occurred on:

\_\_\_\_\_

Assessment methods

- Direct observation
- Videotape
- Audiotape
- Case presentation
- Review of written work
- Discussion of clinical interaction
- Comments from other staff

08/10/2023 2:10pm

projectredcap.org VA REDCAP

### Clinical Health Postdoc Evaluation Form

Page 1

Please complete the evaluation form for the postdoc 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!

Record ID \_\_\_\_\_

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

Thank you!

Postdoctoral Fellow Name

\_\_\_\_\_

Supervisor Name

\_\_\_\_\_

Date

\_\_\_\_\_

Rotation Name

\_\_\_\_\_

semester

1  
 2

Direct Observation for this Evaluation Period Occurred on:

\_\_\_\_\_

Assessment methods

- Direct observation
- Videotape
- Audiotape
- Case presentation
- Review of written work
- Discussion of clinical interaction
- Comments from other staff

08/10/2023 2:10pm

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## Links to the forms:

Clinical Psychology Evaluation Form

<https://varedcap.rcp.vaec.va.gov/redcap/surveys/?s=HPM94RYYP7DRTKF>

Clinical Health Psychology Evaluation Form

<https://varedcap.rcp.vaec.va.gov/redcap/surveys/?s=RY4WWJ3FEJX887L7>

Evaluation of supervisor:

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

# GRADUATED LEVELS OF RESPONSIBILITY FORM

The form below will be completed in redcap by trainees' supervisors for each of their clinical experiences.

## Supervision Types

Indicate the Level of Supervision for activities the supervisee is performing in your emphasis. Ratings of Level of Responsibility are to be based on direct observation.

Room	The supervising practitioner (SP) is physically present in the same room while the trainee is engaged in health care services.
Area	The SP is in the same physical area and is immediately accessible to the trainee. SP meets and interacts with Veteran as needed. Trainee and SP discuss, plan, or review evaluation or treatment. Area supervision is available only when the trainee has formally been assigned a Graduated Level of Responsibility commensurate with this type of supervision.
Available	Services furnished by the trainee under SP's guidance. SP's presence is not required during the provision of services. SP available immediately by phone or pager and able to be physically present as needed. This type of supervision is permissible only when the trainee has formally been assigned a Graduated Level of Responsibility commensurate with this type of supervision. Ultimately, the supervising practitioner determines which specific activities the trainee is able to perform under each level of responsibility.

Specific Activity	Level of Responsibility	Date of Observation
Choose an item.	Choose an item.	Date assessed
Choose an item.	Choose an item.	Date assessed
Choose an item.	Choose an item.	Date assessed
Choose an item.	Choose an item.	Date assessed
Choose an item.	Choose an item.	Date assessed
Choose an item.	Choose an item.	Date assessed

Optional Notes/Exceptions to Above:

# TRAINING PLAN

Name:

Primary Supervisor(s):

Emphasis Area:

When completing this form, please keep the aim of the residency program in mind, which is as follows:

The overarching aim of the program is to prepare residents for eventual leadership roles in a broad variety of interprofessional settings, with a specific focus on the knowledge and skills required for success in complex healthcare settings.

Competency Domain (see Clinical Health Resident Evaluation form for specific items)	Skills required for career goals	Self-appraisal of your skills in this domain	Aspect(s) of residency training that will allow you to acquire the skills needed for your career goals	Plan for increasing levels of independence in this domain over the course of the year
Integration of Science & Practice				
Ethical and Legal Standards				
Individual and Cultural Diversity				
Research				
Professional Values and Attitudes				
Communication and Interpersonal Skills				
Assessment				

<b>Intervention</b>				
<b>Competency Domain (see Clinical Health Resident Evaluation form for specific items)</b>	<b>Skills required for career goals</b>	<b>Self-appraisal of your skills in this domain</b>	<b>Aspect(s) of residency training that will allow you to acquire the skills needed for your career goals</b>	<b>Plan for increasing levels of independence in this domain over the course of the year</b>
<b>Teaching/Supervision</b>				
<b>Consultation &amp; Interprofessional Skills</b>				
<b>Leadership</b>				
<b>Professional Development</b>				
<b>Systems</b>				

