



The University of New Mexico ♦ Health Sciences Center
School Of Medicine

DEPARTMENT OF PSYCHIATRY AND
BEHAVIORAL SCIENCES
ALBUQUERQUE, NEW MEXICO

**INTERNSHIP IN
CLINICAL PSYCHOLOGY**

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

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

**BROCHURE
2018-2019**

Application Deadline November 1, 2017



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 / Web: www.apa.org/ed/accreditation



DEAR APPLICANTS AND OTHER GUESTS,

Thank you for your interest in our Clinical Psychology Internship Program in the Division of Child and Adolescent Psychiatry and Behavioral Sciences at the University of New Mexico Health Sciences Center in Albuquerque, New Mexico. The 2014-2015 training year marked our 30th 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 5 training tracks—emphasis in Clinical Child, Integrated Care, Pediatric Neuropsychology, Early Childhood, and Neurodevelopmental Disorders. In addition to our major training sites, there are descriptions of a variety of electives. We look forward to hearing from you. Warmest wishes for a rewarding application, interview and internship experience,

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INTERNSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA

Date Program Tables updated: July 28, 2017

Internship Program Admissions

Brief program description

The clinical psychology internship at the University of New Mexico Health Sciences Center has 5 tracks with emphasis in: Clinical Child; Integrated Health Care; Pediatric Neuropsychology; Early Childhood; and Neurodevelopmental. 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 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 client. 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, 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:

Total Direct Contact Intervention Hours	Yes	350
Total Direct Contact Assessment Hours	Yes	150

Other required minimum criteria used to screen applicants:

1. APA or CPA accredited doctoral program (APA preferred)
2. Comprehensive Exams passed by application deadline
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 majority minority state, with a substantial Spanish-speaking population.
6. Substantial course work and practica in clinical and developmental psychology and assessment are required for all tracks. Applicants for the Clinical Child, Early

- Child, and Neurodevelopmental 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.

Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Interns: **\$20,500**

Annual Stipend/Salary for Half-time Interns: **Not applicable**

Program provides access to medical insurance for intern? **Yes**

If access to medical insurance is provided

Trainee contribution to cost required? **Yes**

Coverage of family member(s) available? **Yes**

Coverage of legally married partner available? **Yes**

Coverage of domestic partner available? **Yes**

Hours of Annual Paid Personal Time Off **168 annual + 104 holiday**

Hours of Annual Paid Sick Leave **80**

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? **Yes**

Other Benefits:

Interns may also enroll in Dental, Vision, life insurance etc., as described at <http://hr.unm.edu/newemp.php>

Initial Post-Internship Positions
(for interns *completing* internship 2015-2017)

Total # of interns who were in the 3 cohorts: **28**

Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree: **1**

Site	Postdoctoral	Employed
Community mental health center	4	
Federally qualified health center		
Independent primary care facility/clinic		
University counseling center		
Veterans Affairs medical center		
Military health center		
Academic health center	13	1
Other medical center or hospital	4	
Psychiatric hospital	1	
Academic university/department	1	1
Community college or other teaching setting		
Independent research institution		
Correctional facility		
School district/system		2
Independent practice setting		
Not currently employed		
Changed to another field		
Other		
Unknown		
Community mental health center		
Federally qualified health center		
Independent primary care facility/clinic		
University counseling center		
Veterans Affairs medical center		

INTRODUCTION

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, Family and Community Medicine, and Pediatrics at the University of New Mexico School of Medicine, Health Sciences Center (HSC). Many of the elective rotations involve community sites. There are also opportunities for electives and mentoring involving public policy. New Mexico is a diverse state that includes a number of American Indian (Acoma, Laguna, Navajo, Apache, Zuni, San Felipe, etc.) and Latino (Hispanic New Mexican, Mexican, Guatemalan, Cuban, Puerto Rican, etc.) groups.

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

The internship program has 5 tracks with emphasis in:

- (1) Clinical Child (CC) (3 positions)
- (2) Integrated Health Care (IHC) (3 positions)
- (3) Pediatric Neuropsychology (PN) (1 position)*
- (4) Early Childhood EC (2 positions)
- (5) Neurodevelopmental Disorders (ND) (1 position).

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

Interns on all 5 tracks share a number of didactic, clinical, interdisciplinary, consultative, supervisory, and social experiences, including core seminars, an optional confidential intern support group, a peer supervision 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. Intern applicants should clearly indicate in their AAPI application letter, to which of the five 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.

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 that this additional reflection and focus on culture and context to be an effective strategy for interns to broaden their perspective, and begin to integrate what they have learned from available research, clinical training, theoretical perspectives, self-reflection and personal development.

Culture

We view culture very broadly and see it as an integral contextual feature to be addressed in clinical treatment, assessment and research. Acquiring specific knowledge of frequently identified ethnic groups and cultures is not seen as sufficient training for psychologists. An over-reliance on acquiring such information risks stereotyping individual clients and families. Instead, we have adopted a cultural responsiveness model that focuses on the “provider”, the interpersonal dynamics, and contextual factors, in addition to the “client”. The program facilitates interns' examination of how their own culture (as experienced in their families and “academic upbringing”) has influenced them (who they are, how they see themselves, what they value in others, etc.). This is done through

supervision and the experientially based Multicultural and Psychotherapeutic Interventions seminars, which include contextual approaches such as family systems, which are particularly conducive to examining culture as an integral feature. Through supervision of assessments and therapy, and seminars, interns learn about deconstructing their own perception 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 client's worldview; ability to focus on meaning instead of solely on "facts" or "data"; ability to conceptualize problems and solutions in more than one clinical paradigm; ability to appreciate and understand how the client and family perceive their cultural identity and when culture is ostensibly used as a mask; ability to work within what some narrative therapists describe as a "not knowing" stance; ability to collaborate and work in partnerships; ability to learn from others and to learn together; ability not to feel unduly challenged or defensive when questioned; and ability to look inward for answers rather than blaming the client for not getting better.

Frequent topics of discussion in seminars and supervision related to culture also include paradigms of worldview and "truth" such as logical positivism, mechanism, and contextualism; high-context vs. low-context cultures (after Ned Hall); indigenous healers and alternative health care; general parameters regarding where cultural differences may occur (e.g., wait-time, personal space, eye-contact, self-disclosure); issues of power, privilege, socioeconomic status, and political influence; appreciation of rural versus urban lifestyles; and appreciation of the "cultures" of psychology, Psychiatry and 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 residents, fellows and faculty, and learning about the effects of medications in seminars, is particularly helpful for learning how to balance patient change with resources. Medications can help stabilize a "treatment window" for the patient, within which therapy can be more effective.

PROGRAM 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 (see section on Clinical Sites) with diverse clinical, socioeconomic, and ethnic populations. Elective placements provide experience with community consultation and additional populations. The child and adolescent therapy and assessment experiences offered include: (1) cognitive, emotional, developmental, social, and neuropsychological assessments; (2) individual psychotherapy; (3) group therapy; (4) crisis intervention; and (5) inpatient treatment; as well as family therapy and parent groups. 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. The internship also provides the opportunity for a confidential intern support group with a licensed clinical psychologist who is not involved in any of the other internship activities. All tracks include settings that include treatment team experience or participation in case conferences, providing additional training through a clinical version of a common educational model within the UNM School of Medicine called “problem-based learning”. Clinical cases include many with severe psychopathology, high co-morbidity, complex formulations, a history of trauma, 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 family or group cases, to demonstrate clinical assessments and interventions, and to review videotapes of the interns' sessions.

There are a variety of professional relationships during the internship year that provide the intern with the necessary supportive and trusting basis for the development and demonstration of cultural responsiveness—which is also a focus of the Multicultural Seminar. All supervisors are encouraged to serve as role models for psychology interns. 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.

PRIMARY AND ELECTIVE CLINICAL SITES

TRACK CC: EMPHASIS ON CLINICAL CHILD PSYCHOLOGY

1. Children's Psychiatric Hospital
2. Programs for Children and Adolescents
3. Psychological testing experiences at Children's Psychiatric Hospital and Programs for Children and Adolescents
4. 3 month Clinical Elective
5. Major Elective: 6 month Clinical Elective

TRACK IHC: EMPHASIS ON INTEGRATED CARE

1. Integrated Care Setting
2. Programs for Children and Adolescents
3. Psychological testing experiences at Children's Psychiatric Hospital, Programs for Children and Adolescents, and integrated care settings as available.

