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School Of Medicine

DEPARTMENT OF PSYCHIATRY
DIVISION OF CHILD AND ADOLESCENT
PSYCHIATRY
ALBUQUERQUE, NEW MEXICO

CLINICAL PSYCHOLOGY PREDOCTORAL INTERNSHIP

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TABLE OF CONTENTS

Introduction	3
Program Philosophy	4
Program Goals	6
Primary Clinical Sites	10
Major Clinical Child Electives	14
Minor Electives	20
1. Clinical Child Psychology Track	24
2. Pediatric Neuropsychology Track	26
3. Adult Neuropsychology Track	28
4. Early Childhood Track	30
Seminars	34
Selection Criteria	37
Application Information	38
Stipends, Benefits, and Resources	39
Evaluation Information	39
Faculty Information	41
Sample Schedules by Track	45
Useful Links	50

INTRODUCTION

The Clinical Psychology Internship Program at the University of New Mexico Health Sciences Center School of Medicine is a one-year predoctoral program accredited by the American Psychological Association to provide broad-based clinical training for the general practice of professional psychology consistent with the scientist-practitioner model of graduate education. Treatment settings—inpatient, outpatient, and community—serve a highly diverse population of children, adolescents, adults, and families in the public sector statewide. A high proportion of clinical cases involve severe emotional disturbance, many with a history of multigenerational trauma. Major rotations are with clinical programs of the Departments of Psychiatry and Pediatrics, and the Consultation/Liaison Service at the University of New Mexico School of Medicine, Health Sciences Center (HSC). Many of the elective rotations involve community sites. There are also opportunities for electives and mentoring involving public policy. New Mexico is a diverse state that includes a number of American Indian (Acoma, Laguna, Navajo, Apache, San Felipe, etc.) and Latino (Hispanic New Mexican, Mexican, Guatemalan, Cuban, Puerto Rican, etc.) groups.

Psychology interns completing our program will be well rounded and broadly trained to provide mental health services involving complex systems, across diverse settings (e.g., inpatient, residential treatment center, and/or partial hospital psychiatric settings, various intensities of outpatient services; medical and school settings). In addition, interns receive training in a variety of assessment procedures, treatment approaches, (e.g., ecological/contextual, cognitive-behavioral, behavioral, solution-focused, social constructionist/narrative, developmental psychodynamic, and family systems approaches), treatment modalities (e.g., individual, dyadic, group, family, milieu therapy), and consultation.

The internship program has 4 tracks with emphasis in:

- (1) Clinical Child (4 positions);
- (2) Pediatric Neuropsychology (1 position);
- (3) Adult Neuropsychology (1 position); and
- (4) Early Childhood (1 position).

The pediatric and adult neuropsychology tracks meet the APA Division 40 criteria for neuropsychology training.

Interns on all 4 tracks share a number of didactic, clinical, interdisciplinary, consultative, supervisory, and social experiences, including core seminars, a confidential intern support group, a peer supervision group, and some clinical services. Clinical and professional training for all interns include particular focus on fostering a multicultural, developmental, contextual, and interdisciplinary perspective. Members of the faculty have diverse training and specialization, including psychotherapeutic interventions with infants, children, adolescents,

adults and families, forensic and personality assessment, assessment and treatment of developmental disorders, psychotic and trauma-based disorders, pediatric and adult neuropsychological assessment, and prescribing of adult psychotropic medication. Intensive supervision with multiple supervisors is a strength for all internship tracks, and all interns are encouraged to seek mentorship, consultation, or supervision from any faculty member, as time permits.

Applications to the program are made with the *APPI Online*—the APPIC electronic Application for Psychology Internship that can be found at www.appic.org. ***Although no addendum is required, all intern applicants must clearly indicate in their AAPI application letter, to which of the four program track(s) they are applying and their track preferences. Deadline for application is November 1.***

PROGRAM PHILOSOPHY AND PROFESSIONAL TRAINING GOALS

The vision of our Clinical Psychology Internship Program is to train psychologists at the entry level of professional practice, to be able to provide and develop evidence-based treatment and assessment that will be appropriate, and effective for culturally diverse populations. To do so, the internship program fosters an open, collaborative, reflective and multidimensional perspective while encouraging the analytic skills required for effective decision-making. The APA policy statement adopted August, 2005 describes evidence-based practice in psychology (EBPP) as “the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences”. Doctoral students typically arrive at the internship level of training with varying degrees of experience with the component parts of EBPP—that is, research, clinical expertise, and an understanding of culture, context, and preferences. Consistent with the scientist-practitioner model of graduate training, our program seeks to help interns understand these component parts, and begin to integrate them in practice settings with a clinical population that is experiencing severe and complex problems. Our seminars and supervision focus on the essentials of clinical expertise and research, as well as the nature of culture, preferences, and patient characteristics, and more broadly, what we mean by “context”. We find that this additional reflection and focus on culture and context to be an effective strategy for interns to broaden their perspective, and begin to integrate what they have learned from available research, clinical training, theoretical perspectives, self-reflection and personal development.

Culture

We view culture very broadly and see it as an integral contextual feature to be addressed in clinical treatment, assessment and research. Acquiring specific knowledge of frequently identified ethnic groups and cultures is not seen as sufficient training for psychologists. An over-reliance on acquiring such information risks stereotyping individual clients and families. Instead, we have adopted a cultural responsiveness model that additionally focuses on the “provider”, the interpersonal dynamics, and contextual factors, as it does on the

“client”. The program facilitates interns' examination of how their own culture (as experienced in their families and “academic upbringing”) has influenced them (who they are, how they see themselves, what they value in others, etc). This is done through supervision and the experientially based Multicultural and Psychotherapeutic Interventions seminars, which include contextual approaches such as family systems, which are particularly conducive to examining culture as an integral feature. Through supervision of assessments and therapy, and seminars, interns learn about deconstructing their own perception, point of view and constructive processes, so as to be open enough to even notice when someone or something is different, instead of over-assimilating it into their own point of view and set of meanings. Developing such sensitivities can make all the difference, for example, in applying CBT strategies effectively or assessing developmental level accurately.

Among the broad competencies that the program fosters related to developing cultural responsiveness are: ability to understand and appreciate one's own belief system as separate from those of the clients; ability to understand and appreciate others' belief systems and phenomenological perspectives and to “see” the problem within the client's worldview; ability to focus on meaning instead of solely on “facts” or “data”; ability to conceptualize problems and solutions in more than one clinical paradigm; ability to appreciate and understand how the client and family perceive their cultural identity and when culture is ostensibly used as a mask; ability to work within what some narrative therapists describe as a “not knowing” stance; ability to collaborate and work in partnerships; ability to learn from others and to learn together; ability not to feel unduly challenged or defensive when questioned; and ability to look inward for answers rather than blaming the client for not getting better.

Frequent topics of discussion in seminars and supervision related to culture also include paradigms of worldview and “truth” such as logical positivism, mechanism, and contextualism; high-context vs. low-context cultures (after Ned Hall); indigenous healers and alternative health care; general parameters regarding where cultural differences may occur (e.g., wait-time, personal space, eye-contact, self-disclosure); issues of power, privilege, socioeconomic status, and political influence; appreciation of rural versus urban lifestyles; and appreciation of the “cultures” of psychology, psychiatry, and other health and mental health professionals. Needless to say, development of cultural responsiveness is a lifelong process. The goal in internship is to increase awareness of these issues in clinical situations, actively engage in the reflective process, and tolerate the ambiguity and discomfort of stepping outside one's own construction of the world.

Context

Our program also considers context very broadly—internal and external. This includes, for example, biological, developmental, phenomenological, cognitive, emotional, interpersonal, cultural, community, and systems factors. In therapy, it even includes the therapist. Contextual factors may also be dynamic, as functioning varies across time and situations, and depends on access to internal and external resources. The contextual perspective is particularly helpful when

functioning is highly variable, or particularly dependent on external resources. This is often the case, for example, when the patient has a history of severe psychosocial trauma, brain dysfunction, developmental delay, psychosis, mood lability, or immaturity. And children, naturally, are highly dependent on external resources.

Using children as an example, then, assessment should include collateral information across settings and situations as well as assessment instruments and strategies that vary in their demand on information processing, constructive processes, and self-regulation. The child, as well as external resources related to the child, such as parents, the school program, and babysitters should be considered with respect to both resources and challenges. The most effective, pragmatic, and culturally responsive intervention at a given time may or may not be directly with the child, but rather with another individual or situation external, but significant, to the child. In the case of a traumatized individual, the developmental level of their cognitive processing may vary dramatically with small changes in the environment, even moment by moment. Then the focus of intervention may be on the internal context instead. Tracking these dynamic developmental shifts can make a big difference, for example, in implementing cognitive-behavioral therapeutic strategies.

In supervision and seminars, interns learn to listen and observe carefully and integrate data from multiple sources to identify contextual factors. They then learn how they might choose and adapt interventions and assessments based on best available research (including their own careful observations of their patient) and clinical practice. Interns also learn to titrate the rate of therapeutic change to be in balance with the patient's available resources. Interdisciplinary collaboration with psychiatry residents, fellows and faculty, and learning about the effects of medications in seminars, is particularly helpful for learning how to balance patient change with resources. Medications can help stabilize a "treatment window" for the patient, within which therapy can be more effective.

PROGRAM GOALS

Our program goals and objectives are based on competencies expected for a psychologist at the entry level of practice. The goals are as follows:

Goal #1. Interns are expected to develop and master at the entry level of practice, the ability to integrate best available research with clinical expertise, with regard to assessment and diagnosis, in the context of patient characteristics, culture, and preferences.

Objectives:

Interns will demonstrate through direct service, at the entry level of practice, their ability to: (1) interview culturally, socioeconomically, and diagnostically diverse clients and conduct mental status evaluations; (2) observe and listen carefully, attend to systemic and developmental issues, and gather

information as needed and possible from multiple sources and contexts; (3) administer and score a basic selection of cognitive, personality, (and neuropsychological if an area of emphasis) and developmental tests competently, taking into account cultural norms and factors; (4) diagnose diverse client populations accurately using DSM-IV; (5) write clear and comprehensive psychological evaluations with well-developed clinical formulations consistent with best available research evidence; (6) assess risk and dangerousness with consultation as needed.

Goal #2. Interns are expected to develop and master at the entry level of practice, the ability to integrate best available research with clinical expertise, with regard to therapeutic interventions, in the context of patient characteristics, culture, and preferences.

Objectives:

Interns will demonstrate through direct service, at the entry level of practice, their ability to: (1) work effectively and collaboratively in interdisciplinary teams; (2) establish therapeutic relationships with a broad range of clients and to be sensitive to their differing values and needs; (3) negotiate therapy goals collaboratively, consistent with clinical formulation, theoretical orientation, best available research, client values and needs; (4) address emotional issues in interventions effectively; (5) adjust therapeutic approach and goals dynamically based on contextual factors; (6) prioritize treatment needs, establish a reasonable treatment plan meeting regulatory standards, evaluate risk for harm and take appropriate steps, seeking supervision when necessary; (7) conceptualize and formulate cases, and ability to integrate different theoretical orientations; (8) familiarity with best available research and standards of practice; (9) understand a variety of common pharmacological interventions at basic level and be familiar with situations where referral for psychiatric evaluation is indicated

Goal #3. Interns are expected to demonstrate consultation and supervision skills appropriate for entry-level practice.

Objectives:

Interns will demonstrate the ability to: (1) work collaboratively with other service providers and with clients and their families; (2) develop effective partnerships with the consumer public (clients and their families, other agencies and providers, and the communities in which they provide services); (3) maintain professional relationships with colleagues, support staff, professional/clinical staff and supervisors; (4) recognize when problems occur and to resolve conflicts constructively; (5) provide effective consultation and/or supervision; (6) put consultation/supervision models into effective practice; (7) understand differing roles of those engaged in the consultation or supervision.

Goal #4: Interns are expected to demonstrate professional conduct, recognize ethical and professional issues and effectively resolve issues, using consultation as needed, at the entry level of practice.

