



## **Internship in Clinical Psychology**

<https://hsc.unm.edu/medicine/departments/psychiatry/education/psychology-internship/>

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

### **BROCHURE**

**Applies to those applying to join Cohort: 2023-2024**

**Application Deadline: November 1, 2022**

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)*

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 2023-2024 training year will mark our 40<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. **\*\*\*Please note that our Diversity, Equity and Inclusion Subcommittee in the Internship is in the process of creating our Internship's specific Diversity, Equity and Inclusion Statement and once it is complete it will be added here in the brochure.\*\*\***

“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>	<b>Interns may also enroll in Dental, Vision, life insurance etc., as described at :</b> <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>

### Initial Post-Internship Positions

(For interns completing internship in cohorts: 2018-2019; 2019-2020; 2020-2021)

	<b>2018-2021</b>	
Total # of interns who were in the 3 cohorts	34	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	1	
	<b>PD</b>	<b>EP</b>
Academic teaching	0	0
Community mental health center	0	0
Consortium	0	0
University Counseling Center	2	0
Hospital/Medical Center	20	0
Veterans Affairs Health Care System	1	0
Psychiatric facility	0	0

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		12
Correctional facility	0	0
Health maintenance organization	0	0
School district/system	0	0
Independent practice setting	0	0
Other	10	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. 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.

## **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 co-morbidity, 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 Center – Inpatient 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 Center - Inpatient Hospital and Children's Psychiatric Center Outpatient Services (Woven throughout the year)
4. Electives: Typically 1 day/week for 3 or 6 months. A few Electives have the possibility of being done for 1 day/week for 12 months, however this is 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 the other 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. The Child Clinical Track also has a didactic series that is required for Child Clinical Track Interns that is currently on most Fridays for an hour. The schedule date/time/frequency for the Child Clinical Track is revisited annually.

Children's Psychiatric Center - Inpatient

Children's Psychiatric Center - Inpatient (CPC-I; Previously known as Children's Psychiatric Hospital or 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 CPC-I includes individual, group, family, milieu, 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, CPC-I 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 and a large playing field. CPC-I 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 CPC-I, 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 daily rounds 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

CPC-OS (informally known as Programs for Children and Adolescents or PFCA) is the outpatient component of Children's Psychiatric Center. CPC-OS provides numerous behavioral health services to children and adolescents residing within the Albuquerque metropolitan area, as well as some families residing elsewhere in the state:

#### *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
- Attachment, Regulation, and Competency Framework (ARC)
- Motivational Interviewing
- CBT and Behavioral Activation
- Exposure Therapy
- Parent Training
- Circle of Security
- Coping Cat
- Dialectical Behavior therapy (DBT)

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. Therapy is flexible and tailored to meet the needs of the youth and family.

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 providers. Clients at CPC-OS can receive bio-psycho-social interventions, including psychopharmacology, psychotherapy, parent education, community support services, and behavior management services.

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 co-lead groups 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. 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 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 focus on 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.

### Child Clinical Track Electives

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. Electives are typically 1 day/week for 3 or 6 months to be taken during the semester when the primary rotation is at Programs for Children and Adolescents. A few Electives have the possibility of being done for 1 day/week for 12 months, however this



is on a case-by-case basis. Elective availability may change and new options may become available depending on supervision availability and clinic space.

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

Public Policy 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.

Pediatric Neuropsychology Elective (Supervisors: Stephanie Gorman, Ph.D., ABPP-CN. 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.

Autism Spectrum Evaluation Clinic (Primary Supervisors: Sylvia J. Acosta, PhD; Brandon Rennie, PhD; Evelyn Fisher, 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.

Youth Traumatic Stress Specialization (Supervisors: Rebecca Ezechukwu, Ph.D., Rachel Miller, Psy.D., Elisa DeVargas, Ph.D., Destiny Waggoner, 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

- 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 Interns on the Child Clinical Track all obtain experience working with trauma regardless of whether they are on the Youth Trauma Specialization Elective. Interns that choose the Youth Trauma Specialization Elective will have a higher number of trauma cases.

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.

UNM Children's Hospital – Pediatric Rotation: Consultation/Liaison Service and UNM Carrie Tingley Pediatric Rehabilitation Inpatient Unit (Supervisor: Kati Morrison, PhD)

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.

UNM Young Children's Health Center (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 and young children ages 0-5, behavioral health services, case management, youth and parent groups, 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 and trauma-focused 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

Comprehensive Cancer Center Specialty Clinic (Supervisor: Anjanette Cureton, Ph.D.)

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 trains two interns a year. Truman Health Services, Kidney Transplant Services and at least one other Primary Care Clinic site are required training experiences for Interns on this track.

Truman Health Services (adults primarily, some teens; 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 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 cognitive screens for dementia and ADHD evaluations for adults. There may be opportunities to work with a neuropsychologist to complete more thorough neurocognitive evaluations. 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.

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

The Northeast Heights clinic was established in 1995, with the chosen location meant to attract more insured patients than other clinics in the UNMH system, and in particular to serve as a home clinic for many hospital employees. Northeast Heights Clinic has an interesting range in the socioeconomic status of its patient population, since it is a public hospital clinic, but one buttressed by a fairly wealthy section of town. In looking at Behavioral Health referrals at NEH Clinic, they tend to be a mixture of Medicaid, Medicare, and private insurance patients. This breakdown is more heavily weighted towards private insurance and the "working well" than one would find at other UNMH clinics. The clinic's patients are diverse in terms of age, disability status, religion, race, sexuality, gender identity, tribal status, and ethnicity. The Northeast Heights Clinic has both Family Medicine and Internal Medicine services.

#### Historical Context:

The Northeast Heights is the city's biggest quadrant, both geographically and by population. Most of the development in this area has happened in the last 70 years, in contrast to some of the city's long-established historical districts. Starting after World War II, housing developments began springing up across the Eastern section of town. These developments appealed to families looking for a more suburban experience. One development, the East End addition, was founded in 1938 by Henry Outley, a Black developer who offered Albuquerque's Black families the opportunity to buy a home free from the racial redlining that was present in much of the city at that time. Most of the development in the Far Northeast Heights, where the NEH Clinic is located, has occurred in the last 20 years. The Far Northeast Heights, where the clinic is located, is among the wealthiest sections of Albuquerque, while older and more established areas of the Northeast Heights, closer to midtown, tend to be more middle class.

#### 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.

South East Heights Clinic – Refugee Mental Health Clinic, Family medicine (8200 Central Ave SE, Dr. Isakson)

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.

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.

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.