TRACK PN: EMPHASIS ON PEDIATRIC NEUROPSYCHOLOGY

1. Center for Neuropsychological Services
2. Programs for Children and Adolescents

TRACK EC: EMPHASIS ON EARLY CHILDHOOD

1. Center for Development and Disability
2. Programs for Children and Adolescents

TRACK ND: EMPHASIS ON NEURODEVELOPMENTAL DISORDERS

1. Center for Development and Disability
2. Programs for Children and Adolescents

CORE CLINICAL SITES**Children's Psychiatric Hospital**

Children's Psychiatric Hospital (<http://hsc.unm.edu/health/locations/childrens-psychiatric-center.html>; 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 at least 3 months with an option to extend this inpatient rotation for an additional 3 months. This psychiatric facility provides comprehensive evaluation and intensive treatment of severely emotionally and behaviorally disturbed children, ages 5-17, statewide. It consists of four acute hospital units. There are 5 phases of treatment--containment, assessment, stabilization, discharge planning and discharge implementation, during the youth's short inpatient stay. Children are housed in the hospital units, called "cottages", according to age and developmental needs. Patients represent a variety of ethnic populations and a wide range of diagnostic categories, including mood disturbances, post-traumatic stress disorders, personality disorders, psychotic spectrum disorders, conduct, developmental and learning disorders. Treatment at CPH includes individual, group, family, milieu, recreational, and speech and language therapies, and pharmacotherapy. The hospital utilizes strength-based and Dialectical Behavioral-informed interventions. Children and adolescents are admitted into these programs if they are assessed as meeting criteria of danger to self or other, or grave passive neglect. In addition, it is deemed that the youth will benefit from an inpatient acute stay and it is consistent with the least drastic means principle.

In addition, CPH includes a state-accredited school, a cafeteria and commons, and administration/treatment buildings. Built in southwestern architectural style, the cottages are laid out in an enclosed campus with various playgrounds, fountains, a large playing field and ropes course. Rooms with one-way mirrors and video cameras are available for observation and recording of individual, play, group, and family therapy sessions. CPH is also a training site for the UNM Departments of Psychiatry and Behavioral Sciences and Pediatrics, as well as the Colleges of Education, Nursing, and Pharmacy.

Programs for Children and Adolescents

Programs for Children and Adolescents (PFC&A) provide an array of outpatient mental health services for a highly diverse population of children, adolescents, and families (European American, Latino, American Indian, Asian American, and African American) primarily from Albuquerque and surrounding Bernalillo County. It is the outpatient service component of the University of New Mexico Children's Psychiatric Center. Intervention often focuses on the family, the school, and community agencies, in addition to the presenting child or adolescent. An interdisciplinary staff offers clinic, community-based, and homebased mental health services for children between the ages of 3 and 18 presenting with a variety of psychological, social, emotional and behavioral disorders.

In addition to offering individual, family, and group therapies, psychological evaluation, and pharmacotherapy at its clinics, PFC&A provides school consultation, and a variety of home-based comprehensive services. These include comprehensive community support services, behavior management services, Multisystemic Therapy (MST), and Community Family Team (CFT) interventions. Developmental, systemic, Trauma-Focused Cognitive Behavioral Therapy, and community-based approaches are emphasized with cognitive-behavioral, behavioral, family systems, solution-focused, motivational interviewing (MI), psychodynamic, and object-relations orientations represented among the clinical child psychologists, child psychiatrists, clinical social workers, and clinical counselors. PFC&A is a training facility for psychology interns, child Psychiatry and Behavioral Sciences fellows, general Psychiatry and Behavioral Sciences residents, social work students, medical students, and clinical counselors.

[Center for Neuropsychological Services](#)

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 (<http://psychiatry.unm.edu/centers/cns/index.html>) that provides comprehensive neuropsychological assessment services to a diverse population of UNM Hospital inpatients and outpatients of all ages, with a variety of central nervous system disorders. CNS is housed in two remodeled buildings on the north UNM campus close to the UNM Psychiatric Center, UNM Hospital, and UNM Programs for Children and Adolescents. Referrals for services are received from various departments within the UNM HSC including the Departments of Neurology, Neurosurgery, Pediatrics, Family Practice and Community Medicine, Psychiatry and Behavioral Sciences, Children's Psychiatric Outpatient and Inpatient programs, Carrie Tingley Hospital, and Internal Medicine. Additionally, referrals are received from pediatricians, neurologists, other clinicians and school districts throughout New Mexico.

Evaluations of young children, adolescents and young adults typically include those with neurodevelopmental disorders (e.g., learning disorders, autistic spectrum disorders, and attention deficit hyperactivity disorder), acquired brain disorders or chronic medical conditions (e.g., traumatic brain injury, cerebral

palsy, epilepsy, pediatric oncology). In addition to diagnosis, evaluations focus on the development of recommendations to help ameliorate the impact of brain impairment on cognitive, social, emotional, and educational functioning.

CNS provides training experiences in neuropsychological assessment for graduate students, interns, and post-doctoral fellowship/residents.

[UNM Hospital](#)

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

[Center for Development and Disability](#)

The Center for Development and Disability (CDD) (<http://cdd.unm.edu/>) 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 2 miles from the main campus of the UNM School of Medicine, where parking is available.

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

The Early Childhood Mental Health Services (ECMH) also provides infant and early childhood mental health assessment and intervention services for children birth to three years old. Services are often provided in collaboration with other programs at the CDD, including the CDD Infant Team which provides comprehensive dyadic evaluations for children birth to three in foster care due to substantiated abuse and/or neglect, Nurse Family Partnership and Parents-as-Teachers Home Visiting Services, and the UNM FOCUS Program. The FOCUS program is a Part C Early Intervention program that targets children birth to three

who have been prenatally exposed to drugs and alcohol and their families. The majority of these children and families also present with concurrent environmental risk factors that are identified as primary concerns. Many of the children served have been placed in foster or kinship care and endure multiple caregiving disruptions and/or overt neglect and abuse. The program provides family medical care, case management, infant mental health, and developmental services for children and families birth to three. Most ECMH services are provided in the family home.

The Autism and Other Developmental Disabilities Division at the UNM Center for Development and Disability provides interdisciplinary assessments for youth referred for potential autism spectrum diagnoses. The Division also provides a CBT-based group for children/adolescents diagnosed with ASD and Anxiety, as well as Parent Home Training, and other consultation to the community.

OVERVIEW OF TRACKS

TRACK CC: EMPHASIS ON CLINICAL CHILD PSYCHOLOGY (3 positions)

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

CLINICAL CHILD TRACK (sample schedule)

Quarter*	Rotation	Weekly schedule	Supervisor(s) at clinical site	Hrs/week Supervision
1	Inpatient CPC Outpatient PFC&A Inpt. Assessment	3.5 days 0.5 days 0.5 days	1 primary 1 primary 1 primary	At least 2 hr. 1 hr. At least 1hr.
2	Elective A Outpatient PFC&A Assessment	3.5 days 0.5 days 0.5 days	1 primary 1 primary 1 primary	At least 2 hr. 1 hr. At least 1 hr.
3	Outpatient PFC&A Assessment Elective B	3.0 days 0.5 days 1.0 day	1 primary & 1 secondary 1 primary 1 primary	At least 2 hrs. 1 hr. At least 1 hr. At least 1 hr.
4	Outpatient PFC&A Assessment Elective B	3.0 days 0.5 days 1.0 day	1 primary 1 secondary 1 primary 1 primary	At least 2 hrs. 1 hr. At least 1 hr. At least 1 hr.

*The 3 clinical child track interns will do these quarters in a different order.

For six months, interns spend 75% of their clinical time at Programs for Children and Adolescents and 25% at their chosen Major Elective Rotation. Seminars run most of the year on Tuesday mornings. For three months, interns spend about 80 percent of their clinical (non-didactic) time at Children's Psychiatric Hospital and 20% at Programs for Children and Adolescents. *Clinical Child Interns may elect to do a 3 month instead of a 6 month rotation at Children's Psychiatric Hospital, allowing them to choose a second major elective during the remaining 3 month block.*

Children's Psychiatric Hospital (Major Rotation)

In this major rotation, interns work intensively with children and adolescents in acute care, orienting treatment toward the child's return to the community. The intern is assigned a primary supervisor from the unit(s) to which he or she is assigned and typically carries 2-3 patients at a time. Individual, family, and group therapy and staff consultation are provided by the intern within a team-oriented approach that includes input from the supervisor, the attending psychiatrist, the special education teacher, the unit nurse manager, case manager, and mental health technicians. Interns gain skills in rapid diagnosis, formulation, treatment planning, and intervention with children and adolescents with severe emotional disturbance and thought problems. Youth admitted to these high levels of care have been unsafe toward themselves or others, so assessment, management, and treatment for suicidality are integral to the service.

Psychology Interns are expected to be involved in the treatment team process that includes rounds several times per week and the development of the treatment plan. Interns may be involved in inpatient DBT-informed skill-building groups or Motivational Interviewing oriented substance abuse treatment.

