



Internship in Clinical Psychology

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

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

BROCHURE

Applies to those applying to join Cohort: 2019-2020

Application Deadline: November 1, 2018

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*

Revised 8.23.18

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 2018-2019 training year marks our 34th anniversary as an APA-accredited internship! We look forward to training Interns for many years to come, to enter professional psychology in a variety of work settings.

This brochure describes our 7 training tracks—emphasis in Clinical Child, Integrated Behavioral Health, Pediatric Neuropsychology, Early Childhood, Neurodevelopmental Disorders, Multicultural Rural and Native American Behavioral Health Track, and Substance Use Disorder Specialty Track. In addition to our major training sites, there are descriptions of a variety of electives. We 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: August 8, 2018

Internship Program Admissions

Brief Program Description

The clinical psychology internship at the University of New Mexico Health Sciences Center has 7 tracks with emphasis in: Clinical Child; Integrated Behavioral Health; Pediatric Neuropsychology; Early Childhood; Neurodevelopmental, Multicultural Rural and Native American Behavioral Health, and Substance Use Disorder Specialty. All tracks share a training philosophy that is multicultural, developmental, contextual and interdisciplinary. Treatment settings include inpatient, outpatient, and community. We serve a highly diverse population of adults, children, adolescents, and families in the public sector, many with a history of trauma. The program has adopted a model of Evidence Based Practice in which contextual factors are keenly considered, and the therapist is culturally responsive. This model assumes that culture, regardless of ethnicity, is a central aspect that must be considered in all types of psychological intervention. In addressing cultural responsiveness, the program emphasizes both process and outcome and focuses as much on the provider as it does on the patient. Specific knowledge and skills are not seen as sufficient to training culturally and developmentally responsive psychologists. Cultural responsiveness is a reflective practice and a lifelong process. To train psychologists in evidence-based practice that will be appropriate for diverse populations, the program fosters an open, collaborative and multidimensional perspective while encouraging the analytic skills required for effective decision-making. In addition to providing training in traditional treatment approaches (e.g. CBT, behavioral, DBT Informed, and psychodynamic) the program promotes contextual models, such as family systems, because these models are conducive to viewing culture as an integral feature to be addressed in clinical practice. The program facilitates Interns' examination of how their culture (as experienced in their families and academic environments) has influenced them (who they are, how they see themselves, what they value in others, etc).

INTERNSHIP PROGRAM TABLE

Minimum number of hours required at time of application:

	Required?	Total Hours
Total Direct Contact Intervention Hours	YES	350 Hours
Total Direct Contact Assessment Hours	YES	150 Hours

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 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	
Stipend	
Annual Stipend/Salary for Full-time Interns:	\$20,500
Annual Stipend/Salary for Half-time Interns:	Not applicable
Medical Insurance	
Program provides access to medical insurance for Intern?	Yes
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	Yes
Annual and Sick Leave	
Hours of Annual Paid Personal Time Off	168 annual + 104 holiday
Hours of Annual Paid Sick Leave	80
Professional leave available?	Yes, on a case-by-case basis
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to Interns/Interns 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 in cohorts: 2014-2015; 2015-2016; 2016-2017)

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: **2**

	2014-2015 6 Interns in Cohort		2015-2016 11 Interns in Cohort		2016-2017 11 Interns in Cohort	
	PD	EP	PD	EP	PD	EP
Community Mental Health Center	0	0	0	0	1	0
Federally Qualified Health Center	0	0	0	0	0	0
Independent Primary Care Facility/Clinic	0	0	0	0	1	0
University Counseling Center	0	0	0	0	0	0
Veterans Affairs Medical Center	0	0	0	0	0	0
Military Health Center	0	0	0	0	0	0
Academic Health Center	5	0	4	0	3	0
Other Medical Center or Hospital	0	0	2	0	2	0
Psychiatric Hospital	1	0	1	0	0	0
Academic University/Department	0	0	1	0	0	0
Community College or Other Teaching Setting	0	0	0	0	0	0
Independent Research Institution	0	0	0	0	0	0
Correctional Facility	0	0	0	0	0	0
School District/System	0	0	1	0	0	1
Independent Practice Setting	0	0	1	0	1	0
Not Currently Employed	0	0	0	0	0	0
Changed to Another Field	0	0	0	0	0	0
Other	0	0	1	0	2	0
Unknown	0	0	0	0	0	0

*PD = Post-doctoral residency position;

*EP = Employed position

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, University of New Mexico Hospital, and Pediatrics at the University of New Mexico School of Medicine, Health Sciences Center (HSC). Some of the elective rotations involve community sites. There are also opportunities for electives and mentoring involving public policy. New Mexico is a diverse state that includes a number of American Indian (Acoma, Laguna, Navajo, Apache, Zuni, San Felipe, Santa Clara, Santo Domingo, Sandia, Mescalero Apache, Jicarilla Apache to name a few) and Latino (Hispanic New Mexican, Mexican, Guatemalan, Cuban, Puerto Rican, etc.) groups.

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

The internship program has 7 tracks with emphasis in:

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

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

Interns on all 7 tracks share a number of didactic, clinical, interdisciplinary, consultative, supervisory, and social experiences, including core seminars, a peer supervision didactic group, and some clinical services. Clinical and professional training for all Interns includes particular focus on fostering a multicultural, developmental, contextual, and interdisciplinary perspective. Members of the faculty have diverse training and specialization, including psychotherapeutic interventions with infants, children, adolescents, adults and families, forensic and personality assessment, assessment and treatment of developmental disorders, psychotic and trauma-based disorders, and pediatric neuropsychological assessment. Intensive supervision with multiple supervisors is a strength for all internship tracks, and all Interns are encouraged to seek mentorship, consultation, or supervision from any faculty member, as time permits.

Applications to the program are made with the *APPI Online*—the APPIC electronic Application for Psychology Internship that can be found at www.appic.org. Intern applicants should clearly indicate in their AAPI application letter, to which of the seven program track(s) they are applying. Deadline for applications is November 1. For the sole purpose of arranging interviews, applicants will be asked to designate their preferences regarding programs at our site for which they wish to be interviewed.

