



## **Internship in Clinical Psychology**

<http://psychiatry.unm.edu/education/clinicalpsych/index.html>

Accredited by the Commission on Accreditation of the  
American Psychological Association \*

### **BROCHURE**

**Applies to those applying to join Cohort: 2022-2023**

**Application Deadline: November 1, 2021**

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 (APA) to provide broad-based clinical training for the general practice of health service psychology. Our internship is a member of APPIC, and abides by their rules.

**\*Questions related to the program's accredited status should be directed to the Commission on Accreditation:**

*Office of Program Consultation and Accreditation  
American Psychological Association 750 1st Street, NE, Washington, DC 20002  
Phone: (202) 336-5979 / E-mail: [apaaccred@apa.org](mailto:apaaccred@apa.org) / Web:  
[www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)*

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DEAR APPLICANTS AND OTHER GUESTS,

Thank you for your interest in our Clinical Psychology Internship Program at the University of New Mexico Health Sciences Center in Albuquerque, New Mexico. The 2022-2023 training year will mark our 39<sup>th</sup> anniversary as an APA-accredited internship! We look forward to training Interns for many years to come, to enter professional psychology in a variety of work settings.

This brochure describes our 7 training tracks—emphasis in Clinical Child, Integrated Behavioral Health, Pediatric Neuropsychology, Early Childhood, Autism Spectrum Disorders, Multicultural Native American and Rural Behavioral Health Track, and Substance Use Disorder Specialty Track. In addition to our major training sites, there are descriptions of a variety of electives. We have also provided an update regarding recruitment interviews. We look forward to hearing from you. Warmest wishes for a rewarding application, interview and internship experience,

Lindsay Smart, Ph.D., Director of Training

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## **UNM HSC SOCIAL JUSTICE AND DIVERSITY, EQUITY AND INCLUSION STATEMENT**

Our Psychology Internship Training Program is housed in the UNM HSC and we stand in agreement with the statement made by our institution below:

“As a Health Sciences community, we are rooted in the values of equity, compassion, and care. We exist to ease human suffering and to save lives. Those values, and our common humanity, are part of what makes the killing of George Floyd and the video that shows his death, feel so extraordinarily painful. [We join President Stokes in condemning this senseless act.](#) It is discordant with our values in the most fundamental way. It comes on the heels of a series of excruciating weeks where we have seen the negative impacts of historical oppression and modern day racism in a variety of stark ways.

George Floyd joined a list of African-American men and women whose deaths shook our conscience, Trayvon Martin, Eric Harris, Philando Castile, Breonna Taylor, Atatiana Jefferson, Ahmaud Arbery and all racially motivated killings.

As the leadership of the Health Sciences Center we acknowledge the pain, outrage, anguish, and fear so many are feeling, and unequivocally condemn not only these acts, but the structural racism that allows this, and other violence against people of color, to persist. We also reject sexism, gender and gender identity bias, and all other forms of intolerance.

We can and will do better. We must each commit ourselves every day to end racism and promote diversity, equity, inclusion and kindness. We hope you will join us. We all play a role in ending discrimination and racism within our institutions and communities.

We know this is a time of unrest and the events unfolding across our country are extremely difficult. We stand in solidarity with the African American community and all communities of color in this battle for equity, justice, and anti-racism. We also know easing human suffering cannot coexist with racism. We are a community that values each other, values caring for the vulnerable, values equity and inclusion and the unique

perspectives and experiences we all bring to our community.

We know that many are experiencing the effects of these collective traumas. If you are struggling emotionally with the events of this week, we urge you to reach out to a trusted teacher or colleague, to the [HSC Diversity, Equity and Inclusion Office](#), or to one of our other [many on campus resources](#) and [wellness options](#). You are not alone.”

## **PROGRAM PHILOSOPHY AND AIMS**

The vision of our Clinical Psychology Internship Program is to train psychologists approaching the entry level of professional practice, to be able to provide and develop interventions and assessments that will be appropriate and effective for culturally diverse populations. Consistent with a scientist practitioner model of graduate psychology education, our internship program utilizes a model of Evidence-Based Practice that 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. 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 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 focuses on the “provider”, the interpersonal dynamics, and contextual factors, in addition to the “patient”. 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 Multicultural Topics seminar series. Through supervision of assessments and therapy, and seminars, Interns learn about deconstructing their own perception and point of view. This helps Interns be open enough to 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 patient’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 patient 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 patient 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 Behavioral Sciences, 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 are not static, 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 developmental shifts over time can make a big difference, for example, in successfully 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 how to titrate the rate of therapeutic change to be in balance with the patient's available resources. Interdisciplinary collaboration with Psychiatry and Behavioral Sciences Interns, fellows and faculty, and learning about the effects of medications, is particularly helpful for learning how to balance patient change with resources.

### **ABOUT THE INTERNSHIP**

The Clinical Psychology Internship Program at the University of New Mexico Health Sciences Center School of Medicine is a one-year program accredited by the American Psychological Association to provide broad-based clinical training for the general practice of health service psychology. 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 developmental disorders and/or severe emotional disturbance, many with a history of multigenerational trauma. Major rotations are with clinical programs of the Departments of Psychiatry and Behavioral Sciences, University of New Mexico Hospital, and Pediatrics at the

University of New Mexico School of Medicine, Health Sciences Center (HSC). Some 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, Zuni, San Felipe, Santa Clara, Santo Domingo, Sandia, Mescalero Apache, Jicarilla Apache to name a few) 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 settings, various intensities of outpatient services; and medical settings). In addition, Interns receive training in a variety of assessment procedures, treatment approaches, (e.g., ecological/contextual, cognitive-behavioral, behavioral, solution-focused, developmental, psychodynamic, and family systems approaches), treatment modalities (e.g., individual, dyadic, group, family, milieu therapy), and consultation.

The internship program has 7 tracks with emphasis in:

Track Name	Number of Positions	Match Number
Clinical Child	3 positions	143611
Integrated Behavioral Health	2 position	143615
Pediatric Neuropsychology*	1 position	143612
Early Childhood	2 positions	143613
Autism Spectrum Disorders	2 positions	143614
Multicultural Native American and Rural Behavioral Health	1 position	143616
Substance Use Disorder Specialty	1 position	143617

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*\*The pediatric neuropsychology track meets the APA Division 40 guidelines for neuropsychology internship training.*

Interns on all 7 tracks share a number of didactic, clinical, interdisciplinary, consultative, supervisory, and social experiences, including core seminars, a peer supervision didactic group, and some clinical services. Clinical and professional training for all Interns includes 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, and pediatric neuropsychological assessment. 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](http://www.appic.org). Intern applicants should clearly indicate in their AAPI application letter, to which of the seven program track(s) they are applying. Deadline for applications is November 1. For the sole purpose of arranging interviews, applicants will be asked to designate their preferences regarding programs at our site for which they wish to be interviewed.

## INTERNSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA

*Date Program Tables updated: October 13, 2021*

### Program Disclosures

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?	<b>NO</b>
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### Internship Program Admissions

#### Brief Program Description

The clinical psychology internship at the University of New Mexico Health Sciences Center has 7 tracks with emphasis in: Clinical Child; Integrated Behavioral Health; Pediatric Neuropsychology; Early Childhood; Autism Spectrum Disorders, Multicultural Rural and Native American Behavioral Health, and Substance Use Disorder Specialty. All tracks share a training philosophy that is multicultural, developmental, contextual and interdisciplinary. Treatment settings include inpatient, outpatient, and community. We serve a highly diverse population of adults, children, adolescents, and families in the public sector, many with a history of trauma. The program has adopted a model of Evidence Based Practice in which contextual factors are keenly considered, and the therapist is culturally responsive. This model assumes that culture, regardless of ethnicity, is a central aspect that must be considered in all types of psychological intervention. In addressing cultural responsiveness, the program emphasizes both process and outcome and focuses as much on the provider as it does on the patient. Specific knowledge and skills are not seen as sufficient to training culturally and developmentally responsive psychologists. Cultural responsiveness is a reflective practice and a lifelong process. To train psychologists in evidence-based practice that will be appropriate for diverse populations, the program fosters an open, collaborative

and multidimensional perspective while encouraging the analytic skills required for effective decision-making. In addition to providing training in traditional treatment approaches (e.g. CBT, behavioral, DBT Informed, and psychodynamic) the program promotes contextual models, such as family systems, because these models are conducive to viewing culture as an integral feature to be addressed in clinical practice. The program facilitates Interns' examination of how their culture (as experienced in their families and academic environments) has influenced them (who they are, how they see themselves, what they value in others, etc).

Minimum number of hours required at time of application:

	<b>Required?</b>	<b>Total Hours</b>
Total Direct Contact Intervention Hours	<b>YES</b>	<b>350 Hours</b>
Total Direct Contact Assessment Hours	<b>YES</b>	<b>150 Hours</b>

Other required minimum criteria used to screen applicants:

1. APA or CPA accredited doctoral program (APA preferred)
2. Comprehensive Exams passed by application deadline of November 1
3. 3 years minimum of graduate training
4. Ph.D. program preferred; Psy.D. acceptable; Ed.D. not accepted
5. Spanish-speaking applicants are given strong consideration as New Mexico is a state with a substantial Spanish-speaking population.
6. Course work and practica in assessment are strongly recommended for applicants to all tracks. Applicants for the Clinical Child, Early Child, and Autism Spectrum Disorders tracks should have significant therapy and assessment hours with children and/or adolescents.
7. Pediatric Neuropsychology track applicants must show preparation in this area including substantial graduate level coursework and practica in pediatric neuropsychology. Intervention hours must include therapy experience with children and/or adolescents.
8. 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.
9. 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, would not be eligible to work in our facilities and would 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).

<b>Financial and Other Benefit Support for Upcoming Training Year</b>	
<b>Salary</b>	
<b>Annual Salary for Full-time Interns:</b>	<b>\$30,034</b>
<b>Annual Salary for Half-time Interns:</b>	<b>Not applicable</b>
<b>Medical Insurance</b>	
<b>Program provides access to medical insurance for intern?</b>	<b>Yes</b>
<b>Trainee contribution to cost required?</b>	<b>Yes</b>
<b>Coverage of family member(s) available?</b>	<b>Yes</b>
<b>Coverage of legally married partner available?</b>	<b>Yes</b>
<b>Coverage of domestic partner available?</b>	<b>Yes</b>
<b>Annual and Sick Leave</b>	
<b>Hours of Annual Paid Personal Time Off</b>	<b>168 annual + 104 holiday</b>
<b>Hours of Annual Paid Sick Leave</b>	<b>80</b>
<b>Professional leave available?</b>	<b>Yes, on a case-by-case basis</b>
<b>In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?</b>	<b>Yes</b>
<b>Other Benefits:</b>	<p style="text-align: center;"><b>Interns may also enroll in Dental, Vision, life insurance etc., as described at :</b></p> <p style="text-align: center;"><a href="https://hsc.unm.edu/about/administrative-departments/faculty-contracts/faculty-benefits.html">https://hsc.unm.edu/about/administrative-departments/faculty-contracts/faculty-benefits.html</a></p>

**Initial Post-Internship Positions**

(For interns completing internship in cohorts: 2017-2018; 2018-2019; 2019-2020)

	<b>2017-2020</b>	
Total # of interns who were in the 3 cohorts	32	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	<b>PD</b>	<b>EP</b>
Academic teaching	2	0
Community mental health center	3	0
Consortium	0	0
University Counseling Center	1	0
Hospital/Medical Center	20	0
Veterans Affairs Health Care System	1	0
Psychiatric facility	0	0
Correctional facility	0	0
Health maintenance organization	0	0
School district/system	0	0
Independent practice setting	2	0
Other	3	0

Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

**INTERN RECRUITMENT AND SELECTION CRITERIA**

Twelve Interns (3 Clinical Child, 2 Integrated Behavioral Health, 1 Pediatric Neuropsychology, 2 Early Childhood, 2 Autism Spectrum Disorders, 1 Multicultural Rural and Native American, and 1 Substance Use Disorder Specialty) 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. Programs are encouraged to apply. 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 500 hours of clinical practica is required. For all tracks, the preference is a minimum of 150 face-to-face hours of assessment and 350 hours of *intervention* (definition of *intervention* is that used for the AAPI Online). . **If you have questions regarding meeting the minimum number of hours required at the time of application due to interruptions in your practicum experiences secondary to COVID19 please contact the Internship Training Director via email to discuss (Lindsay Smart, Ph.D.; [lsmart@salud.unm.edu](mailto:lsmart@salud.unm.edu)).** Previous course work must include cognitive and personality testing, personality theory, developmental psychology, psychopathology, psychotherapy, and professional ethics. Additional course work in adult psychotherapy, community psychology, family therapy, and behavior therapy and a practica in psychological assessment are desirable.

For the Pediatric Neuropsychology emphasis track, a minimum of 500 hours of clinical practica is required, with substantial emphasis on pediatric neuropsychology. Intervention hours must include therapy experience with children and/or adolescents. Applicants to this track must also have specific graduate level coursework 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. The coursework and practicum experiences should include significant focus on children and adolescents.

All materials are reviewed by the Psychology Internship Training Committee. Important factors in the committee's decision include quality and performance in academic training, adequate experience in therapy and assessment, demonstrated interest in cultural issues, advocacy and/or research, and writing ability. Fluency in Spanish is a plus because of our significant Spanish-speaking population. The application, however, is considered as a whole and the committee also considers the potential match between the applicant's interests and career goals and the internship's philosophy and training goals.