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

Programs for Children and Adolescents (Major Rotation)

During the semester in which interns spend 75% of their clinical time at Programs for Children and Adolescent (PFC&A), they carry individual/family therapy cases and lead groups. Therapy cases are supervised by a primary and secondary supervisor. Cases are assigned based on both training and service needs. Interns may be able to develop and co-lead groups in interns' area of interest with staff. Typical groups include those for survivors of sexual abuse, social skills groups for children and adolescents with developmental disorders, parent-child dyad group for preschoolers, adolescent groups emphasizing gender and ethnic identity issues, therapeutic recreational groups targeting different issues or ages, parenting and problem solving groups.

During the three month clinical elective in which interns spend 25% of their clinical time at PFC&A, interns carry fewer cases, for which there is one supervisor.

Assessment Rotation

The Assessment rotation occurs during the time that CC interns are not engaged in inpatient therapy at CPH or doing a 3 month clinical elective at Center for Neuropsychological Services. The expectation is that during this rotation 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 Assessment rotation 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 Assessment rotation is on the evaluation of, emotional, behavioral and regulatory concerns and intellectual disability. Psychological testing is often requested when there are concerns regarding diagnostic uncertainty/differential diagnosis, questions regarding lack of treatment progress, and medication/treatment/discharge planning (inpatient setting). Interns will develop and hone their clinical skills regarding gathering relevant medical, psychiatric, social, and contextual information, conducting clinical interviews that address developmental and psychological concerns, selecting appropriate psychological test batteries based on the patient and the referral questions, along with the administration, scoring and interpretation of a wide variety of cognitive and psychological tests/instruments for children and adolescents, and integration of results ethically and competently. The intern will also receive training in report writing, with an emphasis on efficient communication of necessary information and providing feedback to patients, referring clinicians, and treatment teams.

Interns will be expected to complete assessments that fall into three possible "Tiers". Tier 1 includes brief assessments that would fall into the category of risk assessments and self-report screenings (most likely to occur for an inpatient referral). Tier 2 includes assessments that would include differential diagnosis, reality testing, and comprehensive risk assessments. Tier 3 includes assessments that would be the most comprehensive in nature and likely include question of differential diagnosis (most likely to occur for an outpatient referral). The expectation is that approximately five Tier 2 and five Tier 3 assessments will be conducted during this rotation. However, there is variation among the complexity of referrals and thus these numbers are not set in stone. 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 with a wide range of patient populations.

CLINICAL CHILD ELECTIVE ROTATIONS

3 month CC Clinical Elective

CC Interns will have a three-month clinical elective. This elective is about three days per week for the three month period when they are not doing their 3 month CPH rotation. Interns may select one site among the sites listed below (described in other sections of brochure; availability may change and new options may become available):

- Center for Developmental Disability
- Center for Neuropsychological Services
- Carrie-Tingley--Pediatric Rehabilitation Hospital Consultation and Liaison Service
- Family Practice Integrated Care
- Addictions and Substance Use Rotation
- Patient Centered Medical Home Integrated Care at Truman Health Services Rotation
- Children's Psychiatric Hospital (inpatient)

6 month CC Clinical Elective

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

1. Public Policy at The Division of Community Behavioral Health (CBH)
2. Behavioral Telehealth Consultation to Rural New Mexico Sites
3. Pediatric Neuropsychology Rotation
4. Autism Spectrum Disorders and Anxiety Disorders at CDD
5. Autism Spectrum Evaluation Clinic
6. ACTION Child Trauma Clinic
7. Sandoval Regional Medical Center
8. Alcohol Research Lab
9. Carrie-Tingley--Pediatric Rehabilitation Hospital Consultation and Liaison Service

1. Public Policy 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 internship 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, 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 (ACTION Clinic), State agencies, Native American tribal communities, Peer-run organizations, and refugee communities, of which are potential sites for collaborations with interns.

2. Behavioral Telehealth Consultation to Rural New Mexico Sites

(Primary Supervisor: Avron Kriechman, M.D.)

Behavioral health consultation via telehealth to rural and Indian Health Service (IHS) sites around New Mexico is a major initiative associated with the Division of Community Behavioral Health in the UNM Department of Psychiatry and Behavioral Sciences (CBH). Like many western states, New Mexico is sizeable in area, but has a sparse population. There are few urban centers of significant size, presenting some challenge in the adequate delivery of behavioral health services to rural areas and Indian reservations. Regularly scheduled consultations around the state via secure telehealth connection from the UNM Health Sciences Center in Albuquerque help bridge that gap. Several projects

are ongoing, targeting various populations. The goal of one project, for example, is “to facilitate the collaborative efforts of health care providers, behavioral health care providers, and educators to prevent, screen for, assess, and treat suicidal behavior and related disorders in youth and their families and communities by telehealth trainings, consultations, and interdisciplinary patient/family/community/provider interviews. Another of the telehealth projects provides “weekly child, adolescent, adult and addictions Psychiatry support to IHS service units and tribal behavioral health and substance abuse programs. Direct service, consultation, supervision and training, along with systems consultation are all components of this partnership and training to primary care providers...” Psychology interns on this rotation would be supervised by Dr. Kriechman, who is a Child and Adolescent Psychiatrist who also completed training at the Ackerman Institute. He is an expert in family therapy and systems consultation. The specifics of this rotation (e.g. which project and population) would be worked out with Dr. Kriechman at the beginning of the rotation.

3. Pediatric Neuropsychology Rotation (Primary Supervisor: Andrea Sherwood, Ph.D., Lauren Parks, Ph.D., Eric Zimak, PhD)

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 Hospital, UNM Mental Health Center, UNM Children's Psychiatric Center, various school districts, and from clinicians throughout the state.

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

For this 6 month rotation, the intern is expected to be available on-site between 8-10 hours per 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 staff. The intern is expected to read assigned supplemental readings, and encouraged to attend CNS weekly case conferences and/or seminars by CNS faculty.

4. Autism Spectrum Disorder and Anxiety Disorders Program at the Center for Development and Disability. (Primary Supervisors: Sylvia Acosta, Ph.D, Courtney Burnette, Ph.D., Marybeth Graham, Ph.D., and Seema Jacob, PsyD)

The ASD and Anxiety Disorders Program specializes in the evaluation and evidence-based treatment of children and adolescents between the ages of 6-18 with co-morbid diagnoses of Autism Spectrum Disorder and Obsessive Compulsive Disorders, Anxiety Disorders (e.g., Separation Anxiety Disorder, Social Phobia, Generalized Anxiety Disorder, etc.), Tic Disorders, and/or Habit Disorders. Treatment may be individual or group therapy. Individual treatment is manual guided, relatively brief, largely based upon cognitive and behavioral principles to reduce anxiety, and includes parent training throughout intervention. Also frequently incorporated into treatment are specific interventions to address related challenges exhibited by children with ASD such as improving self-concept, managing bullying, increasing independence and adaptive functioning, improving social skills, and managing family conflict. The group therapy curriculum is the Facing Your Fears Program, a manualized treatment program from JFK Partners at the University of Colorado (the intern must make arrangements for participation in this clinic at the start of the internship).

5. Autism Spectrum Evaluation Clinic (Primary Supervisors: Sylvia Acosta, PhD, Courtney Burnette, PhD, Marybeth Graham, Ph.D., and Seema Jacob, Psy.D.)

The Neurodevelopmental (ND) Rotation is offered through the Autism Programs at the UNM Center for Development and Disability (CDD) within the Department of Pediatrics. The rotation includes participation in the Autism Spectrum Evaluation Clinic (ASEC), which specializes in interdisciplinary, evidence-based evaluation of children suspected of having an Autism Spectrum Disorder, ages three and older. Each clinical team is comprised of a psychologist, speech/language pathologist, pediatrician/psychiatrist, and family therapist/social worker. Referrals are received from pediatricians, school personnel, mental health providers, and families from across the state of New Mexico. This is a fast-paced clinic in which clinicians conduct diagnostic interview, administer the Autism Diagnostic Observation Schedule-2 (ADOS-2), and administer a variety of cognitive, language, behavior and adaptive measures, and provide feedback to the family at time of appointment. Each family receives a written report that details test results, diagnostic impressions, and recommendations.

This rotation requires a one day a week commitment for a 6 month period. The intern has the opportunity to learn best practice assessment procedures for diagnostic formulation of Autism Spectrum Disorder (DSM-5), as well as gain skills in conducting differential and comorbid diagnosis of most frequently diagnosed childhood conditions: developmental delay/intellectual disability; anxiety, depressive, and behavior disorders; speech/language disorder, impact of abuse/neglect and prenatal drug exposure. The intern will also learn about other medical, genetic, neurodevelopmental disorders, and frequently occurring issues (such as sleep and feeding problems) for children with Autism Spectrum Disorder. 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 formulation of diagnostic impressions and intervention recommendations. Interns will also gain experience working as part of an interdisciplinary team, with emphasis upon acquiring competency skills in functioning effectively as a psychologist within a team environment.