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

The UNM Comprehensive Cancer Center is a full-service ambulatory National Cancer Institute- designated Comprehensive cancer center delivering the highest quality integrated cancer diagnosis and cancer care. The Cancer Center is a minor rotation (1 day/week) during which trainees 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 members 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 changing family dynamics, coping with financial hardship, and changes in sense of self. Opportunity to co-facilitate support

groups, to work as part of an interdisciplinary team, to provide emotional support to oncology inpatients, and to participate in group case consultation/supervision with practicum students.

Southwest Mesa Clinic, Internal medicine and Pediatrics (301 Unser Blvd. SW, 925-4126, Dr. Oliver)

Southwest Mesa is the main training site for internal medicine residents and serves a varied community. Opportunity to work hand-in-hand with residents, 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. The day will include adult patients and working in the resident clinic. Consult liaison work through the inpatient side may also be available one day per month.

Miles from Hospital: 10 miles approximately 16 minutes

Parking: Good - Gated parking

North Valley Clinic – General Care and Pain management (Family Medicine, 3401 4<sup>th</sup> Street NW, Dan Williams)

North Valley is the main training site for family medicine doctors, along with SE Heights. Opportunity to hold a small caseload of adults.

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.

Example of Recommended Schedule

First 6 months				
Monday	Tuesday	Wednesday	Thursday	Friday
Truman	North East Heights	Kidney Transplant	Truman	Truman
Second 6 months				

Truman	North East Heights	Kidney Transplant	Eubank	Truman
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## **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 located 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.

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 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 strives to serve the multilingual 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 have the opportunity to shadow 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., Eric Zimak, Ph.D., ABPP-CN, Michael Carvajal, Psy.D., and Dina Hill, Ph.D. 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 and early adversity 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. Interns will receive a balance of assessment and intervention training through year-long rotations within the 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, Full year rotation)**

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 CDD 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 and at times over telehealth, as well as in the family home, and Interns must be comfortable with a home visitation model. For interns demonstrating fluency in Spanish, dyadic treatment cases where Spanish is the primary language can be assigned and Spanish-language supervision can be available. The major supervisors for the rotation are Julia Oppenheimer, Ph.D., IMH-E(III), Peggy Maclean, Ph.D., IMH-E(III), and Marcia Moriarta, Psy.D., IMH-E(IV).

#### UNM FOCUS Program (Intervention and Consultation, 6-month rotation)

The UNM FOCUS Program is an integrated family medical home and early intervention (IDEA Part C) program that serves families from birth to three. The majority of these children and families also present with concurrent environmental risk factors, and many of the children served endure multiple caregiving disruptions and/or overt neglect and abuse. Caregivers served by the program have similar complex trauma and substance use history. The early intervention services provided include home-based service coordination/case management and developmental services, which may include speech/language, physical, and occupational therapy, depending on the developmental needs of the child. In collaboration with the Early Childhood Mental Health Service at the CDD, the program also provides clinical assessment and treatment of parental functioning and dyadic/caregiver-child interaction of families. The assessment and treatment services use evidence-based models of treatment and assessment deeply grounded in an Infant Mental Health and trauma-informed theoretical framework. Medical services provided by the program include both adult and pediatric care of any family member (caregiver, enrolled child, and siblings) involved in the program, buprenorphine replacement therapy for caregivers struggling with opiate addiction, and psychiatric consultation.

Working as part of an interdisciplinary team, the Intern provides infant-parent and child/family psychotherapy services for children/families. Most services are provided in the family home, and the Intern must be comfortable with a home visitation model. The intern will have the opportunity to apply models learned in their ECMH rotation (Child-Parent Psychotherapy, CPP; Circle of Security, COS) in a short-term or consultative setting, and will be exposed to other models such as the Facilitating Attuned Interactions (FAN) approach. As part of this 6-month rotation, trainees will also join a weekly FOCUS medical clinic. As part of the interdisciplinary medical team, trainees will have the opportunity to provide short-term consultation and intervention support to families seen in the clinic and support the medical team in situations that are emergent in nature, such as a parental mental health crisis and/or child/caregiver safety concerns.



Early Childhood Evaluation Program (ECEP) (Assessment, 6-month rotation)

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 300 evaluations each year that take place primarily in the CDD's Albuquerque clinic, but also in community sites throughout the state. The option for telehealth evaluations has also been incorporated into the ECEP model. Psychology Interns may have the opportunity to participate in community-based outreach clinics under the supervision of a licensed psychologist, pending availability.

During ECEP clinics, the Intern will administer standardized evaluation procedures appropriate for children birth to three. Measures used are the Bayley Scales of *Infant and Toddler Development (Bayley-4)* and *Differential Ability Scales-II (DAS-II)* to assess cognitive development; adaptive behavior measures including the *Vineland-3* and *ABAS-3*; and the *Autism Diagnostic Observation Schedule, Second Edition (ADOS-2)*. 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

Interdisciplinary Training Clinic (Assessment, Full year rotation)

The Interdisciplinary Training Clinic (ITC) is a required experience for both ASD and EC Track Interns. The ITC brings together clinicians from ECEP and the Autism Spectrum Evaluation Clinic (ASEC) for a dynamic interdisciplinary training experience for a variety of learners, including Interns. Interns conduct their respective developmental/diagnostic evaluations for young children referred for concerns about developmental or neurodevelopmental disabilities including ASD.

The ITC fosters interdisciplinary teaming and learning. Clinicians conduct client "rounds" before and after the evaluation clinics to discuss clients, plan for evaluation and coordinate care. Interdisciplinary rounds are client/family centered (with a focus on understanding and meeting the needs of the family). The current disciplines represented include: Psychology (licensed faculty, postdoctoral psychology fellows, predoctoral psychology interns), Speech Language Pathologist, Social Work, Physical Therapy, Occupational Therapy, Physician (including pediatric intern, pediatric resident) and Administrative Assistant. The current model allows for psychology postdoctoral fellows to provide clinical supervision to the Interns while under the supervision of a faculty member. The ITC is held on Thursdays from September through June and Interns are expected to participate in all aspects of the clinic.

The Early Childhood Mental Health Consultation Clinic (Assessment and Consultation, 6-month rotation)

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 participate as part of an interdisciplinary team (Psychiatry, Psychology, Pediatric medicine trainees) in assessment visits for children birth to five to better understand behavioral concerns and the impact of early life experiences on current development and behavior. Under a licensed clinical psychologist's supervision, Interns participate in clinical interviewing and history-taking, clinical observation, and assessments as appropriate to provide diagnosis, referral resources, and support strategies. 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:

Other CDD Clinics

The following clinics are additionally offered at the CDD, and may provide opportunities for interns to observe or participate, depending on interest and availability during the training year:

Fetal Alcohol Spectrum Disorders Clinic

The Fetal Alcohol Spectrum Disorders (FASD) 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 dysmorphology. Team members also provide consultative services via in-service trainings around the state and attendance at Individual Education Program meetings.