Objectives:

Interns will demonstrate: (1) knowledge about professional ethics, APA Ethical Principles of Psychologists and Code of Conduct, APA Guidelines in Conducting Custody Evaluations, APA Guidelines in Treating Linguistically and Culturally Diverse Populations, New Mexico Board of Psychologist Examiners' Rules and Regulations, relevant state and federal laws, Indian Child Welfare Act, regulatory agencies, and professional issues related to the practice of psychology; (2) ability to recognize ethical issues and resolve them effectively using consultation as needed; (3) ability to complete assignments, set appropriate limits, take initiative to ensure tasks are completed; (4) manage stressors so that professional functioning remains effective and appropriate; (5) ability to recognize when personal issues may impinge on professional function; ability to manage personal issues effectively; (6) consistent attendance in meeting and seminars, punctuality, and timeliness.

Goal #5. Interns are expected to demonstrate knowledge about current concepts about cultural responsiveness and cultural competence and to demonstrate entry-level skill in working effectively and collaboratively with clients and families from diverse backgrounds.

Objectives:

Interns will demonstrate through direct service and supervision: (1) an awareness and sensitivity to cultural, gender, and lifestyle differences; ability to self monitor his/her own emotional responses to individual differences of clients; ability to understand and appreciate one's own belief system as separate from those of the client's; ability to understand and appreciate others' belief systems and phenomenological perspectives and to "see" the presenting problem within the client's worldview; (2) ability to convey cultural sensitivity in working with a range of persons from dissimilar backgrounds, ability to adjust therapeutic interventions in response to cultural issues; ability to raise issues involving culture; ability to recognize when culture is ostensibly used as a mask; ability to work from a "not knowing" stance.

Goal #6. Interns are expected to demonstrate attitudes that are conducive to life-long learning, scholarly inquiry, and professional problem-solving. They are expected to show an awareness and appreciation that professional development and growth is a life-long process that relies heavily on one's own commitment to self-evaluation and to professionalism.

Objectives:

Interns will demonstrate an ability: (1) to be open to learning and expanding knowledge and skills; (2) for self evaluation to appraise own skills and limitations accurately; (3) to receive and accept feedback and incorporate new ideas as appropriate.

Intensive training is provided in a variety of interdisciplinary settings at the University of New Mexico Health Sciences Center (see section on Clinical Sites) with diverse clinical, socioeconomic, and ethnic populations. Elective placements provide experience with community consultation and additional populations. The therapy and assessment experiences offered include the following: (1) cognitive, emotional, social, and neuropsychological assessments of children, adolescents, and adults; (2) individual psychotherapy with children, adolescents, and adults; (3) group therapy with children, adolescents, and adults; (4) family therapy; (5) parent groups and counseling; (6) marital therapy; (7) crisis intervention; and (8) inpatient treatment of children or adolescents. Tracks 1, 2, and 4 provide relatively more experience with children and adolescents; Tracks 2 and 3 provide relatively more experience in neuropsychological assessment. Through seminars and supervision, all interns learn to utilize multiple theoretical frameworks to develop formulations, assessments, and interventions that are effective, as well as culturally and contextually appropriate to specific clinical cases. Frameworks include cognitive-behavioral, behavioral, solution-focused, social constructionist/narrative, developmental psychodynamic, family systems, and ecocontextual. Seminars include play therapy, family therapy, psychological assessment, ethics and professional issues, didactic instruction on pharmacotherapy for children and adolescents, and assessment and treatment of trauma disorders.

The competencies required of all psychology interns are obtained through seminars, supervised assessments and therapies with a wide range of patients across diverse settings, self-evaluation, consultation with personnel from other community resources and entities, supervision of students and paraprofessional staff at various settings during rotations, peer supervision seminar, optional meetings with a chosen mentor, regular meetings with the training director, advisor, and Psychology Internship Training Committee, and participation in the interdisciplinary Education and Training Committee retreat which includes formal written feedback by interns to the faculty at the end of the year. The internship also provides the opportunity for a confidential intern support group with a licensed clinical psychologist who is not involved in any of the other internship activities. All tracks include settings that include treatment team experience or participation in case conferences, providing additional training through a clinical version of a common educational model within the UNM School of Medicine called "problem-based learning". Clinical cases include many with severe psychopathology, high co-morbidity, complex formulations, a history of trauma, neuropsychological deficits, organicity, and challenging systems issues.

Supervision is one of the strengths of this internship program. Interns generally receive from four to six hours of individual supervision weekly from three to five different supervisors. We believe that supervision should be an active and intensive process, and that interns should be exposed to a variety of supervisors with a variety of theoretical orientations that can serve as role models and provide the intern experience with formulating from multiple perspectives. For these reasons, we encourage faculty members to use live supervision, to be co-therapists in some of their intern's family or group cases, to demonstrate clinical assessments and interventions, and to review videotapes of the interns' sessions.

There are a variety of professional relationships during the internship year that provide the intern with the necessary supportive and trusting basis for the development and demonstration of cultural responsiveness—which is also a focus of the Multicultural Seminar. All supervisors are encouraged to serve as role models for psychology interns. An intern can also learn much from a faculty mentor (who may be a member of the faculty or community at large) as they collaboratively work through particular professional issues. Additionally, the intern may learn how professional psychologists have dealt with particular professional and ethical dilemmas; and they may engage in discussions on broader based, scholarly, professional, and ethical issues.

If an intern already has competencies in some of these areas at the beginning of training, the intern may: (a) emphasize some training experiences and not others, (b) begin training at the intern's level of skills and learn more advanced skills within a training location, and/or (c) select optional training experiences as specialized areas of interest. At the beginning of the year, each intern meets with the director of training to discuss each intern's personal goals as well as program goals, and how to build on the knowledge and competencies acquired from their doctoral training and practica in order to meet them. Training is graded in complexity. Supervisors provide more direct modeling and detailed guidance at first, as needed. Interns are expected to function more independently as the year progresses, and develop more sophisticated and integrated skills. All planning for training site placements, seminars, elective experiences, and additional supervision is arranged through the director of training and the psychology training committee.

PRIMARY AND ELECTIVE CLINICAL SITES

TRACK 1: EMPHASIS ON CLINICAL CHILD PSYCHOLOGY

1. Children's Psychiatric Hospital
2. Programs for Children and Adolescents
3. Major Elective
4. Minor Elective

TRACK 2: EMPHASIS ON PEDIATRIC NEUROPSYCHOLOGY

1. Center for Neuropsychological Services
2. Programs for Children and Adolescents
3. Minor Elective

TRACK 3: EMPHASIS ON ADULT NEUROPSYCHOLOGY

1. Center for Neuropsychological Services
2. UNM Hospital Consultation/Liaison Service
3. Programs for Children and Adolescents
4. Minor Elective

TRACK 4: EMPHASIS ON EARLY CHILDHOOD

1. Center for Development and Disability
2. Programs for Children and Adolescents
3. Minor Elective

Children's Psychiatric Hospital

Children's Psychiatric Hospital (CPH) is the inpatient service component of the University of New Mexico Children's Psychiatric Center (<http://hospitals.unm.edu/UNMCPC/Index.shtml>). This psychiatric facility provides comprehensive evaluation and intensive treatment of severely emotionally and behaviorally disturbed children, ages 5-17, statewide. It consists of four acute hospital units, for short-term evaluation and stabilization, and two residential treatment cottages (RTCs) for longer-term treatment. Children are housed in the hospital units, called "cottages", according to age and developmental needs. Patients represent a variety of ethnic populations and a wide range of diagnostic categories, including mood disturbances, post-traumatic stress disorders, personality disorders, schizophrenic disorders, conduct, developmental and learning disorders. Treatment at CPH includes individual, group, family, milieu, recreational, and speech and language therapies, and pharmacotherapy. Both RTC's focus on treatment of adolescents; one is a specialty unit for treatment of adjudicated adolescent girls with comorbid psychological and psychiatric disorders. Children and adolescents are admitted into acute and RTC programs if they are assessed as likely to benefit from an intensive inpatient treatment program and if outpatient or less restrictive treatments have failed or are not currently feasible.

In addition, CPH includes a state-accredited school with ancillary staff (i.e., educational diagnosticians, a speech and language therapist), a cafeteria and commons, and administration/treatment buildings. The special education program provides a structured learning environment and psychoeducational assessment. Built in southwestern architectural style, the cottages are laid out in an enclosed, beautifully landscaped campus with various playgrounds, fountains, a large playing field and ropes course. Rooms with one-way mirrors and video cameras are available for observation and recording of individual, play, group, and family therapy sessions. CPH is also a training site for the UNM Departments of Psychiatry, Psychology, and Pediatrics, as well as the Colleges of Education, Nursing, and Pharmacy.

Programs for Children and Adolescents

Programs for Children and Adolescents (PFC&A) provide an array of outpatient mental health services for a highly diverse population of children, adolescents, and families (European American, Latino, American Indian, Asian American, and African American) primarily from Albuquerque and surrounding Bernalillo County. It is the outpatient service component of the University of New Mexico

Children's Psychiatric Center. Intervention often focuses on the family, the school, and community agencies, in addition to the presenting child or adolescent. An interdisciplinary staff offers community-based, home-based, forensic, and school-based mental health services for children between the ages of 2 and 18 presenting with a variety of psychological and psychiatric disorders.

In addition to offering individual, family, and group therapies, psychological evaluation, and pharmacotherapy at its clinics on the UNM HSC campus, PFC&A provides school consultation, and a variety of home-based comprehensive services. These include case management, behavior management services, Multisystemic Therapy (MST), and Community Family Team (CFT) intervention. Developmental, systemic, narrative and community-based approaches are emphasized with cognitive-behavioral, family systems, solution-focused, psychodynamic, and object-relations orientations represented among the clinical child psychologists, child psychiatrists, clinical social workers, and counselors. PFC&A is a training facility for psychology interns, child psychiatry fellows, general psychiatry residents, social work students, medical students, counselors and art therapists.

[Center for Neuropsychological Services](#)

The Center for Neuropsychological Services (CNS) at the University of New Mexico Health Sciences Center is a clinic associated with the Department of Psychiatry (<http://hsc.unm.edu/SOM/psychiatry/neuro/index.shtml>) that provides general neuropsychological assessment services to a diverse population of UNM Hospital inpatients and outpatients of all ages, with a variety of central nervous system disorders. The office of CNS is located in a small remodeled home on a residential street close to the UNM Psychiatric Center, UNM Hospital, and UNM Programs for Children and Adolescents. Referrals for services are received from various departments within the UNM HSC including the Departments of Neurology, Neurosurgery, Pediatrics, Family Practice, Psychiatry, and Internal Medicine. Additionally, referrals are received from pediatricians, neurologists, other clinicians and school districts throughout New Mexico.

Evaluations of young children, adolescents and young adults typically include those with neurodevelopmental disorders (e.g., learning disorders, autistic spectrum disorders, attention deficit hyperactivity disorder), acquired brain disorders or chronic medical conditions (e.g., traumatic brain injury, epilepsy). In addition to diagnosis, evaluations focus on the development of recommendations to help ameliorate the impact of brain impairment on cognitive, social, emotional, and educational functioning. Typical adult referral questions may involve the early identification of dementias, assessment of cognitive functioning following head trauma, making competency and care recommendations for patients with neurological disorders, or assisting with differential diagnosis in patients with complex medical or psychiatric conditions affecting cognition.

[University of New Mexico Hospital \(UNMH\) Consultation and Liaison Service](#)

UNMH, the HSC's primary clinical component, has consistently ranked in the 100 top-performing hospitals in the United States, and ranks among the top 10 academic centers in the nation. The hospital operates New Mexico's only Level I Trauma Center, treating nearly 90,000 emergency patients and more than 450,000 outpatients annually. UNM Hospital serves as the primary teaching hospital for the UNM School of Medicine and is also home to the highly regarded UNM Children's Hospital and the National Cancer Institute-designated UNM Cancer Center.

The Psychiatry Consultation Service at UNMH is interdisciplinary and provides consultation/liaison services for adult inpatient programs. Patients come from all areas of New Mexico, are culturally diverse, and present with a wide variety of compelling and complex issues. The service manages patients with significant psychiatric problems who are admitted for medical issues or surgical procedures. This includes acutely suicidal patients admitted for medical assessment and intervention. Other medical patients, such as those on the Burn and Trauma Service, receive help for significant adjustment problems and loss. The Service may be involved in cases where there are difficult interpersonal interactions between patients, their families and hospital personnel.