6. ACTION Child Trauma Clinic (Supervisors: Raven Cuellar, Ph.D., and Rebecca Ezechukwu, Ph.D.)

ACTION (Addressing Childhood Trauma through Intervention, Outreach and Networking) is a specialty clinic in the UNM Department of Psychiatry for the treatment of youth between the ages of 5-18 who have experienced trauma and are displaying symptoms related to their trauma. This program is funded through a grant from the Substance Abuse and Mental Health Services Administration and is partnered with the National Child Traumatic Stress Network. This network provides a wealth of training and support with national leading experts in child trauma.

Our clinical team consists of a child psychiatrist, clinical psychologists and therapists who are trained in the implementation of evidenced-based practices (EBPs) for treating childhood trauma, including Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Attachment, Self-Regulation, and Competency for Complex Trauma (ARC), and Trauma Affect Regulation: Guide for Education and Therapy (TARGET) as well as add-on treatment components to address childhood bereavement and traumatic grief. Our team also includes researchers who are overseeing data collection, management and analysis of clinical treatment research which includes a host of youth and caregiver symptom inventories and measures of overall functioning collected at pre-treatment, every six months, and treatment discharge.

As part of the 6 month major elective, psychology interns will:

- Receive training in EBPs for the treatment of childhood trauma
- Conduct clinical assessments for traumatized youth and their families
- Conduct co-therapy while learning EBP models
- Provide individual and family therapy sessions
- Receive clinical supervision in the use of EBPs within an interdisciplinary team
- Shadow a child psychiatrist to learn about the impact of trauma and inform differential diagnosis (e.g., how to discern trauma-related psychosis and dissociation from Bipolar Disorder and Schizophrenia Spectrum Disorders)
- Benefit from Learning Collaboratives and webinars through the NCTSN
- Assist in the development and delivery of community trainings, consultation, outreach and networking opportunities

7. 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.

The internship 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 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 assigned readings, review of assessment and treatment tools specific to the setting, orientation to hospital and clinic, and opportunity to shadow primary care providers and observe the psychologist providing behavioral health consultation, assessment and treatment in the family medicine clinic.

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.

8. Substance Abuse Research (Supervisor: Brand Fink, Ph.D.)

The work in Dr. Fink's lab focuses on translating basic research in alcohol, aggression, and neuroscience into novel and innovative interventions for alcohol-related intimate partner violence, and hazardous and harmful drinking in primary care patients. A research elective in Dr. Fink's lab would offer interns the opportunity to learn alcohol administration procedures, substance use assessment measures, various clinical interviews with couples, and neurophysiological data collection and analysis. Interns will also have the opportunity to participate in dissemination efforts through poster presentations and manuscript preparation.

9. UNM Children's Hospital – Pediatric Rotation: Consultation/Liaison Service and UNM Carrie Tingley Pediatric Rehabilitation Inpatient Unit (Kati Morrison, PhD; Viveca Meyer, MD; Kristina Sower, MD) (3 days/3 months combined rotation)

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 Carrie Tingley Inpatient Rehabilitation Unit

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 5th floor of UNMH and has 8 dedicated beds for rehabilitation, with other beds on the unit designated typically to orthopedic patients. Patients' stay range from a few days to 6-12 months; 2-6 weeks is typical. 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.

TRACK IHC: EMPHASIS ON INTEGRATED HEALTH CARE (3 positions)

The internship program recently received a HRSA/SAMHSA grant to fund 3 additional internship slots that focused on primary care and behavioral health integration as well as youth in transition. The Rural and Community intern will be assigned to the Pueblo of San Felipe (described below) for 3 days a week for the entire training year. The other two IHC interns will be assigned to the Addictions and Substance Abuse Rotation for 6 months and the Patient Centered Medical Home Integrated Care at Truman Health Services rotation for 6 months. IHC interns will conduct assessments throughout the year at PFC&A, CPH, and their

track locations. Interns will set aside one half a day each week to provide psychological testing, feedback, and reports in both inpatient and outpatient settings. See the Assessment Rotation description in the Clinical Child Track section for further details of the assessment rotation competencies and expectations.

INTEGRATED CARE TRACK—SAN FELIPE (sample schedule)

Quarter*	Rotation	Weekly schedule	Supervisor(s) at clinical site	Hrs/week Supervision
1-4	San Felipe	3.0 days	1 primary 1 secondary onsite	At least 1 hr. At least 2 hr.
	Outpatient PFC&A Assessment	1.0 days 0.5 days	1 primary 1 primary	1 hr. At least 1hr.

INTEGRATED CARE TRACK—TRUMAN/ASAP (sample schedule)

Quarter*	Rotation*	Weekly schedule	Supervisor(s) at clinical site	Hrs/week Supervision
1-2	Truman	3.0 days	1 primary 1 secondary	At least 2 hr. At least 1 hr.
	Outpatient PFC&A Assessment	1.0 days 0.5 days	1 primary 1 primary	1 hr. At least 1hr.
3-4	ASAP	3.0 days	1 primary 1 secondary	At least 2 hr. At least 1 hr.
	Outpatient PFC&A Assessment	1.0 days 0.5 days	1 primary 1 primary	1 hr. At least 1hr.

*The 2 interns on this track will swap major site assignment 2nd semester

Pueblo of San Felipe Integrated Care Track

Interns are placed 3-days per week at the Pueblo of San Felipe, a rural tribal community in New Mexico that is a 30 minute drive from Albuquerque. The Pueblo of San Felipe has a robust Behavioral Health Program that includes service provision at the School Based Health Center, the Primary Care Clinic, the Head Start, the Equine Therapy Program, the Senior Center and the Behavioral Health Clinic. Interns are placed at sites depending on their interest and the needs of the Behavioral Health Program. In previous years, interns have worked with clients across the life span, providing school-based, clinic-based, and home-based services. Dr. Altschul is a licensed psychologist on faculty at UNM who has been working in the Pueblo for over 10 years, and is onsite one day per week. Also onsite are a UNM neuropsychologist (Dr. McDonald) and UNM child psychiatrist (Dr. Sidhu). Interns are supervised by Dr. Altschul and by the San Felipe Behavioral Health Director.

Addictions and Substance Abuse Rotation

The Addictions and Substance Abuse Track offers a 3-day per week, 6 month rotation at the university outpatient Addictions and Substance Abuse Program (ASAP), as well as the Substance Use Transitional Age & Adolescent Recovery Program (STAR).

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 residents, 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 will be asked to participate in this lecture series to further develop their knowledge of best practice substance abuse treatment.

Patient Centered Medical Home Integrated Care Rotation-Truman Health Services

One intern will work with the behavioral health team at Truman Health Services for 3 days per week for 6 months. Truman Health Services is UNM’s Patient Centered Medical Home providing primary care and specialty care for persons living with HIV/AIDS. We provide primary care services, are available for acute care needs for our patient population, provide wrap around services at our location, and assist in coordination of care with other entities. We are a recognized Level 1 PCMH by the NCQA. Our behavioral health team provides short term, focused therapy, longer term therapies, group therapy, psychiatric consult, and warm hand off care to our patients. We are an interdisciplinary model of care and participate actively with the care teams and patients. Additionally, interns will have the opportunity to provide neuropsychological testing for patients. The purpose of this rotation is to provide training in a primary care integrated home model for behavioral health. Additional readings and trainings will be provided as indicated by intern’s level of understanding for our population.

TRACK EC: EMPHASIS ON EARLY CHILDHOOD (2 positions)

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.

CDD--EARLY CHILDHOOD TRACK (sample schedule)

Quarter	Rotation	Weekly schedule	Supervisor(s) at clinical site	Hrs/week Supervision
1-4	CDD	3.0 days	1 primary 1 secondary	At least 2 hr. At least 1 hr.
	Outpatient PFC&A	1.5 days	1 primary (OR 2 primary)	At least 2 hr. (1 hr. each supervisor)

Interns on this track have two major yearlong clinical rotations. Three days per week will be with the Early Childhood Home and Family Services Division at the **UNM Center for Development and Disability (CDD)**. The other rotation for 1.5 days per week will be at **Programs for Children and Adolescents**. Core seminars are Tuesday mornings and shared with interns from all tracks. This track experience includes a variety of outpatient clinical experiences in developmental evaluation, interdisciplinary practice, psychological assessment, and psychotherapeutic intervention with children birth through adolescence and their families.

Center for Development and Disability (Major Rotation)

The core experiences of the rotation will be through the Early Childhood Home and Family Services (ECHFS) Division of the UNM [Center for Development and Disability](#) (CDD). Clinical service will be primarily with two of their programs: (1) the Early Childhood Evaluation Program (ECEP); and (2) the UNM Early Childhood Mental Health Program. The major supervisor for the rotation is Marcia Moriarta, Psy.D., Director of the ECHFS Division. Allan Anfinson, PhD. provides primary supervision for the ECEP experience. Drs. Marcia Moriarta, Peggy MacLean, Julia Oppenheimer, Dara Zafran and Seema Jacob provide supervision for ECMH Services.