All applicants are notified by email on or before December 3<sup>rd</sup>, as to whether or not they are being offered an interview for further consideration.

**At this time, our Internship has made the decision to conduct all interviews virtually via Zoom. There will be no on campus interviews.**

Program coordinators will work with interviewees to schedule Zoom interview dates offered in December and January. Each interviewee will have the chance to be interviewed by faculty members, meet with the Training Director, and also meet with current interns in order to learn more about the available tracks. The Program Coordinator will briefly go over benefits and resources.

Applicants are encouraged to email the program for more information at any time. Final ranking for each of the program tracks by the Psychology Internship Training Committee is based on both the written application and interview, and includes consideration of goodness of fit

The internship conforms to all APPIC selection policies (please see the APPIC web site at [www.appic.org](http://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. Questions related to the program's accredited status should be directed to the Commission on Accreditation:

*Office of Program Consultation and Accreditation  
American Psychological Association  
750 1st Street, NE, Washington, DC 20002  
Phone: (202) 336-5979 / E-mail: [apaaccred@apa.org](mailto:apaaccred@apa.org) /  
Web: [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)*

## **APPLICATION MATERIALS AND DEADLINE**

Our program uses the AAPI Online (universal electronic application form from APPIC). Please see their website ([www.appic.org](http://www.appic.org)) for detailed instructions. **Intern applicants should clearly indicate in their AAPI application letter, to which of the seven program track(s) they are applying.** For the sole purpose of arranging interviews, applicants to more than one UNM program will be asked to designate their preferences regarding tracks at our site for which they wish to be interviewed.

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.**

## **SALARY, BENEFITS, AND RESOURCES**

The annual Intern salary is \$30,034 for a 12-month, full-time internship from July 1 through June 30 of the training year. Interns sign a one-year contract and

receive the same health and other benefits as a UNM Visiting Lecturer. Current benefits can be found at <http://hr.unm.edu/newemp.php>. Currently Interns receive 21 days of annual leave, Holiday leave per UNM employee schedule, and 10 days of sick leave. Professional leave is available on a case-by-case basis. Interns are granted 3 days for bereavement leave for immediate family members (spouse, domestic partner, children, parents, and grandparents). Interns have contracts as UNM Visiting Faculty. While they are not eligible for Family Leave, a pregnant Intern or an Intern who has a pregnant spouse/significant other may be eligible for an Extended Leave of Absence for Extenuating Circumstances (ELAEC) described below

Extended Leave of Absence for Extenuating Circumstances (ELAEC) – Under exceptional cases or in the case of catastrophic illness and/or injury, an extended leave of absence may be granted to an Intern. A catastrophic illness and/or injury is defined as a medical or psychological event experienced by an Intern, spouse or partner, or an Intern's dependent, which is likely to require an absence from his or her training for an extended period of time. ELAEC must be requested in writing from the director of training and must be approved by the director of training and the departmental chief psychologist. It is to be used after sick and annual leaves are exhausted. Interns receiving ELAEC will be expected to complete their internship training after July 1 without compensation according to the time line established by the director of training, the departmental chief psychologist, and the Intern.

Some of the Interns may need to work a few days between the Christmas and New Year's holidays, but would receive comp time to be scheduled at a later date. Interns may enroll in Medical, Dental, Vision, life insurance etc., as described at: <https://hsc.unm.edu/about/administrative-departments/faculty-contracts/faculty-benefits.html>.

### **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 attend the weekly Departmental Grand Rounds of the UNM Department of Psychiatry and Behavioral Sciences, which often presents nationally and internationally known speakers. Other workshops, seminars, and conferences are sometimes offered by other agencies or departments at reduced rates or free of charge.

Psychology Interns are eligible for membership in the New Mexico Educators Credit Union.

The internship program recognizes that Interns may seek to obtain counseling services. Confidential support is available from various sources. Mental health providers may be available in the community; information about these providers is available from the internship director. The Counseling, Assistance and Referral Service (CARS) functions directly or through a referral system for counseling and support and may be accessed by calling (505) 272-6868. The Center for Academic Progress Support (CAPS) is available to help assess difficulties in test-taking, time management, and study skills.

Interns may qualify to purchase desktop and laptop computers, printers, PDAs, video camcorders, digital cameras, and peripherals through the Dell University purchase program at the University of New Mexico Health Sciences Center. The UNM Bookstore also offers special prices on a variety of software packages.

Parking availability and cost are subject to change. Check with the internship coordinator. There is a system of free bus shuttles among campus buildings and the parking lots on campus.

### **Starting date**

The last working day in June starting date permits Interns to sign required contracts, participate in both UNM and UNM Health Sciences Center orientation and allows the Psychiatry and Behavioral Sciences Interns and fellows, and psychology Interns to begin at the same time.

### **Supervision**

Intern supervision is regularly scheduled with multiple supervisors, and sufficient relative to the intern's professional competencies, assuring, at a minimum, that an intern will receive 4 hours of supervision per week, at least 2 hours of which will be individual supervision—the APA minimum requirement. More likely, interns receive about 4 hours per week of individual supervision. Supervision may include a combination of verbal report of sessions, live observation, review of taped sessions, and co-therapy, depending on the collaborative decision between intern and supervisor. **During this time of COVID19, Telesupervision has been occurring alongside in-person one-on-one socially distant supervision. The Internship maintains a Telesupervision Policy that is available for review if requested.** As we move out of the pandemic, more in-person supervision is encouraged where/when safe to do so. Faculty are also available other than scheduled times, for discussing clinical issues that arise between scheduled supervisory meetings. Per APA Accreditation Requirements, all supervisors are required to do one live observation of interns per quarter. The Supervision Active Learning component of the seminar series counts as group supervision as well as the interns discuss individual cases in that didactic series.

### **Selection of Supervisors and Electives**

Prior to the intern's arrival, the faculty reviews each intern's interests, fluency in Spanish, as well as experience with therapy and assessment of youth of different ages, diagnoses, and level of acuity, to begin to identify what each intern needs and which supervisor would be a good match. Assignment of supervisors to interns who are fluent in Spanish will include Spanish-speaking supervisors when possible. In those cases, there is the option of conducting supervision in Spanish, particularly when discussing Spanish-speaking cases. Prior to interns starting internship, the Training Director sends out a survey that allows interns to communicate their interests in track-specific rotations and experiences. Once the survey is completed, the Training Director then puts together a draft rotation schedule for each intern for the year, including indicating supervisors. This document is reviewed with all faculty in the training program prior to being sent out to the incoming interns for review. Interns are free to indicate any questions or concerns that they may have about their rotation schedule and steps will be taken to address any concerns within the boundaries of the existing internship structure. The main priority is ensuring that each has a training schedule that meets the training needs and interests of interns to the satisfaction of all parties.

All interns are assigned a primary therapy supervisor for each clinical site they are at (e.g. if an intern is placed at CDD, PFCA, and Truman Clinic for intervention rotations they would have a primary supervisor at each of those three sites) and a primary assessment supervisor. Interns are also assigned at least one secondary supervisor. On average, interns have 3-4 supervisors for their internship training year. Each track discusses supervision assignments with the Training Director prior to assignment.

## **EVALUATIONS**

The clinical supervisors formally evaluate the Intern's progress and training experience at 3, 6, 9, and 12 months. Interns may also set their own goals for the year and fill out self-evaluations when they arrive, at 6 months, and 12 months. The Director of Training meets with Interns individually monthly to discuss progress on Interns' goals, and 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 levels, assessed by each supervisor for each area of training, are used to track each Intern's progress. 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. Informal (formative) evaluations of each Intern are ongoing. If indicated, additional guidance or remediation is provided in collaboration with the Intern, to assist the Intern in his or her progress in the program. (Our Handbook, which is provided to Interns once they start Internship, contains a full description of the relevant policies and guidelines.)

The Interns evaluate each seminar and supervisor. Near the end of the year the Interns are given a day-long retreat to organize their feedback to the program, which they submit as a group in a written report. Interns participate as well in a joint retreat with Psychiatry and Behavioral Sciences and psychology faculty and trainees to discuss feedback and training issues. The psychology training committee meets monthly to discuss training and administrative issues for the program and the Interns as a whole. Each Internship track also meets monthly to track Intern progress and discuss training and administration of the track.

After the internship year, Interns are contacted periodically as part of the internship's ongoing outcome analysis. Relative to attainment of 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.

## LINKS

See the UNM Department of Psychiatry and Behavioral Sciences website (<http://Psychiatry.unm.edu>) for links to more information about our affiliated sites at the UNM Health Sciences Center and its programs, and about living in Albuquerque and New Mexico.

## PROGRAM COMPETENCIES

Required competencies for the internship are the profession-wide competencies summarized and outlined by the APA Commission on Accreditation (1/1/2017), demonstrated at the Intermediate to Advanced level:

*COMPETENCY 1. RESEARCH: INTEGRATION OF SCIENCE AND PRACTICE*

*COMPETENCY 2. ETHICAL AND LEGAL STANDARDS*

*COMPETENCY 3. INDIVIDUAL AND CULTURAL DIVERSITY*

*COMPETENCY 4. PROFESSIONAL VALUES AND ATTITUDES*

*COMPETENCY 5. COMMUNICATION AND INTERPERSONAL SKILLS*

*COMPETENCY 6. ASSESSMENT*

*COMPETENCY 7. INTERVENTION*

*COMPETENCY 8. SUPERVISION*

*COMPETENCY 9. CONSULTATION AND INTERDISCIPLINARY SKILLS*

Our Intern Evaluation Form provides details of the elements and indicators we assess for each of the above competencies. Science is the foundation to clinical practice; thus, Interns will be expected to integrate empirical literature and scientific orientation with clinical expertise, in the context of patient characteristics. Progress towards profession-wide competencies will be serially assessed by formal evaluation with the expectation that all clinical practice regards ecocontextual, cultural, developmental, biological, and systemic factors as essential to developing competencies.

### Achieving program goals

Intensive training is provided in a variety of interdisciplinary settings at the University of New Mexico Health Sciences Center with diverse clinical, socioeconomic, and ethnic populations. Elective placements provide experience with community consultation and additional populations. The therapy and assessment experiences offered include: (1) cognitive, emotional, developmental, social, and neuropsychological assessments; (2) individual psychotherapy; (3) crisis intervention; (4) inpatient treatment; (5) brief therapy; (6) primary care integration based experiences; and (7) substance use disorder services. 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, developmental psychodynamic, family systems, and ecocontextual. Seminars include, for example, multiple modalities of evidence-based psychotherapeutic intervention, 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, case conferences, consultation with personnel from other community resources and entities, peer supervision seminar, interdisciplinary team meetings, optional meetings with a chosen mentor and regular meetings with the training director. Interns also participate in the interdisciplinary Education and Training Committee retreat, which includes formal written feedback by Interns to the faculty at the end of the year. All tracks include settings that include treatment team experience or participation in case conferences. Clinical cases include many with severe psychopathology, high comorbidity, complex formulations, a history of trauma, neurodevelopmental, neurological or chronic medical conditions that may affect neuropsychological processing, and challenging systems issues.

Supervision is one of the strengths of this internship program. **Interns generally receive from four to five 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 who 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 cases where feasible, and to demonstrate clinical assessments and interventions.

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 Didactic Series. All supervisors are encouraged to serve as role models for psychology Interns. Interns can also learn much from mentors as they discuss and collaboratively work through particular professional 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 training site placements, seminars, elective experiences, and additional supervision are arranged through the director of training and the psychology training committee.

## **TRACK DETAILS**

- (1) Clinical Child (3 positions)
- (2) Integrated Behavioral Health (1 position)
- (3) Pediatric Neuropsychology (1 position)\*
- (4) Early Childhood (2 positions)
- (5) Autism Spectrum Disorders (2 position)
- (6) Multicultural Native American and Rural Behavioral Health Track (1 position)
- (7) Substance Use Disorder Specialty Track (1 position)

### **CLINICAL CHILD TRACK**

1. Children's Psychiatric Hospital (6 months required)

2. Children's Psychiatric Center – Outpatient Services (CPC-OS) (6 months 1 day/week; 6 months 3.5 days/week)
3. Psychological testing experiences at Children's Psychiatric Hospital and Programs for Children and Adolescents (Woven throughout the year)
4. Major Elective: 6 months (1 day/week)
5. 3 month Clinical Elective (Developed on a case-by-case basis)

The purpose of the Clinical Child Track is to complete training in the general practice of clinical psychology with an emphasis on assessment of and interventions with children, youth and families. For six months, Interns spend 80% of their clinical time at Children's Psychiatric Center – Outpatient Services (CPC-OS) and 20% at their chosen Major Elective Rotation. For another 6 months, Interns spend about 80% of their clinical (non-didactic) time at Children's Psychiatric Hospital and 20% at Programs for Children and Adolescents. Seminars run most of the year on Tuesday's from 9-12 PM.