Other Opportunities for Interns

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.

### Bilingual (English and Spanish) Clinics

Bilingual (English and Spanish) interdisciplinary evaluations are conducted within the context of ECEP (and ASEC). 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, a bilingual speech/language pathologist, and a bilingual physician. 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, nonverbal 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. Modalities for evaluation include in-person and telehealth, in order to increase access to culturally and linguistically diverse clients. 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.

The typical caseload at CDD:

Semester 1:

- 1 ECEP clinic per week
- 1 ECEP ITC clinic per week
- 1 ECMH consultation clinic/Birth to 5 clinic per week
- 5-6 ECMHS cases per week

Semester 2:

- 1 ECEP ITC clinic per week
- FOCUS rotation (including FOCUS medical clinic)
- 5-6 ECMHS cases per week

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

- In addition to cubicle/office space, and computer, a cell phone will be provided for off-site home visits.
- The CDD has multiple rooms equipped with one-way mirrors/sound systems, and video recording 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, emphasis is 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, one of which is the 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 Intervention in both the Parent Home Training Program and the Facing Your Fears 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 3 years through 21 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. Modalities used for evaluations include in-person and telehealth (phone or video conference). 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 co-occurring 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 eating 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. The 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.

#### Interdisciplinary Training Clinic

The Interdisciplinary Training Clinic (ITC) is a required experience for both ASD and EC Track Interns. The ITC brings together clinicians from ASEC and ECEP for a dynamic interdisciplinary training experience for a variety of learners, including Interns. Interns conduct developmental/diagnostic evaluations for young children referred for concerns about developmental or neurodevelopmental disabilities including ASD.

The ITC fosters interdisciplinary teaming and learning. Clinicians conduct client “rounds” before and after the evaluation clinics to discuss clients, plan for evaluation and coordinate care. Interdisciplinary rounds are client/family centered (with a focus on understanding and meeting the needs of the family). The current disciplines represented include: Psychology (licensed faculty, postdoctoral psychology fellows, predoctoral psychology interns), Speech Language Pathologist, Social Work, Physical Therapy, Occupational Therapy, Physician (including pediatric intern, pediatric resident) and

Administrative Assistant. The current model allows for psychology postdoctoral fellows to provide clinical supervision to the Interns while under the supervision of a faculty member. The ITC is held on Thursdays from September through June and Interns are expected to participate in all aspects of the clinic.

#### Minor Rotations

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

#### Early Childhood Evaluation Clinic

The Early Childhood Evaluation Clinic ECEP provides interdisciplinary 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 300 evaluations each year that take place primarily in the CDD's Albuquerque clinic, but also in community sites throughout the state.

ECEP provides ASD Track Interns an optional rotation as part of their Assessment experience at the CDD. During ECEP clinic, the Intern will administer standardized and informal evaluation procedures appropriate for children birth to three. Measures used are the *Bayley Scales of Infant and Toddler Development (Bayley-4)* and *Differential Ability Scales-II (DAS-II)* to assess cognitive development; adaptive behavior measures including the *Vineland-3* and *ABAS-3*; and the *Autism Diagnostic Observation Schedule, Second Edition (ADOS-2)*. Referral questions for children seen by ECEP include Autism Spectrum Disorder, evaluation of medical and biological factors impacting developmental concerns, evaluation of behavioral and regulatory concerns and comprehensive developmental assessment to support early intervention providers who are finding certain children challenging to work with for a variety of reasons.

#### Bilingual (English and Spanish) Clinics

Bilingual (English and Spanish) interdisciplinary evaluations are conducted within the context of ASEC and ECEP. 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, nonverbal 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. Modalities for evaluation include in-person and telehealth, in order to increase access to culturally and linguistically diverse clients. 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

\*Note: Due to COVID-19 pandemic restrictions Outreach clinics may be limited or variable. Outreach clinics in different locations of the state annually. Outreach clinics are located in rural, underserved communities. 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.

### Facing Your Fears Program

The Facing Your Fears Program specializes in evidence-based treatment of children and adolescents between the ages of 6-18 with co-occurring diagnoses of Autism Spectrum Disorder and, 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. Group sessions may be conducted either in-person or via telehealth.

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:

- 2 Assessment clinics per week
  - 1 ASEC clinic per week
  - 1 ITC clinic per week (September through June)
- 6-8 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 and computer, a cell phone will be provided for off-site home visits.
- The CDD has multiple rooms equipped with one-way mirrors/sound systems, and video recording capacity for live 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 their respective CDD program.
- Travel to clinics at local and outreach community locations will take place in CDD/UNM vehicles – unless the Intern has made alternate plans to use their vehicle. In these instances, (i.e. the Intern selects to use their 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 is located between Santa Fe, 33 miles to the north, and Albuquerque, 30 miles to the south. Although situated between two urban centers, San Felipe is rural, consisting of 50,000 acres of trust land for farming and grazing. San Felipe is one of the most traditional tribes in New Mexico, with Keres (the traditional language) spoken by 87% of tribal members. There are approximately 3500 residents of San Felipe, 49% of whom are female. Most residents (99%) identify as Native American, and 33% are under 18 years of age.

The Pueblo of San Felipe has a robust Behavioral Health Program, including psychologists, social workers, masters level counselors, and Certified Peer Support Workers that work on a multidisciplinary team. Unique to San Felipe are the Certified Peer Support Workers, who are Keres-speaking tribal community members with lived experience of behavioral health issues who have completed intensive training and credentialing in behavioral health service provision. CPSWs provide recovery-oriented Comprehensive Community Support Services and serve as cultural liaisons, partnering with interns and other licensed clinicians to provide culturally competent care.

Potential clinical sites include the:

- School Based Health Center at the San Felipe K-8 Community School
- Indian Health Services Primary Care Clinic
- San Felipe Equine Therapy Program
- San Felipe Behavioral Health Clinic
- Bernalillo Public High School

Interns are placed at these sites depending on the needs of the Behavioral Health Program and interests of the intern. Oftentimes interns select more than one site, and may also select to provide services off-site at one of our UNM settings, such as the Center for Neuropsychology, the Psychiatric Emergency Services, or the Sandoval County Regional Medical Center, depending on the career aspirations of the intern. Interns work with clients across the life span, providing school-based, clinic-based, and home-based services. The goal is to develop skills in providing culturally responsive, trauma-informed care, and complete training in the general practice of clinical/counseling/school psychology. This track is a place to put theory to practice when providing culturally appropriate and responsive care to children, youth, adults, families, and elders within a multicultural context.