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

During ECEP clinic, the intern will administer standardized and informal evaluation procedures appropriate for children birth to three including developmental measures such as the Bayley-III or Mullen Scales; Adaptive Measures including the Vineland and SIB-R, as well as measures of behavioral and social-emotional functioning such as the Infant-Toddler Social-Emotional Assessment (ITSEA), BASC-II and diagnostic measures, including the ADOS. Referral questions for children seen by ECEP include, but are not limited to:

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

In addition to developmental and diagnostic evaluation, the psychology intern may also provide additional psychological assessment and consultation services when behavioral, relational, and/or mental health concerns are identified as a result of the multidisciplinary team evaluation and further evaluation/follow-up is advised. In these instances, the intern will conduct additional psychological

evaluation and provide feedback to the ECEP team, child's family, and community providers working the child. Short-term consultation to assist families and providers to expand their understanding of the child, support implementation of recommendations, model specific intervention strategies, and support links to additional community services might be included in this extended psychological evaluation service. Consultation services may be provided face-to-face for local metro region families/providers or via telehealth for families served in rural areas.

Early Childhood Mental Health Services: The EC track intern provides Infant and Early Childhood mental health services for children birth to three years old as part of the ECMH team at the CDD. Early Childhood assessment and treatment services are offered to children birth to three years, often in collaboration with 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. The majority of these children and families also present with concurrent environmental risk factors, and many of the children served endure multiple caregiving disruptions and/or overt neglect and abuse. The program provides prenatal and family medical care, case management, infant mental health, and developmental services for children birth to three as part of the New Mexico statewide Family Infant Toddler Program.

Working as part of an interdisciplinary team, the psychology intern provides infant-parent and child/family psychotherapy services for children/families referred by FOCUS program staff, community referral sources and ECEP. Most services are provided in the family home, and the intern must be comfortable with a home visitation model. The intern will have the opportunity to learn and practice evidence-based models including Child Parent Psychotherapy, interaction guidance, and other intervention models consistent with an attachment and infant mental health theoretical perspective.

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.

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

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

- During ECEP outreach travel, interns will be reimbursed for hotel costs, and daily per diem at standard rates set by the university.

Maternal Child & Family Mental Health Track (Major Rotation)

The Maternal Child & Family Mental Health (MCFMH) track is an internship track at the UNM Center for Development and Disability, which is part of the Department of Pediatrics and a University Center for Excellence in Developmental Disabilities (UCEDD). The MCFMH track provides assessment and intervention experiences in the CDD's FOCUS program, which is collaboration between the Department of Pediatrics and the Department of Family and Community Medicine, and provides integrated comprehensive medical care for families impacted by substance abuse, home-based early intervention, and Infant and Early Childhood Mental Health and trauma-informed assessment and treatment services. The aim of the program is to integrate these services to support young parents and young children to prevent the occurrence of adverse childhood experiences for infants and toddlers, relapse, and further mental health deterioration for parents. The medical services provided include both adult and pediatric care of any family member (caregiver, enrolled child, and siblings) involved in the program as well as buprenorphine replacement therapy for caregivers struggling with opiate addiction. The program also works closely with the UNM Milagro Obstetrics Program, which offers perinatal medical care for pregnant women struggling with substance use disorders in order to support the family's transition to the FOCUS program once their child is born. 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.

The MCFMH intern's caseload would be determined at the start of the internship with his/her primary supervisor based on previous experience and interest. A typical caseload would include the following:

- 1) conducting interdisciplinary developmental assessment in collaboration with FOCUS early intervention providers to determine the intervention needs of children enrolled in the program,
- 2) the assessment and treatment of caregiver-child dyads involved with the FOCUS program-the majority of whom have endured multiple caregiving disruptions and/or overt neglect and abuse, and taking part in parenting groups of mothers struggling with substance abuse that focuses on strengthening the parent-child relationship.
- 3) Co-leading parenting groups of mothers struggling with substance abuse.

[Programs for Children and Adolescents \(Major Rotation\)](#)

This rotation will include clinic-based outpatient treatment of a highly diverse population of severely emotionally disturbed children and adolescents primarily age 4 through 17 and their families and psychological assessments. Group therapy hours may substitute for some of the caseload. The intern will have both an assessment and therapy supervisor. One of the therapy cases will be supervised through the yearlong Peer Supervision Seminar, led by the PFC&A Clinical Director, Jerald Belitz, Ph.D.

See also sections:

- ❖ [Center for Development and Disability](#)
- ❖ [Programs for Children and Adolescents](#)
- ❖ [Seminars](#)

TRACK PN: EMPHASIS ON PEDIATRIC NEUROPSYCHOLOGY (1 position)

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.

PEDIATRIC NEUROPSYCHOLOGY TRACK (sample schedule)

Quarter	Rotation	Weekly schedule	Supervisor(s) at clinical site	Hrs/week Supervision
1-4	CNS (Peds Neuro)	2.25 days	1 primary 1 secondary	At least 2 hr. 1 hr.
	Outpatient PFC&A	2.25 days	1 primary (or 2 primary)	At least 2 hr. (1 hr. each supervisor)

Interns in this track divide the majority of their clinical time equally between two major rotations throughout the year. One is at [Programs for Children and Adolescents](#), where they conduct individual and family psychotherapy with children, youth, and their families. The other is at UNM [Center for Neuropsychological Services](#) (CNS), where interns perform clinical neuropsychological assessments primarily with children and adolescents.

[Center for Neuropsychological Services \(Major Rotation\)](#)

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

Interns develop and hone their clinical skills regarding how to conduct clinical interviews that address neurocognitive issues associated with various neurological disorders, the designing of appropriate neuropsychological test batteries based on the patient and the referral questions, along with the administration, scoring and interpretation of a wide variety of neuropsychological tests/instruments for children and adolescents. The intern also receives training in report writing and providing feedback to patients and referring clinicians. The intern is expected to read assigned supplemental readings, and attend weekly CNS case conferences and/or CNS neuropsychology seminars. Other didactic opportunities relevant to aspiring neuropsychologists include Grand Rounds with various HSC departments (i.e., Clinical Neuroscience, Mind Research Network, Neuroscience, Psychiatry, and Pediatrics). 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. 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 Wada Tests, and attending epilepsy surgery case conferences.

Primary supervisors for this rotation at CNS are Rick Campbell, Ph.D., Dina Hill, Ph.D., Andrea Sherwood, Ph.D., Lauren Parks, PhD., and/or Eric Zimak, PhD. The intern conducts outpatient and inpatient neuropsychological evaluations, writes comprehensive reports and provides feedback/consultation to families, schools, and/or medical providers. Faculty at CNS is actively involved in various collaborative research projects in which the intern may have the opportunity to be involved.

The Pediatric Neuropsychology intern also has a rotation for one half day each week in which the intern will conduct evaluations with individuals with known or suspected developmental disabilities, or participate in various clinics or rehabilitations programs within the UNM Health Sciences Center. Clinics in which the intern may participate include:

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

The intern will also attend core seminars on Tuesday mornings shared with interns from all tracks.

[Programs for Children and Adolescents \(Major Rotation\)](#)

Half the clinical time all year is with [Programs for Children and Adolescents](#), where they carry an outpatient caseload for individual children and adolescents, along with family therapy. The intern has 2 clinical supervisors at PFC&A for therapy.

See also sections:

- ❖ [Center Neuropsychological Services](#)
- ❖ [Programs for Children and Adolescents](#)
- ❖ [Seminars](#)

**TRACK ND: EMPHASIS ON NEURODEVELOPMENTAL DISORDERS
(1 position)**

The Autism Spectrum Disorder and Other Developmental Disabilities Track was designed to provide generalist training in the practice of clinical psychology while developing specialized skills for assessment and intervention with individuals with Autism Spectrum Disorder. Across all clinical opportunities within this track, there is emphasis placed on developing interdisciplinary practice skills, incorporating research supported interventions into practice, demonstrating cultural competence, and functioning effectively within an underserved, rural state with a diverse population. This track also allows for some opportunity to work with individuals with other developmental conditions such as intellectual disability, learning disabilities, fetal alcohol spectrum disorders, and genetic and metabolic syndromes.

CDD--NEURODEVELOPMENTAL TRACK (sample schedule)

Quarter*	Rotation	Weekly schedule	Supervisor(s) at clinical site	Hrs/week Supervision
1-4	CDD	3.0 days	1 primary 1 secondary	At least 2 hr. At least 1 hr.
	Outpatient PFC&A	1.5 days	1 primary (OR 2 primary)	At least 2 hr. (1 hr. each supervisor)

Interns on this track have two major yearlong clinical rotations. Three days weekly (non-didactic) will be with the Autism and Other Developmental Disabilities Division at the UNM Center for Development and Disability (CDD). The remaining clinical time (1.5 days per week) will be at Programs for Children and Adolescents. Core seminars are Tuesday mornings and shared with interns from all tracks.