[Center for Development and Disability](#)

The Center for Development and Disability (CDD) (<http://cdd.unm.edu/>) consists of numerous programs that provide direct clinical service, case management, leadership education, interdisciplinary training, public education, community support and partnership, policy development and analysis, and applied research for the benefit of individuals with disabilities and their families throughout New Mexico. The programs are administered through the UNM Department of Pediatrics, and funded through various state and federal agencies. CDD is located about 2 miles from the main campus of the UNM School of Medicine, where parking is available.

The Early Childhood Evaluation Program (ECEP) provides multidisciplinary developmental, diagnostic and specialty evaluations for children birth to three throughout the state of New Mexico. ECEP serves a wide-ranging population that reflects the unique and diverse communities of New Mexico. The ECEP team is interdisciplinary and typically includes a pediatrician, speech-language pathologist, occupational or physical therapist, and a psychologist. ECEP conducts approximately 300 evaluations each year that take place in the Albuquerque clinic, family homes, and community sites throughout the state. Approximately half of these clinics are in remote and rural regions of the state, including Native American communities.

The UNM FOCUS program is a Part C Early Intervention provider that targets children birth to three who have been prenatally exposed to drugs and alcohol and their families. The majority of these children and families also present with concurrent environmental risk factors that are identified as primary concerns. Many of the children served have been placed in foster or kinship care and

endure multiple caregiving disruptions and/or overt neglect and abuse. The program provides family medical care, case management, infant mental health, and developmental services for children and families birth to three. Most services are provided in the family home.

Major Clinical Child Elective Rotations

Interns on track 1 (Clinical Child emphasis) choose one of the following major elective rotations. These rotations are designed to allow an intern to focus on a particular area of interest. Each elective is about 1 day per week for 6 months, to be taken during the semester when the primary rotation is at Programs for Children and Adolescents.

1. Acoma-Canoncito-Laguna Hospital Behavioral Health Rotation
2. The Center for Rural and Community Behavioral Health
3. Pediatric Psychology Rotation
4. Pediatric Neuropsychology Rotation
5. School Psychology Consultation Rotation
6. Pediatric Community Outreach Clinic Rotation
7. Carrie Tingley Hospital Pediatric Rehabilitation Rotation-Outpatient
8. Carrie Tingley Hospital Pediatric Rehabilitation Rotation-Inpatient
9. Early Childhood Evaluation Program

1. Acoma-Canoncito-Laguna Hospital Behavioral Health Rotation (Primary Supervisor: Teresa Makowski, Ph.D.)

The Acoma-Canoncito-Laguna (ACL) Service Unit of the Indian Health Service is located on the Acoma reservation, approximately 60 miles west of Albuquerque in a rural setting. It serves two Pueblo Indian tribes (Acoma and Laguna) and a nearby community of Navajo Indians (To'hajiilee). Services include a small general medical inpatient unit, urgent care, emergency room, medical outpatient clinics and walk-in, dental, optometry, public health nursing, and behavioral health. Most physicians are family practice, although there are a couple of internists and a pediatrician. Specialty clinics include Diabetes and Women's Health.

The behavioral health services at ACL hospital are primarily outpatient and multidisciplinary and include psychological and psychiatric assessment, individual and family therapy, medication management, case management, medical social work, case consultation, and crisis intervention. Staff members also interface with community programs, especially the three tribal Behavioral Health programs, which focus primarily on substance abuse services, as well as schools, nursing

home, etc. Many of the clients are children, adolescents, and families living on nearby tribal lands. The Behavioral Health program consists of both mental health and social work services. It is staffed by a Clinical Psychologist/Director, two Social Workers, a Secretary/Receptionist, a part-time Adult Psychiatrist, and a part-time Child and Adolescent Psychiatrist. It is a training site for students from both psychology and social work programs.

Work at ACL requires a generalist perspective as they see the entire range of medical and behavioral health problems. Patients are referred out if they need acute psychiatric hospitalization, residential treatment, substance abuse rehabilitation, or other specialized care. Psychotherapeutic approaches include psychodynamic, interpersonal, cognitive behavioral, traditional Native American, systems, etc. The Behavioral Health Services are closely interfaced with the medical clinics and inpatient unit.

On-site primary supervision is provided by Teresa Makowski, Ph.D., who is the Director of Behavioral Health at ACL Hospital. The rotation is one day per week for 6 months. Interns are encouraged to do both hospital-based and community work. Opportunities for work in the community include domestic violence programs, schools, nursing home, behavioral health programs, etc. Details of the intern's responsibilities are worked out with Dr. Makowski at the beginning of the rotation and may vary with the intern's interests and experience.

2. The Center for Rural and Community Behavioral Health in the UNM Department of Psychiatry (CRCBH) (Primary Supervisor Deborah Altschul, Ph.D.)

The CRCBH provides community oriented services to underserved populations, engages in training and workforce development, and seeks to strengthen behavioral health services research capacity in New Mexico. A major initiative of the CRCBH is to assist rural and Native American communities to expand behavioral health services. Recent projects have included expansion of behavioral telehealth services through a grant from the Health Resources and Services Administration (HRSA), completion of a behavioral health needs assessment for all Pueblos statewide and partnering with Native American communities on grant initiatives.

The fifteen faculty and staff at CRCBH have a variety of expertise including the development of depression screening and suicide prevention awareness programs in school-based health centers, family and community medicine, child and adolescent behavioral health, co-occurring disorders, developmental disabilities, cultural competency, severe and persistent mental illness, Native American behavioral health, and research methods. The center's current research and program development areas include: evidence-based public behavioral health workforce development; behavioral health/primary care interface and training; telehealth/telemedicine; Native American behavioral health issues; service disparities in traditionally underserved populations, and rural psychiatry.

The CRCBH is excited to offer a public behavioral health internship elective for psychology interns. This includes the opportunity to work with a multidisciplinary team, including professionals in psychology, psychiatry, social work, and anthropology. This internship elective is available in both the fall and spring semesters, and requires a time commitment of one day per week for a 6 month period. Projects are assigned based on the needs of the CRCBH and the interests of the intern and are worked out at the beginning of the semester with the supervisor, Deborah Altschul, Ph.D.

Projects have an emphasis on child, adolescent, and adult public mental health, and include activities such as grant writing, public policy development, outcome research and evaluation, clinical/consultative services via telehealth, etc. The emphasis is to provide interns with the opportunity to engage in activities that directly enhance the behavioral health system of New Mexico.

3. Pediatric Psychology Rotation. (Primary Supervisor: Robert Annett, Ph.D.)

This rotation is through the Department of Pediatrics with an emphasis on pediatric neuropsychological evaluations of children with acute and chronic health problems. Pediatric neuropsychological evaluations are completed with a range of children, from 6 months of age up to 16 years, and include children with neurobehavioral and neurodevelopmental compromise, as well as with children and families participating in clinical trials. Interns are expected to gain experience with clinical interviewing, examining neurobehavioral functioning, testing, report preparation, feedback to participants, and school consultation. Experience in working closely with the multiple disciplines within a children's hospital setting will occur. Supplemental readings will be provided to familiarize the intern with the disease and psychological factors associated with pediatric disease.

The intern will participate in one or more of the following subspecialty clinics: Pediatric Oncology Clinics, Behavioral Pediatrics Clinic, or Renal Transplant Clinic. Supervision will be provided by Dr. Annett. The intern will be expected to write/dictate notes on patient contacts, to provide input to the multidisciplinary team, and to participate in staff meetings that occur prior to the clinic. The intern will also be able to provide short-term inpatient/outpatient intervention. This experience can include individual, family, or group therapy. The intern will be expected to meet with Dr. Annett prior to beginning the rotation to discuss his or her responsibilities in more detail and to go over the intern's learning goals for this rotation. Supplemental readings will be provided to familiarize the intern with the nature of the disease processes and the psychological factors associated with these processes.

4. Pediatric Neuropsychology Rotation (Primary Supervisor: Richard Campbell, Ph.D. Dina Hill, Ph.D., or Andrea Sherwood, Ph.D.)

This rotation is offered through the Center for Neuropsychological Services in the Department of Psychiatry. The Center for Neuropsychological Services provides inpatient and outpatient neuropsychological assessment and consultation services for individuals with central nervous system dysfunction. Referrals are received from the University Hospital, UNM Mental Health Center, UNM Children's Psychiatric Center, various school districts, and from clinicians throughout the state.

Pediatric neuropsychology is a specialized area of practice that entails unique procedures and a body of knowledge specific to the area. Given the scope and limitations of this rotation, it is not possible to establish competence in pediatric neuropsychology with the expectation to practice independently as a pediatric neuropsychologist. However, the rotation will provide the intern with the opportunity to gain experience in the neuropsychological assessment process of children with medically related problems and/or psychiatric disorders. For those interns who wish to pursue additional training in neuropsychology, this rotation will be a valuable experience.

For this 6 month rotation, the intern is expected to be available between 8-12 hours per week. The intern learns how to conduct clinical interviews addressing neurocognitive issues associated with various neurological disorders and administer and score a wide variety of neuropsychological tests/instruments for children. The intern also receives exposure to the interpretation process and assists in report writing and feedback to patients and staff. The intern is expected to read assigned supplemental readings, and encouraged to attend various Neurology or Neuroscience Grand Rounds.

5. School Psychology Consultation Rotation (Primary Supervisor: Marcela Acevedo, Ph.D.)

This rotation is through Albuquerque Public Schools serving diverse, high risk, & underserved populations. Interns participate as members of the multidisciplinary Health/Mental Health team. Primarily, this rotation involves consultation with teachers and other school personnel (e.g., social workers, counselors, and administrators), development and implementation of classroom management programs, and psychoeducational presentations to elementary, middle, or high school staff. There are also opportunities for brief individual, family, and group psychotherapy, brief psychological evaluations, crisis intervention, and case coordination.

On-site primary supervision is provided by Marcela C. Acevedo, PhD, who is employed as a school psychologist with Albuquerque Public Schools.

6. Pediatric Community Outreach Clinic Rotation (Primary Supervisor: Mark Pedrotty, Ph.D.)

The Pediatric Community Outreach Clinic (COC) rotation (one day per week for 6 months) offers experience in providing psychological services to children, adults and families as well as direct consultation to health care providers within a pediatric community health clinic setting. The two primary sites are Young Children's Health Center (YCHC) and Children's Hospital at UNM-HSC. The intern will have the opportunity to work alongside a social worker and go directly into the community to provide services. The intern can gain experience in using the Rorschach, TAT, MMPI-A (2), and other personality tests and the CPT-II, Vineland, BASC-2, and IQ and achievement tests. YCHC provides services to indigent populations, some of whom are primarily Spanish speaking and recently immigrated from Mexico. It is helpful to be fluent in Spanish but it is not a requirement. The clinics at UNMCH include the Pediatric Behavioral Clinic (PBC), which primarily focuses on ADHD evaluations and treatment within a multidisciplinary team (i.e., psychologist, pediatrician, and school consultant), and the Healthy Beginnings Clinic, which focuses on evaluation, within a multidisciplinary team, of children who are in the custody of CYFD. Time spent at the PBC offers the opportunity to develop expertise in the assessment and treatment of ADHD. Expectations of workload are negotiated with Dr. Pedrotty at the beginning of the rotation.

7. Carrie Tingley Hospital Pediatric Rehabilitation Rotation-Outpatient

(Primary Supervisor: Mark Pedrotty, Ph.D.)

Carrie Tingley Hospital (<http://hospitals.unm.edu/UNMCTH/Index.shtml>) is a component of UNM Hospital. The outpatient Pediatric Rehabilitation rotation (one day per week for 6 months) offers experience to provide clinical services to persons with disabilities (PWD). The intern has the opportunity to do outpatient work in testing (e.g. personality and cognitive) and therapy (e.g., group, individual, family, and behavioral) with children and adolescents who might have any of a variety of rehabilitation issues (e.g., traumatic brain injury, cerebral palsy, spina bifida, feeding disorders, developmental delays, autism spectrum disorders, chronic pain, encopresis, and other conditions). The intern may also participate in any of the following subspecialty clinics: Cerebral Palsy Clinic, Pediatric Neurobehavioral clinic, Spina Bifida Clinic, Sensory-Behavioral Feeding Clinic, and Traumatic Brain Injury Clinic. Focus of work depends on the interest of the intern. The intern can gain experience in administering the Rorschach, TAT, MMPI-A (2), and other personality tests, the TOMAL, CPT-II, Vineland, BASC-2, BRIEF, and IQ and achievement tests. In addition, there is opportunity to provide services in the community with this population. Group experience will be determined by the intern's interest, as there are a number of possible groups that can be developed during the rotation. The intern will gain experience in working with this rapidly growing population of children with special needs and chronic conditions using a developmental-behavioral systems model as well as working within multidisciplinary or interdisciplinary teams. The primary site for this rotation is at Carrie Tingley Hospital. Expectations of workload is negotiated with Dr. Pedrotty at the beginning of the rotation.