Interns also have opportunities to work on public behavioral health policy issues, with the Pueblo of San Felipe, other tribal communities, and New Mexico's behavioral health state agencies through the Department of Psychiatry and Behavioral Sciences' Division of Community Behavioral Health. This could include assisting with grant proposals, providing clinical trainings, and/or responding to clinical crises in rural and tribal areas.

This track is led by Dr. Deborah Altschul, a licensed psychologist and Vice Chair of Community Behavioral Health, who has been working with the Pueblo of San Felipe for over 15 years, and is onsite one day per week. Also onsite is a full-time licensed psychologist and former intern and postdoctoral fellow, Dr. Leah Bogusch. Interns are supervised by Dr. Altschul, Dr. Bogusch, and by a San Felipe Behavioral Health Program licensed clinician affiliated with the particular site where the intern is practicing.

### **SUBSTANCE USE DISORDER SPECIALTY TRACK**

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

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 Complex Developmental Trauma: ARC	Ethical and Professional Issues in Psychology	Multicultural Topics Didactic Series
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	Risk Assessment- Assessing Individuals with Suicidal and Non-Suicidal Self-Injury and Homicidal Thoughts and Intent (Completed during orientation)
Provider Resiliency	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>
		Neuropsych Case Conference (Required

Trauma Didactic Series (TF-CBT and ARC)	Supervision Didactic and Supervision Active Learning	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)		HIV Echo Tuesdays (Required for Integrated BH Track Interns; Optional for Others)
Early Childhood Track Didactic Series (Required for Early Childhood Track Interns; Optional for others)		Provider Resiliency
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)		
ASD Track Didactic Series (Required for ASD Track Interns; 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 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. Virtual grand rounds are 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**

	<p><b>Sylvia Acosta, PhD</b> <i>she/her/ella</i> Associate Professor, Director of Psychology Training, Center for Development and Disability, Department of Pediatrics <b>Graduate Program:</b> Colorado State University <b>Primary Clinics and Track(s):</b> Autism Spectrum Disorders Track; Early Childhood Track <b>Areas of Interest:</b> Assessment and intervention of Autism Spectrum Disorder and neurodevelopmental disabilities, addressing health disparities in bilingual and Spanish-speaking families, provision of culturally and linguistically responsive clinical services, Diversity, Equity and Inclusion topics <b>Favorite thing(s) about New Mexico:</b> I enjoy the local cuisine, especially the chile.</p>
	<p><b>Shelley Alonso-Marsden, PhD</b> <i>she/her/ella</i> <b>Graduate Program:</b> Duke University <b>Primary Clinics and Track(s):</b> Child Clinical, Children's Psychiatric Center <b>Areas of Interest:</b> Trauma; externalizing disorders; mood dysregulation; prevention and early intervention; policies, systems, and program development; diversity, equity, and inclusion. <b>Favorite thing(s) about New Mexico:</b> Cultural context, food, and weather.</p>
	<p><b>Deborah Altschul, PhD</b> <i>she/her</i> Vice Chair of Community Behavioral Health Research Professor <b>Graduate Program:</b> University of Georgia <b>Primary Clinics and Track(s):</b> Multicultural and Native American <b>Areas of Interest:</b> Health Disparities Public Behavioral Health; Behavioral Health Services Research; Student-Athletes (Clinical)</p>


	<b>Favorite thing(s) about New Mexico:</b> The beautiful sunsets
	<b>Leslie Becerra, PhD</b> <i>she/her</i> <b>Graduate Program:</b> University of Detroit Mercy <b>Primary Clinics and Track(s):</b> Clinical Child Track <b>Areas of Interest:</b> Dr. Becerra conducts therapy and psychological evaluations for children, adolescents, and families. She has a longstanding passion and appreciation for working with at-risk, underserved, and trauma-exposed families and communities. Her clinical interests include: trauma-informed and culturally sensitive interventions and assessments, preventative and early childhood interventions, play-based interventions, art therapeutic interventions, and parenting/family interventions. <b>Favorite thing(s) about New Mexico:</b> I was drawn to New Mexico's beautiful landscapes and rich cultural history. There are so many places to hike, explore, and experience. I especially love learning about the different Native American pueblos and being able to experience their feast days which is a unique, grounding, and humbling experience.
	<b>Leah Bogusch, PhD</b> <i>she/her</i> <b>Graduate Program:</b> Bowling Green State University <b>Primary Clinics and Track(s):</b> Multicultural Native American Rural <b>Areas of Interest:</b> Dr. Bogusch's clinical practice includes culturally-informed and community-led mental health care in Indigenous community. This practice includes use of interventions that have been adapted for use in Native American populations through ongoing consultation and collaboration with community. She works with individuals to address depressive symptoms, suicidality, substance use, and complex trauma while focusing on building clients' areas of strength and resilience. Dr. Bogusch regularly uses third-wave behavioral therapies with


	<p>clients, including ACT, DBT skills, and FAP. She also draws on CBT and exposure therapy.</p> <p><b>Favorite thing(s) about New Mexico:</b> As someone who grew up in the prairie state, I am enchanted by the mountains and cactuses.</p>
	<p><b>Artemio Brambila, PhD, ABPH</b> <i>he/him/his</i></p> <p><b>Graduate Program:</b> California School of Professional Psychology-Fresno Primary Clinics and Track(s): Child Clinical Track <b>Areas of Interest:</b> Clinical Hypnosis; DBT (DBT-C, DBT-PE, DBT-SUDS); Family Tx; Psychological evaluations <b>Favorite thing(s) about New Mexico:</b> Outdoor Activities; Camping, cycling <b>Additional Information:</b> Bilingual-English-Spanish Professor, UNM Department of Psychiatry and Behavioral Sciences</p>
	<p><b>Diny Capland, PhD</b></p> <p>More information coming soon</p>
	<p><b>Michael Carvajal, PsyD</b></p> <p>More information coming soon</p>
	<p><b>Thomas A. Chavez, PhD</b> <i>he/him/el</i></p> <p><b>Graduate Program:</b> University of Wisconsin - Madison <b>Primary Clinics and Track(s):</b> Community Behavioral Health <b>Areas of Interest:</b> Latino behavioral health, Undocumented Immigrant mental health and wellness, Critical theories in health research <b>Favorite thing(s) about New Mexico:</b> New Mexico is my heart and home. I love the sense of community that expands to every corner of the state.</p>