PROGRAM PHILOSOPHY AND AIMS

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

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

Culture

We view culture very broadly and see it as an integral contextual feature to be addressed in clinical treatment, assessment and research. Acquiring specific knowledge of frequently identified ethnic groups and cultures is not seen as sufficient training for psychologists. An over-reliance on acquiring such information risks stereotyping individual clients and families. Instead, we have adopted a cultural responsiveness model that focuses on the “provider”, the interpersonal dynamics, and contextual factors, in addition to the “patient”. The program facilitates Interns' examination of how their own culture (as experienced in their families and “academic upbringing”) has influenced them (who they are, how they see themselves, what they value in others, etc.). This is done through supervision and the Multicultural Topics seminar series. Through supervision of assessments and therapy, and seminars, Interns learn about deconstructing their own perception and point of view. This helps Interns be open enough to notice when someone or something is different, instead of over-assimilating it into their own point of view and set of meanings. Developing such sensitivities can make all the difference, for example, in applying CBT strategies effectively or assessing developmental level accurately.

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

Frequent topics of discussion in seminars and supervision related to culture also include paradigms of worldview and “truth” such as logical positivism, mechanism, and contextualism; high-context vs. low-context cultures (after Ned Hall); indigenous healers and alternative health care; general parameters regarding where cultural differences may occur (e.g., wait-time, personal space, eye-contact, self-disclosure); issues of power, privilege, socioeconomic status,

and political influence; appreciation of rural versus urban lifestyles; and appreciation of the “cultures” of psychology, Psychiatry and Behavioral Sciences, and other health and mental health professionals. Needless to say, development of cultural responsiveness is a lifelong process. The goal in internship is to increase awareness of these issues in clinical situations, actively engage in the reflective process, and tolerate the ambiguity and discomfort of stepping outside one’s own construction of the world.

Context

Our program also considers context very broadly—internal and external. This includes, for example, biological, developmental, phenomenological, cognitive, emotional, interpersonal, cultural, community, and systems factors. In therapy, it even includes the therapist. Contextual factors are not static, as functioning varies across time and situations, and depends on access to internal and external resources. The contextual perspective is particularly helpful when functioning is highly variable, or particularly dependent on external resources. This is often the case, for example, when the patient has a history of severe psychosocial trauma, brain dysfunction, developmental delay, psychosis, mood lability, or immaturity. And children, naturally, are highly dependent on external resources.

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

In supervision and seminars, Interns learn to listen and observe carefully and integrate data from multiple sources to identify contextual factors. They then learn how they might choose and adapt interventions and assessments based on best available research (including their own careful observations of their patient) and clinical practice. Interns also learn how to titrate the rate of therapeutic change to be in balance with the patient’s available resources. Interdisciplinary collaboration with Psychiatry and Behavioral Sciences Interns,

fellows and faculty, and learning about the effects of medications, is particularly helpful for learning how to balance patient change with resources.

PROGRAM COMPETENCIES

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

COMPETENCY 1. RESEARCH: INTEGRATION OF SCIENCE AND PRACTICE

COMPETENCY 2. ETHICAL AND LEGAL STANDARDS

COMPETENCY 3. INDIVIDUAL AND CULTURAL DIVERSITY

COMPETENCY 4. PROFESSIONAL VALUES AND ATTITUDES

COMPETENCY 5. COMMUNICATION AND INTERPERSONAL SKILLS

COMPETENCY 6. ASSESSMENT

COMPETENCY 7. INTERVENTION

COMPETENCY 8. SUPERVISION

COMPETENCY 9. CONSULTATION AND INTERDISCIPLINARY SKILLS

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

Achieving program goals

Intensive training is provided in a variety of interdisciplinary settings at the University of New Mexico Health Sciences Center with diverse clinical, socioeconomic, and ethnic populations. Elective placements provide experience with community consultation and additional populations. The therapy and assessment experiences offered include: (1) cognitive, emotional, developmental, social, and neuropsychological assessments; (2) individual psychotherapy; (3) crisis intervention; (4) inpatient treatment; (5) brief therapy; (6) primary care integration based experiences; and (7) substance use disorder services. Through seminars and supervision, all Interns learn to utilize multiple theoretical frameworks to develop formulations, assessments, and interventions that are effective, as well as culturally and contextually appropriate to specific clinical cases.

Frameworks include cognitive-behavioral, behavioral, solution-focused, developmental psychodynamic, family systems, and ecocontextual. Seminars include, for example, multiple modalities of evidence-based psychotherapeutic intervention, psychological assessment, ethics and professional issues, didactic instruction on pharmacotherapy for children and adolescents, and assessment and treatment of trauma disorders.

The competencies required of all psychology Interns are obtained through seminars, supervised assessments and therapies with a wide range of patients across diverse settings, self-evaluation, case conferences, consultation with personnel from other community resources and entities, peer supervision seminar, interdisciplinary team meetings, optional meetings with a chosen mentor and regular meetings with the training director. Interns also participate in the interdisciplinary Education and Training Committee retreat, which includes formal written feedback by Interns to the faculty at the end of the year. All tracks include settings that include treatment team experience or participation in case conferences. Clinical cases include many with severe psychopathology, high comorbidity, complex formulations, a history of trauma, neurodevelopmental, neurological or chronic medical conditions that may affect neuropsychological processing, and challenging systems issues.

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

There are a variety of professional relationships during the internship year that provide the Intern with the necessary supportive and trusting basis for the development and demonstration of cultural responsiveness—which is also a focus of the Multicultural Didactic Series. All supervisors are encouraged to serve as role models for psychology Interns. Interns can also learn much from mentors as they discuss and collaboratively work through particular professional issues.

If an Intern already has competencies in some of these areas at the beginning of training, the Intern may: (a) emphasize some training experiences and not others, (b) begin training at the Intern's level of skills and learn more advanced skills within a training location, and/or (c) select optional training experiences as specialized areas of interest. At the beginning of the year, each Intern meets with the director of training to discuss each Intern's personal goals as well as

program goals, and how to build on the knowledge and competencies acquired from their doctoral training and practica in order to meet them. Training is graded in complexity. Supervisors provide more direct modeling and detailed guidance at first, as needed. Interns are expected to function more independently as the year progresses, and develop more sophisticated and integrated skills. All training site placements, seminars, elective experiences, and additional supervision are arranged through the director of training and the psychology training committee.