### **Children's Psychiatric Hospital**

Children's Psychiatric Hospital (CPH) is the inpatient service component of the University of New Mexico Children's Psychiatric Center. This inpatient rotation, for Clinical Child Track Interns, is for 6 months. 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. There are 5 phases of treatment-- containment, assessment, stabilization, discharge planning and discharge implementation, during the youth's short inpatient stay. 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, psychotic spectrum disorders, conduct, developmental and learning disorders. Treatment at CPH includes individual, group, family, milieu, recreational, speech and language therapies, and pharmacotherapy. The hospital utilizes strength-based and Dialectical Behavioral-informed interventions. Children and adolescents are admitted into these programs if they are assessed as meeting criteria of danger to self or other, or grave passive neglect. In addition, it is deemed that the youth will benefit from an inpatient acute stay and it is consistent with the least drastic means principle.

In addition, CPH includes a state-accredited school, a cafeteria and commons, and administration/treatment buildings. Built in southwestern architectural style, the cottages are laid out in an enclosed campus with a playground, a large playing field and ropes course. CPH is also a training site for the UNM Departments of Psychiatry and Behavioral Sciences and Pediatrics, as well as the Colleges of Education, Nursing, and Pharmacy.

At CPH, Interns work intensively with children and adolescents in acute care, 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 2-3 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 nurse manager, case manager, and mental health technicians. Interns gain skills in rapid diagnosis, formulation, treatment planning, and intervention with children and adolescents with severe emotional disturbance and thought problems. Youth admitted to these high levels of care have been unsafe toward themselves or others, so assessment, management, and treatment for suicidality are integral to the service.

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. Interns may be involved in inpatient DBT-informed skill-building groups or Motivational Interviewing oriented substance abuse treatment.

Interns may also assist with program development or the initial implementation of evidence-based treatments. Program evaluation, including participation in gathering outcome measures is also often a part of the rotation.

**Children's Psychiatric Center – Outpatient Services CPC-OS  
(Formerly Known as Programs for Children and Adolescents PFCA)**

CPC-OS (informally known as PFCA) is the outpatient component of Children's Psychiatric Center. CPC-OS provides the following services to children and adolescents of Bernalillo County and the Albuquerque metropolitan area with emotional and/or behavioral health disorders:

- Mental health diagnostic evaluations
- Individual therapy
- Family therapy
- Group therapy
- Multi-Systemic Therapy (MST)
- Community Family Team therapy (CFT)
- School-based therapy
- Medication assessment and management
- Comprehensive Community Support Services (CCSS)
- Psychological testing services

Mission Statement of Children's Psychiatric Center – Outpatient Services

**CPC-OS shall:**

- Provide quality psychiatric treatment to seriously emotionally disturbed children and adolescents without regard to the family's ability to pay.
- Include family education and treatment to strengthen the family's understanding of, and capacity to parent and support their children.
- Encourage the integrity of the family as an important social system. Work with families, community agencies, and schools to facilitate the child's ability to remain in the family and community setting.
- Provide continuing involvement among CPC staff, community agencies, and schools to enhance continuity of patient care.
- Provide on-site training for child psychiatrists, psychologists, social workers, nurses, special educators, and other child mental health professionals.
- Conduct research concerning effective treatment methods and follow-up care of the patients.
- Deliver culturally sensitive, evidence-informed clinical services.

Our goal is to optimize each child's and adolescent's ability to successfully function within all the domains and environments in which a youth is expected to participate.

This includes the following domains:

- family
- school
- community
- social
- recreation
- work

Our practice paradigm utilizes a developmental and ecological model of care. Children and adolescents live and function within multiple social and cultural environments and require the help and assistance of their parents/guardians and other significant adults/peers to achieve biological, emotional, cognitive, social and moral maturity. This is an evolving process that often necessitates distinctive interventions at different developmental levels, and the assistance of various individuals and socio-cultural systems and institutions.

Our model of care is dependent on active collaboration and partnership with the youths and their families. We use a strengths-based model that incorporates the functional strengths of the child and family as a means of reducing or eliminating barriers, empowering the youth and family, and achieving mutually identified goals.

Our providers match evidence informed interventions (EIT's) with the presenting problems of the child and family and their functional strengths. Examples of EIT's include:

- Trauma Focused CBT
- Motivational Interviewing for substance abuse and treatment compliance
- CBT and Behavioral Activation for depression
- CBT, Exposure Therapy and Reinforced Practice for anxiety
- MST for conduct disorders
- Parent Training for disruptive behaviors
- Wrap around for a severely emotionally disorder (SED) and/or neurobehavioral disorder (NBD)
- Circle of Security for attachment disorders
- Parent Child Interaction Therapy for disruptive behaviors in young children
- Coping Cat for anxiety
- DBT
- Seeking Safety

These EIT's are provided in the form of treatment modules. The youth may receive one treatment module or a series of modules, depending on the functional strengths of the child and family, ecological support systems, symptom severity, developmental level and the presence of an SED or NBD.

At the point of access/intake the child or adolescent will be referred to specific treatment sites and modalities. Clients will be referred to services at CPC-OS or to other community provides. Clients at CPC-OS will receive bio-psycho-social interventions, including psychopharmacology, psychotherapy, parent education, community support services, and behavior management services. Outpatients will be assigned to a specific treatment module.

During the semester in which Interns spend 80% of their clinical time at CPC-OS, they carry individual/family therapy cases. Therapy cases are supervised by a primary and secondary supervisor. Cases are assigned based on both training and service needs. Interns may be able to develop and co-lead groups in Interns' area of interest with staff if they are interested. During the time in which Interns spend 20% of their clinical time at CPC-OS, Interns carry fewer cases, for which there is one supervisor.

### **Psychological Testing**

The psychological testing experience is woven throughout the entire year, with a variety of brief and more in depth testing experiences available. The expectation is that Interns will set aside one half a day each week to provide psychological testing, feedback, and reports in both inpatient and outpatient settings

The Core Competencies expected after completion of the Psychological Testing experience include: development of an assessment plan to answer referral questions; appropriate administration, scoring, integration, and interpretation of data within a developmental, language, and cultural framework; cogent, salient and efficiently written psychological reports; and a psychological testing process that reflects evidenced-based practice and applications. The focus of the Psychological Testing experience is on the evaluation of emotional, behavioral and regulatory concerns and intellectual disability. Psychological testing is often requested when there are concerns regarding diagnostic uncertainty/differential diagnosis, questions regarding lack of treatment progress, and medication/treatment/discharge planning (inpatient setting). Interns will develop and hone their clinical skills regarding gathering relevant medical, psychiatric, social, and contextual information, conducting clinical interviews that address developmental and psychological concerns, selecting appropriate psychological test batteries based on the patient and the referral questions, along with the administration, scoring and interpretation of a wide variety of cognitive and psychological tests/instruments for children and adolescents, and integration of results ethically and competently. The Intern will also receive training in report writing, with an emphasis on efficient communication of necessary information and providing feedback to patients, referring clinicians, and treatment teams.

Interns will be expected to complete assessments that fall into three possible “Tiers”. Tier 1 includes brief assessments that would fall into the category of risk assessments and self-report screenings (most likely to occur for an inpatient referral). Tier 2 includes assessments that would include differential diagnosis, reality testing, and comprehensive risk assessments. Tier 3 includes assessments that would be the most comprehensive in nature and likely include question of differential diagnosis (most likely to occur for an outpatient referral). Bilingual Psychological Testing (English/Spanish) experiences are offered for Interns who have the interest and language proficiency to conduct these specialized psychological assessments, and based on availability of bilingual supervising psychologists.

Supervision is provided on-site (inpatient and outpatient) by psychologists with extensive experience in the psychological assessment of children and adolescents.

### **6 month CC Clinical Elective**

Interns on the Clinical Child Track will 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. (Availability may change and new options may become available.)

1. [Public Policy at The Division of Community Behavioral Health \(CBH\)](#)
2. [Pediatric Neuropsychology Rotation](#)
3. [Autism Spectrum Evaluation Clinic](#)
4. [Youth Traumatic Stress Major Elective Specialization](#)
5. [Sandoval Regional Medical Center](#)
6. [Carrie-Tingley--Pediatric Rehabilitation Hospital](#)
7. [Young Children's Health Center](#)
8. [Comprehensive Cancer Center](#)

**1. Public Policy Major Elective at the Division of Community Behavioral Health in the UNM Department of Psychiatry and Behavioral Sciences (CBH) (Primary Supervisors: Deborah Altschul, Ph.D.; Brian Isakson, Ph.D.)**

CBH is excited to offer a public behavioral health and policy major elective. This includes the opportunity to work with a multidisciplinary team, including professionals in psychology, psychiatry, social work, public health, sociology, 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 will be assigned based on the needs of CBH and the interests of the Intern. Projects may have an emphasis on child, adolescent, or adult public behavioral health; and will include activities such as grant writing, public policy development, outcome research and evaluation, clinical/consultative services via telehealth, etc. The emphasis will be to provide Interns with the opportunity to engage in activities that directly enhance the behavioral health system of New Mexico, including the state's public behavioral health system as well as tribal behavioral health systems.

CBH seeks to: strengthen behavioral health services research and evaluation capacity, and provide training and workforce development and community oriented psychiatric services to traditionally underserved populations. For the past 25 years, CBH has been providing community consultation, training, services research/evaluation, and direct service throughout the State, including serving as the lead evaluators and clinical trainers on a number of state and tribal grants on a wide range of topics such as: Permanent Supportive Housing, SBIRT, Jail Diversion, Systems of Care, Home Visiting, Child Trauma, Integrated Care, Early Psychosis and Suicide Prevention. Its 30 faculty and staff have a variety of expertise including public behavioral health, cultural competency, EBP implementation, tele-psychiatry, Native American behavioral health, refugee behavioral health, primary care integration, trauma, serious emotional disturbance, serious mental illness, and services research and evaluation.

CBH faculty is also involved in providing training across the state related to public mental health and evidenced practices, and they provide consultation on the impact of trauma on development. They have partnerships with UNM Department of Psychiatry and Behavioral Sciences, State agencies, Native American tribal communities, Peer-run organizations, and refugee communities, all of which are potential sites for collaborations with Interns.

**2. Pediatric Neuropsychology Major Elective (Supervisors: Stephanie Gorman, Ph.D., ABPP-CN. Ph.D., Elena Bettoli-Vaughan, Ph.D., Michael Carvajal, Psy.D., Amanda Ward, Ph.D., and Eric Zimak, Ph.D.)**

This rotation is offered through the Center for Neuropsychological Services in the Department of Psychiatry and Behavioral Sciences. The Center for Neuropsychological Services provides inpatient and outpatient neuropsychological assessment and consultation services for individuals with various neurodevelopmental, neurological or chronic medical conditions that may affect central nervous system function, as well as psychiatric conditions. Referrals are received from the University of New Mexico Hospital, 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 fast pace of this rotation, it is encouraged that interns electing to complete this rotation have graduate school experience in at least one neuropsychology practicum placement. The rotation will provide the Intern with the opportunity to gain experience in the neuropsychological assessment process of children with medically related problems, neurodevelopmental disorders, 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 on-site between 8-10 hours per week, and see approximately one outpatient every other week. Additional time may be required for supervision, scoring and report preparation. 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 referring clinicians. The Intern is expected to read assigned supplemental readings, and encouraged to attend CNS weekly case conferences and/or seminars by CNS faculty.

**3. Autism Spectrum Evaluation Clinic (Primary Supervisors: Sylvia J. Acosta, PhD; Marybeth Graham, PhD; Michele Iemolo, PsyD, BCBA; Brandon Rennie, PhD)**

A rotation through the Autism Spectrum Evaluation Clinic (ASEC) at the Center for Development and Disability (CDD) is offered pending availability of supervision. The rotation includes participation in the Autism Spectrum Evaluation Clinic (ASEC), which specializes in interdisciplinary, evidence-based evaluation of children suspected of having Autism Spectrum Disorder (ASD), ages 12 months through 18 years. See description under Autism Spectrum Disorder Track for more information about ASEC.

This rotation requires at least a one day a week commitment for a 6 month period. The focus of this rotation is to gain exposure to best practice assessment procedures for diagnostic formulation of Autism Spectrum Disorder. Emphasis is placed upon learning diagnostic interviewing, ASD best practice diagnostic assessment including selection of an assessment battery (cognitive, adaptive and behavioral assessment measures), and potentially to reliably administer, interpret, and convey the results of the ADOS-2. The Intern will be expected to contribute to written reports including test results and interpretation, as well as assist in formulation of diagnostic impressions and provide feedback and intervention recommendations.

**4. Youth Traumatic Stress Major Elective Specialization (Supervisors: Rebecca Ezechukwu, Ph.D., Rachel Miller, Psy.D., Elisa DeVargas, Ph.D., Destiny Waggoner, Ph.D., Raven Cuellar, Ph.D., Artemio Brambila, Ph.D.)**

The Youth Traumatic Stress Major Elective specializes in the treatment of childhood traumatic stress for children and adolescents who display symptoms that warrant trauma-focused treatment. Youth present with a range of discrete and complex trauma experiences, and treatment is provided to the youth, family, and caregiving system. Our clinical supervisors include psychologists who are members of the National Child Traumatic Stress Network (NCTSN) and trained in the implementation of evidence-based practices (EBPs) for treating childhood traumatic stress, including Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Attachment, Self-Regulation, and Competency for Complex Trauma (ARC), and other treatment components to address childhood bereavement and traumatic grief. Supervisors utilize various multicultural and reflective approaches to support individual supervision. Interested applicants are encouraged to indicate additional areas of interest to help individualize training opportunities for the treatment of child traumatic stress.