8. Carrie Tingley Hospital Pediatric Rehabilitation Rotation-Inpatient

(Primary Supervisor: Susan Miller, Psy.D.)

Carrie Tingley Hospital (<http://hospitals.unm.edu/UNMCTH/Index.shtml>) is a component of UNM Hospital. The inpatient Pediatric Rehabilitation rotation (one day per week for 6 months) offers experience to provide clinical services to children and adolescents with disabilities on an inpatient unit. Patients on this specialized unit are from all over New Mexico, and have a wide range of problems, including comorbid psychiatric disorders. Interns function as part of a multidisciplinary team under the supervision of Dr. Miller. Details of the rotation depend on the interests of the intern and are worked out in collaboration with Dr. Miller at the beginning of the rotation.

9. Early Childhood Evaluation Program (ECEP) at the Center for

Development and Disability (CDD) (Primary Supervisor: Marcia Moriarta, Psy.D.) *(Note: availability of this rotation is dependent on staffing)*

This elective 6 month rotation for Track 1 interns is offered through the Early Childhood Evaluation Program at the UNM Center for Development and Disability in the Department of Pediatrics. The Early Childhood Evaluation Program (ECEP) provides interdisciplinary developmental assessment, consultative, and follow-up services for children (and their families) birth to three with and at-risk for developmental delays and disabilities. In addition, the ECEP team serves early intervention providers through New Mexico's "Family Infant Toddler" Program via consultation, training and technical assistance. ECEP referrals come primarily from Family Infant Toddler Program providers, Children's Medical Services, pediatricians, the Children Youth and Families Department, and others involved in the care of infants and toddlers.

ECEP's philosophy is family-centered and the approach to evaluation and consultation is truly interdisciplinary. Psychology interns have the opportunity to participate as members of the interdisciplinary assessment team which may include a variety of disciplines, including a pediatrician, occupational therapist, physical therapist, speech-language therapist, and social worker. The intern choosing this rotation learns standardized, play-based and other clinical/observational methods for assessing the developmental, social-emotional, and adaptive capacities of infants and toddlers. Interns also learn to provide thoughtful feedback around evaluation results to families, to write family-centered reports, and to work collaboratively with Early Intervention providers and others serving the needs of very young children. In addition, interns have the opportunity to participate in discipline-specific behavioral and infant mental health consultations referred to the psychologist on the team. Other optional activities include participating in home visits with the ECEP psychologist and social worker, involvement in training and technical assistance activities, using Telehealth for consultation and training, and taking a role in ECEP research activities.

This rotation gives interns interested in early childhood development and infant mental health direct experience working as part of a highly skilled interdisciplinary

team and as a psychological consultant for infants, toddlers, preschoolers and their families. For this rotation, the intern should have excitement and interest in working with young children and their families, and should expect to be available between 8-12 hours per week (including time for report writing).

Internship applicants who would like an expanded emphasis in Early Childhood beyond that offered in this elective rotation, should consider applying to the Early Childhood Track (Track 4) rather than Clinical Child Track (Track 1) of the UNM HSC Clinical Psychology Internship Program.

Minor Elective Rotations

Interns on Tracks 1 (Clinical Child) and 4 (Early Child) choose one minor elective. The total time commitment for the training year is about 5 days (40 hours for the year), arranged on an individual basis with the supervisor. These are for the most part consultative experiences, which take place in a wide variety of settings, in collaboration with other professionals or members of the community. Several opportunities involve public policy and/or advocacy. Consultation involves a variety of activities, such as individual case consultation, training workshops, technical assistance, and program development. Although this is a brief elective, mentoring and professional development are likely to be key elements of these experiences. Additional experiences become available or are developed depending on the interests of the intern.

Interns on Track 2 (Pediatric Neuropsychology) and 3 (Adult Neuropsychology) will, instead, have a Minor Rotation with TEASC-- the Transdisciplinary Evaluation and Assessment for Special Needs Clinic. See details below.

1. Public Policy (emphasis on national initiatives and federal policies)
2. Public Policy (emphasis on NM state legislative issues)
3. Public Policy (emphasis on NM state policy and program development)
4. Public Policy (emphasis on NM state policy/ Children, Youth, and Family Dept)
5. Public Policy and Rural Psychiatry
6. Pediatric Endocrine Outreach Clinic
7. NM Indian Children Program
8. Neuropsychological Outreach on Native American reservation
9. Evaluations for Alcohol-Related Neurodevelopmental Disorder
10. Activities through the Center for Development and Disability
11. School-based Consultation
12. Multisystemic Therapy (MST) and Community Family Team
13. Late Effects Clinic

14. Youth Diagnostic Development Center

15. TEASC

1. Public Policy (Supervisor Ken Martinez, Psy.D.) Emphasis is on national and federal policies and practices affecting children's behavioral health systems especially as they relate to the elimination of disparities in behavioral health; the latest policy, research and practice issues as they relate to empirically supported treatments, evidence based treatments, evidence based practices, practice based evidence and community defined evidence especially as they relate to children and families of color; technical assistance to new and existing children's behavioral health systems of care. The rotation experience will include consultation with children's systems of care throughout the country and other nationally based related work. Dr. Martinez works for the American Institutes for Research in Washington, DC but is based locally. He is on the Board of Directors of the National Latino Behavioral Health Association, the National Alliance of Multi-Ethnic Behavioral Health Associations and the Outcomes Roundtable for Children and Families.

2. Public Policy (Supervisor: Dan Matthews, Ph.D.) Emphasis is on state legislative issues involving mental health and psychology as a profession. This elective is likely to include attendance of some sessions and hearings of the state legislature in Santa Fe. There is also an opportunity to focus on functioning of the NM State Board of Psychologist Examiners.

3. Public Policy (Supervisor: Steve Adelsheim, M.D.) Emphasis is on policy and program development at the state level related to the New Mexico Behavioral Health Collaborative and the restructuring of the state system. Initially the trainee would attend meetings of interest with Dr. Adelsheim to understand the state structure, then work with him and other state leaders to develop an area of policy or program interest to work on over the course of the year. Given the New Mexico system is rapidly evolving, particularly in the child behavioral health area, this is a great opportunity to understand (1) how such change in systems may or may not be successful and (2) how both the state and providers struggle to implement evidence-based change. Dr. Adelsheim is a child psychiatrist at UNM and consultant to the New Mexico Behavioral Health Purchasing Collaborative through the New Mexico Department of Health (DOH).

4. Public Policy (Supervisor: Julienne Smrcka, MA, LPCC) Emphasis is on policy and program development at the state level through the Department of Children, Youth, and Families. Ms. Smrcka, a licensed counselor, serves as the department's first African American Program Services manager. She has been given the task of helping African-American teens stay out of jail, moving children out of the foster care system and strengthening families in the African-American community.

While only 2 percent of New Mexico's children are African American, they make up 4 percent of teens in the juvenile justice system and 6 percent of kids in foster care. Starting with African-American youths, the plan is to look at barriers to services for all minority youth and ethnic groups. This elective is likely to include

attendance at a variety of state meetings related to public programs in behavioral health.

5. Public Policy and Rural Psychiatry (Supervisor: Deborah Altschul, Psy.D.) May involve public policy, grant writing, and/or outreach consultation in rural areas of New Mexico, through the activities of the Center for Rural and Community Behavioral Health in the Department of Psychiatry at UNM.

6. Pediatric Endocrine Outreach Clinic (Supervisor: Amber Hayes, Psy.D.). The intern travels by car or small plane with a multidisciplinary team to clinics around New Mexico to consult on cases of children from birth to 18 years of age with endocrine disorders such as diabetes. There are 2 positions for interns, who attend clinics on different schedules.

7. NM Indian Children Program (Supervisor: Amber Hayes, Psy.D.) This rotation includes participating in behavioral consultation for Native American children with a wide range of presenting emotional and behavioral issues, and providing specialized interdisciplinary evaluation to provide differential diagnosis of autism spectrum disorder. Team members may include clinical psychologist, speech and language pathologist, developmental behavioral pediatrician, and pediatric neuropsychologist, depending on the child's needs and intern experience. The team provides a complete written report to the family and to the referring agency. This is an opportunity to learn about interdisciplinary collaboration with Indian Health Service, pediatricians, local schools, and community agencies providing services to Native American families.

8. Neuropsychological Outreach (Supervisor: P. Kodituwakku, Ph.D.) The intern will participate in neuropsychological evaluations on Native American reservations.

9. Evaluations for Alcohol-Related Neurodevelopmental Disorder (Supervisor: Lou Kodituwakku, Ph.D.) UNM Dysmorphology Clinic

10. Activities through the Center for Development and Disability (<http://cdd.unm.edu/>) in the UNM Department of Pediatrics (Supervisor: Marcia Moriarta, Psy.D. and others) Examples to explore:

- NM Early Childhood Mental Health Training Institute Community Events (Friday mornings three times/year – national speakers on Early Childhood Mental Health topics)
- Leadership in Neurodevelopmental Disorders (LEND) policy and practice seminars
- NM Association for Infant Mental Health Board Meetings
- Childcare consultation with CYFD
- REACH/Telehealth consultation
- Home based intervention/consultation for children birth through five with Autism Spectrum Disorders (ASD)
- Participation in ASD evaluation clinic

11. School-based Consultation (Supervisor: Jerald Belitz, Ph.D.) Consultation to an intensive special education program at a local public high school

12 Multisystemic Therapy (MST) and Community Family Team (CFT) at Programs for Children and Adolescents (Supervisor: Jerald Belitz, Ph.D.)

13. Late Effects Clinic (Supervisors Richard Campbell, Ph.D., Dina Hill, Ph.D., or Rob Annett, Ph.D.) This is a Friday afternoon clinic at UNM Hospital that provides follow-up service for Pediatric Oncology patients. Interns learn about mental health and neuropsychological screening in a pediatric specialty care setting.

14. Youth Diagnostic Development Center (YDDC-New Mexico Girls' School) (Supervisor: George Davis, M.D., William K. Hunt, Ph.D.) This is an opportunity to work with Dr. Davis and/or Dr. Hunt, doing psychiatric and psychological evaluations of adjudicated adolescent girls under commitment in a juvenile justice facility.

15. TEASC (Transdisciplinary Evaluation and Assessment for Special Needs Clinic) is the Minor Rotation for interns on the Pediatric and Adult Neuropsychology Tracks. This is a multidisciplinary clinic involving family practice, pediatric neurology, pharmacy, psychiatry, and neuropsychology. It was established as a resource to support those individuals with developmental disabilities secondary to deinstitutionalization. The clinic is asked to evaluate individuals either with suspected developmental disabilities or with known developmental disabilities and provide recommendations regarding their diagnosis or treatment. CNS has a contract to provide psychological or neuropsychological evaluations to determine the individual's intellectual/adaptive functioning and/or neuropsychological functioning. Referral questions include questions regarding eligibility for Developmental Disability waiver services, diagnostic clarification, and treatment recommendations.

OVERVIEW OF TRACKS

TRACK 1: EMPHASIS ON CLINICAL CHILD PSYCHOLOGY (4 positions)

The purpose of Track 1 is to complete training in the general practice of professional psychology with emphasis on assessment of and interventions with children, youth and families.

For six months (may be first or second half of the year), interns spend about 80 percent of their clinical (non-didactic) time at Children's Psychiatric Hospital and 20% at Programs for Children and Adolescents. During the complementary half of the year, interns spend 75% of their clinical time at Programs for Children and Adolescents and 25% at their chosen Major Elective Rotation. Seminars run most of the year on Tuesday mornings. Interns also chose a Minor Elective

Rotation that is individually arranged with the supervisor for a total of about 40 hours over the whole year.

Children's Psychiatric Hospital

In this major rotation, interns work intensively with children and adolescents in acute care and Residential Treatment Centers (RTCs), orienting treatment toward the child's return to the community. The intern is assigned a primary supervisor from the unit(s) to which he or she is assigned and typically carries three patients at a time. Individual, family, and group therapy and staff consultation are provided by the intern within a team-oriented approach that includes input from the supervisor, the attending psychiatrist, the special education teacher, the unit or cottage program manager, case manager, and mental health technicians.