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

CLINICAL CHILD TRACK

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

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

Children's Psychiatric Hospital

Children's Psychiatric Hospital (CPH) is the inpatient service component of the University of New Mexico Children's Psychiatric Center. This inpatient rotation, for Clinical Child Track Interns, is for 6 months. This psychiatric facility provides comprehensive evaluation and intensive treatment of severely emotionally and behaviorally disturbed children, ages 5-17, statewide. It consists of four acute hospital

units. There are 5 phases of treatment-- containment, assessment, stabilization, discharge planning and discharge implementation, during the youth's short inpatient stay. Children are housed in the hospital units, called "cottages", according to age and developmental needs. Patients represent a variety of ethnic populations and a wide range of diagnostic categories, including mood disturbances, post-traumatic stress disorders, personality disorders, psychotic spectrum disorders, conduct, developmental and learning disorders. Treatment at CPH includes individual, group, family, milieu, recreational, speech and language therapies, and pharmacotherapy. The hospital utilizes strength-based and Dialectical Behavioral-informed interventions. Children and adolescents are admitted into these programs if they are assessed as meeting criteria of danger to self or other, or grave passive neglect. In addition, it is deemed that the youth will benefit from an inpatient acute stay and it is consistent with the least drastic means principle.

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

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

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

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

Programs for Children and Adolescents (PFCA)

Programs for Children and Adolescents (PFCA) 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. PFCA 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. Interns are involved in the clinic-based outpatient experiences.

PFCA provides developmental, systemic, Trauma-Focused Cognitive Behavioral Therapy, and community-based approaches. Cognitive-behavioral, behavioral, family systems, solution-focused, motivational interviewing (MI), psychodynamic, and object-relations orientations are represented among the clinical child psychologist supervisors. PFCA is also a training facility for social work students and UNM Department of Psychology practicum students.

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

Psychological Testing

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

The Core Competencies expected after completion of the Psychological Testing experience include: development of an assessment plan to answer referral questions; appropriate administration, scoring, integration, and interpretation of data within a developmental, language, and cultural framework; cogent, salient and efficiently written psychological reports; and a psychological testing process that reflects evidenced-based practice and applications. The focus of the Psychological Testing experience is on the evaluation of emotional, behavioral and regulatory concerns and intellectual disability. Psychological testing is often

requested when there are concerns regarding diagnostic uncertainty/differential diagnosis, questions regarding lack of treatment progress, and medication/treatment/discharge planning (inpatient setting). Interns will develop and hone their clinical skills regarding gathering relevant medical, psychiatric, social, and contextual information, conducting clinical interviews that address developmental and psychological concerns, selecting appropriate psychological test batteries based on the patient and the referral questions, along with the administration, scoring and interpretation of a wide variety of cognitive and psychological tests/instruments for children and adolescents, and integration of results ethically and competently. The Intern will also receive training in report writing, with an emphasis on efficient communication of necessary information and providing feedback to patients, referring clinicians, and treatment teams.

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

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

6 month CC Clinical Elective

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

1. Public Policy at The Division of Community Behavioral Health (CBH)
2. Pediatric Neuropsychology Rotation
3. Autism Spectrum Evaluation Clinic
4. ACTION Child Trauma Clinic
5. Sandoval Regional Medical Center
6. Carrie-Tingle--Pediatric Rehabilitation Hospital

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

CBH is excited to offer a public behavioral health and policy major elective. This includes the opportunity to work with a multidisciplinary team, including professionals in psychology, psychiatry, social work, public health, sociology, and anthropology. This internship elective is available in both the fall and spring semesters, and requires a time commitment of one day per week for a 6 month period. Projects will be assigned based on the needs of CBH and the interests of the Intern. Projects may have an emphasis on child, adolescent, or adult public behavioral health; and will include activities such as grant writing, public policy development, outcome research and evaluation, clinical/consultative services via telehealth, etc. The emphasis will be to provide Interns with the opportunity to engage in activities that directly enhance the behavioral health system of New Mexico, including the state's public behavioral health system as well as tribal behavioral health systems.

CBH seeks to: strengthen behavioral health services research and evaluation capacity, and provide training and workforce development and community oriented psychiatric services to traditionally underserved populations. For the past 25 years, CBH has been providing community consultation, training, services research/evaluation, and direct service throughout the State, including serving as the lead evaluators and clinical trainers on a number of state and tribal grants on a wide range of topics such as: Permanent Supportive Housing, SBIRT, Jail Diversion, Systems of Care, Home Visiting, 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, all of which are potential sites for collaborations with Interns.

2. Pediatric Neuropsychology Major Elective (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.

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

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

This rotation requires at least a one day a week commitment for a 6 month period. The focus of this rotation is to gain exposure to best practice assessment

procedures for diagnostic formulation of Autism Spectrum Disorder. Emphasis is placed upon learning how to learn administration protocols/procedures, potentially reliably administer, interpret, and convey the results of the 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.

4. 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

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

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

This placement is located within the Family and Community Medicine primary care clinic at SRMC, and the Intern provides outpatient integrated behavioral health care in this setting. Referrals come from all departments of the medical center, but predominantly from the eight primary care providers with whom the Intern works closely on a daily basis. Patients of all ages are seen in the 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.

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

The UNM Children's Hospital C/L Service provides a range of behavioral health evaluations and interventions for hospitalized children, adolescents and their families. The goal is to provide child and family centered care that can mobilize individual and family strengths and resources to manage challenges arising from chronic and acute health problems. Interns will have opportunities to work with

children with a variety of chronic and acute medical problems across the full developmental spectrum. The majority of work takes place on a short term basis but opportunities exist for follow up care as some patients will return frequently for ongoing treatment.