This is a unique 12-month major elective specialization during which Clinical Child Psychology Interns will:

- Receive training in EBPs for the treatment of childhood trauma (ARC, TF-CBT).
- Conduct brief assessments to screen for stress and trauma symptoms impacting youth functioning
- Conduct comprehensive outpatient and/or inpatient trauma assessments for youth, and if desired, foster care evaluations referred in partnership with New Mexico's state child welfare and protective services
- Deliver youth and caregiver symptom inventories using tailored measurement-based care protocols and data visualization tools to provide feedback to youth and families
- Conduct co-therapy while learning EBP models (e.g., for shared family cases with multiple siblings in treatment)
- Provide individual, group, and family trauma therapy sessions as well as caregiver support and skill-building sessions to diverse youth and families referred from UNM Children's Psychiatric Center -Inpatient & Outpatient Services; UNM Pediatrics- Child Abuse Response Team; UNM Young Children's Health Center; UNM Carrie Tingley Rehabilitation), and community organizations (e.g., First Nations Health Source; Indian Health Service; All Faiths Child Advocacy Center; New Mexico Black Mental Health Coalition)
- Engage in weekly individual reflective supervision with an emphasis on supporting professional resilience, reflective capacity, and multicultural development
- Shadowing opportunities with interdisciplinary practitioners across UNM who address trauma
- Benefit from webinars and other training from the NCTSN. UNM has been an NCTSN site for the last 10 years and has richly integrated NCTSN resources and EBPs into our training offerings in both the track specialization and individual/group supervision, as well as didactic seminars. This network provides a wealth of training, consultation, and support with national leading experts in child trauma.
- Assist in the development and delivery of community trainings, consultation, and outreach opportunities regarding childhood traumatic stress, as available

Note that Psychology Interns who are not able to select this major elective specialization *may* be able to request secondary clinical supervision from a YTS supervisor for trauma-informed and/or trauma-focused therapy cases seen at Programs for Children & Adolescents.

### **5. Sandoval Regional Medical Center (Supervisor: Christopher Morris, Ph.D.)**

UNM Sandoval Regional Medical Center (SRMC) is a community-based academic healthcare facility that includes 72 acute-care inpatient beds, and outpatient primary care and specialty care clinics. Sandoval County encompasses 3,716 square miles, and the medical center serves diverse urban, rural, and frontier populations.

This placement is located within the Family and Community Medicine primary care clinic at SRMC, and the Intern provides outpatient integrated behavioral health care in this setting. Referrals come from all departments of the medical center, but predominantly from the eight primary care providers with whom the Intern works closely on a daily basis. Patients of all ages are seen in the family practice clinic. Presenting issues range from depression, anxiety, trauma, and substance use disorders to pain disorders, somatization disorders, tobacco cessation, obesity, and diabetes.

During the six-month elective rotation the Intern will be onsite one full day per week at SRMC. The initial part of the rotation provides exposure to readings in integrated care, review of assessment and treatment tools specific to the setting, orientation to hospital and clinic, and opportunity to shadow primary care providers' patient visits.

The Intern will work as a generalist with a diverse caseload in terms of presenting issue, age, and cultural identity, with some opportunity to tailor the assigned cases to specific interests of the learner. The experience includes short-term consultation and intervention focused on needs related to health behavior and primary care, and more intensive psychotherapy addressing specific mental health diagnoses.

#### **6. UNM Children's Hospital – Pediatric Rotation: Consultation/Liaison Service and UNM Carrie Tingley Pediatric Rehabilitation Inpatient Unit (Kati Morrison, PhD; Viveca Meyer, MD)**

The UNM Children's Hospital C/L Service provides a range of behavioral health evaluations and interventions for hospitalized children, adolescents and their families. The goal is to provide child and family centered care that can mobilize individual and family strengths and resources to manage challenges arising from chronic and acute health problems. Interns will have opportunities to work with children with a variety of chronic and acute medical problems across the full developmental spectrum. The majority of work takes place on a short term basis but opportunities exist for follow up care as some patients will return frequently for ongoing treatment.

UNM Health's Carrie Tingley Hospital (CTH) has been providing compassionate, coordinated health care to children and adolescents with complex musculoskeletal and orthopedic conditions, rehabilitation needs, developmental issues and long-term physical disabilities for more than 70 years. CTH is located on the 5<sup>th</sup> floor of UNMH and has 8 dedicated beds for rehabilitation, with other beds on the unit designated typically to orthopedic patients. Patients' stays

range from a few days to 6-12 months; 2-6 weeks is typical. Many patients follow up in Carrie Tingley's outpatient clinic for ongoing therapies, so many cases tend to be long-term. An emphasis is placed on clinical experiences working with issues of adjustment for individuals and families facing a range of physical and cognitive challenges.

Psychology Interns can provide clinical services with patients with complex medical, neurological, physical and co-morbid psychiatric conditions. The most frequent diagnoses include Traumatic Brain Injury, Spinal Cord Injury, stroke, or medical illnesses with resultant disabilities (cystic fibrosis, diabetes, cardiac conditions, Multiple Sclerosis). Many patients have co-morbid psychiatric diagnoses including PTSD, depression, and anxiety disorders. Psychology Interns serve in multiple roles including psychological and neuropsychological assessment; individual, group and family psychotherapy; individual and group cognitive rehabilitation; stress management; and consultation with other disciplines. The clinical work often involves working with underserved populations and complex conditions involving issues of adjustment to physical and cognitive loss and reintegration into the school and larger community. As an interdisciplinary team, Interns will have frequent opportunities to collaborate in team meetings with physical, speech/language, occupational, acupuncture, and massage therapists, medical providers from a variety of disciplines, and nursing staff. There is ongoing collaboration with psychiatry and neuropsychiatry fellows.

### **7. UNM Young Children's Health Center (Primary Supervisor: Destiny M. Waggoner, Ph.D.)**

Young Children's Health Center (YCHC) is a community-based pediatric primary care clinic that provides comprehensive health services to families with children from birth to young adulthood residing primarily in the International District of the southeast heights of Albuquerque, NM. This area contends with many social-environmental issues such as high poverty and high crime rates. The clinic serves a culturally diverse population including immigrant and refugee youth and families. YCHC utilizes a trauma-informed care approach with the primary goal of promoting the physical and emotional wellbeing of children and their families through a strengths-based, multi-disciplinary approach to comprehensive health care. Special components of this clinic include home visitation to families with babies 0-36 months, behavioral health services, case management, and outreach activities. The behavioral health services address a wide-range of presenting issues and severity including anxiety, depression, traumatic stress, school problems, comorbid medical issues, etc. This is an excellent opportunity for bilingual interns. Common languages spoken by patients are Spanish, Arabic, Swahili, Dari, and French. This is also a great opportunity to develop skills in working with interpreters. Due to the nature of long-term therapy and

time it takes to establish a case load and build rapport, this rotation is only offered as a year-long rotation.

- Interns will have the opportunity to work as part of a multi-disciplinary team including nurses, medical assistants, pediatricians, psychiatrists, social workers, and case managers. The intern's core experiences will involve:
- Identify emotional and behavioral needs of referrals from medical staff
- Triage needs and engage in service planning
- Deliver brief intervention services to address families' immediate needs
- Provide formal individual and family psychotherapy using trauma-informed evidence-based treatments including Attachment, Self-Regulation, and Competency (ARC)
- Learn and implement program's outcome-based measurement system
- Consultation and other learning opportunities are available as they present

#### **8. Comprehensive Cancer Center Specialty clinic (1201 Camino de Salud, 272-4946, Dr. Cureton)**

Opportunity to provide psychotherapy and a full range of psychology services to individuals, couples, and family members who have been impacted by cancer. Psycho-oncology includes teaching mindfulness, practicing radical acceptance, teaching a wide variety of coping skills, and often helping patients and family to prepare for, and face, end of life. Most individuals facing cancer experience some level of anxiety, depression, and medical trauma. Because a cancer diagnosis impacts every aspect of life, the focus is often on managing changed family dynamics, coping with financial hardship, and loss of identity. Opportunity to co-facilitate support groups, to work as part of an interdisciplinary team, to provide emotional support to UH inpatients, and to participate in group case consultation/supervision with practicum students.

### **INTEGRATED BEHAVIORAL HEALTH TRACK**

The Integrated Behavioral Health Track accommodates two interns a year, with two primary sites: **Department of Family Medicine Atrisco Heritage Clinic** serving Atrisco High School (teenagers) and its surrounding, underserved, predominantly Mexican-American community members (all ages), and **Truman Health Services** serving individuals living with HIV/AIDS (primarily adults). Several optional minor rotations are available. Usually interns spend six months at Atrisco and minor rotations, and six months at Truman and minor rotations.

### **Integrated Track Supervision**

Given the diversity of clinics, staff, locations, populations served, etc., in primary care, flexibility and collaboration are the keys to a wonderful internship experience. The seventeen primary care psychologists cover a wide range of orientations and approaches to therapy, always culturally tailored and trauma-informed to the patient, including: family, narrative and play therapy, hypnosis, biofeedback and EMDR, object-relations, feminist, interpersonal and Jungian, as well as CBT, DBT, ACT and motivational interviewing. Brief and long-term models, process and skill-based groups available to lead or co-facilitate.

### **Track Primary Sites:**

#### **1. Atrisco Heritage Clinic—School-based, primary care (adolescent, family and adult work, primary supervisor Dr. Lucia Darlach, bilingual, bicultural).**

The Atrisco Heritage clinic is the smallest UNMH satellite clinic and it operates within the context of the school day and physical space of the largest high school in the state of New Mexico, approaching 2,650 students of primarily Mexican descent (89%). Most parents of Atrisco students came during the 1990s to begin a new life here in Albuquerque, most are from Chihuahua state, migrating from “ranchos” (small rural communities), little towns (with a plaza and some commerce) or large cities (Delicias, Chihuahua, Ciudad Juarez). Most parents work in low-skilled jobs and endless hours to financially make it. The students we see are first generation-born, Mexican-Americans, residing next to a porous border. They have an innate ability to code and language switch, and travel countries back and forth. They can snapchat, Twitter and Instagram in one hand, and swim in a river, horse ride, and stroll in a plaza on the other. They understand gender fluidity while attending traditional quinceañeras. Atrisco students are both from the old world and the future. Many have the constant stressor of immigration status, dealing with the possible deportation of their parents or themselves.

### **Historical Context:**

The Mesa is the youngest Albuquerque community, recently developed as a series of gated, suburban neighborhoods with few spaces to convene outside of a drive to Walmart. In the 1990s, the state south of New Mexico, Chihuahua, became engulfed in severe drug violence. Many businesses fled, literally two blocks away, across the American border to El Paso and re-opened their doors without fear of retaliation for non-payment of bribes. It used to be common for Albuquerqueans (Burqueños) to travel to El Paso to have dresses and suits tailored there, purchase groceries, or attend dances. This 500-year, natural, fluid migration north to south, south to north known as the Camino Real (between Santa Fe and Mexico City) or specifically as Camino Del Muerto (between Ciudad Juarez and Albuquerque) ended in the 1990s as most Northern New Mexicans feared travelling south for commerce or entertainment. For example, the UNM medical resident program used to have clinics in Ciudad Juarez and this ended due to

the lack of safety in the city. Ciudad Juarez' safety has improved greatly since 2010, but the negative reputation remains.

**Typical cases:**

Similar to all Family Medicine Clinics, interns will provide direct service, consultation, coordination of treatment with the medical team and school personnel. Adults come in for various medical reasons and presentations. Teenagers, being generally physically healthy, come in primarily for sports' physicals and contraception. In fact, teen pregnancy has plummeted by an estimated 75% since the Atrisco clinic opened its doors in 2013 offering free, confidential reproductive health visits--perhaps altering an entire generation of women able to delay family planning. Nexplanon is a birth control implant of choice, inserted in the arm, lasts four years, and is 99.9 percent effective.

Recurrent teen socio-emotional concerns seen at Atrisco include: (1) learning to separate from parent's depression, addiction, or difficult marriages, (2) healing from early childhood/complex trauma, (3) or from recent sexual assault, (4) fear of deportation or family separation, (5) anxiety, panic, (6) LGBTQ support, (7) social isolation as the neighborhood is designed for cars and allows for little human interaction, and (8) support for first-generation college students. Slots are 45 minutes long to ensure teens do not miss significant class time. As in all of primary care, flexibility is the key. You might just need a 15-minute check-in with one student, and a 90-minute family session with another. Some students you might see weekly for 12 months, others just for one visit.

**2. Truman Health Services (Dr. Kathryn Lenberg and Dr. Kim Kalupa)**

Truman Health Services is a Patient Centered Medical Home (PCMH) providing primary and specialty care for persons living with HIV in a unique interdisciplinary setting. Our setting provides exciting opportunities for our interns to support patients as they manage both acute and chronic medical issues and the behavioral, cognitive and emotional issues that impact and are impacted by these conditions. Our patient population is uniquely diverse with regards to culture, economic backgrounds, ethnicity, religion, sexual orientation and gender identity. Truman Health Services is recognized as Level 1 PCMH by the NCQA.