Primary training goal(s)/desired experiences: (in addition to specific rotations, please clarify specific desired *experiences* within a rotation)



Short-term career goals:

Long-term career goals:

Describe your proposed program evaluation/scholarly activity project and timelines for implementation and completion:

Describe your ideas for engagement in leadership activities:

Please describe your plan for the provision of supervision and other teaching activities:

Timeline and strategy for EPPP preparation:

Please create a draft of your proposed typically weekly schedule:

Proposed Schedule – 1 <sup>st</sup> Semester					
	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays
800					
830					
900					
930					
1000					
1030					
1100					
1130					
1200					
1230					
1300					
1330					
1400					
1430					
1500					
1530					
1600					
1630					

Proposed Schedule – 2<sup>nd</sup> Semester

	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays
800					
830					
900					
930					
1000					
1030					
1100					
1130					
1200					
1230					
1300					
1330					
1400					
1430					
1500					
1530					
1600					
1630					

# 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 fellowship 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 (Psychology 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 Psychology 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 fellow 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 trainees' 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) Trainee Evaluation of Rotations and other training experiences; b) Supervisors' Evaluations of Interns; c) Trainee work samples and formal presentations; d) Intern feedback on Seminar Series; e) Trainee 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 trainees 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.



# ADMISSIONS AND SUPPORT DATA

Postdoctoral Fellowship Program Admissions	
Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?	No
If yes, provide website link (or content from brochure) where this specific information is presented:	NA
Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:	
<p>We review each application holistically and seek 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 and specialty/emphasis areas. Additionally, we seek applicants who have developed strong skills in intervention, assessment, and more generally, the application of clinical science principles in their professional work. In reviewing application materials, we focus on applicants' articulation of their background training, their clinical and professional experiences, their career goals, and their perceived fit with the specific opportunities and principles in our training program.</p>	
Describe any other required minimum criteria used to screen applicants:	
<p><b>Applicants must meet the following prerequisites to be considered for our postdoctoral training program:</b></p> <ol style="list-style-type: none"> <li>1. Completion of doctoral degree, including defense of dissertation, from a clinical or counseling psychology doctoral programs accredited by the American Psychological Association (APA) or the Canadian Psychological Association (CPA) before the start date of the residency</li> <li>2. Completion of an APA-accredited psychology internship program</li> <li>3. U.S. citizenship.</li> <li>4. Matched postdoctoral residents are subject to fingerprinting, background checks, and a urine drug screen.</li> <li>5. Male applicants born after 12/31/1959 must have registered for the draft by age 26</li> </ol> <p>*** Failure to meet these qualifications could nullify an offer to an applicant.</p>	

Financial and Other Benefit Support for the Upcoming Training Year: VA-Funded Positions	
Annual Stipend/Salary For Full-Time Postdocs	\$52,426
Annual Stipend/Salary For Half-Time Postdocs	NA
Program provides access to medical insurance for Postdocs?	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?	Yes
Time Off	
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	4 hours accrued every 2 weeks, 104 hours total

<b>Hours of Annual Paid Sick Leave</b>	4 hours accrued every 2 weeks, 104 hours total
<b>In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to postdocs in excess of personal time off and sick leave?</b>	Yes, negotiated on a case by case basis
<b>Other Benefits:</b>	Up to 5 days of professional leave to use for conference attendance or interviews