UNM Health's Carrie Tingley Hospital (CTH) has been providing compassionate, coordinated health care to children and adolescents with complex musculoskeletal and orthopedic conditions, rehabilitation needs, developmental issues and long-term physical disabilities for more than 70 years. CTH is located on the 5th floor of UNMH and has 8 dedicated beds for rehabilitation, with other beds on the unit designated typically to orthopedic patients. Patients' stays range from a few days to 6-12 months; 2-6 weeks is typical. Many patients follow up in Carrie Tingley's outpatient clinic for ongoing therapies, so many cases tend to be long-term. An emphasis is placed on clinical experiences working with issues of adjustment for individuals and families facing a range of physical and cognitive challenges.

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

INTEGRATED BEHAVIORAL HEALTH TRACK

1. Various sites (see below)
2. Psychological assessment and brief psychological screening (All year)
3. Various other primary care settings determined with supervisors to meet training goals

The Integrated Behavioral Health Track focuses on primary care and behavioral health integration as well as youth in transition. The global vision for integrating

our model in primary care is built on five key concepts: (1) Access to our services should be flexible and quick (particularly for vulnerable and at risk patients who would not normally have access—indigent, stigmatized, addicted populations). (2) Ease of practice for referring providers, including addressing any emergent needs from high acuity to continuity of care, reducing any possible barriers to referrals from imaginary to paper. (3) Flexibility in scheduling, treatment and support teams. While the Triage model is favored in many primary care settings across the country, where primary care psychologists see patients only briefly and then refer out for long-term treatment, this is not possible in New Mexico given the shortage of psychologists. Thus, we see both short and long-term cases, low and high acuity, process and skill-based groups. In short, we see everybody. (4) Culturally responsive care. (5) The clinic is also a “patient,” so that you have to be available to staff for support, maintain good camaraderie, resolve any flow issues, teach staff brief, applicable behavioral health techniques.

Track Sites:

Truman Health Services (Dr. Lenberg)

Truman Health Services is UNM's Patient Centered Medical Home providing primary care and specialty care for persons living with HIV/AIDS. Truman Health Services provides primary care services, are available for acute care needs for the patient population, provide wrap around services at their location, and assist in coordination of care with other entities. They are a recognized Level 1 PCMH by the NCQA. The Truman behavioral health team provides short term, focused therapy, longer term therapies, group therapy, psychiatric consult, and warm hand off care to patients. Truman is 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.

Atrisco Heritage Clinic—School-based, primary care (adolescent primarily, some family and adult work, Dr. Darlach, bilingual, bicultural supervision available).

The Atrisco Heritage clinic is the smallest UNMH satellite clinic and it operates within the context of the school day and physical space of the largest high school in the state of New Mexico, approaching 2,600 students of primarily Mexican descent (89%). Most parents of Atrisco students came during the 1990s to make a life here in Albuquerque, most are from Chihuahua state, migrating from “ranchos” (small rural communities), little towns (with a plaza and some commerce) or large cities (Delicias, Chihuahua, Ciudad

Juarez). Most parents work in low-skilled jobs, endless hours, to financially make it. The students we see are first generation-born, Mexican-Americans, residing next to a porous border. They have an innate ability to code switch, language switch, and travel back and forth. They can snapchat, Twitter and Instagram in one hand, and swim in a river, horse ride, and stroll in a plaza on the other. They understand gender fluidity while attending traditional quinceañeras. Atrisco students are both from the old world and the future. Many have the constant stressor of immigration status, dealing with the possible deportation of their parents or themselves (DACA is undecided as of 2018).

The Atrisco UNMH clinic is 80% bilingual and serves students and/or families from the community. Adults come for a variety of medical reasons. Teenagers, being largely physically healthy, come for yearly sports physicals or reproductive health (pregnancy prevention, STD testing). Teen pregnancy has plummeted since the Atrisco clinic opened its doors offering free, confidential reproductive health visits. Nexplanon is a birth control implant, inserted in the arm, lasts four years and is 99.9 percent effective in preventing pregnancy—perhaps altering an entire generation of women who will be able to willfully delay family planning.

Historical Context:

The Mesa and South Valley where the Atrisco Clinic is located is almost its own enclave separate from the urban Albuquerque setting. The oldest community is the South Valley, zoned agricultural, with residents often having cattle, goats, chickens and horses. This is mixed income, mixed ethnicity community with residents who have farmed the land for generations.

The Mesa is the youngest Albuquerque community, recently developed as a series of gated, suburban neighborhoods with few spaces to convene outside of a drive to Walmart. In the 1990s, the state south of New Mexico, Chihuahua, became engulfed in severe drug violence. Many businesses fled, literally two blocks away, across the American border to El Paso and re-opened their doors without fear of retaliation for non-payment of bribes. It used to be common for Albuquerqueans (Burqueños) to travel to El Paso to have dresses and suits tailored there, purchase groceries, or attend dances. This 500-year, natural, fluid migration north to south, south to north known as the Camino Real (between Santa Fe and Mexico City) or specifically as Camino Del Muerto (between Ciudad Juarez and Albuquerque) ended in the 1990s as most Northern New Mexicans feared travelling south for commerce or entertainment. For example, the UNM medical resident program used to have clinics in Ciudad Juarez and this ended due to the lack of safety in the city. Ciudad Juarez' safety has improved greatly since 2010, but the negative reputation remains.

Typical cases:

Behavioral health referrals usually emerge from teen's visits to the doctor, or from one of the eleven school counselors, 3 social workers, 5 vice principals or principal at the

high school. It is ideal to keep an outstanding working relationship with all. Students who have supportive families are preferably referred to Southwest Guidance Center as this location requires some travel. Students whose families are unsupportive of therapy (because parents work many hours, are uninterested in counseling, or tend to be neglectful) tend to come to UNMH as the visits are confidential and on-site. Recurrent socio-emotional concerns seen at Atrisco include: (1) learning to separate from parent's depression, addiction, or difficult marriages, (2) healing from early childhood/complex trauma, (3) or from recent sexual assault, (4) fear of deportation or family separation, (5) anxiety, panic, (6) LGBTQ support, (7) social isolation as the neighborhood is designed for cars and allows for little human interaction, and (8) support for first-generation college students.