Psychology Interns are expected to be involved in the treatment team process that includes rounds several times per week and the development of the treatment plan. The intern learns to relate individual treatment to working with the milieu and school staff and the family, as well as the school and community to which the child will eventually be discharged. Sexual Issues Groups are sometimes offered for boys and girls who have been sexually abused or have themselves been abusive. Interns conduct about five psychological evaluations during the semester, supervised by a psychologist other than the primary therapy supervisor, and may also conduct pre-admission evaluations. Interns can elect to do some neuropsychological evaluation with supervision provided by faculty members with expertise in this area.

Programs for Children and Adolescents

During the semester in which interns spend 75% of their clinical time at Programs for Children and Adolescent (PFC&A), they carry individual/family therapy cases, lead groups, and perform comprehensive psychological evaluations. Therapy cases are supervised by a primary and secondary supervisor, with supervision for assessment provide by a third supervisor. Cases are assigned based on both service and training needs. Interns co-lead groups in interns' area of interest with staff. Typical groups include those for survivors of sexual abuse, social skills groups for children and adolescents with developmental disorders, parent-child dyad group for preschoolers, adolescent groups emphasizing gender and ethnic identity issues, therapeutic recreational groups targeting different issues or ages, parenting and problem solving groups. Most evaluations focus on children, but some adults are assessed. Interns complete one evaluation per month during this semester.

During the semester in which interns spend 25% of their clinical time at PFC&A, interns carry fewer cases, for which there is one supervisor. They do not lead groups or perform psychological evaluations at PFC&A during this time.

Major Elective Rotations

Interns on Track 1 (Clinical Child emphasis) choose one of the following Major Elective Rotations. These rotations are designed to allow an intern to focus on a

particular area of interest. Each elective is about one day per week for 6 months, to be taken during the semester when the primary rotation is at Programs for Children and Adolescents. See earlier sections for more detailed descriptions of each Major Clinical Child Elective Rotation.

1. **Acoma-Canoncito-Laguna Hospital Behavioral Health Rotation**
2. **The Center for Rural and Community Behavioral Health**
3. **Pediatric Psychology Rotation**
4. **Pediatric Neuropsychology Rotation**
5. **School Psychology Consultation Rotation**
6. **Pediatric Community Outreach Clinic Rotation**
7. **Carrie Tingley Hospital Pediatric Rehabilitation Rotation-Outpatient**
8. **Carrie Tingley Hospital Pediatric Rehabilitation Rotation-Inpatient**
9. **Early Childhood Evaluation Program**

Minor Elective Rotations

Interns on all tracks choose one minor elective. The total time commitment for the training year is about 5 days (40 hours for the year), arranged on an individual basis with the supervisor. These are for the most part consultative experiences, which take place in a wide variety of settings, in collaboration with other professionals or members of the community. Several opportunities involve public policy and/or advocacy. Consultation involves a variety of activities, such as individual case consultation, training workshops, technical assistance, and program development. Although this is a brief elective, mentoring and professional development are likely to be key elements of these experiences. Additional experiences become available or are developed depending on the interests of the intern. See earlier sections for more detailed descriptions of each Minor Elective Rotation.

1. Public Policy (emphasis on national initiatives and federal policies)
2. Public Policy (emphasis on NM state legislative issues)
3. Public Policy (emphasis on NM state policy and program development)
4. Public Policy (emphasis on NM state policy/ Children, Youth, and Family Dept)
5. Public Policy and Rural Psychiatry
6. Pediatric Endocrine Outreach Clinic
7. NM Indian Children Program
8. Neuropsychological Outreach on Native American reservation
9. Evaluations for Alcohol-Related Neurodevelopmental Disorder
10. Activities through the Center for Development and Disability
11. School-based Consultation
12. Multisystemic Therapy (MST) and Community Family Team
13. Late Effects Clinic
14. Youth Diagnostic Development Center

See also sections:

- ❖ **Children's Psychiatric Hospital**
- ❖ **Programs for Children and Adolescents**
- ❖ **Major Elective**
- ❖ **Minor Elective**

- ❖ [Seminars](#)
- ❖ [Sample Schedules of Internship Tracks](#)

TRACK 2: EMPHASIS ON PEDIATRIC NEUROPSYCHOLOGY (1 position)

The purpose of Track 2 is to complete training in the general practice of professional psychology with emphasis on neuropsychological assessment of children and adolescents with a wide range of central nervous system disorders along with possible opportunities for consultation with medical, psychiatric, and school personnel. This track is designed to meet the Division 40 criteria for training in Neuropsychology. The training model, shared by all tracks within the internship, includes an interdisciplinary, multicultural, and developmental perspective; consideration of internal, external and systemic contextual factors are considered to be integral to psychological assessment, formulation, and therapeutic intervention.

Interns in this track divide their clinical time equally between two major rotations throughout the year. One is at [Programs for Children and Adolescents](#), and the other is at UNM [Center for Neuropsychological Services \(CNS\)](#), where interns perform clinical neuropsychological assessments primarily with children, youth and families. Core seminars are primarily Tuesday mornings and shared with interns from all tracks. The Pediatric Neuropsychology intern also has a Minor Rotation with TEASC (Transdisciplinary Evaluation and Assessment for Special Needs Clinic). This is a multidisciplinary clinic involving family practice, pediatric neurology, pharmacy, psychiatry, and neuropsychology. It was established as a resource to support those individuals with developmental disabilities secondary to deinstitutionalization. The clinic is asked to evaluate individuals either with suspected developmental disabilities or with known developmental disabilities and provide recommendations regarding their diagnosis or treatment. CNS has a contract to provide psychological or neuropsychological evaluations to determine the individual's intellectual/adaptive functioning and/or neuropsychological functioning. Referral questions include questions regarding eligibility for Developmental Disability waiver services, diagnostic clarification, and treatment recommendations.

[Center for Neuropsychological Services](#)

The focus of this rotation is on the evaluation of central nervous system function in individuals (young childhood through young adulthood) with neurodevelopmental disorders (e.g., learning disorders, autistic spectrum disorders, attention deficit hyperactivity disorder), acquired brain disorders or chronic medical conditions (e.g., traumatic brain injury, epilepsy), with emphasis on diagnosis and development of recommendations to help ameliorate the impact of brain impairment on cognitive, social, emotional, and educational functioning.

Interns develop and hone their clinical skills regarding how to conduct clinical interviews that address neurocognitive issues associated with various neurological disorders, the designing of appropriate neuropsychological test batteries based on the patient and the referral questions, along with the administration, scoring and interpretation of a wide variety of neuropsychological tests/instruments for children and adolescents. The intern also receives training in report writing and providing feedback to patients and referring clinicians. The intern is expected to read assigned supplemental readings, and may also attend various Neurology or Neuroscience Grand Rounds. Supervision by pediatric neuropsychologists with extensive experience in the neuropsychological assessment of children and adolescents with a wide range of patient populations is provided on-site.

Primary supervisors for this rotation at CNS are Rick Campbell, Ph.D., Dina Hill, Ph.D., and Andrea Sherwood, Ph.D. The intern conducts outpatient and inpatient neuropsychological evaluations, writes comprehensive reports and provides feedback/consultation to families, schools, and/or medical providers. There are also opportunities for testing adults with various central nervous system dysfunction, such as pre and post surgical neuropsychological evaluations for individuals with epilepsy. Faculty at CNS are actively involved in various collaborative research projects in which the intern may have the opportunity to be involved.

[Programs for Children and Adolescents](#)

Half the clinical time all year is with [Programs for Children and Adolescents](#), where they have 2 clinical supervisors.

See also sections:

- ❖ [Center Neuropsychological Services](#)
- ❖ [Programs for Children and Adolescents](#)
- ❖ [Seminars](#)
- ❖ [Sample Schedules of Internship Tracks](#)

TRACK 3: EMPHASIS ON ADULT NEUROPSYCHOLOGY (1 position)

The purpose of Track 3 is to complete training in the general practice of professional psychology with emphasis on the neuropsychological assessment of adults with a wide range of central nervous system disorders. This track is designed to meet the Division 40 criteria for training in Neuropsychology. The training model, shared by all tracks within the internship, includes an interdisciplinary, multicultural, and developmental perspective; consideration of internal, external and systemic contextual factors are considered to be integral to psychological assessment, formulation, and therapeutic intervention.

Interns on this track have three major yearlong required clinical rotations. Interns devote 50% of their clinical time (non-didactic) to neuropsychological assessment and supervision through placement at the UNM [Center for Neuropsychological](#)

Services (CNS). This includes outpatient and inpatient assessments, consultations on the Geriatric Inpatient Unit of the UNM Psychiatric Center as well as on other medical services of UNM Hospital. The second yearlong clinical rotation is one day per week with the **UNMH Consultation and Liaison Service**. The third yearlong major clinical rotation is one day per week at **Programs for Children and Adolescents**. Core seminars are primarily Tuesday mornings and shared with interns from all tracks.

The Adult Neuropsychology intern also has a Minor Rotation with TEASC (Transdisciplinary Evaluation and Assessment for Special Needs Clinic). This is a multidisciplinary clinic involving family practice, pediatric neurology, pharmacy, psychiatry, and neuropsychology. It was established as a resource to support those individuals with developmental disabilities secondary to deinstitutionalization. The clinic is asked to evaluate individuals either with suspected developmental disabilities or with known developmental disabilities and provide recommendations regarding their diagnosis or treatment. CNS has a contract to provide psychological or neuropsychological evaluations to determine the individual's intellectual/adaptive functioning and/or neuropsychological functioning. Referral questions include questions regarding eligibility for Developmental Disability waiver services, diagnostic clarification, and treatment recommendations.

Center for Neuropsychological Services

Interns on the Adult Neuropsychology track learn to conduct clinical neuropsychological interviews, to design appropriate neuropsychological test batteries based on patient and referral questions, to administer, score and interpret a wide variety of neuropsychological tests/instruments, and make recommendations to help ameliorate the impact of brain impairment on cognitive, social, emotional, and occupational functioning. Interns receive comprehensive training in clinical interviewing, appropriate administration and scoring of neuropsychological assessment measures, personality and psychopathology diagnostic testing, integration of test data with clinical interview, medical records and other sources of information, report writing, providing feedback to patients, families, referring clinicians, and multidisciplinary treatment teams. Typical adult referral questions may involve the early identification of dementias, assessment of cognitive functioning following head trauma, making competency and care recommendations for patients with neurological disorders, or assisting with differential diagnosis in patients with complex medical or psychiatric conditions affecting cognition. Expectations of the intern and intensity of supervision will be adjusted throughout the year as the intern makes progress toward independent practice.

As part of their training, interns are also regularly assigned to read relevant supplemental materials associated with cases with which they are involved. Interns may also attend various UNM Hospital Teaching Rounds as part of their didactic learning such as those in Neurology, Neuropathology, and Psychiatry. Supervision by neuropsychologists with extensive experience in the neuropsychological assessment of adult patients with a wide range of patient

populations is provided on-site. While the majority of the assessments are with adult patients, pediatric neuropsychologists at CNS may supervise some neuropsychological assessments of young children or adolescents.

Outpatient evaluations take place at the CNS office. Inpatient evaluations may take place on any medical service at UNM Hospital. At the UNM Psychiatric Center Geriatric Unit, interns will function as part of a multidisciplinary team (including psychiatrists, case managers, nurses, and other specialties) alongside the clinical neuropsychological supervisor.

The primary supervisors for the track 3 CNS rotation include Robert Thoma, Ph.D., a clinical neuropsychologist who splits his time between clinical work at CNS and brain imaging research at the nearby UNM MIND Institute, and John King, Ph.D., ABPP, APCN. Other supervisors from CNS and other departments are also available.

University of New Mexico Hospital (UNMH) Consultation and Liaison Service

The Psychiatry Consultation Service at UNMH provides consultation/liaison services for adult inpatient programs. UNMH is a tertiary treatment center, the primary teaching hospital for University of New Mexico Health Sciences Center/School of Medicine, the Bernalillo County hospital and the state's only Level I Regional Burn and Trauma Center. Therefore this service consults on a wide variety of compelling and complex patients from throughout the state of New Mexico, including the Navajo Nation and numerous Pueblos.