	<p><b>Jennifer Crawford, PhD</b></p> <p>More information coming soon</p>
	<p><b>Raven Cuellar, PhD</b> <i>she/her</i> Assistant Professor, Department of Psychiatry and Behavioral Sciences Clinical Psychologist &amp; Peer Support Specialist, Office of Professional Well-being <b>Graduate Program:</b> Miami University <b>Primary Clinics and Track(s):</b> Child Clinical Internship Faculty; Trauma Specialty Track; Provider Resilience workshops <b>Areas of Interest:</b> Professional well-being and resilience; coping with stress, trauma, and grief reactions; recognizing and responding to secondary traumatic stress, burnout, and moral distress; issues related to identity and self-development throughout the lifespan; and methods of promoting empowerment, equity and justice <b>Favorite thing(s) about New Mexico:</b> The hiking and outdoor adventuring in New Mexico is spectacular and provides tremendous diversity of landscapes and opportunities to take part in cultural activities. One of my daily mindfulness practices is to pause and watch the sunset turn our Sandia Mountains shades of pink. <b>Additional Information:</b> Feel free to ask me about my work co-chairing the Secondary Traumatic Stress Collaborative Group of the National Child Traumatic Stress Network. It's where I've gathered countless</p>


	resources and evidence-informed strategies to promote clinician resilience and sustainment!
	<p><b>Anjanette Cureton, PsyD</b> <i>she/her</i> <b>Graduate Program:</b> California Institute of Integral Studies <b>Primary Clinics and Track(s):</b> Integrative Behavioral Health, Clinical Child <b>Areas of Interest:</b> Psycho-oncology, medical trauma, post-traumatic growth <b>Favorite thing(s) about New Mexico:</b> Hiking in the Sandia Mountains</p>
	<p><b>Elisa DeVargas, PhD</b> <i>she/her/ella</i> PhD in Counseling Psychology with a specialization in Spanish language services and research <b>Graduate Program:</b> University of Oregon <b>Primary Clinics and Track(s):</b> Programs for Children and Adolescents; Child Clinical Track <b>Areas of Interest:</b> Elisa's clinical interests include child and adolescent development, parent skills training, trauma-focused intervention and family therapy. Her research interests include substance abuse prevention, cultural adaptation of EBPs, treatment outcomes, program development, and Latinx mental health. Dr. DeVargas has a long-standing commitment to developing her Spanish language skills and providing culturally sensitive services to underserved populations. Additionally, she currently serves as the New Mexico Psychological Association's Early Career Professional Committee Chair and the National Latinx Psychological Association's (NLPA) Early Career Psychologist Representative and chair to the NLPA's Bilingual Issues in Latinx Mental Health Special Interest Group. <b>Favorite thing(s) about New Mexico:</b> I love Latin dancing, hiking in the foothills and bosque, and watching the beautiful NM sunsets.</p>



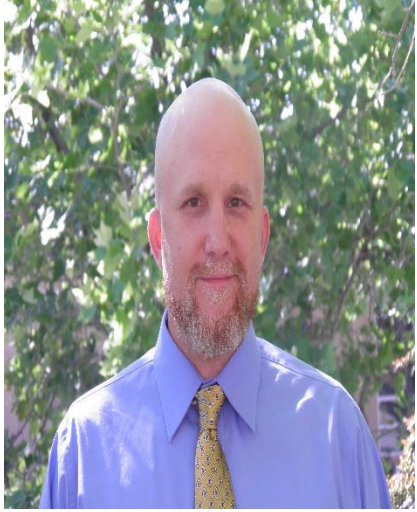

	<b>Kristina Dumas, PhD</b>  More information coming soon
	<b>Rebecca “Dr. E” Ezechukwu, PhD</b> <i>she/her/hers</i> Assistant Professor, Department of Psychiatry and Behavioral Sciences Clinical Psychologist, UNM School of Medicine Office of Professional Wellbeing P.I./Project Director of ACTION: Addressing Childhood Trauma through Intervention Outreach & Networking <b>Graduate Program:</b> Miami University <b>Primary Clinics and Track(s):</b> Clinical Child Track UNM Hospital Programs for Children and Adolescents ACTION Trauma Program <b>Areas of Interest:</b> Dr. Ezechukwu has cultivated a professional focus around understanding multicultural stress, identity, resilience, and wellbeing, and promoting resilient outcomes for all individuals. She is especially committed to addressing the role that systemic discrimination, implicit bias, and historical trauma play in present-day health inequities among Black, Indigenous, and People of Color (BIPOC) communities. She has conducted clinical service, education, research, and consultation across numerous settings serving both adults and children in juvenile justice, child welfare, primary care, rural and community mental health, school-based mental health, acute psychiatric hospitals, higher education, and medical schools. Dr. E values mentorship and equitable access to professional development opportunities. She is a core member of the UNM Clinical Psychology Pre-Doctoral Internship Program, providing clinical supervision and psychological training. She is also a member of the American Psychological Association, the National Child Traumatic Stress Network, the New Mexico Psychological Association, and the New Mexico Black Mental Health Coalition. Dr. Ezechukwu’s area of specialization includes the treatment of child, adolescent, and young adult

	<p>psychopathology—particularly anxiety, depression, and stress and trauma-related disorders. Dr. Ezechukwu approaches psychotherapy and supervision from multicultural, developmental, and constructivist perspectives. She provides a variety of treatment approaches: Mindfulness-based Cognitive Behavioral Therapies (CBT), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Attachment, Regulation, and Competency (ARC) treatment for complex trauma, Trauma Affect Regulation: Guide for Education &amp; Therapy (TARGET), Motivational Interviewing (MI), Parenting Management skills training, Dialectical Behavioral Therapy (DBT) skills training, and Jungian &amp; Archetypal approaches to psychotherapy. Additional areas of interest and specialization: provider training and education; provider and organizational wellbeing to address burnout, secondary traumatic stress, and cultural bias.</p> <p><b>Favorite thing(s) about New Mexico:</b> I love the year-round sunshine and the landscape and the birds. I enjoy birding all over New Mexico.</p>
 A portrait of Patti Fernandez, PhD. She is a woman with dark hair, wearing glasses on her head and a patterned blue and white shirt. She is smiling at the camera.	<p><b>Patti Fernandez, PhD</b> <i>she/ella</i> Psychology Manager and Training Coordinator to ASAP/UPC</p> <p><b>Graduate Program:</b> University of Texas at El Paso</p> <p><b>Primary Clinics and Track(s):</b> Addictions and Substance Abuse Programs, trauma and dual diagnosis tracks.</p> <p><b>Areas of Interest:</b> Clinical and research interests include ethics and evidence-based treatment for trauma, suicide prevention, substance use disorders, and severe mental illness.</p> <p><b>Favorite thing(s) about New Mexico:</b> Visit new cities and towns in NM and try new restaurants.</p> <p><b>Additional Information:</b> I am passionate about the work of health disparities reduction and culture integration advocacy and enjoys providing competency based and trauma informed/focused training and supervision.</p>