Interns are expected to provide direct service, be available for consultation and learn how to coordinate treatment with medical teams, and school personnel (i.e. school nurse, counselor, and principal). Likewise, interns will be expected to work closely with the eleven counselors at the school to ensure students' housing and academic needs are met. Primary role would be to provide direct family and individual therapy, as well as guide the medical staff (4 MDs, 2 PAs, 2 NRP) on conceptualizing teen stress through a developmentally and culturally sensitive lens.

School holidays and school testing are abundant. During these low periods (i.e. Thanksgiving break, Winter break, Finals week, school ends May 22), it might be useful to arrange adult visits, shadow a provider, or shadow a different site. This can be arranged as it emerges. For full school calendar, view:

<http://www.aps.edu/schools/school-calendars>

Slots are limited to 8am to 2:30pm for teenagers (school lets out at 2:20pm). Slots are 30 minutes long to ensure teens do not miss significant class time. As in all of primary care, flexibility is the key. You might just need a 15-minute check-in with one student, and a 90-minute family session with another. Some students you might see weekly for 12 months, others just for one visit. Show rate is unpredictable as teenagers tend to come when they feel it is necessary, have to follow the school calendar, and teacher instructions. Seeing 3-6 adults is recommended to diversify the learning experience, but the primary focus is on adolescents.

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

The Northeast Heights Clinic was established in 1995 in an area of town that tends to be wealthy. Its location was chosen to attract more insured patients to help supplement the uninsured population served by the other hospital areas, and in fact was initially designed to only take patients with a payer source. The model of serving only insured patients did not prove to be viable, and Northeast Heights Clinic eventually expanded to accepting all patients regardless of their ability to pay, more in line with the overall

mission of University of New Mexico Hospital. Today, referrals tend to be a third Medicaid (including indigent or low income individuals and families with young children), a third Medicare (including retired people and those on disability) and a third private insurance (those with employer-provided insurance, often UNM and UNMH employees). The Far Northeast Heights, where the clinic is located, is among the wealthiest sections of Albuquerque and its development began in the 1990s. The clinic attracts lower income and disabled folks from local mobile home parks and low-income apartments, as well as the middle to upper socioeconomic strata. This breakdown is more heavily weighted towards private insurance and the “working well”.

Historical Context:

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

The UNMH Northeast Heights Clinic has both Family Medicine and Internal Medicine services. Internal Medicine providers see more medically complex patients, with chronic, co-occurring, and severe conditions, including diabetes, cardiovascular disease, neurological disorders, and COPD. Family Medicine providers tend to see less medically complex patients, a wider range of ages, and provide more preventive care. However, given the extraordinary medical and behavioral needs of the Albuquerque community, many patients of both the Internal and Family Medicine services have multiple co-occurring problems. The family medicine providers at NEH see relatively few children, teens, or young adults, and the average patient age of the clinic skews older.

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

The NEH Clinic Team includes the following multi-disciplinary staff and providers: one medical director, seven seasoned physicians, five physician assistants/nurse

practitioners, five internal medicine residents, four nurses, two doctors of pharmacy, one psychologist, eleven medical assistants, as well as a management team (one clinic manager, one unit director, a charge nurse and an office manager), and social services (one social worker, one community health worker, and a nurse case manager).

KIDNEY TRANSPLANT PROGRAM (assessment; few teens, primarily adults, Dr. Hinton)

The kidney transplant program at the University of New Mexico Hospital has been in existence for more than 40 years. It is one of two transplant programs in the state. The psychology resident will experience a rich multidisciplinary experience in which behavioral health, medical, cultural, language, and socioeconomic aspects are addressed in providing high-quality patient care.

Professionals in the program include physicians (nephrologists and surgeons), specially trained nurses (transplant coordinators), a transplant social worker, a transplant pharmacist, a nutritionist, and a psychologist. Support staff includes a data coordinator, financial specialist, and medical assistants.

The population served is representative of the state of New Mexico. It includes urban and rural people, natives, Hispanics, and Anglo's as well as individuals from mid teenage years through their 70s and older. Many of the individuals we serve were born in other countries. Some do not speak English. Some have physical disabilities or vision and hearing deficits.

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

Psychology residents may participate in all phases of the transplant program:

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

Listing Committee: When the patient's pre-transplant workup is complete, their case is discussed in the weekly, interdisciplinary listing committee meeting. It is here that the patient's candidacy for transplant is decided.

Waiting List: Once the patient is listed they must wait to receive a kidney. This waiting period may be only a few months to several years. In many cases patients who are waiting for a kidney must undergo regular dialysis to replace the function of their failed kidneys. During this waiting period, patients are seen yearly. If psychological concerns arise, they are referred for follow-up psychological assessment.

Post-transplant: After the patient receives their transplant they are followed closely by the medical team, and short-term psychological treatment might be provided if necessary.

Donors: The majority of our patients receive deceased donor kidney transplants. However, living donor kidney transplants are also done here. The donor may be a friend or relative of the recipient or she/he may be an altruistic donor. Living donors are referred for psychological evaluation as a routine part of their work up. This is also a specialized evaluation.

Southwest Mesa Clinic, pediatrics & internal medicine (301 Unser Blvd. SW, 925-4126, Dr. Oliver)

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

Westside Clinic, family medicine (4808 McMahan NW, 272-2900, Dr. Hartman)

Westside Clinic serves a population that varies widely in age, socioeconomic and racial/ethnic identity. Opportunity to hold a small caseload of adults, as well as co-lead groups and give didactic presentations to clinic staff. Plenty of flexibility to become well-practiced in a variety of approaches to patient care, including evidence-based, Jungian, mindfulness, and narrative orientations to psychotherapy. Some opportunity for family and couple's work.