# INITIAL POST-RESIDENCY POSITIONS: AGGREGATED TALLY FOR CLINICAL COHORTS 2020-2023

<b>Total number of postdocs who were in the 3 cohorts</b>	<b>8</b>
<b>Initial Positions</b>	
<p>Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position</p>	
Community mental health center	PD=0, EP=0
Federally qualified health center	PD=0, EP=0
University counseling center	PD=0, EP=0
Veterans Affairs medical center	PD=0, EP=7
Military health center	PD=0, EP=0
Academic health center	PD=0, EP=1
Other medical center or hospital	PD=0, EP=0
Psychiatric hospital	PD=0, EP=0
Academic university/department	PD=0, EP=0
Community college or other teaching setting	PD=0, EP=0
Independent research institution	PD=0, EP=0
Correctional facility	PD=0, EP=0
School district/system	PD=0, EP=0
Independent practice setting	PD=0, EP=0
Not currently employed	PD=0, EP=0
Changed to another field	PD=0, EP=0
Other	PD=0, EP=0
Unknown	PD=0, EP=0

# INITIAL POST-RESIDENCY POSITIONS: AGGREGATED TALLY FOR CLINICAL HEALTH COHORTS 2020-2023

Total number of postdocs who were in the 3 cohorts	4
<b>Initial Positions</b>	
Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position	
Community mental health center	PD=0, EP=0
Federally qualified health center	PD=0, EP=0
University counseling center	PD=0, EP=0
Veterans Affairs medical center	PD=0, EP=3
Military health center	PD=0, EP=0
Academic health center	PD=0, EP=0
Other medical center or hospital	PD=0, EP=1
Psychiatric hospital	PD=0, EP=0
Academic university/department	PD=0, EP=0
Community college or other teaching setting	PD=0, EP=0
Independent research institution	PD=0, EP=0
Correctional facility	PD=0, EP=0
School district/system	PD=0, EP=0
Independent practice setting	PD=0, EP=0
Not currently employed	PD=0, EP=0
Changed to another field	PD=0, EP=0
Other	PD=0, EP=0
Unknown	PD=0, EP=0

# 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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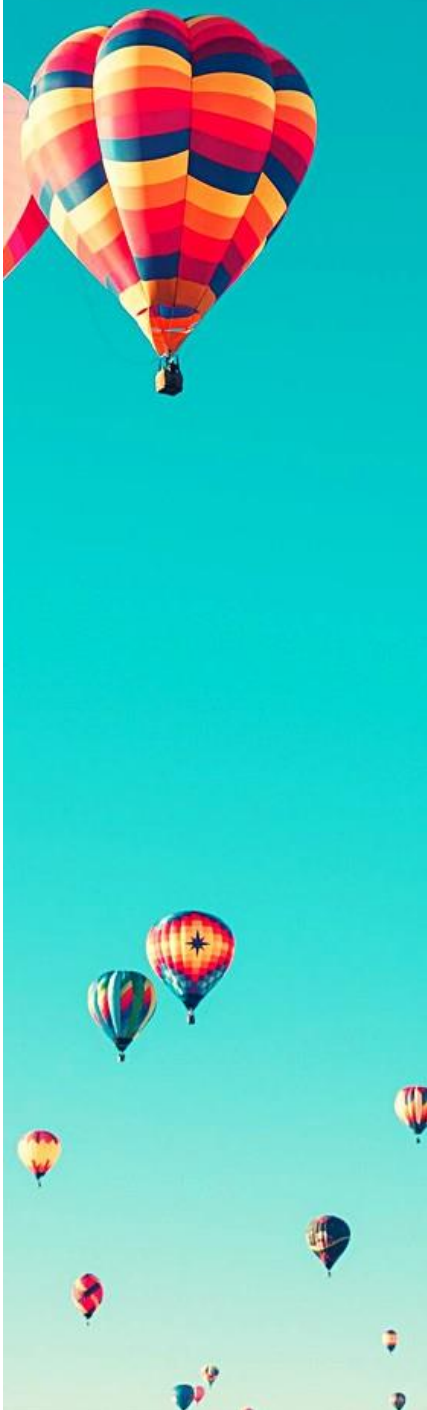
# LIVING IN ALBUQUERQUE