	<p><b>Evelyn Fisher, PhD</b> <i>she/her</i> <b>Graduate Program:</b> Georgia State University <b>Primary Clinics and Track(s):</b> Autism Spectrum Evaluation Clinic, Neurocognitive Assessment Clinic <b>Areas of Interest:</b> Autism assessment, pediatric neuropsychological assessment, congenital and genetic disorders, acquired brain injuries, complex communication needs, systematic review and meta-analysis <b>Favorite thing(s) about New Mexico:</b> The hiking, road biking, and mountain biking :)</p>
	<p><b>Stephanie Gorman, PhD, ABPP-CN</b> <i>she/her</i> Board certified in clinical neuropsychology Board certified subspecialist in pediatric neuropsychology <b>Graduate Program:</b> University of Houston <b>Primary Clinics and Track(s):</b> Pediatric Neuropsychology <b>Areas of Interest:</b> Neuropsychological assessment of children with medical conditions such as traumatic brain injury, epilepsy, stroke, cerebral palsy, and genetic disorders. <b>Favorite thing(s) about New Mexico:</b> Being able to run outside year-round in our beautiful weather.</p>
	<p><b>James Gillies, PhD</b>  More information coming soon</p>
	<p><b>Dina Hill, PhD</b> <i>she/her/hers</i> <b>Graduate Program:</b> University of New Mexico <b>Primary Clinics and Track(s):</b> Neuropsychology Track: Children's Psychiatric Center - Inpatient <b>Areas of Interest:</b> Neurodevelopmental disorders including ADHD, ASD, learning disorders; Fetal Alcohol Spectrum Disorders (FASD); Neuropsychology/neuroimaging</p>

	<p><b>Favorite thing(s) about New Mexico:</b> All things Fall: state fair, balloon fiesta, Grecian festival, growers' markets</p>
	<p><b>Richard Hinton, PhD</b> <i>he/his</i>  <b>Graduate Program:</b> University of Arizona  <b>Primary Clinics and Track(s):</b> Integrated Behavioral Health, Transplant  <b>Areas of Interest:</b> Behavioral health, chronic illness  <b>Favorite thing(s) about New Mexico:</b> cultural diversity, amazing weather, biking, hiking all year-round</p>
	<p><b>Lisa Houston</b>   More information coming soon</p>
	<p><b>Katherine Hull, PsyD</b> <i>she/her</i>  Training Director for UNMH Integrated Behavioral Health Fellowship  <b>Graduate Program:</b> PGSP-Stanford PsyD Consortium  <b>Primary Clinics and Track(s):</b> IBH/Northeast Heights Family Health Clinic  <b>Areas of Interest:</b> Dr. Hull is a member of the Motivational Interviewing Network of Trainers and has extensive training and experience in modalities including CBT, ACT, and DBT. She is passionate about integrated behavioral health and mind-body medicine. She is committed to ongoing learning, engagement, and self-reflection about how to practice anti-racism in clinical and supervisory work.  <b>Favorite thing(s) about New Mexico:</b> I love the weather, food, and cultures of New Mexico. I feel like Albuquerque is a big enough city to enjoy many cultural experiences but small enough to really get to try everything.</p>

	<p><b>Brian Isakson, PhD</b> <i>he/him</i> Professor Clinical Director Division of Community Behavioral Health Clinical Director of Behavioral Health Integration and Expansion Department of Psychiatry and Behavioral Sciences <b>Graduate Program:</b> Georgia State University <b>Primary Clinics and Track(s):</b> Child Clinical, Integrated Behavioral Health <b>Areas of Interest:</b> Trauma, refugee mental health, integrated care, policy, program development, program evaluation, grant writing, health disparities <b>Favorite thing(s) about New Mexico:</b> Outdoors, weather, New Mexican food</p>
	<p><b>Kimberly Kalupa, PhD</b> <i>she/her</i> <b>Graduate Program:</b> Uniformed Services University of the Health Sciences <b>Primary Clinics and Track(s):</b> Integrated Care Track- Truman Health Clinic <b>Areas of Interest:</b> Integrated Care, Health Psychology, Trauma. Previous research in eating behaviors, obesity treatment and community-based intervention. <b>Favorite thing(s) about New Mexico:</b> NM has stunning landscapes and beautiful light. I enjoy hiking and camping.</p>
	<p><b>Alexa Koester</b>  More information coming soon</p>



**David Lardier, PhD**

*he/him/his*


**Graduate Program:** Montclair State University




**Primary Clinics and Track(s):** Multicultural and Child Clinical

**Areas of Interest:** Clinical: My clinical interests focus on (1) trauma-informed clinical approaches; (2) culturally responsive, strengths-based therapeutic approaches; and (3) the treatment of substance misuse among adolescents and young adults.



Research: My research interests center on three central areas of study, (1) the identification and examination of empowerment-based protective factors in substance misuse, mental health, and sexual health prevention; (2) the role of neighborhoods in the etiology of youth substance abuse and mental health outcomes, and (3) the implementation and evaluation of evidence-based interventions that can reduce youth and young adult substance misuse and improve their mental health and physical health. Education: My education interests focus on supporting learners to develop the knowledge and skills to become competent consumers of research, as well as prepare them for their upcoming clinical careers. I hope to always cultivate a creative learning and mentorship environment to empower and encourage knowledge development, clinical expertise and research skills.



**Favorite thing(s) about New Mexico:** My favorite thing to do in NM is to hike and camp with my family during Spring and Summer, as well as snowboard during the Winter. My favorite thing about NM, beyond the weather, is the culture and community of the people who call this place home.