Center for Development and Disability (Major Rotation)

The core experiences of the rotation will be provided through the Autism and Other Developmental Disabilities Division (AODD) of the UNM Center for Development and Disability (CDD). Clinical opportunities with the division will be focused on three areas: Assessment (year-long rotation provided through the Neurodevelopmental Evaluation Clinic), Intervention (six month rotations with the Parent Home Training Program and the ASD & Anxiety Disorders Program), and Community Outreach (developed based upon interests of the intern and current opportunities with focus is on partnering with a community agency to provide consultation or training). Although it is not a track requirement, interns can opt to participate in Camp Rising Sun, a week long overnight recreation camp for children with Autism Spectrum Disorders and their peers that is held each summer.

Autism Spectrum Evaluation Clinic

The Autism Spectrum Evaluation Clinic (ASEC) specializes in interdisciplinary, evidence-based evaluation of children suspected of having Autism Spectrum Disorder, ages three and older. Clinical teams are usually comprised of a psychologist, speech/language pathologist, pediatrician, and family therapist/social worker. The clinic receives referrals from pediatricians, school personnel, mental health providers, and families from across the state of New Mexico. This is a fast-paced clinic in which clinicians conduct diagnostic interview, as well as administer the Autism Diagnostic Observation Schedule, Second Edition (ADOS-2) and cognitive, language, behavior and adaptive functioning measures. The interdisciplinary team reaches a conclusion and provides feedback to the family at the time of the appointment. Each family also receives a written report that details test results, diagnostic impressions, and recommendations at a later date.

The intern will learn best practice assessment procedures for making a diagnosis of Autism Spectrum Disorder, as well as conduct assessment of frequently diagnosed comorbid conditions: developmental delay/intellectual disability; anxiety, depressive, and behavior disorders; speech/language disorder, impact of abuse/neglect and prenatal drug exposure. The intern will also learn about other medical, genetic, neurodevelopmental disorders, and frequently occurring issues (such as sleep and feeding problems) for children with Autism Spectrum Disorder. 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 formulation of diagnostic impressions and intervention recommendations. Intern will work as part of an interdisciplinary team, with emphasis upon functioning effectively as a psychologist within a team environment. Interns will also gain an increased understanding of providing psychological services within diverse, rural and underserved communities.

Outreach Clinics

The Autism Spectrum Evaluation Clinic also conducts several outreach clinics in different locations of the state annually. Outreach clinics are located in rural, underserved communities, including the Navajo reservation or one of the state's 19 Pueblo communities. Outreach clinics provide experience in rural communities with limited access to resources. The experience highlights cultural considerations of differential diagnosis of Autism Spectrum Disorder. Outreach clinics involve car travel throughout the state of New Mexico and are typically two to three days with 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.**

Bilingual (English and Spanish) comprehensive interdisciplinary evaluations are conducted within the context of the Autism Spectrum Evaluation Clinic. 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 Autism Spectrum Disorder and who are exposed to a bilingual environment. Clinicians administer and interpret bilingual speech and language measures, non-verbal cognitive assessments, the ADOS-2 in Spanish, Spanish-language behavior questionnaires, and adaptive behavior measures. A certified language interpreter assists with the clinical interview if necessary and the family receives feedback in their preferred language. Interns are expected to contribute to case conceptualization with a consideration of the culturally and linguistically diverse issues in addition to the use of evidence-based practice evaluation of Autism Spectrum Disorder. 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. 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.

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 Autism Spectrum Disorder ages birth through five years. The program, funded by the NM Department of Health, provides individualized in-home 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, special education, and behavioral health providers. Consultants 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 (2-6 cases depending on level of commitment and travel schedules) and work with families individually or with other interdisciplinary team members. In-state travel

via a University vehicle is required. Interns will also gain experience in working with culturally diverse, rural and underserved communities.

ASD and Anxiety Disorders Program

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

Camp Rising Sun

Participation in one week of Camp Rising Sun (during June) is an optional opportunity for interns with the Autism and Other Developmental Disabilities track. Camp Rising Sun is a specialized summer camp experience for individuals with Autism Spectrum Disorders and their peers. Camp Rising Sun is accredited by the American Camping Association and holds camp sessions for children 8-12 and 12-17 years of age in Manzano Mountains in New Mexico (about a 1 ½ hour drive from UNM). Children and staff sleep spend 5 days and 4 nights in cabins and participate in activities such as swimming, hiking, sports and games, arts and crafts, music, photography, campfires, ropes and challenge courses, geocaching, kayaking, horseback riding, and other specialized programs. Although the program is designed to be primarily recreational in nature, a well-structured and carefully planned program exists to allow campers with ASD to practice social skills, increase independence, enhance communication, develop new interests, practice motor skills, and build friendships. Children with various levels of need participate in the program and each child is provided with individual supports to address self-help skills, sensory needs, communication abilities, and interfering problematic behavior. Interns would have the opportunity to participate in Camp Rising Sun in various ways depending upon interest, areas of expertise, and program need (e.g., providing direct support to campers; facilitating activities; providing training and support to camp staff and volunteers; behavioral consultation).

The intern will spend 3 days per week at CDD and 1.5 days per week at PFC&A during the year. The typical caseload at CDD:

- 4 interdisciplinary Neurodevelopmental Evaluation Clinics per month
- 3-4 Parent Home Training Cases or 3-4 ASD & Anxiety Cases
- Community Outreach Project as negotiated with supervisors

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

- The intern is provided with cubicle space, computer and phone access.

- The CDD has multiple rooms equipped with one-way mirrors/sound systems, and videotaping capacity for supervision
- Travel to clinics at local and outreach community locations will take place in CDD/UNM vans – unless the intern has made alternate plans to use his or her vehicle. In these instances, (i.e. the intern selects to use his or her own vehicle when group travel is an option) mileage may not be reimbursed unless approved by the program director.
- During outreach travel, interns will be reimbursed for hotel costs and given a daily per diem at standard rates set by the university.

Programs for Children and Adolescents (Major Rotation)

The Neurodevelopmental track intern will spend 1.5 days a week yearlong to Programs for Children and Adolescents. This will include clinic-based outpatient treatment of a highly diverse population of severely emotionally disturbed children and adolescents primarily ages 4 through 17 and their families and psychological assessments. Group therapy hours may substitute for some of the caseload. One of the therapy cases will be supervised through the yearlong Peer Supervision Seminar, led by training director, Jerald Belitz, Ph.D.

See also sections:

- Center for Development and Disability
 - Programs for Children and Adolescents
 - Seminars

SEMINARS

Core required seminars are held on Tuesday mornings and early afternoons throughout most of the year and are required for interns on all tracks. Some seminars are attended jointly with the Child Psychiatry and Behavioral Sciences Fellows. Attendance is required.

The seminars align with the profession-wide competencies summarized and outlined by the APA Commission on Accreditation. Seminars provide one venue in which interns can achieve and demonstrate that the following required profession-wide competencies have been met: Research: Integration of Science and Practice; Ethical and Legal Standards; Individual and Cultural Diversity; Professional Values, Attitudes, and Behaviors; Communication and Interpersonal Skills; Assessment; Intervention; Supervision; Consultation and Interdisciplinary Skills.

Here the 2017-2018 seminar topics are aligned with the corresponding competency based on the seminar content. Some seminar series cross several competency domains

Research: Integration of Science and Practice	Ethical and Legal Standards	Individual and Cultural Diversity
	Ethical and Professional Issues in Psychology	Introduction to New Mexico: Multicultural Topics, with a Focus on New Mexico Populations
Trauma-Informed Care: Core Concepts of Childhood Trauma		Multicultural Topics
Trauma-Informed Care: Applying the Core Concepts of Childhood Trauma to Treatment		
Trauma-Informed Treatment: TF-CBT		
Treatment of Complex Developmental Trauma: ARC		
Multidisciplinary Care and Case Conferences with Fellows		

Professional Values and Attitudes	Communication and Interpersonal Skills	Assessment
Professional Development	Multidisciplinary Care and Case Conferences with Fellows	Risk Assessment- Assessing Individuals with Suicidal and Non-Suicidal Self-Injury and Homicidal Thoughts and Intent
Provider Resiliency	Professional Development	Risk Assessment- Assessing Individuals with Suicidal and Non-Suicidal Self-Injury and Homicidal Thoughts and Intent
		Basics of Neuropsychological Assessment:

		Neurodevelopmental Disorders
		Basics of Neuropsychological Assessment: Traumatic Brain Injury
		Substance Abuse Assessment
		Assessing Individuals for Psychosis: A Problem Based Learning Didactic

Intervention	Supervision	Consultation and Interdisciplinary Skills
Trauma-Informed Care: Core Concepts of Childhood Trauma	Models of Supervision	Multidisciplinary Care and Case Conferences with Fellows
Trauma-Informed Care: Applying the Core Concepts of Childhood Trauma to Treatment		Psychopharmacology For Psychologists
Trauma-Informed Treatment: TF-CBT		Systems of Integrated Care
Treatment of Complex Developmental Trauma: ARC		
Early Childhood Trauma: Impact of early childhood trauma on children 0-5		
Developmentally Based Play Therapy		
Basics of Family Therapy		
SUD Treatment Overview		

DBT: Mindfulness Skills		
DBT: Distress Tolerance Skills		
DBT: Interpersonal Effectiveness Skills		
DBT: Emotion Regulation Skills		

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. The multidisciplinary case conferences will also utilize journal articles and research to complement case discussions.