The Truman behavioral health team is comprised of psychologists, a neuropsychologist, a psychiatrist and several social workers. Our services are fully integrated into the primary care setting and we have a strong role in consultation and collaboration with primary care staff. Behavioral health staff participate in daily huddles with the medical team and are available throughout the day to support primary care staff in addressing the needs of their patients. We provide a range of services to include brief assessment and treatment, longer-term therapies, couples and group therapy, psychiatric consult,

and warm hand off care to patients. Current group offerings include MBSR (Mindfulness Based Stress Reduction), DBT Skills group, Smart Recovery, and ACT.

There is also great diversity in terms of the psychiatric acuity of our patient population and the range of diagnoses that present to our clinic. Our clinicians also have the opportunity to work with more health psychology specific concerns such as weight management, diabetes management, pain management, adherence to treatment and pre-surgical evaluation. Additionally, Interns will have the opportunity to provide neuropsychological testing for patients. The purpose of this rotation is to provide training in a primary care integrated home model for behavioral health. Additional readings and trainings will be provided as indicated by Intern's level of understanding for our population.

### **MINOR ROTATIONS (usually 1-day/week for 6 or 12 months)**

#### **3. Northeast Heights Family Health Clinic (adults primarily, some teens, Dr. Katherine Hull)**

The Far Northeast Heights, where the clinic is located, is among the wealthiest sections of Albuquerque. The clinic was established in 1995, with the chosen location meant to attract more insured patients to help supplement the uninsured population served by the other hospital areas. Today, referrals tend to be a third Medicaid (including indigent or low-income individuals and families with young children), a third Medicare (including retired people and those on disability) and a third private insurance (those with employer-provided insurance, often UNM and UNMH employees).

#### **Historical Context:**

The Northeast Heights is the city's biggest quadrant, both geographically and by population. Older and more established areas of the Northeast Heights, closer to midtown, tend to be middle class and the development in this area happened in the last 70 years--in contrast to some of the city's long-established historical districts (Old Town, Downtown, and South Valley). These developments appealed to families looking for suburban feel, living out the 1950s "American Dream," after the end of WWII. The desire to buy a home or settle down continues to be the driving force for most people who settle in the Northeast Heights.

The UNMH Northeast Heights Clinic has both Family Medicine and Internal Medicine services. Internal Medicine providers see more medically complex patients, with chronic, co-occurring, and severe conditions, including diabetes, cardiovascular disease, neurological disorders, and COPD. Family Medicine providers tend to see less medically complex patients, a wider range of ages, and provide preventive care.

**Typical Cases:**

In general, the type of patient referred to Behavioral Health at Northeast Heights Clinic has both chronic medical issues and longstanding behavioral health conditions such as depression, PTSD, or anxiety. Many patients have significant physical health conditions, and seek therapy to cope with their illnesses. Because of the relatively higher-functioning clinic population, there are also a fair amount of adjustment-related referrals due to issues including work and retirement, family problems, grief, and caregiver stress. The average behavioral health referral at Northeast Heights is in their 50s or 60s. The clinic provides a unique opportunity to work with older adult and geriatric patients, including adults up into their 80s and 90s.

**4. Kidney Transplant Program**

(Assessment; few teens, primarily adults, Dr. Hinton)

The kidney transplant program at the University of New Mexico Hospitals has been in existence for more than 40 years. It is one of two transplant programs in the state. The population served is representative of the state of New Mexico. It includes urban and rural people, Native Americans, Latinos, and Anglos, as well as individuals from mid teenage years through their 70s and older. Many of the individuals we serve were born in other countries. Some do not speak English. Some have physical disabilities or vision and hearing deficits.

In addition to kidney disease, our patients frequently have a number of medical and psychological comorbidities. There is a high incidence of depression and anxiety in our population. Substance abuse, and mild neurocognitive impairment are common in our patients.

Professionals in the program include physicians (nephrologists and surgeons), specially trained nurses (transplant coordinators), a transplant social worker, a transplant pharmacist, a nutritionist, and a psychologist. Support staff includes a data coordinator, financial specialist, and medical assistants. The psychology resident will experience a rich multidisciplinary experience. Psychology residents may participate in all phases of the transplant program.

Process Includes:

Pre-transplant: When patients are referred to determine their candidacy for transplant, they must undergo extensive medical testing. Many are also referred for psychological evaluation because of concerns about depression, substance abuse, risk for non-adherence, and possible cognitive deficits, all of which may negatively impact their success with a transplant. The psychological evaluation is customized to the transplant setting and includes a detailed clinical interview, mental status examination, psychometric assessment and screening, as well as transplant-specific considerations, such as patient's understanding of the process including risks and benefits, their

capacity to give consent, and ability to make decisions about their medical care. Listing Committee: When the patient's pre-transplant workup is complete, their case is discussed in the weekly, interdisciplinary listing committee meeting. It is here that the patient's candidacy for transplant is decided. Waiting List: Once the patient is listed they must wait to receive a kidney. This waiting period may be only a few months to several years. In many cases patients who are waiting for a kidney must undergo regular dialysis to replace the function of their failed kidneys. During this waiting period, patients are seen yearly. If psychological concerns arise, they are referred for follow-up psychological assessment. Post-transplant: After the patient receives their transplant they are followed closely by the medical team, and short-term psychological treatment might be provided if necessary. Donors: The majority of our patients receive deceased donor kidney transplants. However, living donor kidney transplants are also done here. The donor may be a friend or relative of the recipient or she/he may be an altruistic donor. Living donors are referred for psychological evaluation as a routine part of their work up. This is also a specialized evaluation.

#### **Additional Rotations:**

#### **5. North Valley Clinic – General Care and Pain management**

Family medicine (3401 4<sup>th</sup> Street NW, 994-5300, Dr. Zhou)

North Valley is the main training site for family medicine doctors, along with SE Heights. Opportunity to hold a small caseload of adults as well as co-lead groups depending on the current clinic needs (such as "Redefining masculinity" men's group in the #metoo era, "Yo soy," Spanish-speaking hypnosis group, "Stitch and Knit" Chronic pain and art group). North Valley population varies from the working homeless (proximity to downtown) to the very wealthy (proximity to Corrales and Far North Valley), given its location.

#### **6. South East Heights Clinic – Refugee Mental Health Clinic**

Family medicine (8200 Central Ave SE, Dr. Isakson, Dr. DeVargas)

South East Heights Clinic is a primary training site for family medicine doctors, along with North Valley Clinic. This clinic is located in the most densely populated neighborhood in Albuquerque, with the highest incidence of crime and addiction. The clinic serves a large refugee (Iraq, Syria, Afghanistan, Democratic Republic of Congo, Burundi, and Rwanda) and immigrant (Vietnam, Central American, Mexico) population. Opportunity to hold a small caseload of refugee adults, as well as opportunities to work with refugee children and Spanish speaking patients. This is co-located model where the focus is on helping refugees and immigrants adapt to life in the United States, deal with current stressors, and address past trauma. This ideally a year-long commitment due to the nature of the long-term therapy. This rotation is also available as a major elective for interns on the child track.

## **7. Eubank Women's Health Clinic – Women's Behavioral Health**

(Family medicine, Eubank Women's Health Clinic and the co-located Journeys Clinic, 2130 Eubank Blvd NE, Dr. Crawford)

Eubank Women's Health/Journeys is the primary training site for the Women's Health rotation in the Integrated Behavioral Health track. The Journeys Clinic serves women referred for psychotherapy and medication consultation related to perinatal depression, anxiety, and other mental health conditions exacerbated during pregnancy or in the postpartum period. Providers in the clinic also provide behavioral health interventions for women with chronic pelvic pain and are working with clinic management to expand integrated behavioral health in the setting. Opportunity to hold a small caseload of adult women, co-facilitate Cognitive-Behavioral Therapy for Chronic Pain, program development and quality improvement, and research.

### **Additional rotations or opportunities to shadow:**

## **8. Comprehensive Cancer Center**

Specialty clinic (1201 Camino de Salud, 272-4946, Dr. Cureton)

Opportunity to provide psychotherapy and a full range of psychology services to individuals, couples, and family members who have been impacted by cancer. Psycho-oncology includes teaching mindfulness, practicing radical acceptance, teaching a wide variety of coping skills, and often helping patients and family to prepare for, and face, end of life. Most individuals facing cancer experience some level of anxiety, depression, and medical trauma. Because a cancer diagnosis impacts every aspect of life, the focus is often on managing changed family dynamics, coping with financial hardship, and loss of identity. Opportunity to co-facilitate support groups, to work as part of an interdisciplinary team, to provide emotional support to UH inpatients, and to participate in group case consultation/supervision with practicum students.

## **9. Southwest Mesa Clinic**

Pediatrics & internal medicine (301 Unser Blvd. SW, 925-4126, Dr. Oliver)

Southwest Mesa is the main training site for internal medicine and serves a varied community. Opportunity to work hand-in-hand with three pediatricians on any emergent needs, to see a small caseload of adults, and to co-lead groups with a supervising psychologist, allowing you to view the lifespan in one setting. Population varies widely in terms of age, socioeconomic and racial/ethnic identity. It can be limited to a half-day of pediatrics, half-day of adult work, or both.

## **PEDIATRIC NEUROPSYCHOLOGY TRACK**

1. Center for Neuropsychological Services (All year)
2. Programs for Children and Adolescents/Children's Psychiatric Hospital (All year)

The purpose of the Pediatric Neuropsychology Track 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 neurodevelopmental, neurological, and/or chronic medical conditions that may affect central nervous system functioning along with possible opportunities for consultation with medical, psychiatric, and school personnel. This track is designed to meet the Division 40 guidelines for internship training in Neuropsychology. The training model, shared by all tracks within the internship, includes biopsychosocial, interdisciplinary, multicultural, and developmental perspectives integral to psychological assessment, formulation, and therapeutic intervention.

The Center for Neuropsychological Services (CNS) at the University of New Mexico Health Sciences Center is a UNM Hospital clinic associated with the Department of Psychiatry and Behavioral Sciences that provides comprehensive neuropsychological assessment services to a diverse population of UNM Hospital inpatients and outpatients of all ages, with a variety of central nervous system disorders. CNS is housed in two remodeled buildings on the north UNM campus 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 and Community Medicine, Psychiatry and Behavioral Sciences, Children's Psychiatric Outpatient and Inpatient programs, Carrie Tingley Hospital, and Internal Medicine. Additionally, referrals are received from pediatricians, neurologists, other clinicians and school districts throughout New Mexico.

UNM Hospital is 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.

Evaluations of young children, adolescents and young adults often include those with acquired brain disorders or chronic medical conditions (e.g., traumatic brain injury, cerebral palsy, epilepsy, pediatric oncology) as well as those with complex neurodevelopmental disorders. Diagnostic evaluations for Autism Spectrum Disorders is less of a focus at CNS as there are other providers in the UNM community (i.e., Center for Development and Disability) who provide these evaluations. In addition to diagnosis, evaluations provide individualized recommendations to optimize children's functioning at home and school as well as to provide treatment recommendations to medical providers. In addition to interns, CNS provides provides training opportunities in neuropsychological assessment for graduate students and post-doctoral fellows. All trainees at CNS participate in a weekly, case conference series to support development of clinical competency specific to neuropsychology.

CNS recently founded a Multicultural Excellence in Neuropsychology Training and Evaluation Program (MENTE), a clinical service that strives to serve the multilinguistic population of New Mexico by using appropriate assessment measures and removing the barriers that prevent access to quality care. We provide specialized neuropsychological assessments for monolingual Spanish, bilingual, Native American, and other non-English speaking individuals. At our center, interns will 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 attend weekly CNS case conferences. Other didactic opportunities relevant to aspiring neuropsychologists include participation in Pediatric Neurology case conferences and Grand Rounds with various HSC departments (i.e., Clinical Neuroscience, Mind Research Network, Neurology, Psychiatry, and Pediatrics). CNS faculty is part of the UNM Epilepsy Surgery Program. The pediatric neuropsychology Intern has the opportunity for conducting pre and post-surgical neuropsychological evaluations for individuals with epilepsy, observing and participating in clinical fMRI, and attending epilepsy surgery case conferences.

The Pediatric Neuropsychology Intern also has a rotation for one half day each week in which the Intern conducts neurobehavioral status examinations with children hospitalized at Children's Psychiatric Center for acute psychiatric disturbance. Interns may also participate in providing brief neuropsychological evaluations for children with acquired brain injuries and consultation/liaison experiences with pediatric oncology survivors. Interns are also expected to provide individual therapy to children and adolescents on a weekly basis at

Programs for Children and Adolescents (PFCA) doing individual and family therapy.

Interns may participate in various shadowing experiences at clinics and/or rehabilitations programs within the UNM Health Sciences Center. Other clinics in which the Intern may participate include:

- Pediatric Neurology General Clinic
- Pediatric Rehabilitation/Cerebral Palsy Clinic
- Carrie Tingley Hospital Inpatient Unit
- Cimarron Psychopharmacology Clinic
- Transdisciplinary Evaluation and Assessment/ Special Needs Clinic
- Youth Enduring Survivors Clinic

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 at all clinic locations. Primary supervisors for this rotation at CNS are Stephanie Gorman, Ph.D., ABPP-CN, Amanda Ward, Ph.D., Michael Carvajal, Psy.D., Dina Hill, Ph.D., Eric Zimak, PhD, and/or Richard Campbell, PhD. Faculty at CNS are actively involved in various collaborative research projects in which the Intern may have the opportunity to be involved.