	<p><b>Kathryn Lenberg, MPH, PhD</b> <i>she/her/ella</i> Director of Behavioral Health, UNMMG <b>Graduate Program:</b> University of New Mexico <b>Primary Clinics and Track(s):</b> Integrated Care- Truman Health Services <b>Areas of Interest:</b> Clinical practice is focused on integrated care and reducing barriers to care. Education is focused on providing training to all members of a health care team in trauma informed care practices and patient centered communication. <b>Favorite thing(s) about New Mexico:</b> Hiking, camping, swimming, boating, SUPing</p>
	<p><b>Larissa Lindsey, PhD</b> <i>she/her/hers</i> Director of Clinical Services, UH Behavioral Health <b>Graduate Program:</b> Seton Hall University <b>Primary Clinics and Track(s):</b> Addictions and Substance Abuse Programs (ASAP); University Psychiatric Center (UPC); Children's Psychiatric Center (CPC) <b>Areas of Interest:</b> Clinical programming and administration; Quality improvement and evaluation Trauma conditions and Substance use Disorders Evidence-based treatments; Working with marginalized and disenfranchised populations Acute and crisis interventions; Trauma-informed and trauma responsive approaches <b>Favorite thing(s) about New Mexico:</b> Hike up the Sandia mountain and look at the amazing views! Mariachi's Mexican food in Cedar Crest, Chopstix Chinese, and Basil Leaf Vietnamese.</p>


	<p><b>S. Laura Lundy, PhD, ABPP-CN</b> <i>she/her</i> Director of Clinical Training for Neuropsychology <b>Graduate Program:</b> University of New Mexico <b>Primary Clinics and Track(s):</b> Neuropsychology <b>Areas of Interest:</b> Neuropsychology including movement disorders, eating disorders, and medical comorbidities (e.g., multiple sclerosis) <b>Favorite thing(s) about New Mexico:</b> I love the ability to be outdoors almost year-round!</p>
	<p><b>Peggy MacLean, PhD</b> <i>she/her</i> <b>Graduate Program:</b> University of New Mexico <b>Primary Clinics and Track(s):</b> Early Childhood Track <b>Areas of Interest:</b> Integrating early childhood/infant mental health interventions within medical settings; trauma-informed pediatric and adult care; preventing intergenerational trauma transmission; maternal and child mental health; early childhood workforce training <b>Favorite thing(s) about New Mexico:</b> Paddle boarding the Rio Grande (when water permits); watching an Ice Wolves hockey game; the smell of green chile roasting in the Fall; waking up to hot air balloons in the sky during Balloon Fiesta; Northern NM's aspens turning yellow in the Fall</p>
	<p><b>Rachel Miller, PsyD</b> <i>she/her/hers</i> <b>Graduate Program:</b> La Salle University <b>Primary Clinics and Track(s):</b> Child Clinical track Supervise for any track rotating through PFCA <b>Areas of Interest:</b> Child, adolescent, and family psychology; Psychological Assessment Intervention; Trauma and traumatic stress <b>Favorite thing(s) about New Mexico:</b> Anything outdoors, particularly hiking and exploring the outdoor beauty of the state</p>


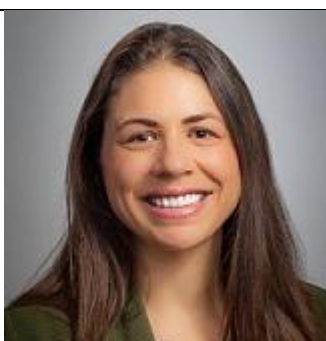


	<p><b>Additional Information:</b> Offer supervision and mentorship, involved in teaching internship-wide and specific to child clinical track and PFCA</p>
	<p><b>Marcia Moriarta, PsyD</b> <i>she/her/hers</i> Professor, Department of Pediatrics Chief, Child Development Division Director, UNM Center for Development and Disability <b>Graduate Program:</b> California School of Professional Psychology - Los Angeles <b>Primary Clinics and Track(s):</b> CDD Center for Development and Disability Early Childhood Track <b>Areas of Interest:</b> Infant and Early Childhood Development and Mental Health; Intersection of Developmental Disabilities and Mental Health; Interdisciplinary Practice; Trauma-informed care and systems; Leadership Development; Systems and Policy Work; Grant Writing; Program Development/Project Management and Clinical Leadership; Mentorship. <b>Favorite thing(s) about New Mexico:</b> My favorite things about New Mexico are its diversity, blue skies and the relationship-based nature of how systems and policy can be impacted in our state on behalf of the children, families and individuals we serve.</p>
	<p><b>Christopher Morris, PhD</b> <i>he/him</i> Associate Professor Clinical Director for Behavioral Health UNM Health Sciences Rio Rancho <b>Graduate Program:</b> Utah State University <b>Primary Clinics and Track(s):</b> Integrated Care <b>Areas of Interest:</b> Dr. Morris has worked in community behavioral health throughout north-central New Mexico and the Navajo Nation for over twenty years. His areas of interest include behavioral health management, public policy and service delivery; primary care/behavioral health integration; trauma-specific psychotherapy; and community behavioral health literacy.</p>


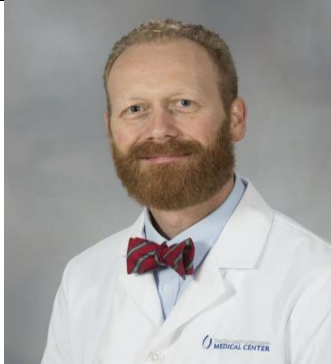

	<p><b>Favorite thing(s) about New Mexico:</b> Being outdoors and working up an appetite for New Mexico food!</p>
	<p><b>Kati Morrison, PhD</b> <i>she/her</i> <b>Graduate Program:</b> University of Texas at Austin <b>Primary Clinics and Track(s):</b> Child Clinical track, sometimes others for shadowing and mentoring; Carrie Tingley Pediatric Behavioral Medicine Clinic; University of New Mexico Inpatient Pediatric Rehabilitation Clinic (Carrie Tingley Inpatient)/support for Consult-Liaison interdisciplinary work <b>Areas of Interest:</b> pediatric trauma, rehabilitation, comorbid presentations, school/community collaboration and integration, family therapy <b>Favorite thing(s) about New Mexico:</b> Hike or snowboard then soak in hot springs</p>
	<p><b>Jaxcy Odom, PsyD, BCBA-D, CBC</b> <i>she/her</i> <b>Graduate Program:</b> Rutgers <b>Primary Clinics and Track(s):</b> Sandoval Regional Medical Center (SRMC) Areas of Interest: Integrated care, health psychology, ACT, bariatric and spinal cord stimulator evaluations, bilingual/multicultural <b>Favorite thing(s) about New Mexico:</b> Watch the Sandia mountains turn pink during sunset</p>
	<p><b>Tonya Oliver, PhD</b> <i>she/her/hers</i> <b>Graduate Program:</b> Alliant International University <b>Primary Clinics and Track(s):</b> Integrated Behavioral Health, Neuropsychology Areas of Interest: DEI, EBP <b>Favorite thing(s) about New Mexico:</b> Outdoor activities, good restaurants</p>