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 the world famous Balloon Fiesta in October (pictured to the left), 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 & FORMS

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## GRIEVANCE PROCEDURE

We believe that most problems that postdocs may have during the fellowship year are best addressed through face-to-face interaction between the postdoc and the supervisor or other staff who are directly involved in the problematic situation. This approach is also consistent with APA ethical guidelines, which specify that psychologists always discuss problematic issues involving another psychologist with that person before taking any other steps. Trainees are therefore encouraged first to discuss the problem with their direct supervisor, who can provide the trainee 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 trainees' concerns, attempt to solve the concern in collaboration with the trainee, and seek consultation of other training faculty as appropriate. If satisfactory resolution is not achieved by direct interaction between the trainee, the supervisor, and/or other involved staff, the following additional steps are available to the trainee.

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

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



# REMEDICATION OF PROBLEMATIC PERFORMANCE AND DUE PROCESS POLICY

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

**Definition of Problematic Performance:** Problematic performance is said to be present when supervisors perceive that a postdoc'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 a postdoc's skills, professionalism, or personal functioning are problematic, supervisors are expected to notify the postdoc immediately of these concerns. Supervisors should present these concerns to the postdoc using the Postdoc Evaluation Forms, 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 postdoc 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 postdoc 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 postdoc's performance is satisfactory. Areas of satisfactory performance must be maintained while the postdoc 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.

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 postdoc 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 postdoc'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 a postdoc 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 postdoc in writing that the conditions for removing the postdoc 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 postdoc that they will not successfully complete the fellowship if their problematic performance does not change. If by the end of the training year, the postdoc has not successfully completed the training requirements, the Training Committee may recommend that the postdoc 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 postdoc not be graduated from the training program. The postdoc 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 postdoc that the Training Committee is recommending that he or she be terminated immediately from the fellowship 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 postdoc be terminated immediately.

4. When the Training Committee determines that the postdoc is not suited for a career in professional psychology, the committee may recommend a career shift for the postdoc, and withhold endorsement for professional practice should the trainee later seek licensing in any jurisdiction.

Appeal Process: A postdoc 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 postdoc'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 postdoc, 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 postdoc's remediation plan or continuation of training (in the event that the Training Committee has recommended that postdoc 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 POSTDOC BEHAVIOR

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



# POSTDOCTORAL FELLOW 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. Postdocs 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. Postdocs 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, postdocs 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 postdocs to arrange the earning of compensatory time prior to leave when there is insufficient accrued leave, postdocs can take leave without pay, upon approval of the Training Committee. Postdocs will not be financially compensated for this leave.
6. In the unusual event that a postdoc requires extended leave (for example, pregnancy or lengthy illness), the postdoc will be required to go on Leave without Pay (LWOP) status after their accrued sick and annual leave is used. The postdoc 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 a postdoc begins the fellowship with leave accrued from prior federal service, that leave is available for the postdoc 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 postdoc's training year to ensure that the 2080 hour training commitment is met.

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

9. To request accrued annual or sick leave, all postdocs 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, postdocs 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, postdocs 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. Postdocs must then complete a VA form 71—Request for Leave or Authorized Absence, and have it signed by the Director of BHCL. All postdocs must clear AA with their direct supervisors as well.

# TRAINEE EMPLOYMENT OUTSIDE THE TRAINING PROGRAM

Any employment that a postdoc 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 New Mexico VA 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 postdoc:

## REQUIRED VOICEMAIL GREETING

Standard voicemail greeting expectations:

“Hello. You have reached the phone of [insert name and title]. If you are having a medical or mental health emergency, hang up and dial 911. If you are having thoughts of suicide, please hang up and call 988 to reach the veterans' crisis line. That number again is “9-8-8”. Otherwise, please leave a brief message and I will return your call when I am able during regular business hours.”