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.

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. Topics will include New Mexico populations, rural mental health, and individual culture and diversity in a broader sense.

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 largely be based on the needs of interns. However, 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 the multidisciplinary care conference series.

Assessment.

Seminars in this competency domain will assist interns with selecting and applying evidence-based assessment methods, interpret assessment results, and communicate findings well. Topics will include developmental and clinical interviewing, cognitive tests including focus on developmental issues, as well as an overview of neuropsychological and neurodevelopmental assessment. Emphasis is on assessment of children and adolescents, assessing for psychosis, substance abuse assessment, risk assessment, and assessing for the developmental impact of trauma.

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: basics of family therapy, DBT Skills (e.g., Mindfulness, Distress Tolerance, Interpersonal Effectiveness, and Emotion Regulation), 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), developmentally based play therapy (to include information on early childhood development and attachment), and substance use disorder treatment overview. 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 consultation, interprofessional, and interdisciplinary skills. The interns along with Child Psychiatry and Behavioral Sciences Fellows, psychology and psychiatry faculty, and various other multidisciplinary professionals who may be invited, will participate in a morning multidisciplinary case conference/consultation almost every Tuesday during the internship year. Faculty and interns/fellows will take turns presenting clinical cases along with relevant research literature and leading a discussion. Other seminar topics that relate to this competency include systems and integrated health care (e.g. models of integrated care, concepts related to systems of care, providing direct care and consultation, and financing integrated health care services). Psychopharmacology for non-prescribers will also be a part of seminars in this competency domain. The purpose of this brief psychopharmacology seminar series is to inform psychology interns about psychotropic medications thus increasing their knowledge and respect for a prescriber's role in treatment.

Specialty Seminar Series.

Optional specialty training and didactic experiences will be available for interns on select Mondays and Fridays throughout the internship training year. The purpose of these specialty didactics is to provide an optional opportunity for interns to more deeply explore certain topics. There may be some variability in the selection of specialty seminar topics depending on the current interns' interests and the availability of faculty. Specialty seminar series that are available thus far for the 2017-2018 training year include:

- Trauma Focused Cognitive Behavioral Therapy (TF-CBT) Workshop
- Attachment, Self-Regulation and Competency (ARC) Workshop
- Substance abuse assessment and intervention
- Problem-Based Learning
- Family Therapy

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 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. Additional Grand Rounds that are available and that

may be relevant to interns include those in the Department of Pediatrics and the Department of Neurology.

Some seminars will have outside of class readings. Seminar leaders may suggest online trainings that enhance learning, but they are *optional*.

SELECTION CRITERIA

Ten interns (3 clinical child, 3 integrated care, 1 pediatric neuropsychology, 2 early childhood, and 1 neurodevelopmental disorders) 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 the Clinical Child and Early Childhood emphasis 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). Intervention hours, however, should include significant therapy with children and/or adolescents. Previous course work must include cognitive and personality testing, personality theory, developmental psychology, psychopathology (child-related), psychotherapy (child-related), 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 15, as to whether or not they are being offered an interview for further consideration. Program coordinators work with interviewees to schedule interview dates offered in December and January. Each interviewee is scheduled for 3 interviews with faculty members including the Training Director, lunch with a current intern, a tour of sites, and availability with the program coordinator to answer questions regarding benefits and resources in the Albuquerque area. In person interviews are strongly preferred, but we will try to accommodate phone interviews if requested. Applicants are encouraged to call or visit 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.

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

The internship conforms to all APPIC selection policies (please see the APPIC web site at www.appic.org). This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking related information from any intern applicant. The internship is APA-accredited. 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 /
Web: 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) for detailed instructions. ***Intern applicants should clearly indicate in their AAPI application letter, to which of the five 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 programs 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.**

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STIPENDS, BENEFITS, AND RESOURCES

The annual intern stipend is \$20,500 for a 12-month, full-time internship from July 1 through June 30 of the training year. Interns sign a one-year contract and receive the same health and other benefits as a UNM Visiting Lecturer. Current benefits can be found at <http://hr.unm.edu/newemp.php>. Currently interns receive 21 days of annual leave, Holiday leave per UNM employee schedule, and 10

days of sick leave. Due to the generous leave policy, annual leave is taken for professional activities such as job interviews, dissertation defenses, and conferences. 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 Christmas and New Year's, 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 <http://hr.unm.edu/newemp.php>.

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 Conference of the UNM Department of Psychiatry and Behavioral Sciences, which often presents nationally and internationally known speakers, and other conferences sponsored by the Department of Psychiatry and Behavioral Sciences. 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, which has a branch not far from the HSC.

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 or from the Support Group psychologist. The Counseling, Assistance and Referral Service (CARS) functions directly or through a referral system for counseling and support and may be accessed by calling

2776868. The Center for Academic Progress Support (CAPS) is available to help assess difficulties in test-taking, time management, and study skills.

Lobo Cards will be issued during orientation. These cards grant access to a variety of services, including:

- Medical Library – North Campus

- Zimmerman Library and satellite libraries

- University tennis courts

- Johnson Gymnasium facilities (spouse and dependent cards are available from Leisure Services at the gym and a \$10 charge per semester)

- North Golf Course

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 (e.g., Microsoft Office, SPSS for Windows, M Plus, SAS for Windows).

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 June 30 (i.e. 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 residents and fellows, and psychology interns to begin at the same time.

EVALUATIONS

The clinical supervisors formally evaluate the intern's progress and training experience at 3, 6, 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 at those times 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. (See Handbook for 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 address training issues for the program and the interns.

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

LINKS

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

CORE FACULTY

Sylvia Acosta, Ph.D. (Colorado State University). Assistant Professor, UNM Dept. of Pediatrics, Center for Development and Disability. Director of CDD Postdoctoral Psychology Fellowship, Autism Programs.

Deborah B. Altschul, Ph.D. (University of Georgia). Associate Professor, UNM Dept. of Psychiatry and Behavioral Sciences, Division of Community Behavioral Health. Cultural competency in mental health delivery and treatment outcome effectiveness. Clinical supervision. Public Policy.

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

Jerald Belitz, Ph.D. (University of New Mexico). Professor, UNM Dept. of Psychiatry and Behavioral Sciences; Training Director of Psychology Internship, Clinical Director of Children's Psychiatric Center – Outpatient Services - Psychotherapy with children and adolescents and their families with an interest in affective disorders and impulse and conduct disorders. School consultation. Teaching and supervision. Ethical issues.

Elena Bettoli-Vaughan, Ph.D. (Georgia State University). Pediatric and Adult Clinical Neuropsychologist, UNM Department of Psychiatry and Behavioral Sciences. Education Coordinator for practicum students and interns, along with ongoing clinical supervision of Post-Doctoral Fellows, Interns and graduate students.

Artemio Brambila, Ph.D. (California School of Professional Psychology - Fresno), Associate Professor, UNM Dept. of Psychiatry and Behavioral Sciences, Children's Psychiatric Center, Director of Clinical Treatment Services, - Assessment of Ethnic Minority Children and Adults; Rural Mental Health; Role of Language Proficiency and Language Dominance in the Development of Emotions and Cognitions and Clinical Hypnosis.

Courtney P. Burnette Ph.D. (University of Miami). Associate Professor, UNM Dept. of Pediatrics, Center for Development and Disability, Department of Pediatrics; Director of Clinical Evaluation Services. Expertise/Interests: Diagnosis and assessment of individuals with Autism Spectrum Disorder; Early screening in community settings for children at-risk for Autism Spectrum Disorder; Assessment of Native American children presenting with developmental delays and risk for Autism Spectrum Disorder.

Richard A. Campbell, Ph.D. (Utah State University), Professor, UNM Dept. of Psychiatry and Behavioral Sciences; Center for Neuropsychological Services of the Department of Psychiatry and Behavioral Sciences - Neuropsychological Assessment of Children/Adolescents with neurodevelopmental disorders; Neuropsychological assessment of Adults with Epilepsy and Developmental Disabilities; Research Interests Include Neuropsychological and Neuroimaging Correlates of Children with Attention Deficit Hyperactivity Disorder, Juvenile Myotonic Dystrophy, Traumatic Brain Injury, Cerebral Palsy, Early Onset Schizophrenia, Pediatric Oncology, and Dyslexia, as well as patients (adults and children) undergoing surgical intervention for temporal lobe epilepsy.