The consultation service consists of psychiatrists, psychologists, advanced practice nurses, and social workers. Trainees also come from varied disciplines including Psychology interns, Psychiatry residents, Internal Medicine residents, Family Practice residents, and medical students. Thus, the Psychiatry Consultation Service is a multidisciplinary service in which many disciplines have input on each patient.

The Consultation Service is also the main clinical interface with the physicians and other clinicians at University Hospital. The caseload consists of some of the most highly acute psychiatric patients, such as those who have made suicide attempts serious enough to warrant a medical hospitalization.

In addition, the Consultation Service becomes involved in legally and ethically complex cases at the UNMH, including those in which a patient's decisional capacity and right to refuse or choose treatment is in question. The Service is usually involved in cases where there are difficult interpersonal interactions between patients, their families and hospital personnel. They aid in the management of delirious and agitated patients, and manage patients who have psychiatric problems such as Major Depression, Acute Stress Disorder, Schizophrenia or Bipolar Disorder who are admitted for medical or surgical reasons. Service staff are also actively involved with the Burn and Trauma Service--caring for their patients with severe burns, loss of family members, loss

of functioning, and traumatic brain injuries. Patient assessments are varied, including, for example, patients with suspected pseudoseizures.

Consultation and liaison services include gathering history about the patient, performing a psychological evaluation, following up during the hospitalization, and treatment planning. Treatment planning often involves medication and behavioral intervention, which may shorten the patient's length of stay and reduce frequency of outpatient follow-up appointments. The Service also coordinates with outside treatment providers to ensure a coordinated plan for treatment while at UNMH, to decrease duplication of effort. Discharge planning can include triaging the patients back into the primary treating community resource, making new referrals to the appropriate community resource, or coordinating an inpatient hospital stay at the appropriate facility. The Psychiatry Consultation Service staff members have direct admitting privileges to the University of New Mexico Mental Health Center, and have excellent working relationships with the admitting departments of all psychiatric hospitals in the community.

The primary supervisor for the UNMH Consultation and Liaison Service Rotation is Attending Psychologist Janet Robinson, Ph.D. Dr. Robinson is also the department manager. She holds a faculty appointment in the Department of Psychiatry and is actively involved in multidisciplinary training. Her professional interests include the study of parasuicidal and suicidal behavior, acute stress disorder following accidents, and decision-making capacity of the medically ill patient.

[Programs for Children and Adolescents](#)

Interns provide individual and family therapy one day per week all year, with primary focus on adolescents and their families. Supervision will be with one of the clinical psychologist faculty. One of these cases will be supervised through the yearlong Peer Supervision Seminar, led by the PFC&A Clinical Director, Jerald Belitz, Ph.D.

See also sections:

- ❖ [Center for Neuropsychological Services](#)
- ❖ [UNMH Consultation and Liaison Service](#)
- ❖ [Programs for Children and Adolescents](#)
- ❖ [Seminars](#)
- ❖ [Sample Schedules of Internship Tracks](#)

TRACK 4: EMPHASIS ON EARLY CHILDHOOD (1 position)

The purpose of Track 4 is to complete training in the general practice of professional psychology with emphasis on early childhood mental health and development. The training model, shared by all tracks within the internship, includes an interdisciplinary, multicultural, and developmental perspective; consideration of internal, external and systemic contextual factors are considered

to be integral to psychological assessment, formulation, and therapeutic intervention.

Interns on this track have two major yearlong clinical rotations. Half the intern's clinical time (non-didactic) will be with the Early Childhood Programs (ECEP) at the [UNM Center for Development and Disability \(CDD\)](#). This includes a variety of outpatient clinical experiences in developmental evaluation, psychological assessment, and psychotherapeutic intervention with children birth through adolescence and their families. The other half-time rotation will be at [Programs for Children and Adolescents](#). Core seminars are primarily Tuesday and Thursday mornings and shared with interns from all tracks. Interns also choose a [Minor Elective](#).

[Center for Development and Disability](#)

The core experiences of the rotation will be through the Early Childhood Division of the UNM [Center for Development and Disability \(CDD\)](#). Clinical service will be primarily with two of their programs: (1) the Early Childhood Evaluation Program (ECEP); and (2) the UNM FOCUS Program. The intern then chooses, in collaboration with the supervisor, to be involved with one or more additional CDD programs, such as the REACH Telehealth Consultation Services, or CYFD (New Mexico Children, Youth, and Family Department) Child Care Consultation Services. The major supervisor for the rotation is Marcia Moriarta, Psy.D., Director of the Early Childhood Evaluation Program.

For ECEP evaluations, the intern provides developmental evaluation, psychological assessment, and infant/early childhood mental health consultation and treatment services for children birth to three and their families. Interns participate as part of a multidisciplinary team which typically includes a developmental/behavioral pediatrician, occupational or physical therapist, and speech-language pathologist. Evaluations take place in the Albuquerque clinic, family homes, and community sites throughout the state. Approximately half of ECEP clinics include travel to outreach communities that involves overnight stays in remote and rural regions of the state, including Native American communities. The psychology intern will have the opportunity to participate in all types of evaluations including overnight outreach clinics under the supervision of a licensed psychologist.

During ECEP clinic, the intern will administer standardized and informal evaluation procedures appropriate for children birth to three including developmental measures such as the Bayley-III or Mullen Scales; Adaptive Measures including the Vineland and SIB-R, as well as measures of behavioral and social-emotional functioning such as the Infant-Toddler Social-Emotional Assessment (ITSEA), BASC-II and others. The psychology interns will be exposed to the Diagnostic Classification: 0 to 3 and become familiar with appropriate diagnoses of infants and toddlers. Referral questions for children seen by ECEP include, but are not limited to:

- Early diagnosis of Autism Spectrum Disorders

- Evaluation of medical and biological factors impacting developmental concerns
- Evaluation of behavioral and regulatory concerns
- Evaluation to better understand the impact of caregiving disruptions and trauma on current development and behavior
- Comprehensive developmental assessment to support early intervention providers who are finding certain children challenging to work with for a variety of reasons

In addition to developmental and diagnostic evaluation, the psychology intern may also provide additional psychological assessment and consultation services when behavioral, relational, and/or mental health concerns are identified as a result of the multidisciplinary team evaluation and further evaluation/follow-up is advised. In these instances, the intern will conduct additional psychological evaluation and provide feedback to the ECEP team, child's family, and community providers working the child. Short-term consultation to assist families and providers to expand their understanding of the child, support implementation of recommendations, model specific intervention strategies, and support links to additional community services might be included in this extended psychological evaluation service. Consultation services may be provided face-to-face for local metro region families/providers or via telehealth for families served in rural areas.

FOCUS Program: The UNM FOCUS program is a Part C Early Intervention provider that targets children birth to three who have been prenatally exposed to drugs and alcohol and their families. The majority of these children and families also present with concurrent environmental risk factors, and many of the children served endure multiple caregiving disruptions and/or overt neglect and abuse. The program provides family medical care, case management, infant mental health, and developmental services for children and families birth to three. Working as part of an interdisciplinary team, the psychology intern provides infant-parent and child/family psychotherapy services for children/families in the FOCUS program when referred by program staff. Most services are provided in the family home, and the intern must be comfortable with a home visitation model. The intern will have the opportunity to learn and practice evidence-based models including infant-parent psychotherapy, interaction guidance, and other intervention models consistent with an attachment and infant mental health theoretical perspective.

REACH Telehealth Consultation Services: The psychology intern will have the opportunity to participate with his or her supervisor in providing mental health consultation services related to behavioral difficulties and infant mental health to rural Part C Early Intervention Providers serving children birth to three and their families via telehealth technologies. New Mexico is one of nine states in the country that qualifies children for Part C services based on "environmental risk" factors that can lead to developmental and behavioral difficulties.

CYFD Child Care Consultation Services: Through a new initiative recently funded by the NM State Legislature, the psychology intern will have the opportunity to provide consultation to up to eight early childhood inclusion

specialists supporting the full inclusion of children with special needs, including behavioral health needs, in child care settings.

Psychology interns are encouraged to participate in a variety of policy discussions and leadership groups, and be involved in legislative initiatives related to mental health services. See Minor Elective options at CDD for such opportunities.

Typical Caseload at CDD

- 2-4 multidisciplinary Early Childhood Evaluations per month
- 3-5 Infant/Child-Parent psychotherapy cases through UNM FOCUS programs
- Optional clinical/professional experiences as negotiated with supervisors

Facilities/Resources/Space/Mileage & Travel for CDD rotation

- In addition to cubicle space, computer and phone access, a cell phone will be provided for off-site home visits.
- The CDD has multiple rooms equipped with one-way mirrors/sound systems, and videotaping capacity for supervision
- Interns will be expected to use their personal vehicles for travel to local home and metro community sites (unless traveling with the ECEP team). Interns will be reimbursed for mileage by the UNM FOCUS program and/or ECEP depending on the nature of travel.
- Travel to ECEP clinics at local and outreach community locations will take place in CDD/UNM vans – unless the intern has made alternate plans to use his or her vehicle. In these instances, (i.e. the intern selects to use his or her own vehicle when group travel is an option) mileage will not be reimbursed unless approved by the program director.
- During ECEP outreach travel, interns will be reimbursed for hotel costs, and daily per diem at standard rates set by the university.

Programs for Children and Adolescents

Early Childhood interns will devote 50% of their clinical time yearlong to [Programs for Children and Adolescents](#). This will include clinic-based outpatient treatment of a highly diverse population of severely emotionally disturbed children and adolescents primarily ages 4 through 17 and their families and psychological assessments. Group therapy hours may substitute for some of the caseload. The intern will have both an assessment and therapy supervisor. One of the therapy cases will be supervised through the yearlong Peer Supervision Seminar, led by the PFC&A Clinical Director, Jerald Belitz, Ph.D.

Minor Elective Rotations

Interns choose one minor elective. The total time commitment for the training year is about 5 days (40 hours for the year), arranged on an individual basis with the supervisor. These are for the most part consultative experiences, which take place in a wide variety of settings, in collaboration with other professionals or members of the community. Several opportunities involve public policy and/or advocacy. Consultation involves a variety of activities, such as individual case

consultation, training workshops, technical assistance, and program development. Although this is a brief elective, mentoring and professional development are likely to be key elements of these experiences. Additional experiences become available or are developed depending on the interests of the intern. See earlier sections for more detailed descriptions of each rotation.

1. Public Policy (emphasis on national initiatives and federal policies)
2. Public Policy (emphasis on NM state legislative issues)
3. Public Policy (emphasis on NM state policy and program development)
4. Public Policy (emphasis on NM state policy/ Children, Youth, and Family Dept)
5. Public Policy and Rural Psychiatry
6. Pediatric Endocrine Outreach Clinic
7. NM Indian Children Program
8. Neuropsychological Outreach on Native American reservation
9. Evaluations for Alcohol-Related Neurodevelopmental Disorder
10. Activities through the Center for Development and Disability
11. School-based Consultation
12. Multisystemic Therapy (MST) and Community Family Team
13. Late Effects Clinic
14. Youth Diagnostic Development Center

See also sections:

- ❖ Center for Development and Disability
- ❖ Programs for Children and Adolescents
- ❖ Minor Elective
- ❖ Seminars

Sample Schedules of Internship

SEMINARS

Core required seminars are held primarily on Tuesday mornings throughout most of the year and are required for interns on all tracks. Some seminars are multidisciplinary.