North Valley Center, family medicine (3401 4th Street NW, 994-5300, Dr. Samuel and Dr. Darlach)

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

South East Heights Clinic, family medicine (8200 Central Ave SE, 272-5885, Dr. Gray)

South East Heights Clinic is a primary training site for family medicine doctors, along with North Valley Clinic. This clinic is located in the most densely populated neighborhood in Albuquerque, with the highest incidence of crime and addiction. The clinic serves a large refugee (Congo, Nigeria, Pakistan, Iran) and immigrant (Vietnam, Central American, Mexico) population. Opportunity to hold a small caseload of adults, as well as co-facilitate Dialectical Behavioral Therapy groups.

Senior Health, family medicine (1101 Medical Arts, NE, 272-1754, Dr. Zafran)

The Senior Health Clinic, is a primary clinic providing comprehensive medical care for patients 75-year-old and older. It serves a very diverse population in terms of race, ethnicity, and socioeconomic status. The multi-disciplinary team consists of physicians, advanced practice providers, a psychiatrist, psychologist, clinical pharmacists, and nursing staff. Many referrals are for short-term therapy for patients experiencing caregiving burden, grief and loss, insomnia, depression and anxiety. The clinic has only had a psychologist since 2018, so it provides an excellent opportunity for an intern to work on program development, and potential for neurocognitive testing for dementia.

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

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

Heart Failure, specialty clinic (1101-4 Medical Arts NE, 272-2273)

The Heart Failure Clinic is a specialty clinic providing close monitoring and targeted intervention for patients with a diagnosis of congestive heart failure (CHF). The multi-disciplinary team consists of physicians, advanced practice providers, psychologists, clinical pharmacists, and nursing staff. Many referrals are for short-term therapy for patients adjusting to a new diagnosis of heart failure and the associated limitations in physical activity, work, and family life. Other patients have longstanding issues with anxiety, depression, trauma, or substance abuse prior to CHF diagnosis. Patients tend to have multiple serious medical problems in addition to CHF. This clinic is small and tight-knit, and provides an excellent opportunity for an intern to work with a fully integrated multi-disciplinary team, in which consultation across disciplines happens naturally.

Pain Consultation & Treatment Center, specialty clinic (900 Camino de Salud, 925-4431, Dr. Chari)

Pain Consultation and Treatment Center is an interdisciplinary clinic treating adults, adolescents and children with chronic, complex, and sometimes unexplained pain conditions. The team consists of a diverse group of providers including physicians, physical therapists, psychiatrists, pharmacists, and psychologists who work together to meet patients' functional goals. Our patients are referred for various reasons—from failed back surgery, to migraines, to psychogenic pain conditions. Psychology interns would learn how to effectively integrate traditional psychotherapy practice with pain-specific interventions—including biofeedback and clinical hypnosis—by carrying a small caseload.

Cleft and Craniofacial Clinic, pediatrics (900 Camino de Salud, 925-4431, Dr. Chari)

The Cleft Palate clinic follows children 0-18 who are born with cleft lip and/or palate, as well as variety of craniofacial abnormalities. These children usually need a series of surgical interventions--some medical necessity, some elective--starting in infancy, and progressing into late adolescence and early adulthood. Opportunity to provide brief clinical assessments for children and families during monthly, interdisciplinary meeting. Assessments focus on children's psychosocial functioning, family distress, attachment, bonding, self-esteem and self-concept. The team consists of diverse providers including pediatric otolaryngologists, audiologists, speech pathologists, orthodontists, and psychologists. The information then has to be presented during the team meeting. Clinicians may also have patients who they will counsel around potential craniofacial surgeries, address acute depression/anxiety issues, and link families with resources.

AVAILABLE SUPERVISION

The thirteen primary care psychologists cover a wide range of orientations and approaches to therapy, always culturally tailored and trauma-informed to the patient, including: family, narrative and play therapy, hypnosis, biofeedback and EMDR, object-relations, feminist, interpersonal and Jungian, as well as CBT, DBT, and motivational interviewing. Brief, and long-term models, process and skill-based groups available to lead or co-facilitate.

PEDIATRIC NEUROPSYCHOLOGY TRACK

1. Center for Neuropsychological Services (All year)
2. Programs for Children and Adolescents (All year)

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

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

UNM Hospital is the HSC's primary clinical component, has consistently ranked in the 100 top-performing hospitals in the United States, and ranks among the top 10 academic centers in the nation. The hospital operates New Mexico's only Level I Trauma Center, treating nearly 90,000 emergency patients and more

than 450,000 outpatients annually. UNM Hospital serves as the primary teaching hospital for the UNM School of Medicine and is also home to the highly regarded UNM Children's Hospital and the National Cancer Institute-designated UNM Cancer Center.

Evaluations of young children, adolescents and young adults typically include those with acquired brain disorders or chronic medical conditions (e.g., traumatic brain injury, cerebral palsy, epilepsy, pediatric oncology). Less focus is placed on neurodevelopmental disorders (e.g., learning disorders, autistic spectrum disorders, and attention deficit hyperactivity disorder) as there are other providers in the UNMH and community who address neurodevelopmental concerns. 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 fellows/Interns

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). 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.

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

Supervision by pediatric neuropsychologists with extensive experience in the neuropsychological assessment of children and adolescents with a wide range of patient populations is provided on-site. Primary supervisors for this rotation at CNS are Rick Campbell, Ph.D., Dina Hill, Ph.D., Andrea Sherwood, Ph.D., Lauren Parks, PhD., Tish MacDonald Wer, Ph.D. 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 Track Intern also spends time at the Children's Psychiatric Hospital conducting inpatient consults and neuropsychological testing in addition to spending time at Programs for Children and Adolescents (PFCA) doing individual and family therapy.

EARLY CHILDHOOD TRACK

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

The purpose of the Early Childhood Track is to complete training in the general practice of professional psychology with emphasis on early childhood mental health and development. The training model, shared by all tracks within the internship, includes an interdisciplinary, multicultural, and developmental perspective with consideration of internal, external and systemic contextual factors considered to be integral to developmental and psychological assessment, formulation, and therapeutic intervention.

The UNM Center for Development and Disability (CDD) is a University Center for Excellence in Developmental Disability housing a myriad of diverse direct clinical service, prevention programs, interdisciplinary training, community training and partnerships, policy development and analysis, and applied research for the benefit of individuals with and at risk for disabilities and their families throughout New Mexico. The programs are administered through the UNM Department of Pediatrics, and funded through various state and federal agencies. CDD is located about 2 miles from the main campus of the UNM

School of Medicine, where parking is available. The CDD has 7 different divisions and a Clinical Evaluation Services Unit (CESU).