Raven Cuellar, Ph.D. (Miami University), Psychologist, UNM Dept. of Psychiatry and Behavioral Sciences Division of Community Behavioral Health. Evidenced based interventions for childhood trauma.

Lucía D'Arlach, Ph.D., is a child, adult & family Psychologist, bilingual (Spanish-English) psychologist. She places great emphasis on patient's family dynamics, cultural and historical backgrounds as tools for healing. She runs bilingual groups & utilizes hypnosis to manage pain & distance from painful memories. She works at both North Valley or Atrisco Heritage High School Primary Care Clinics

Rebecca N. Ezechukwu, Ph.D. (Miami University), Clinical Psychologist, UNM Dept. of Psychiatry and Behavioral Sciences, Division of Community Behavioral Health. Trauma-informed systems of care, treatment of stress and trauma-related disorders, secondary traumatic stress & provider resilience; child and adolescent development, multicultural processes & development of meaning-making systems, individual and family psychotherapy; juvenile justice and delinquency.

Brandi C. Fink, Ph.D. (University of New Mexico), Assistant Professor, UNM Department of Psychiatry and Behavioral Sciences, and KL2 Scholar at the UNM Clinical and Translational Science Center. Intimate partner

violence; family and behavioral treatments to substance use; couples therapy; neuroscience; outcomes prediction.

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

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

Dina E. Hill, Ph.D. (University of New Mexico), Associate Professor, UNM Dept. of Psychiatry and Behavioral Sciences, Center for Neuropsychological Services of the Department of Psychiatry and Behavioral Sciences. Neuropsychological Assessment of Children and Adolescents in both Inpatient and Outpatient Settings. Interests Include Assessment and Intervention of Children with Autistic Disorder, Mental Retardation, and Learning Disorders. Research Interests Include Neuropsychological and Neuroimaging Correlates of ADHD, Autistic Disorder, and Dyslexia.

Michelle Iemolo, Psy.D. Center for Development and Disability

Brian Isakson, Ph.D. (Georgia State University), Associate Professor, UNM Dept. of Psychiatry and Behavioral Sciences Division of Community Behavioral Health and Clinical Director of Behavioral Health Integration and Expansion. Behavioral health services research; child and adolescent behavioral health treatment; family systems psychotherapy; reactions to trauma, torture, and other stressful life events; refugee mental health; program development and evaluation, trauma-informed systems of care; prevention and early intervention.

Seema Jacob, Psy.D. Assistant Professor, UNM Department of Pediatrics, Center for Development and Disability, Early Childhood Evaluation Program, Autism and Other Developmental Disabilities, Autism Spectrum Evaluation Clinic.

Mary C. Kaven, Ph.D. (University of New Mexico), Professor, UNM Dept. of Psychiatry and Behavioral Sciences, Children's Psychiatric Center-Outpatient Services. Assessment and Treatment of Trauma Disorders, Dissociative Disorders, and Psychotic Disorders.

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

Kathryn L. Lenberg, MPH, PhD (University of New Mexico). Clinical Assistant Professor; Manager, Behavioral Health Services, Truman Health Services, UNM Medical Group.

Beatriz (Tish) MacDonald, Ph.D. (University of Denver). Clinical Neuropsychologist/Assistant Professor, UNM UNM Hospital - Center for Neuropsychological Services Dept. of Psychiatry and Behavioral Sciences, Division of Community Behavioral Health. Cultural competency/humility in practicing socially responsible neuropsychology and clinical services. Assessment supervision/consultation. Teaching.

Peggy C. Maclean, Ph.D. (University of New Mexico). Assistant Professor, Center for Development & Disability, Department of Pediatrics. Factors affecting the neurodevelopmental and socio-emotional outcomes of young children born preterm and the potential for early intervention.

Larissa A. Maley, PhD (Seton Hall University); Associate Professor, Director of Clinical Programming, Addictions.

Rachel Miller, Psy.D. (La Salle University), Assistant Professor, Programs for Children and Adolescents, UNM Dept. of Psychiatry and Behavioral Sciences. Evidenced based treatment and assessment for childhood trauma. Trauma-informed care. Psychological testing.

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

Christopher Morris, Ph.D. (Utah State University); Associate Professor; Behavioral Health Service Delivery Systems; Integrated Behavioral Health and Primary Care.

Kati Morrison, Ph.D. (University of Texas at Austin), Assistant Professor, UNM Dept. of Psychiatry and Pediatrics. Pediatric and rehabilitation interventions, assessment, and interdisciplinary consultation; pain management; adjustment to disability; school reintegration and consultation; trauma and anxiety disorders; family therapy; parent-child interventions; trauma-informed systems; wellness in the workplace and training programs; training and supervision.

Julia E. Oppenheimer, Ph.D. (University of Oregon), Assistant Professor, UNM Department of Pediatrics, Center for Development and Disability, Early

Childhood Evaluation Program, Psychologist (Lead), Early Childhood Mental Health/Infant Mental Health Team.

Lauren Parks, Ph.D. (University of New Mexico). UNM Hospital Pediatric Neuropsychologist.

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

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

Lindsay Smart, Ph.D. (University of Denver). Assistant Professor. Programs for Children and Adolescents; Assessment and Treatment of Trauma. Psychological testing. Access to Care for Underserved Populations. Early Intervention for Psychosis.

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

Ann Waldorf, Ph.D. (University of New Mexico). Vice Chair of Behavioral Sciences. Integration of behavioral and medical health care.

Dara Zafran, Psy.D (James Madison University-Virginia). Assistant Professor, Center for Development & Disability, Department of Pediatrics. Expertise/Interests: Research in student development and experiential service learning; Infant and Early Childhood Mental Health; Assessment, treatment and reflective supervision of trauma and chronic medical illness, with a focus on domestic violence, sexual abuse, cancer, diabetes and sickle cell; Systemic Treatment Models to enhance attachment and functioning within the community.

Eric Zimak, Ph.D. (Ohio University). Staff Neuropsychologist at UNM Center for Neuropsychological Services.

ADJUNCT FACULTY

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

William Foote, Ph.D. ABPP. Clinical Associate Professor of Psychiatry and Behavioral Sciences. Private Practice Forensic Psychology. Fellow of the American Psychological Association. Psychological Evaluation and the ADA; Ethical use of psychology in the courtroom; Sex abuse by teachers and clergy; Professional ethics in forensic psychology; Harassment and discrimination

Anju Jaiswal, M.D., Associate Professor Psychiatry and Behavioral Sciences. Inpatient/RTC children and adolescents

Cynthia King, M.D., Associate Professor, UNM Dept. of Psychiatry and Behavioral Sciences – Working with Deaf/Hard of Hearing Children and Their Mental Health Issues. Early Childhood. Attachment. Developmental Disabilities.

Avron Kriechman, M.D. (M.D. U. of Michigan; Chief Resident and Fellow in Child/Adolescent Psychiatry and Behavioral Sciences: Beth Israel Hospital, Boston; Graduate of the Ackerman Institute for Family Therapy, NY, NY) Child and Adolescent Psychiatry and Behavioral Sciences, UNM Dept. of Psychiatry and Behavioral Sciences. Time-Effective and Family System Psychotherapies; Chronic and Life-Threatening Illness; Patient/Family/Community Health Care Advocacy; Collaborative Care; Education of Behavioral Health Specialists; TelePsychiatry and Behavioral Sciences.

Kenneth J. Martinez, Psy.D., (University of Denver) Clinical Assistant Professor, UNM Dept. of Psychiatry and Behavioral Sciences- Systems of Care, Public Policy and Mental Health Services for Children, Youth and Families; Play Therapy; Family Therapy; Cross-Cultural Issues in Treatment and Assessment of Ethnic Minority Children and Families

Niloufer Mody, Ph.D. (California School of Professional Psychology-Fresno), Clinical Assistant Professor, UNM Department of Psychiatry and Behavioral Sciences. Psychologist with Albuquerque Public Schools. Interest in Family Therapy, Brief Contextual Treatment Models,

Developmental Psychopathology and Assessment/Intervention with Young Children (the Zero to Five Year Population).

Rashmi Sabu M.D., Associate Professor, UNM Department of Psychiatry and Behavioral Sciences; Psychiatric consultation for treatment foster care, Research on Trauma-Focused CBT, Director, Brief Assessment and Treatment Clinic

Anita Treloar, Ph.D. (University of Nebraska-Lincoln) Clinical Psychologist, Behavioral Health Program, First Nations Community HealthSource, Albuquerque, NM. Treatment of complex trauma; Behavioral Health treatment in Native American populations.

Carolina Yahne, Ph.D. (University of New Mexico). Clinical Assistant Professor of Psychiatry and Behavioral Sciences. Bilingual (English/Spanish), women's and international issues in Psychology Practice