	<p><b>Julia Oppenheimer, PhD</b> <i>she/her/hers</i> <b>Graduate Program:</b> University of Oregon <b>Primary Clinics and Track(s):</b> Early Childhood Internship Track- Center for Development and Disability Early Childhood and Infant Mental Health rotation/clinic Early Childhood Evaluation Program <b>Areas of Interest:</b> Infant and Early Childhood Mental Health; Early childhood assessment, treatment, and consultation; Impact of trauma in early childhood; Trauma-informed psychotherapy with children and families; Attachment difficulties and foster care; Dyadic treatment models; Identification and diagnosis of infants and toddlers with ASD and other developmental delays. <b>Favorite thing(s) about New Mexico:</b> The weather- especially NM Fall. Year round- exploring outdoors around the state and hiking, in the summer- the downtown growers' market.</p>
	<p><b>Brandon Rennie, PhD</b> <b>Graduate Program:</b> University of Montana <b>Primary Clinics and Track(s):</b> Autism Spectrum Disorders, Center for Development and Disability <b>Areas of Interest:</b> 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</p> <p>Additional information coming soon</p>

	<p><b>Lindsay Smart, PhD</b> <i>she/her</i> Associate Vice Chancellor for Leadership and Faculty Equity &amp; Inclusion University of New Mexico Health Sciences Center, Office for Diversity, Equity &amp; Inclusion Co-Director for Diversity, Equity and Inclusion, Department of Psychiatry and Behavioral Sciences Clinical Psychology Internship Training Director Associate Professor, Department of Psychiatry and Behavioral Sciences <b>Graduate Program:</b> University of Denver <b>Primary Clinics and Track(s):</b> Internship Training Director <b>Areas of Interest:</b> Diversity, equity, and inclusion; mentorship; service learning; teaching/education <b>Favorite thing(s) about New Mexico:</b> Sunsets, sunrises, great weather for running year-round, warm weather, Golden Pride breakfast burritos, and red and green chili <b>Additional Information:</b> I identify as a biracial individual (African American/European American)</p>
	<p><b>Chelsea Spraberry, PsyD</b> <i>she/her</i> <b>Graduate Program:</b> Nova Southeastern University <b>Primary Clinics and Track(s):</b> Behavioral Health Clinic Rio Rancho (No tracks at this time) <b>Areas of Interest:</b> Clinically I specialize in Trauma, Personality Disorders, DBT, Complex PTSD, Eating Disorders, and Mindfulness <b>Favorite thing(s) about New Mexico:</b> The beautiful weather and the many outdoor activities</p>
	<p><b>Destiny M. Waggoner, PhD</b> <i>she/her/hers</i> Graduate Program: University of Northern Colorado <b>Primary Clinics and Track(s):</b> Young Children's Health Center, Child Clinical Track <b>Areas of Interest:</b> My research and clinical interests include working with diverse populations impacted by trauma and promoting trauma-informed, culturally</p>

	<p>responsive, and equitable systems of care to support the wellbeing of youth, families, providers, helpers, and communities. My educational interests include interdisciplinary consultation, family therapy, and trauma-focused and trauma-informed interventions for youth and families.</p> <p><b>Favorite thing(s) about New Mexico:</b> So many outdoor activities and great food! Hiking to the top of the Pino Trail is a must.</p>
	<p><b>V. Ann Waldorf, PhD</b> <i>she/her/hers</i> Chief, Psychological Science Division Vice Chair for Behavioral Sciences <b>Graduate Program:</b> University of New Mexico <b>Primary Clinics and Track(s):</b> Substance Use Disorders Specialty Track <b>Areas of Interest:</b> During her career, Dr. Waldorf has been involved in clinical care, education and training, program development, and administration at the New Mexico Veterans Affairs Healthcare System, Presbyterian Healthcare Services, and the University of New Mexico. She has served as faculty for UNM's Departments of Psychology, Psychiatry &amp; Behavioral Sciences and Family &amp; Community Medicine. Since 2014, Dr. Waldorf has served as Vice Chair for Behavioral Sciences, Department of Psychiatry and Behavioral Sciences. In this role, she is responsible for providing the vision and expertise necessary to expand the department's role in the School of Medicine, the Health Sciences System and the community through evidenced-based care development, research facilitation, inter-professional clinical education, and administration. For many years, the focus of her clinical and research activities has been the treatment of substance use disorders and the provision of integrated behavioral health services in medical settings.</p> <p><b>Favorite thing(s) about New Mexico:</b> It is hard to identify one favorite thing about NM as I love much it has to offer. That list includes beautiful natural resources, friendly and welcoming people, and great food!</p>

	<p><b>Additional Information:</b> Dr. Waldorf is currently a member of APA's Council of Representatives, representing Division 50-Society of Addiction Psychology</p>
	<p><b>Amanda Ward, PhD</b> <i>she/her</i> <b>Graduate Program:</b> Loyola University Chicago <b>Primary Clinics and Track(s):</b> Neuropsychology <b>Areas of Interest:</b> Amanda is interested in the evaluation of children and adolescents with neurodevelopmental disorders, co-occurring medical disorders, as well early childhood assessment. <b>Favorite thing(s) about New Mexico:</b> Enjoying the beautiful weather and outdoors!</p>
	<p><b>Dan Williams, PhD</b> <i>he/him</i> Director, Behavioral Health Integration <b>Graduate Program:</b> University of Memphis <b>Primary Clinics and Track(s):</b> North Valley Clinic Integrated Behavioral Health <b>Areas of Interest:</b> Addictions <b>Favorite thing(s) about New Mexico:</b> I like hiking, checking out the sunsets, lifting weights, and eating good food.</p>
	<p><b>Eric Zimak, PhD, ABPP-CN</b> <i>he/him/his</i> <b>Graduate Program:</b> Ohio University <b>Primary Clinics and Track(s):</b> Pediatric Neuropsychology <b>Areas of Interest:</b> I evaluate children and adolescents with a range of neuropsychological concerns. Further, I work closely with colleagues in pediatric oncology, providing neurobehavioral exams and consults in Pediatric Oncology Survivorship Clinic. A primary research interest of mine is pediatric neuropsychology outcomes. I highly value supervising and teaching, and co-lead our neuropsychology case conference series.</p>

	<b>Favorite thing(s) about New Mexico:</b> I enjoy hiking, biking, and camping in the New Mexico sunshine. The access to great outdoor activities is just fantastic.
	<b>Dara Zafran, PsyD</b> <b>Graduate Program:</b> James Madison University-Virginia  More information coming soon