## **EARLY CHILDHOOD TRACK**

### **EARLY CHILDHOOD TRACK**

1. Center for Development and Disability (All year)
2. Programs for Children and Adolescents (All year)

The purpose of the Early Childhood Track 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 with consideration of internal, external and systemic contextual factors considered to be integral to developmental and psychological assessment, formulation, and therapeutic intervention. This track is unique in its combined focus on understanding typical and atypical development in young children as well as providing extensive exposure to work with trauma in infants and toddlers. Using an empirically-informed, relationship-based approach to both foci, interns on this track will learn to integrate these knowledge areas and develop a range of skills vital to work with this very young population.

The UNM Center for Development and Disability (CDD) is a University Center for Excellence in Developmental Disability housing a myriad of diverse direct clinical service, prevention programs, interdisciplinary training, community training and partnerships, policy development and analysis, and applied research for the benefit of individuals with and at risk for 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 two miles from the main campus of the UNM School of Medicine, where parking is available. The CDD serves a diverse community of patients, including our local Albuquerque community as well as the larger state, which consists of many rural communities where poverty and intergenerational/historic trauma are frequent complicating factors for families. The CDD has 7 different divisions, including the Clinical Evaluation Services Unit (CESU) and the Irving Harris Center for Excellence in Infant and Early Childhood Mental Health/Early Childhood Home and Family Services (ECHFS) Division.

The Clinical Evaluation Services Unit (CESU) includes multiple programs focused on assessment of individuals with a range of developmental concerns. Programs within CESU provide interdisciplinary diagnostic evaluations for children birth to 22 years old who have been referred for developmental delays, including concerns for a diagnosis of Autism Spectrum Disorder (ASD), prenatal exposure to alcohol and other substances,

trauma exposure, and feeding issues. CESU also supports neuropsychological evaluations of children with a variety of medical, behavioral, and genetic diagnoses. Interns on the Early Childhood track can participate in several CESU clinics and some of these will be core rotations for them depending on availability. These include the Early Childhood Evaluation/Developmental Clinic, Birth to 5 Assessment Clinic, Early Childhood Mental Health Consultation Clinic, Fetal Alcohol Spectrum Disorder Clinic, and the Autism Spectrum Disorder - Birth to 3 Clinic (see below for more information).

Interns will receive a balance of assessment and intervention training through year-long rotations with the CESU division as well as with the Harris Center for Excellence/Early Childhood Home and Family Services (ECHFS) Division of the UNM Center for Development and Disability (CDD). The following rotations serve as core areas of training during the internship year:

### **Early Childhood/Infant Mental Health (Intervention)**

Interns provide early childhood assessment and treatment services for children birth to five who have experienced abuse, neglect, trauma, or attachment disruptions. The majority of referred children and families present with concurrent environmental risk factors and trauma exposure, and many of the children served have endured multiple caregiving disruptions and/or overt neglect and abuse. Young children and families served are referred through CESU assessment clinics, community providers, Child Protective Services (CPS), and the UNM FOCUS Program (a Part C Early Intervention provider serving infants and toddlers birth to three years old who have been prenatally exposed to drugs and alcohol and their families).

Interns will have the opportunity to learn and practice evidence-based dyadic treatment models including Child Parent Psychotherapy, Circle of Security, Interaction Guidance, and other intervention models consistent with an attachment and infant mental health theoretical perspective. Services are provided in the clinic as well as in the family home, and Interns must be comfortable with a home visitation model. The major supervisors for the rotation are Marcia Moriarta, Psy.D., IMH-E(IV) and Julia Oppenheimer, Ph.D., IMH-E(III).

### **Developmental/Early Childhood Evaluation Program (ECEP) (Assessment)**

ECEP provides inter-disciplinary developmental and diagnostic 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 390 evaluations each year that take place primarily in the CDD's Albuquerque clinic, but also in community sites throughout the state. Psychology Interns may have the opportunity to

participate in community-based outreach clinics under the supervision of a licensed psychologist, pending availability.

During ECEP clinic, the Intern will administer standardized and informal evaluation procedures appropriate for children birth to three. Measures used are the Bayley-4 and Mullen to assess cognitive development; and adaptive behavior measures including the *Vineland-3* and *ABAS-3*. Referral questions for children seen by ECEP include, but are not limited to:

- Screening of Autism Spectrum Disorder
- Evaluation of medical and biological factors impacting developmental concerns
- Evaluation of behavioral and regulatory concerns
- Comprehensive developmental assessment to support early intervention providers who are finding certain children challenging to work with for a variety of reasons

### **The Early Childhood Mental Health Consultation Clinic (Assessment)**

This consultation clinic operates in conjunction with the Department of Psychiatry's Birth to 5 Clinic, providing medication management and ongoing follow-up to children and families. Interns will provide evaluations to children birth to five to better understand the impact of early life experiences, caregiving disruptions and trauma on current development and behavior. Under a licensed Clinical Psychologist's supervision, Interns provide psychological assessment, developmental testing, clinical interviewing, and relational assessment batteries when behavioral, relational, and/or mental health concerns are identified. 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.

Additional clinics that may be available to interns for 3-6 month rotations, depending on training year, are the following:

### **Minor Rotations**

The following clinics are open to interns dependent on availability during the training year:

### **Prenatal Exposures Clinic**

The Prenatal Exposures Clinic provides diagnostic and consultation services for individuals aged birth through 21 years who have a history of prenatal exposure to alcohol and/or other substances. The multidisciplinary team includes medicine, neuropsychology, psychology, occupational therapy, and social work. Diagnostic evaluations are focused on determining the impact of prenatal exposure, or presence of

a Fetal Alcohol Spectrum Disorder when prenatal alcohol exposure is suspected or confirmed. Assessment encompasses developmental, intellectual, academic, sensorimotor, adaptive behavior, and social emotional functioning along with a physical examination of growth and dysmorphism. Team members also provide consultative services via in-service trainings around the state and attendance at Individual Education Program meetings.

### **ASD 0-3**

The ASD 0-3 clinic provides interdisciplinary diagnostic evaluations for toddlers ages birth through 3 years old, referred specifically for Autism Spectrum Disorder. Interns may observe or can participate in the diagnostic evaluation which consists of comprehensive developmental evaluation and autism-specific evaluations. The assessment battery consists of diagnostic interview, adaptive behavior assessment using the *Vineland-3*, developmental assessment using the *Bayley-4* or the *Mullen*, and the *Autism Diagnostic Observation Schedule, Second Edition (ADOS-2)*. The team consists of a supervising psychologist, intern and consultation from a speech and language pathologist. The assessment typically occurs in a single appointment.

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. However, the Early Childhood Interns do not complete major or minor electives as described for other Intern tracks. The Early Childhood Track Intern will also spend time at Programs for Children and Adolescents (PFCA) providing outpatient therapy. See the Clinical Child section for more information about PFCA.

The typical caseload at CDD:

- 1 ECEP clinic per week (or elective clinic)
- 1-2 ECMH consultation clinic/Birth to 5 clinic per week
- 5-6 ECMHS cases per week
- Second semester – option for additional ½ day CDD rotation (e.g., Focus program, 0-3 ASD clinic)

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

- In addition to cubicle/office 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 seeing clinic patients.
- 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 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.

### **AUTISM SPECTRUM DISORDER TRACK**

1. Center for Development and Disability (All year)
2. Programs for Children and Adolescents (All year)

The Autism Spectrum Disorder (ASD) Track is designed to provide generalist training in the practice of clinical psychology while developing specialized skills for assessment and intervention with individuals with Autism Spectrum Disorder. Across all clinical opportunities within this track, there is emphasis placed on developing interdisciplinary practice skills, incorporating research supported interventions into practice, demonstrating cultural competence, and functioning effectively within an underserved, rural state with a diverse population. This track also may allow opportunity to work with individuals with other neurodevelopmental conditions such as intellectual disability, attention and learning disabilities, prenatal exposures, and genetic syndromes.

The UNM Center for Development and Disability (CDD) is a University Center for Excellence in Developmental Disability housing a myriad of diverse direct clinical service, prevention programs, interdisciplinary training, community training and partnerships, policy development and analysis, and applied research for the benefit of individuals with and at risk for 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 two miles from the main campus of the UNM School of Medicine, where parking is available. The CDD serves a diverse community of patients, including our local Albuquerque community as well as the larger state, which consists of many rural communities where poverty and intergenerational/historic trauma are frequent complicating factors for families. The CDD has 7 different divisions, Autism and Other Developmental Disabilities Division (AODD). The core experiences of the rotation will take place in the AODD, which provides clinical services, training, consultation and information dissemination for individuals with (ASD) and their families and providers.

Clinical opportunities with the division will be focused in two areas: Assessment (year-long rotation provided through the Autism Spectrum Evaluation Clinic and ASD 0-3 clinic) and Intervention in both the Parent Home Training Program and the ASD & Anxiety Disorders Program). Interns may participate in additional

training, consultation and teaching, and research opportunities offered through AODD.

### **Autism Spectrum Evaluation Clinic**

Clinicians in the Autism Spectrum Evaluation Clinic (ASEC) specialize in interdisciplinary, evidence-based evaluation of children suspected of having ASD, ages 12 months through 18 years. Interdisciplinary teams vary, typically including psychology and speech and language pathology with consultation from pediatrics, psychiatry and social work. The clinic receives referrals from pediatricians, school personnel, mental health providers, and families from across the state of New Mexico. Under supervision, interns will conduct intake appointments (diagnostic interviews), complete diagnostic testing and provide feedback. The testing battery typically includes *Autism Diagnostic Observation Schedule, Second Edition (ADOS-2)* and cognitive, language, behavior and adaptive functioning measures. Depending on the age of the child, clinics are conducted in one or two appointments. The interdisciplinary team reaches a conclusion and provides feedback to the family at the time of the testing appointment. Each family also receives a written report that details test results, diagnostic impressions, and recommendations after the assessment and feedback sessions.

The Intern will learn best practice assessment procedures for making a diagnosis of ASD, as well as conduct assessment of frequently diagnosed comorbid conditions: developmental delay/intellectual disability; anxiety, depressive, and behavior disorders; speech/language disorder, impact of abuse/neglect and prenatal drug exposure. The Intern will also learn about other medical, genetic, neurodevelopmental disorders, and frequently occurring issues (such as sleep and feeding problems) for children with ASD. Emphasis is placed upon learning how to reliably administer, interpret, and convey the results of the various modules of *ADOS-2*, and cognitive and behavioral assessment measures. The Intern will be expected to contribute to written reports including test results and interpretation, as well as assist in case conceptualization, formulation of diagnostic impressions and intervention recommendations. Intern will work as part of an interdisciplinary team, with emphasis upon functioning effectively as a psychologist within a team environment. Interns will also gain an increased understanding of providing psychological services within diverse, rural and underserved communities.

### **ASD 0-3 Clinic**

The ASD 0-3 clinic provides diagnostic evaluations for toddlers ages birth through 3 years old, referred specifically for Autism Spectrum Disorder. Interns participate in the diagnostic evaluation which consists of comprehensive

developmental evaluation and autism-specific evaluations. The assessment battery consists of diagnostic interview, adaptive behavior assessment using the Vineland-3, developmental assessment using the *Bayley-4* or the *Mullen*, and *ADOS-2*. The team consists of a supervising psychologist, intern and consultation from a speech and language pathologist. The assessment typically occurs in a single appointment.

Bilingual (English and Spanish) interdisciplinary evaluations are conducted within the context of ASEC and ASD 0-3. Interns who participate in the bilingual evaluations and follow-up services are expected to have fluency with the Spanish language, but prior experience in evaluation or intervention services is not required. The Intern will be part of the interdisciplinary team, which includes a bilingual psychologist and a bilingual speech/language pathologist. The team uses culturally appropriate assessment batteries for evaluation of children suspected of having ASD and who are exposed to a bilingual environment. Clinicians administer and interpret bilingual speech and language measures, non-verbal cognitive assessments, the *ADOS-2* in Spanish, Spanish-language behavior questionnaires, and adaptive behavior measures. A certified language interpreter assists with the clinical interview if necessary and the family receives feedback in their preferred language. Interns are expected to contribute to case conceptualization with a consideration of the culturally and linguistically diverse issues in addition to the use of evidence-based practice evaluation of ASD. The family is offered a written summary of the evaluation report translated in Spanish and the Intern may be responsible for the development of a reader-friendly version of the translated report.

### **Outreach Clinics**

Outreach clinics in different locations of the state annually. Outreach clinics are located in rural, underserved communities, including the Navajo reservation or one of the state's 19 Pueblo communities. Outreach clinics provide experience in rural communities with limited access to resources. The experience highlights cultural considerations of differential diagnosis of ASD. Outreach clinics involve car travel throughout the state of New Mexico and range from day trips to three days of overnight travel. Evaluations typically occur at community agencies or the child's school. The psychology Intern will be with the supervising psychologist at all times. All travel will be in a University vehicle, at no cost to the Intern. Many locations involve driving long distances and have early departure and late return times. **Interns will be responsible for obtaining approval for their absence from other internship duties with the Intern Training Director prior to scheduling outreach.**

### **Parent Home Training**

The Parent Home Training (PHT) program is a no-cost, short-term educational program for parents and/or caregivers of children with ASD ages birth through five years. The program, funded by the NM Department of Health, provides individualized in-home or telehealth consultation to families throughout the state of New Mexico. The program is staffed by consultants in a variety of disciplines such as speech-language pathologists, occupational therapists, behavior analysts, special education, and behavioral health providers. Interns serve as PHT consultants and provide direct coaching to assist families to learn evidence-based strategies and integrate techniques into daily interactions with their children. The PHT model provides caregiver coaching rather than direct therapy for the child in order to promote the parent-child relationship. Interns will have the opportunity to carry their own caseload (3-4 cases at a time) and work with families individually or with other interdisciplinary team members. Interns will be expected to travel to and from home visits in their own vehicle. Reimbursement is provided. Interns will also gain experience in working with culturally diverse, rural and underserved communities.