The Clinical Evaluation Services Unit (CESU) includes multiple programs focused on assessment and treatment of individuals with a range of developmental concerns. Programs within CESU provide interdisciplinary diagnostic evaluations for children birth to 22 years old who have been referred for developmental delays, including concerns for a diagnosis of Autism Spectrum Disorder (ASD), prenatal exposure to alcohol, and feeding issues. CESU also supports neuropsychological evaluations of children with a variety of medical, behavioral, and genetic diagnoses. Individuals with ASD can receive psychiatric evaluation and treatment through medication management, as well as outpatient cognitive-behavioral therapy for children and adolescents with comorbid diagnoses of anxiety.

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, provide supervision for ECMH Services.

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 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; adaptive behavior measures including the Vineland-III and ABAS-3. Referral questions for children seen by ECEP include, but are not limited to:

- Screening of Autism Spectrum Disorder

- Evaluation of medical and biological factors impacting developmental concerns
- Evaluation of behavioral and regulatory concerns
- 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.

The Early Childhood track Intern also provides Infant and Early Childhood mental health services for children birth to three years old as part of the Early Childhood Mental Health (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.

The Maternal Child & Family Mental Health (MCFMH) experience at the UNM Center for Development and Disability 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.

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 Early Childhood Track Intern will also spend time at Programs for Children and Adolescents (PFCA) providing outpatient therapy. See the Clinical Child section for more information about PFCA.

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.

NEURODEVELOPMENTAL DISORDERS TRACK

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

The Neurodevelopmental Disorders 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.

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). The Autism and Other Developmental Disabilities Division at the UNM Center for Development and Disability provides clinical services, training, consultation and information dissemination for individuals with Autism Spectrum Disorder and their families and providers. Clinical opportunities with the division will be focused in two areas: Assessment (year-long rotation provided through the Autism Spectrum Evaluation Clinic) and Intervention in both the Parent Home Training Program and the ASD & Anxiety Disorders Program). Interns are encouraged to participate in additional training, consultation and teaching, and research opportunities offered through AODD

Autism Spectrum Evaluation Clinic

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

The Intern will learn best practice assessment procedures for making a diagnosis of ASD, as well as conduct assessment of frequently diagnosed comorbid conditions: developmental delay/intellectual disability; anxiety, depressive, and behavior disorders; speech/language disorder, impact of abuse/neglect and prenatal drug exposure. The Intern will also learn about other medical, genetic, neurodevelopmental disorders, and frequently occurring issues (such as sleep and feeding problems) for children with ASD. Emphasis is placed upon learning how to reliably administer, interpret, and convey the results of the various modules of ADOS-2, and cognitive and behavioral assessment measures. The Intern will be expected to contribute to written reports including test results and interpretation, as well as assist in 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.

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

Outreach Clinics

Outreach clinics in different locations of the state annually. Outreach clinics are located in rural, underserved communities, including the Navajo reservation or one of the state's 19 Pueblo communities. Outreach clinics provide experience in rural communities with limited access to resources. The experience highlights cultural considerations of differential diagnosis of ASD. Outreach clinics involve

car travel throughout the state of New Mexico and range from day trips to three days of overnight travel. Evaluations typically occur at community agencies or the child's school. The psychology Intern will be with the supervising psychologist at all times. All travel will be in a University vehicle, at no cost to the Intern. Many locations involve driving long distances and have early departure and late return times. **Interns will be responsible for obtaining approval for their absence from other internship duties with the Intern Training Director prior to scheduling outreach.**

Parent Home Training

The Parent Home Training (PHT) program is a no-cost, short-term educational program for parents and/or caregivers of children with ASD ages birth through five years. The program, funded by the NM Department of Health, provides individualized in-home consultation to families throughout the state of New Mexico. The program is staffed by consultants in a variety of disciplines such as speech-language pathologists, occupational therapists, behavior analysts, special education, and behavioral health providers. 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 (3-4 cases at a time) and work with families individually or with other interdisciplinary team members. Interns will be expected to travel to and from home visits in their own vehicle. Reimbursement is provided. Interns will also gain experience in working with culturally diverse, rural and underserved communities.

ASD and Anxiety Disorders Program

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

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

The typical caseload at CDD:

- 2 ASEC clinics per week
- 3-4 Parent Home Training cases per week
- 1 Facing Your Fears Group per semester

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 PHT or ASEC team). Interns will be reimbursed for mileage by the PHT program.
- Travel to clinics at local and outreach community locations will take place in CDD/UNM vans – unless the Intern has made alternate plans to use his or her vehicle. In these instances, (i.e. the Intern selects to use his or her own vehicle when group travel is an option) mileage will not be reimbursed unless approved by the program director.
- During outreach travel, Interns will be reimbursed for hotel costs, and daily per diem at standard rates set by the university.

MULTICULTURAL RURAL AND NATIVE AMERICAN BEHAVIORAL HEALTH TRACK

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

The Intern on this track is primarily placed at the Pueblo of San Felipe, a rural tribal community in New Mexico that is a 30 minute drive from Albuquerque. The Pueblo of San Felipe has a robust Behavioral Health Program that includes service provision at the School Based Health Center, the Primary Care Clinic, the Head Start, the Equine Therapy Program, the Senior Center and the Behavioral Health Clinic. Interns are placed at these sites depending on the needs of the Behavioral Health Program. In previous years, Interns have worked with clients across the life span, providing school-based, clinic-based, and

home-based services. Dr. Altschul is a licensed psychologist on faculty at UNM who has been working in the Pueblo for over 10 years, and is onsite one day per week. Also onsite are a UNM neuropsychologist (Dr. McDonald). Interns are supervised by Dr. Altschul and by the San Felipe Behavioral Health Director.