1. Psychotherapeutic Interventions. Among the modalities covered are structural and strategic family therapy, solution-focused therapy, Dialectical Behavioral Therapy, and social constructionist/narrative therapy; topics in the assessment and treatment of trauma disorders; and developing a multidimensional perspective. The seminar incorporates a multicultural and developmental perspective and utilizes a combination of lectures, role playing, videotapes, and observations of live sessions by faculty and other trainees.
2. Ethics, Law, and Critical Reasoning. The primary focus of this seminar is on legal, ethical, and professional issues in working with children, adolescents, adults and families and on topics of special interest. An interdisciplinary and multicultural perspective is taken in addressing each topic. Among the topics covered are: confidentiality and privileged

- communications, sexual misconduct, dual relationships, feminist therapy ethics, managed care, rural mental health, custody evaluations, supervision, and ethical guidelines for working with ethnic, linguistic and culturally diverse populations.
3. Multicultural Seminar. The first part of this seminar is experiential and directed toward exploring our own attitudes, feelings, experiences, and values regarding cultural and individual diversity. The next part of the seminar includes didactic presentations and discussion of various aspects of cultural and individual diversity in psychotherapy and assessment.
 4. Peer Supervision and Consultation. In this year-long weekly seminar, a faculty member facilitates peer supervision and consultation for 7 ongoing outpatient cases—one for each of the interns. This seminar will expose the psychology interns to practical, ethical and professional issues related to the areas of supervision and consultation. Some sessions include a didactic component that will explore a variety of theoretical models of supervision and consultation.
 5. Psychological Assessment Seminar. This year-long advanced seminar covers interviewing, projective and objective tests with focus on developmental and cultural issues including some applications across the lifespan. Specialty training in assessments related to early childhood, pediatric and adult neuropsychology will be covered in track-related supervision.
 6. Psychopharmacology for Non-Physicians. The purpose of this brief seminar is to inform psychology interns about psychotropic medications. Additional didactics on use of psychotropic medications in adults will be provided through Track 3 rotations.
 7. Neuropsychological Assessment. This is an overview designed for a multidisciplinary group. The Track 3 intern will receive more detailed instruction on Track 3 rotations.
 8. Family Therapy
 9. Play Therapy, including topics on early childhood development, dyadic therapy, pervasive developmental disorders, and attachment
 10. Applied Clinical Hypnosis for Children and Adolescents (*availability dependent on interest and scheduling*). The objective of the clinical hypnosis seminar is to introduce to psychology interns to hypnosis as a viable clinical tool for a wide range of clinical problems. The seminar will follow the American Society of Clinical Hypnosis standards for the content of workshops and courses. The seminar will address the definitions, history, and theories of hypnosis; myths and misperceptions of hypnosis; hypnosis and memory; presenting hypnosis to the patient; informed consent; ethical principles; professional conduct; certifications; principles and process of induction and realerting; principles in formulating hypnotic suggestions; demonstrations of hypnotic inductions; and applications to child and adolescent clinical populations. The instructor will provide supervised small group practice of hypnotic inductions.

Other seminars and didactics are open to all tracks, but may be more relevant the program for some interns more than others:

1. Case conferences on the inpatient psychiatric Geriatric Ward
2. Case conferences in the Department of Neurology
3. The Department of Psychiatry offers Grand Rounds every Friday with nationally and regionally recognized guest speakers
4. Rural Psychiatry

SELECTION CRITERIA

Seven interns (4 clinical child, 1 pediatric neuropsychology, 1 adult neuropsychology, and 1 early childhood) are selected each year. Intern applicants must be at least third-year doctoral students in psychology from clinical, counseling, or school psychology graduate programs accredited by the American Psychological Association (APA). Preference is given to Ph.D. programs, but Psy.D. and Ed.D. programs are acceptable. Applicants must have passed their doctoral comprehensive exams by the internship application deadline of November 1. Approval of dissertation proposal is desirable but not required.

Applicants re-specializing in clinical psychology may be considered only if they have followed APA guidelines, which require a return to graduate school for necessary course work. A statement from the director of the graduate clinical training program that all requirements for clinical psychology specialization have been completed will be requested.

Substantial course work and practica in clinical and developmental psychology are required. A minimum of 400 hours of clinical practica is required. Previous course work must include cognitive and personality testing, personality theory, developmental psychology, psychopathology (child-related for Tracks 1, 2, and 4), psychotherapy (child-related for Tracks 1, 2, and 4), and professional ethics. Additional course work in adult psychotherapy, community psychology, family therapy, and behavior therapy and a practicum in psychological assessment are desirable.

Applicants to the Pediatric and Adult Neuropsychology Tracks must also have specific graduate level coursework and practicum experiences in neuropsychological assessment, including normal development of brain and behavior, psychopathology, assessment of intelligence, achievement, and psychopathology, neuropsychology, and supervised practica in assessment and neuropsychology. For the Pediatric Neuropsychology track, the coursework and practicum experiences should include significant focus on children and adolescents.

All materials are reviewed by the Psychology Internship Training Committee with regard to academic training, and practica in therapy and assessment. The committee also considers the potential match between the applicant's interests and career goals and the internship's training goals.

All applicants are notified by email on or before December 15, whether or not they are being offered an interview for further consideration. Program coordinators work with interviewees to schedule one of the approximately 5 interview dates available in January. Each interviewee is scheduled for 3 interviews with faculty members, including the Training Director (or Chief Psychologist), lunch with a current intern, a tour of sites, and a meeting with the program coordinator regarding benefits. Phone interviews are available.

Applicants are encouraged to call or visit the program for more information at any time. Final ranking for each of the 4 program tracks by the Psychology Internship Training Committee is based on both the written application and interview, and includes consideration of goodness of fit. Current interns are members of the selection committee.

Applicants should note that New Mexico law requires fingerprinting and criminal background checks for staff, employees, and student interns working in licensed programs for children. Fingerprinting is done during internship orientation. Any intern who does not clear the background check, however, is not eligible to work in our facilities and will not be able to complete our internship. For further details, please read the New Mexico Administrative Code 8.8.3 (search internet for NMAC 8.8.3).

The internship conforms to all APPIC selection policies (please see the APPIC web site at www.appic.org). This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant. The internship is APA-accredited. Applicants may contact the American Psychological Association by phone at 202 336 5979, by mail at 750 First Street, N.E. Washington, D.C. 20002 or on the web at www.apa.org.

APPLICATION MATERIALS AND DEADLINE

Our program uses the AAPI Online (universal electronic application form from APPIC). Please see appic.org website for detailed instructions. Although we no longer require any addendum, ***all intern applicants must clearly indicate in their AAPI application letter, to which of the four program track(s) they are applying and their track preferences.*** Three or more letters of reference are required, at least one of which is from a faculty member of your academic program very familiar with your academic work and another from someone very familiar with your clinical work. ***Application Deadline is November 1.***

CONTACT INFORMATION

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E-mail: psychologyinternship@salud.unm.edu
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MSC09 5030
1 University of New Mexico
Albuquerque, NM 87131-0001

STIPENDS AND BENEFITS

Annual intern stipend is a minimum of \$17,500 for a 12-month, full-time internship from July 1 through June 30 of the training year. The intern receives two weeks annual leave, two weeks sick leave, and one week professional leave. Health insurance is also provided for the intern.

OTHER FACILITIES AND RESOURCES

The general, medical, and law libraries of the University of New Mexico, at which interns have checkout privileges, are close to the primary clinical placements. Interns also have access to UNM computer facilities as well as electronic databases. Interns are invited to attend the weekly Departmental Conference of the UNM Department of Psychiatry, which often presents nationally and internationally known speakers, and other conferences sponsored by the Department of Psychiatry. Other workshops, seminars, and conferences are sometimes offered by other agencies or departments at reduced rates or free of charge to Department of Psychiatry trainees.

STARTING DATE

The July 1 starting date permits psychiatry residents and fellows, and psychology interns to begin at the same time.

EVALUATIONS

The training director, clinical supervisors, and intern formally evaluate the intern's progress and the training experience at the end of each rotation or twice during the year. Interns also set their own goals for the year. The Director of Training meets with interns individually several times during the year to discuss progress on interns' goals, and to help integrate the evaluations by multiple supervisors. The evaluations provide an occasion to alter an individual intern's program, when appropriate, and to improve the overall training program. Competency expectations, assessed by each supervisor for each area of training, are used as standards of the intern's progress and level of attainment. At midyear and at the end of the internship year, the training director integrates these separate evaluations into an overall written evaluation, which is sent to the intern's graduate program. An informal evaluation of each intern is held at three and nine

months with each supervisor to provide early feedback and, if necessary, guidance or remediation to assist the intern in his or her progress in the program.

The intern evaluates each seminar and supervisor, and at the end of the year the intern evaluates the internship program. A training committee meets monthly to address training issues, planning for individual interns, and evaluations.

After the internship year, interns are contacted periodically in order to evaluate their long-term progress. Relative to psychology internship training goals, information is requested on current location and responsibilities, populations served, and self-ratings on skills used in current jobs. Also, with the intern's permission, other people may be asked to rate their current work in specific skill areas. These ratings are compared with the training goals required during the internship year in order to improve the internship program.

CORE PSYCHOLOGY FACULTY

- Deborah B. Altschul, Ph.D. (University of Georgia), Assistant Professor of Psychiatry, Center for Rural and Community Behavioral Health. Cultural competency in mental health delivery and treatment outcome effectiveness. Clinical supervision. Public Policy.
- Jerald Belitz, Ph.D. (University of New Mexico), Professor of Psychiatry, Chief Psychologist of the Department of Psychiatry; Chief Psychologist of the Division of Child and Adolescent Psychiatry, Clinical Director of Children's Psychiatric Center – Outpatient Services - Psychotherapy with Children and Adolescents and their Families with an interest in Affective Disorders and Impulse and Conduct Disorders; School Consultation; Teaching and Supervision; Ethical Issues
- Artemio Brambila, Ph.D. (California School of Professional Psychology - Fresno), Associate Professor of Psychiatry, Children's Psychiatric Center, Director of Clinical Treatment Services, - Assessment of Ethnic Minority Children and Adults; Rural Mental Health; Role of Language Proficiency and Language Dominance in the Development of Emotions and Cognitions and Clinical Hypnosis
- Richard A. Campbell, Ph.D. (Utah State University), Professor of Psychiatry; Center for Neuropsychological Services of the Department of Psychiatry - Neuropsychological Assessment of Children/Adolescents with neurodevelopmental disorders; Neuropsychological assessment of Adults with Epilepsy and Developmental Disabilities; Research Interests Include Neuropsychological and Neuroimaging Correlates of Children with Attention Deficit Hyperactivity Disorder, Juvenile Myotonic Dystrophy, Traumatic Brain Injury, Cerebral Palsy, Early Onset Schizophrenia, Pediatric Oncology, and Dyslexia, as well as patients (adults and children) undergoing surgical intervention for temporal lobe epilepsy.
- Dina E. Hill, Ph.D. (University of New Mexico), Assistant Professor of Psychiatry, Center for Neuropsychological Services of the Department of Psychiatry. Neuropsychological Assessment of Children and Adolescents in both Inpatient and Outpatient Settings. Interests Include Assessment and Intervention of Children with Autistic Disorder, Mental Retardation, and Learning Disorders. Research Interests Include Neuropsychological and Neuroimaging Correlates of ADHD, Autistic Disorder, and Dyslexia
- Mary C. Kaven, Ph.D. (University of New Mexico), Professor of Psychiatry, Director of Training, Clinical Psychology Internship Program. Children's Psychiatric Center- Inpatient Services. Assessment and Treatment of Trauma Disorders, Dissociative Disorders, and Psychotic Disorders. Psychological/Neuropsychological Assessment.

John King, Ph.D., ABPP, APCN (St Louis University). Center for Neuropsychological Services. Neuropsychological assessment of adults and children with various neurological and psychiatric disorders. Research Interests: Malingering/Insufficient Effort; General medical conditions and their impact on neurocognitive functioning; Neoplasms and quality of life; Ability to give/withhold informed consent

Marcia L. Moriarta, PsyD. (California School of Professional Psychology – Los Angeles), Assistant Professor of Pediatrics; Manager Clinical Treatment Programs, Early Childhood Evaluation Program, Dept. of Pediatrics, – Infant and Early Childhood Mental Health Assessment, Treatment and Consultation; Psychotherapy with Children and Families; Training and Supervision; Attachment-related difficulties and Foster Care; Regulatory Disorders and Neurobiological Vulnerability in Young Children; Psychoeducational Assessment; Dyadic Treatment Models; and the use of videotape and in child/family psychotherapy

Sergio Naranjo, Psy.D. (Central Michigan University) Assistant Professor, Programs for Children and Adolescents. Assessment and Treatment of Severely Emotionally Disturbed Children; Cultural Issues; Gender Role Conflicts

Mark H. Pedrotty, Ph.D. (Loyola University of Chicago), Associate Professor of Pediatrics; Adjunct Dept of Psychology, Cultural Issues in Treatment; Pediatric Rehabilitation and Behavioral Medicine; Outcome measurement; Quality of Life, Behavioral Feeding Program; Psychological/Cognitive Assessment

Janet Robinson, Ph.D. (University of New Mexico). Attending Psychologist at UNM Hospital Consultation and Liaison Service. Professional interests include the study of parasuicidal and suicidal behavior, acute stress disorder following accidents, and decision-making capacity of the medically ill patient

Mary Shapiro, Ph.D. Staff Psychologist, Children's Psychiatric Hospital. Play therapy. Early childhood development. Inpatient treatment.