### **ASD and Anxiety Disorders Program**

The ASD and Anxiety Disorders Program specializes in the evaluation and evidence-based treatment of children and adolescents between the ages of 6-18 with co-morbid diagnoses of Autism Spectrum Disorder and Obsessive Compulsive Disorders, Anxiety Disorders (e.g., Separation Anxiety Disorder, Social Phobia, Generalized Anxiety Disorder), Tic Disorders, and/or Habit Disorders. Treatment is informed by the *Facing Your Fears Program*, a manualized treatment program for youth who have average and above language and intellectual abilities. Intervention is relatively brief, largely based upon cognitive and behavioral principles to reduce anxiety, and includes parent training throughout intervention. Also frequently incorporated into treatment are specific interventions to address related challenges exhibited by children with ASD such as improving self-concept, managing bullying, increasing independence and adaptive functioning, improving social skills, and managing family conflict.

The Autism Spectrum Disorder Track Intern will spend some time at Programs for Children and Adolescents (PFCA) throughout the year. Please see the Clinical Child Track section for more information about PFCA.

The typical caseload at CDD:

- 1 ASEC clinic per week
- 1 ASD 0-3 clinic per week
- 3-4 PHT visits per month
- 1 Facing Your Fears Group per semester

Facilities/Resources/Space/Mileage & Travel for Autism Spectrum Disorder Track and Early Childhood Track

- 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 PHT or ASEC team). Interns will be reimbursed for mileage by the PHT program.
- Travel to 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 outreach travel, Interns will be reimbursed for hotel costs, and daily per diem at standard rates set by the university.

## **MULTICULTURAL NATIVE AMERICAN AND RURAL BEHAVIORAL HEALTH TRACK**

1. Pueblo of San Felipe (All year)
2. Division of Community Behavioral Health
3. Other opportunities in rural New Mexico and Native American communities as they are available

The Intern on this track is primarily placed at the Pueblo of San Felipe, a rural tribal community in New Mexico that is a 30-minute drive from Albuquerque. The Pueblo of San Felipe has a robust Behavioral Health Program that includes service provision at the School Based Health Center, the Primary Care Clinic, the Head Start, the Equine Therapy Program, the Senior Center and the Behavioral Health Clinic. Interns are placed at these sites depending on the needs of the Behavioral Health Program. In previous years, Interns have worked with clients across the life span, providing school-based, clinic-based, and home-based services. Dr. Altschul is a licensed psychologist on faculty at UNM who has been working in the Pueblo for over 10 years, and is onsite one day per week. Also onsite are a UNM neuropsychologist (Dr. McDonald). Interns are supervised by Dr. Altschul and by the San Felipe Behavioral Health Director.

## **SUBSTANCE USE DISORDER SPECIALTY TRACK**

1. Addiction and Substance Abuse Programs (ASAP) (All year)
2. Potential experiences at the UNM Adult Mental Health Center (opportunities in development)

ASAP is an integrated clinic that provides wrap-around services to individuals and families with a primary substance use issue. The clinic is an integrated Medical Home that offers urgent care and outpatient detox services, primary care, case management, psychiatric medication management, opiate replacement therapy, and psychotherapy for the full range of substance use disorders. ASAP also offers services for individuals with comorbid trauma conditions, psychiatric illness, chronic pain, family systems issues, and psychosocial needs and works to treat individuals with dual diagnoses utilizing evidence-based practice.

STAR is the primary outpatient substance abuse treatment program for patients from age 14-21 with any substance use disorder. Housed within ASAP, the STAR clinic works with ASAP staff to provide the same level of wrap-around care to adolescents as adult patients, while also functioning as a specialized treatment team to meet the complex and multi-faceted needs of adolescents and

transitional age youth. The STAR team utilizes an Adolescent Community Reinforcement Approach (A-CRA) along with medication management, relapse prevention medicine, case management, family therapy and other evidence based behavior therapies to facilitate recovery.

ASAP and STAR are teaching clinics that fosters the growth and training of many different types of trainees. Therefore, training at ASAP/STAR encourages collaboration across disciplines and provides Interns with the opportunity to staff cases, run groups, collaborate on projects and attend lectures with clinic staff, medical Interns, nursing students, physician assistant / nurse practitioner students, and psychology trainees. In addition, ASAP/STAR utilizes a multidisciplinary team approach to treat all patients within the clinic. This approach emphasizes collaboration, trauma informed care, and evidence based practice standards across treating providers.

At ASAP and STAR Interns will have the opportunity to learn and administer comprehensive intake assessments, provide individual, group, couples and family therapy, as well as learn how to coordinate care with opiate replacement treatment, outpatient detox services, psychiatric services, and primary / acute care. There is also an opportunity to gain experience with adult and adolescent psychological and diagnostic assessments depending on case availability. In addition, since there are a range of students training at ASAP/STAR throughout the year, this track allows psychology Interns the opportunity to run supervision groups for Masters level social work and counseling students and gain experience in the theory and application of supervision. Finally, ASAP runs a weekly psychotherapy didactic series throughout the year that hosts lectures from experts in the field of addictions. Interns participate in a lecture series to further develop their knowledge of best practice substance abuse treatment.

### SEMINARS

<b>Research: Integration of Science and Practice</b>	<b>Ethical and Legal Standards</b>	<b>Individual and Cultural Diversity</b>
Trauma Training Series (Core Concepts of Childhood Trauma; Trauma-Informed Care: Applying the Core Concepts of Childhood Trauma to Treatment; Trauma-Informed Treatment: TF-CBT; Treatment of	Ethical and Professional Issues in Psychology	Multicultural Topics Didactic Series

Complex Developmental Trauma: ARC		
Dept. Research/Scholarly Meeting (Optional for All)	Law and Mental Health (Optional)	Provider Resiliency
Neuropsych Case Conference (Required for Peds Neuro Track intern; Optional for other interns)		
Peds Neurology Grand Rounds (Optional for all interns)		

<b>Professional Values and Attitudes</b>	<b>Communication and Interpersonal Skills</b>	<b>Assessment</b>
Training Director Meetings which include Professional Development	Training Director Meetings to include Professional Development	Clinical Reasoning and DSM5
Provider Resiliency	Intern Webinar Planning Session (Required for all Interns)	Risk Assessment- Assessing Individuals with Suicidal and Non-Suicidal Self-Injury and Homicidal Thoughts and Intent (Completed during orientation)
	Neuropsych Case Conference (Required for Peds Neuro Track intern; Optional for other interns)	Integrated Behavioral Health Care Track Didactic Series (Required for Integrated BH Track Interns; Optional for Others)
	Provider Resiliency	Early Childhood Track Didactic Series (Required for Early Childhood Track Interns; Optional for others)
		ASAP Psychotherapy and Socratic Didactic (Required for SUD

		Track Intern; Optional for other interns)
		Child Clinical Track Didactic Series (Required for Child Clinical Track Interns, Optional for other Interns)
		Trauma Didactic Series

<b>Intervention</b>	<b>Supervision</b>	<b>Consultation and Interdisciplinary Skills</b>
Trauma Didactic Series (TF-CBT and ARC)	Supervision Didactic and Supervision Active Learning	Interdisciplinary Lunch Hour with Psychology Interns and Psychiatry Fellows (various topics)
Integrated Behavioral Health Care Track Didactic Series (Required for Integrated BH Track Interns; Optional for Others)		Neuropsych Case Conference (Required for Peds Neuro Track intern; Optional for other interns)
Early Childhood Track Didactic Series (Required for Early Childhood Track Interns; Optional for others)		HIV Echo Tuesdays (Required for Integrated BH Track Interns; Optional for Others)
ASAP Psychotherapy and Socratic Didactic (Required for SUD Track Intern; Optional for other interns)		Provider Resiliency
Child Clinical Track Didactic Series (Required for Child Clinical Track Interns, Optional for other Interns)		
ASD Track Didactic Series (Required for ASD Track Inters; Optional for others)		

### Research: Integration of Science and Practice

Seminars in this competency domain will assist Interns with critically evaluating and disseminating research and applying evidence-based findings to clinical work. Topics related to evidence-based interventions (e.g. TF-CBT and ARC) and core concepts in trauma informed care will provide a venue to learn about integration of science and practice.

### Ethical and Legal Standards

Seminars in this competency domain will assist Interns with becoming knowledgeable about ethics/laws, recognize ethical dilemmas and apply ethical decision-making processes, and conduct themselves ethically in all professional activities. The primary focus of seminars in this competency domain is legal, ethical, and professional issues in working with children, adolescents, adults, and families. Topics in this domain will address confidentiality and privileged communications, sexual misconduct, dual relationships, ethical guidelines for working with ethnic, linguistic and culturally diverse populations and other ethical and legal topics as they relate to the provision of behavioral health services. The seminars in this series are meant to be experiential and directed toward exploring personal experiences, attitudes, feelings, and values regarding ethics and the law.

The primary focus of Ethics, Law, and Critical Reasoning seminar is on legal, ethical, and professional issues. An interdisciplinary and multicultural perspective is taken in addressing each topic. Examples of topics selected 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,

### Individual and Cultural Diversity

Seminars in this competency domain will help Interns to understand how their own history, biases, and other personal factors affect interactions, become knowledgeable of professional diversity literature, integrate individual and cultural diversity into professional activities, independently apply knowledge to work effectively with diverse others, and be culturally responsive.

The Multicultural Didactic Series is based on the understanding that training of culturally responsive and competent psychiatrists and psychologists begins by addressing personal attitudes, feelings, experiences, and values. The seminar utilizes a cultural responsiveness model that assumes that culture is a central aspect that must be considered in all types of behavioral health interventions. In particular, the seminar facilitates an exploration of how culture influences one's beliefs, attitudes, and behaviors regarding help-seeking, attribution of mental

illness, communication style, and preferences for care. The seminar also explores the unique cultures of New Mexico and how culture impacts well-being. Recent examples of didactic topics include Native American/Indigenous Mental Health and Historical Trauma, Refugee Mental Health, and Gender and Sexual Diversity.

### Professional Values and Attitudes

Seminars in this competency domain will assist Interns with exploring and demonstrating values and attitudes of psychology, engage in responsible documentation, demonstrate self-awareness and self-improvement, learn how to be open and responsive to feedback, and respond professionally in increasingly complex situations with increasing independence. Topics will generally include: preparing for postdocs/jobs, licensure, advocacy, working in complex systems, self-care and wellness (provider resiliency), billing and documentation practices in managed care, and basic understanding of insurance and financial aspects of behavioral health care. The seminars in this series are meant to be experiential and directed toward exploring personal experiences, attitudes, feelings, and values as well as addressing the practicalities of applying for future jobs and postdoctoral experiences.

### Communication and Interpersonal Skills

Seminars in this competency domain will assist Interns with developing effective relationships with a wide range of individuals, engage in informative, well-integrated oral and written communication, and develop effective interpersonal skills. All of the seminars will involve discussions and active learning techniques to help Interns in the communication and interpersonal skills domain. Professional development seminars will also touch on this topic, as will opportunities for the Interns to present cases in their Telehealth Webinars. Interns will also participate in the Provider Resiliency series with a focus on self-care, wellness, provider resiliency and managing burnout.

### Assessment

Seminars in this competency domain will assist Interns with clinical interviewing, case conceptualization and clinical reasoning. Topics will include developmental and clinical interviewing and assessing for trauma and substance use concerns. Interns will also spend time learning about risk (suicidal and homicidal) assessment.

The Clinical Reasoning and DSM5 seminar will cover developmental and clinical interviewing, clinical reasoning and the DSM5. There will be a focus on developmental and transition-ages. Emphasis is on the process of assessment and clinical reasoning and arriving at clinical diagnoses, and not interpretation of specific diagnostic measures.

Interns will also receive a Risk Assessment and Suicide Assessment didactic during Orientation. These topics are incorporated into the orientation for all interns and will assist with understanding how to conduct a risk assessment in areas of suicidal risk, homicidal risk, and other legal and ethical considerations as they pertain to risk management.

### Intervention

Seminars in this competency domain will help Interns with the development of effective therapeutic relationships, development of individualized evidence-based intervention plans, utilization of interventions that are well-informed by individual and contextual components, application of relevant research literature, effective adaptation of evidence-based approaches, and evaluation of intervention effectiveness. The modalities covered in this competency domain include: Trauma Informed Care (this includes looking at the impact of trauma, evidenced based practices for addressing trauma such as Trauma-Focused CBT and Attachment Self-Regulation, and Competency (ARC), and early childhood trauma) and substance use disorder treatment overview.