Andrea Sherwood, Ph.D. (University of New Mexico). Staff Neuropsychologist at the UNM Center for Neuropsychological Services. Neuropsychology. Cultural Issues. Effects of Drugs of Abuse.

Robert J. Thoma, Ph.D. (University of New Mexico). Associate Professor of Psychiatry; Assistant Director for Adult Neuropsychology and Clinical Neuropsychologist, Center for Neuropsychological Services (CNS), Research Scientist, Mental Illness Neuroscience Discovery (MIND) Institute

Luis A. Vargas, Ph.D., (University of Nebraska-Lincoln), Associate Professor of Psychiatry; Cultural Issues in Psychology; Assessment and Treatment of Emotionally Disturbed Children and their Families

ADJUNCT PSYCHOLOGY FACULTY

Marcela C. Acevedo, Ph. D. (Pennsylvania State University), Clinical Assistant Professor of Psychiatry - Cultural Issues in Assessment and Treatment of Minority Children; Role of Acculturation and Latino Heterogeneity in Assessment and Treatment; Cross-Ethnic Measurement Equivalence; Development of Emotion Regulation; Cognitive-Behavioral Treatment of Juvenile Sexual Offenders

Allan Anfinson, Ph.D. Developmental psychologist at Center for Development and Disabilities, UNM Dept of Pediatrics

Robert D. Annett, Ph.D. (Loyola University of Chicago), Professor of Pediatrics - Pediatric Psychological/Neuropsychological Assessment; Brief Intervention in Pediatric Primary Care and Subspecialty Clinics; Research activities include long-term neuropsychological effects of medical treatments, and family decision making regarding research participation

William Apfeldorf, M.D., Ph.D. (Yale University). Assoc Prof of Psychiatry. Medical Director of UNM Psychiatric Center. Director Geriatric Psychiatry Unit at UNM Psychiatric Center

Robert Bailey, M.D., Professor of Psychiatry; Associate Dean for Clinical Affairs, UNM Health Sciences Center – Psychodynamic Psychotherapy; Play Therapy; Object Relations; Philosophical Issues in Psychiatry; Child Mental Health Systems of Care; Psychiatric Informatics

Jeanne Bereiter, M.D., Assistant Professor of Psychiatry, Director of Training for the Division of Child and Adolescent Psychiatry. Children's Psychiatric Center –RTC and Outpatient Services Psychopharmacology clinics; Background in Family Medicine as well as psychiatry, as a Family Practitioner in Inuvik, Northwest Territories, working with Inuit and First Nations (Dine) patients, and working in a Community Mental Health Center in Anchorage for 5 years; extensive experience treating homeless adults with schizophrenia; inpatient and outpatient child and adolescent psychiatry.

George Davis, M.D., Clinical Assistant Professor of Psychiatry. Private Practice. Adolescent Development; Delinquency; Systems of Care, Severe Behavior Problems in Young Children

- Thomas L. Dimperio, Ph.D., Private Practice, Clinical Assistant Professor – Current focus on Geriatric population. Personality Disorders across the Lifespan. Psychological Assessment
- Amber Hayes, Psy.D. (Georgia School of Professional Psychology/Argosy University), Assistant Professor of Pediatrics. Pediatric Psychology and Consultation; Inpatient Pediatric Rehabilitation.
- William Foote, Ph.D. ABPP. Clinical Associate Professor of Psychiatry. Private Practice Forensic Psychology. Fellow of the American Psychological Association. Psychological Evaluation and the ADA; Ethical use of psychology in the courtroom; Sex abuse by teachers and clergy; Professional ethics in forensic psychology; Harassment and discrimination
- Anju Jaiswal, M.D., Assistant Professor Psychiatry. Inpatient/RTC children and adolescents
- Cynthia King, M.D., Assistant Professor of Psychiatry – Working with Deaf/Hard of Hearing Children and Their Mental Health Issues. Early Childhood. Attachment.
- Elizabeth Kodituwakku, Ph.D. (University of New Mexico). Clinical Assistant Professor of Psychiatry. Private Practice, Samaritan Center. Individual and Family Therapy. Mediation and Family Court Issues.
- Piyadasa W. Kodituwakku, Ph.D., (University of New Mexico) Associate Professor of Pediatrics. Senior Neuropsychologist and A & S Researcher - Neuropsychological Assessment, and Assessment with Children with Neural Developmental Disorders such as FAS and Autism
- Marcia E. Landau, Ph.D., ABPP, (University of Florida) Private Practice; Clinical Assistant Professor - Object Relations Psychotherapy; Health Psychology; Projective Testing
- Brian Lopez, Ph.D. (California School of Professional Psychology - San Diego), Assessment of young child with developmental delays and neurodevelopmental disabilities; treatment of children with Autism Spectrum Disorders; and providing behavioral health services to communities in rural New Mexico through Telemedicine
- Kenneth J. Martinez, Psy.D., (University of Denver) Clinical Assistant Professor - Systems of Care, Public Policy and Mental Health Services for Children, Youth and Families; Play Therapy; Family Therapy; Cross-Cultural Issues in Treatment and Assessment of Ethnic Minority Children and Families
- Teresa Makowski, Ph.D. (University of New Mexico). Director of Behavioral Health at Acoma-Canoncito-Laguna Service Unit of Indian Health Service

Susan Miller, Psy.D. UNM Dept. of Pediatrics. Inpatient psychologist for Carrie-Tingley rehabilitation services.

Niloufer Mody, Ph.D. (California School of Professional Psychology-Fresno), Clinical Assistant Professor of Psychiatry, Psychologist with Albuquerque Public Schools. Interest in Family Therapy, Brief Contextual Treatment Models, Developmental Psychopathology and Assessment/Intervention with Young Children (the Zero to Five Year Population).

David Mullen, M.D., Professor of Child and Adolescent Psychiatry, Medical Director UNM Children's Psychiatric Hospital; Conduct Disorder and Antisocial Behavior in Adolescents

Rashmi Sabu M.D., Associate Professor of Psychiatry; Psychiatric Consultation for Treatment Foster Care

Bradley W. Samuel, Ph.D. (California School of Professional Psychology-Fresno) Assistant Professor in the Department of Family and Community Medicine; Director of Behavioral Health Education. Brief family therapy; Ericksonian applications, Adolescent groups and psychotherapy; Narrative and contextual applications.

Lynn Marie Thompson, Ph.D., RN, MSN, CNS (University of South Dakota) Asst Prof of Psychiatry. Clinical Psychologist and Clinical Nurse Specialist with Prescriptive Privileges. Continuing Care Clinic UNM Psychiatric Center. Interest in severe adult psychiatric disorders, particularly Bipolar Disorder

Stanley Spiegel, Ph.D., ABPP, (University of Florida) Retired; - Certified Analyst (William Alanson White Psychoanalytic Society), interpersonal approach to child psychotherapy; published, "An Interpersonal Approach to Child Psychotherapy", Columbia University Press, New York, 1989

Sample Schedules of Internship Tracks

(Estimates based on 40 hr week. Interns with less experience in assessment and less efficient in writing may need up to 55 hrs/week)

Track 1 Emphasis in Clinical Child

Track 2 Emphasis in Pediatric Neuropsychology

Track 3 Emphasis in Adult Neuropsychology

Track 4 Emphasis In Early Childhood

Track 1 Emphasis in Clinical Child

	Semester A Hrs./week	Semester B Hrs./week	Average for year Hrs./week
CPH	30	-	15
PFC&A	4	26	15
Major Elective	-	8	4
Seminars	6	6	6
Minor Elective	<1	<1	<1

SAMPLE ROTATION SCHEDULE FOR TRACK 1 (Clinical Child)

ROTATION	QUARTER			
	First	Second	Third	Fourth
Major Rotation	CPH Inpatient: 3 RTC or acute therapy cases ongoing 1-2 groups weekly Milieu and team meetings 1 assessment monthly		PFC&A 12 direct service hrs weekly (2 supervisors)	
			PFC&A 1 assessment monthly	
Other Clinical Rotation	PFC&A: 4 direct service hrs weekly		Major Elective (e.g. CRCBH): 8hrs. weekly	
Seminars	Tuesday 8:00 am- 1:50 pm			
Minor Rotation	Public Policy with emphasis on state public policy (equivalent of 5 days arranged throughout the year)			

Track 2 Emphasis in Pediatric Neuropsychology

	Semester A Hrs./week	Semester B Hrs./week	Average for year Hrs./week
CNS	16	16	16
PFC&A	16	16	16
Seminars	8	8	8
Minor Rotation	<1	<1	<1

SAMPLE ROTATION SCHEDULE FOR TRACK 2 (Peds Neuropsychology)

ROTATION	QUARTER			
	First	Second	Third	Fourth
Primary Rotation (1)	Center for Neuropsychological Services			
Primary Rotation (2)	CPC Outpatient 8 hr direct service weekly (2 supervisors) 1 group weekly			
Seminars	Tuesday 8:00 am- 1:50 pm			
Minor Rotation	TEASC (equivalent of 5 days arranged throughout the year)			

Track 3 Emphasis in Adult Neuropsychology

	Semester A Hrs./week	Semester B Hrs./week	Average for year Hrs./week
CNS	16	16	16
PFC&A	8	8	8
UNMH C/L	8	8	8
Seminars	8	8	8
Minor Rotation	<1	<1	<1

SAMPLE ROTATION SCHEDULE FOR TRACK 3 (Adult Neuropsych)

ROTATION	QUARTER			
	First	Second	Third	Fourth
CNS 16 hrs.week	Center for Neuropsychological Services Inpatient (including Geriatric Unit) and outpatient assessments (one primary supervisor, which may rotate by quarter)			
UNMH C/L 8 hrs. week	UNMH Consultation and Liaison (Adult) 1 day per week			
PFC&A 8 hrs/week	PFC&A adolescent therapy patients 4 hrs direct service weekly (one supervisor)			
Seminars 8 hrs/week	Tuesday 8:00 am- 1:50pm Inpatient Geriatric Unit case conferences			
Minor Rotation < 1 hr/week	TEASC (equivalent of 5 days arranged throughout the year)			

Track 4 Emphasis in Early Childhood

	Semester A Hrs./week	Semester B Hrs./week	Average for year Hrs./week
CDD	17	17	17
PFC&A	17	17	17
Seminars	6	6	6
Minor Elective	<1	<1	<1

SAMPLE ROTATION SCHEDULE FOR TRACK 4 (EARLY CHILDHOOD)

ROTATION	QUARTER			
	First	Second	Third	Fourth
Primary Rotation (1)	Center for Development and Disability			
Primary Rotation (2)	PFC&A (2 supervisors) approximately 8 hr direct service			
Seminars	Tuesday 8:00 am- 1:50 pm			
Minor Rotation	Late Effects Clinic (equivalent of 5 days arranged throughout the year)			

LINKS

UNM Health Sciences Center Clinical Psychology Internship

<http://hsc.unm.edu/SOM/psychiatry/training/>

UNM Center for Neuropsychological Services (CNS):

<http://hsc.unm.edu/SOM/psychiatry/neuro/index.shtml>

UNM Center for Rural and Community Behavioral Health (CRCBH):

<http://hsc.unm.edu/SOM/psychiatry/crcbh/>

UNM Dept of Psychiatry:

<http://hsc.unm.edu/SOM/psychiatry/>

UNM Dept of Psychiatry Child and Adolescent Division:

<http://hsc.unm.edu/SOM/psychiatry/child/child.html>

UNM Children's Psychiatric Center (CPC):

<http://hospitals.unm.edu/UNMCPC/Index.shtml>

UNM Psychiatric Center:

<http://hospitals.unm.edu/UNMPC/Index.shtml>

UNM Center for Development and Disability (CDD):

<http://cdd.unm.edu/>

Association of Psychology Postdoctoral and Internship Centers (APPIC):

www.appic.org

American Psychological Association (APA):

www.apa.org

National Matching Service (NMS):

www.natmatch.com/psychint

About New Mexico

<http://www.newmexico.org/index3.php>

<http://www.nmmagazine.com/>

<http://www.balloonfiesta.com/>

<http://www.newmexicoculture.org/mnmfinearts.html>