The Trauma Series covers all aspects of trauma and its impact on children and families. The treatment and assessment of trauma is included. Trauma Informed Care is addressed, which this includes looking at the impact of trauma, evidenced based practices for addressing trauma such as Trauma-Focused CBT and Attachment Self-Regulation, and Competency (ARC), and early childhood trauma. These seminars incorporate a multicultural and developmental perspective and utilize a combination of lectures, problem-based learning, discussion, and case consultation.

### Supervision

Seminars in this competency domain will assist Interns with becoming knowledgeable about supervision models and practices and application of supervision knowledge. Topics will largely focus on models of supervision and consultation. There will be a didactic as well as an experiential component as Interns learn about and apply the various supervision and consultation models. Practical, ethical and professional issues related to supervision and consultation will also be covered.

### Consultation and Interdisciplinary Skills

Seminars in this competency domain will help Interns with the development of knowledge and respect for others' roles and professions and the broad application of interdisciplinary knowledge. The primary focus of seminars in this competency domain is interprofessional and interdisciplinary skills. The Interns along with Child Psychiatry and Behavioral Sciences Fellows, will participate in a Zoom Lunch hour together this year around topics selected by the cohort to facilitate interdisciplinary conversation and knowledge.

### Meeting with Training Director.

The training director will meet monthly with the Interns as a group to discuss additional professional development topics in addition to providing a venue for feedback, questions, and topics related to current rotations and activities that need to be addressed.

### Grand Rounds

The Department of Psychiatry and Behavioral Sciences Grand Rounds will occur every Friday and consists of presentations by nationally and regionally recognized guest speakers. In person grand rounds are on hold this year, but it is expected there will be virtual grand rounds planned in both the Department of Psychiatry and Behavioral Sciences and across the UNM HSC.

## **UNM HSC COVID19 Information and Resources**

Our Psychology Internship Training Program has made appropriate and required adjustments to in-person training as needed. As all are aware, the COVID19 situation is fluid and thus flexibility and innovation have been needed. Most of the clinical experiences have moved to telehealth appointments using institutionally provided HIPAA Compliant Zoom accounts. **However, it is important to note that New Mexico is a State that allows Clinical Psychology Interns to bill Medicaid for their services and thus Interns are required to be onsite in New Mexico in order to bill and provide clinical services to our patients in New Mexico.** Furthermore, efforts to return Interns to more consistent in-person clinical care will be made as the COVID19 situation improves in our State. Currently, rotations that occur in inpatient settings are happening in-person with COVID19 appropriate provisions in place per our UNM HSC Institution. Pediatric Neuropsychology, ASD, and Early Childhood evaluations/assessments/testing are also returning to some in-person formats, again with COVID19 precautions in place. All Interns are connected with the UNM Employee Occupational Health prior to seeing any patients and if provisions need to be made to an intern's training program per EOHS evaluation, accommodations can be made on a case-by-case basis. Additional information regarding our institutions COVID19 response can be found at the link below. Furthermore, if applicants have any questions at all about clinical rotations and how they are operating during this time, send an email to the Training Director at any time (Lindsay Smart, Ph.D.; [lsmart@salud.unm.edu](mailto:lsmart@salud.unm.edu)).

## **COVID Vaccination Requirement**

**Important Note:** "To protect and preserve the health, safety and welfare of the UNM community, the University of New Mexico will require that all faculty, staff and students accessing University facilities and programs be fully vaccinated for COVID-19 as soon as possible, but no later than September 30, 2021. This mandate requires all UNM faculty, staff and students who access campus

facilities, housing, programs, services and activities in person to be fully vaccinated for COVID-19, subject to limited exemptions.”

<https://bringbackthepack.unm.edu/vaccine/vaccine-requirement.html>

<https://hsc.unm.edu/covid-19/>

### **CORE FACULTY**

1. Sylvia J. Acosta, Ph.D. (Colorado State University). Associate Professor, UNM Dept. of Pediatrics, Center for Development and Disability. Director of CDD Postdoctoral Psychology Fellowship, Autism Programs.
2. Deborah B. Altschul, Ph.D. (University of Georgia). Associate Professor, UNM, Dept. of Psychiatry and Behavioral Sciences, Division of Community Behavioral Health. Cultural competency in mental health delivery and treatment outcome effectiveness. Clinical supervision. Public Policy
3. Jerald Belitz, Ph.D. (University of New Mexico). Professor, UNM Dept. of Psychiatry and Behavioral Sciences, 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.
4. Elena Bettoli-Vaughan, Ph.D. (Georgia State University). Pediatric and Adult Clinical Neuropsychologist, UNM Department of Psychiatry and Behavioral Sciences. Education Coordinator for practicum students and Interns, along with ongoing clinical supervision of Post-Doctoral Fellows, Interns and graduate students.
5. Artemio Brambila, Ph.D. (California School of Professional Psychology - Fresno), Associate Professor, UNM Dept. of Psychiatry and Behavioral Sciences, 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
6. Richard A. Campbell, Ph.D. (Utah State University), Professor, UNM Dept. of Psychiatry and Behavioral Sciences; Center for

Neuropsychological; Services of the Department of Psychiatry and Behavioral Sciences - 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

7. Diny Capland, Ph.D.
8. Michael Carvajal, Psy.D.
9. Jennifer Crawford, Ph.D.
10. Raven Cuellar, Ph.D. (Miami University), Psychologist, UNM Dept. of Psychiatry and Behavioral Sciences Division of Community Behavioral Health. Evidenced based interventions for childhood trauma.
11. Anjanette Cureton, PsyD (California Institute of Integral Studies), Clinical Psychologist, Associate Professor. UNM Comprehensive Cancer Center. Clinical interest in medical trauma and post-traumatic growth.
12. Lucía D'Arlach, Ph.D., is a child, adult & family Psychologist, bilingual (Spanish-English) psychologist. She places great emphasis on patient's family dynamics, cultural and historical backgrounds as tools for healing. She runs bilingual groups & utilizes hypnosis to manage pain & distance from painful memories. She works at both North Valley or Atrisco Heritage High School Primary Care Clinics
13. Elisa DeVargas, Ph.D. (University of Oregon). Psychologist at Programs for Children and Adolescents, UNM Hospital. Clinical interests: Child, adolescent and family therapy with specialization in trauma-focused treatment, Spanish language services and Latinx mental health. Research interests: Substance abuse prevention, cultural adaptation of interventions, and assessment of treatment outcomes.
14. Kristina Dumas, Ph.D.
15. Rebecca N. Ezechukwu, Ph.D. (Miami University), Clinical Psychologist, UNM Dept. of Psychiatry and Behavioral Sciences, Division of Community Behavioral Health. Trauma-informed systems of care, treatment of stress and trauma-related disorders, secondary traumatic stress & provider resilience; child and adolescent

development, multicultural processes & development of meaning-making systems, individual and family psychotherapy; juvenile justice and delinquency.

16. Jaymes Fairfax – Columbo, Ph.D.

17. N. Patti Fernandez, Ph.D.

18. Brandi C. Fink, Ph.D. (University of New Mexico), Assistant Professor, UNM Department of Psychiatry and Behavioral Sciences, and KL2 Scholar at the UNM Clinical and Translational Science Center. Intimate partner violence; family and behavioral treatments to substance use; couples therapy; neuroscience; outcomes prediction.

19. James Gillies, Ph.D.

20. Stephanie Gorman, Ph.D. (University of Houston). Pediatric Neuropsychology, Center for Neuropsychological Services, UNM Health Sciences Center.

21. Marybeth Graham, Ph.D. (University of Notre Dame), Assistant Professor, UNM Department of Pediatrics, Center for Development and Disability, Expertise/Interests, Autism and Other Developmental Disabilities

22. Dina E. Hill, Ph.D. (University of New Mexico), Associate Professor, UNM Dept. of Psychiatry and Behavioral Sciences, Center for Neuropsychological Services of the Department of Psychiatry and Behavioral Sciences. 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

23. Richard Hinton, Ph.D.

24. Katherine Hull, Psy.D. (Pacific Graduate School of Psychology-Stanford PsyD Consortium). Associate Professor. Training Director of Integrated Behavioral Health Fellowship. Attending psychologist at UNMH Northeast Heights Family Health Clinic.

25. Jill Holtz, Ph.D. (University of Nebraska-Lincoln). Manager Psychologist, UNM Hospitals Programs for Children and Adolescents

(PFCA). Psychological testing; psychotherapy with children, adolescents, and families; program development; and educational programming focus

26. Michele Iemolo, PsyD., BCBA (Carlos Albizu University). Assistant Professor, Center for Development and Disability, Department of Pediatrics. Expertise/Interests: Diagnosis and assessment of individuals with Autism Spectrum Disorder; Applied Behavior Analysis (ABA) interventions and program development for individuals with developmental disabilities and psychiatric conditions; Functional Behavior Assessments (FBA) and development of Positive Behavior Intervention Plans (PBIP), Parenting Training; Mindfulness Based Stress Reduction (MBSR), and Creative Art Therapy (i.e., Dance/Movement Therapy; DMT).
27. Brian Isakson, Ph.D. (Georgia State University), Associate Professor, UNM Dept. of Psychiatry and Behavioral Sciences Division of Community Behavioral Health and Clinical Director of Behavioral Health Integration and Expansion. Behavioral health services research; child and adolescent behavioral health treatment; family systems psychotherapy; reactions to trauma, torture, and other stressful life events; refugee mental health; program development and evaluation, trauma-informed systems of care; prevention and early intervention
28. Kimberly Kalupa, Ph.D. (Uniformed Services University of the Health Sciences). Staff psychologist, Truman Health Clinic. Areas of specialty: health psychology, assessment and treatment of trauma, integrated care in various medical settings, access to care for underserved populations
29. Kathryn L. Lenberg, MPH, PhD (University of New Mexico). Clinical Assistant Professor; Manager, Behavioral Health Services, Truman Health Services, UNM Medical Group.
30. Peggy C. Maclean, Ph.D. (University of New Mexico). Associate Professor, Center for Development & Disability, Department of Pediatrics. Factors affecting the neurodevelopmental and socio-emotional outcomes of young children born preterm and the potential for early intervention
31. Larissa A. Maley, PhD (Seton Hall University); Associate Professor, Director of Clinical Programming, Addictions.
32. Rachel Miller, Psy.D. (La Salle University), Assistant Professor, Programs for Children and Adolescents, UNM Dept. of Psychiatry and Behavioral

Sciences. Evidenced based treatment and assessment for childhood trauma. Trauma-informed care. Psychological testing.

33. Marcia L. Moriarta, Psy.D (California School of Professional Psychology – Los Angeles), 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.
34. Christopher Morris, Ph.D. (Utah State University); Associate Professor; Behavioral Health Service Delivery Systems; Integrated Behavioral Health and Primary Care.
35. Kati Morrison, Ph.D. (University of Texas at Austin), Assistant Professor, UNM Dept. of Psychiatry and Pediatrics. Pediatric and rehabilitation interventions, assessment, and interdisciplinary consultation; pain management; adjustment to disability; school reintegration and consultation; trauma and anxiety disorders; family therapy; parent-child interventions; trauma-informed systems; wellness in the workplace and training programs; training and supervision.
36. Julia E. Oppenheimer, Ph.D. (University of Oregon), Assistant Professor, UNM Department of Pediatrics, Center for Development and Disability, Early Childhood Evaluation Program, Psychologist (Lead), Early Childhood Mental Health/Infant Mental Health Team.
37. Brandon J. Rennie, PhD (University of Montana). Assistant Professor, UNM Dept. of Pediatrics, Center for Development and Disability Diagnosis and assessment of individuals with Autism Spectrum Disorder and other neurodevelopmental disabilities; Surveillance and screening for ASD; Assessment of children who are rural and/or American Indian; Disability in rural populations.
38. Lindsay Smart, Ph.D. (University of Denver). Associate Professor. Training Director of Psychology Internship, Associate Vice Chancellor for Leadership and Faculty Equity & Inclusion (UNM HSC Office for Diversity, Equity and Inclusion), Director for Diversity, Equity and Inclusion (Department of Psychiatry and Behavioral Sciences), UNM

Student Athlete Clinic. Workforce development and diversity equity and inclusion focus.

39. Destiny Waggoner, PhD.
40. Ann Waldorf, Ph.D. (University of New Mexico). Vice Chair of Behavioral Sciences. Integration of behavioral and medical health care.
41. Amanda Ward, Ph.D. (Loyola University Chicago). Assistant Professor (Department of Psychiatry and Behavioral Sciences). Clinical Neuropsychologist at the Center for Neuropsychological Services.
42. Dan Williams, PhD (University of Memphis). Associate Professor, Director, Integrated Behavioral Health (Department of Family & Community Medicine). North Valley Integrated Behavioral Health Clinic. Addictions training and treatment.
43. Jeffrey N. Younggren, Ph.D., ABPP, (University of Arizona), Clinical Professor, Forensic Psychologist, Ethics, Law and Professional Standards of Practice.
44. Dara Zafran, Psy.D (James Madison University-Virginia). Assistant Professor, Center for Development & Disability, Department of Pediatrics; Expertise/Interests: Research in student development and experiential service learning; Infant and Early Childhood Mental Health; Assessment, treatment and reflective supervision of trauma and chronic medical illness, with a focus on domestic violence, sexual abuse, cancer, diabetes and sickle cell; Systemic Treatment Models to enhance attachment and functioning within the community
45. Eric Zimak, Ph.D. (Ohio University). Staff Neuropsychologist at UNM Center for Neuropsychological Services.