SUBSTANCE USE DISORDER SPECIALTY TRACK

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

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

STAR is the primary outpatient substance abuse treatment program for patients from age 14-21 with any substance use disorder. Housed within ASAP, the STAR clinic works with ASAP staff to provide the same level of wrap-around care to adolescents as adult patients, while also functioning as a specialized treatment team to meet the complex and multi-faceted needs of adolescents and transitional age youth. The STAR team utilizes an Adolescent Community Reinforcement Approach (A-CRA) along with medication management, relapse prevention medicine, case management, family therapy and other evidence based behavior therapies to facilitate recovery.

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

At ASAP and STAR Interns will have the opportunity to learn and administer comprehensive intake assessments, provide individual, group, couples and family therapy, as well as learn how to coordinate care with opiate replacement

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

SEMINARS

Core required seminars are held on Tuesday's from 9-12 PM with an optional seminar offered from 12-1 PM 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 2018-2019 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 Didactic Series (Core Concepts of Childhood Trauma; Trauma-Informed Care: Applying the Core Concepts of Childhood Trauma to Treatment; Trauma-Informed Treatment: TF-CBT; Treatment of Complex Developmental Trauma: ARC		Multicultural Topics
Multidisciplinary Care and Case Conferences with Fellows		

Professional Values and Attitudes	Communication and Interpersonal Skills	Assessment
Training Director Meetings which include 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	Training Director Meetings to include Professional Development	Risk Assessment- Assessing Individuals with Suicidal and Non-Suicidal Self-Injury and Homicidal Thoughts and Intent
		Substance Use Disorder Didactic Series
		Assessment, Interviewing, and Clinical Reasoning

Intervention	Supervision	Consultation and Interdisciplinary Skills
Trauma Didactic Series (TF-CBT, ARC, TARGET)	Models of Supervision	Multidisciplinary Care and Case Conferences with Fellows
Substance Use Disorder Didactic Series		Public Policy and Advocacy in Psychology Didactic Series (Includes discussion of integrated care)

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.

Workshops

Optional workshops are often available throughout the training year, but are not guaranteed.

- Trauma Focused Cognitive Behavioral Therapy (TF-CBT) Workshop

- Attachment, Self-Regulation and Competency (ARC) Workshop
- ADOS-2 Workshop
- Motivational Interviewing Training

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.

SELECTION CRITERIA

Eleven Interns (3 Clinical Child, 1 Integrated Behavioral Health, 1 Pediatric Neuropsychology, 2 Early Childhood, 2 Neurodevelopmental Disorders, 1 Multicultural Rural and Native American, and 1 Substance Use Disorder Specialty) are selected each year. Intern applicants must be at least third-year doctoral students in psychology from clinical, counseling, or school psychology graduate programs accredited by the American Psychological Association (APA). Preference is given to Ph.D. programs, but Psy.D. Programs are encouraged to apply. Applicants must have passed their doctoral comprehensive exams by the internship application deadline of November 1. Approval of dissertation proposal is desirable but not required.

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

Substantial course work and practica in clinical and developmental psychology are required. A minimum of 500 hours of clinical practica is required. For all tracks, the preference is a minimum of 150 face-to-face hours of assessment and 350 hours of *intervention* (definition of *intervention* is that used for the AAPI Online). Previous course work must include cognitive and personality testing, personality theory, developmental psychology, psychopathology, psychotherapy, and professional ethics. Additional course work in adult psychotherapy,

community psychology, family therapy, and behavior therapy and a practica in psychological assessment are desirable.

For the Pediatric Neuropsychology emphasis track, a minimum of 500 hours of clinical practica is required, with substantial emphasis on pediatric neuropsychology. Intervention hours must include therapy experience with children and/or adolescents. Applicants to this track must also have specific graduate level coursework in neuropsychological assessment, including normal development of brain and behavior, psychopathology, assessment of intelligence, achievement, and psychopathology, neuropsychology, and supervised practica in assessment and neuropsychology. The coursework and practicum experiences should include significant focus on children and adolescents.

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

All applicants are notified by email on or before December 3rd, 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 will have the chance to be interviewed by faculty members, meet with the Training Director, have lunch with the current interns, and learn more about the available tracks. A walking tour of the sites located on the UNM HSC campus is provided and the Program Coordinator will briefly go over benefits and resources.

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 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 seven program track(s) they are applying.** For the sole purpose of arranging interviews, applicants to more than one UNM program will be asked to designate their preferences regarding tracks at our site for which they wish to be interviewed.

Three or more letters of reference are required, at least one of which is from a faculty member of your academic program very familiar with your academic work and another from someone very familiar with your clinical work. **Application Deadline is November 1.**

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. Professional leave is available on a case-by-case basis. Interns are granted 3 days for bereavement leave for immediate family members (spouse, domestic partner, children, parents, and grandparents). Interns have contracts as UNM Visiting Faculty. While they are not eligible for Family Leave, a pregnant Intern or an Intern who has a pregnant

spouse/significant other may be eligible for an Extended Leave of Absence for Extenuating Circumstances (ELAEC) described below

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

Some of the Interns may need to work a few days between the Christmas and New Year's holidays, but would receive comp time to be scheduled at a later date. Interns may enroll in Medical, Dental, Vision, life insurance etc., as described at <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 Grand Rounds of the UNM Department of Psychiatry and Behavioral Sciences, which often presents nationally and internationally known speakers. Other workshops, seminars, and conferences are sometimes offered by other agencies or departments at reduced rates or free of charge.

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

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

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

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

Starting date

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

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

1. Sylvia J. Acosta, Ph.D. (Colorado State University). Associate Professor, UNM Dept. of Pediatrics, Center for Development and Disability. Director of CDD Postdoctoral Psychology Fellowship, Autism Programs.
2. Deborah B. Altschul, Ph.D. (University of Georgia). Associate Professor, UNM, Dept. of Psychiatry and Behavioral Sciences, Division of Community Behavioral Health. Cultural competency in mental health delivery and treatment outcome effectiveness. Clinical supervision. Public Policy
3. Allan F. Anfinson, PhD (Nova University). Assistant Professor, Center for Development and Disability, Department of Pediatrics.
Expertise/Interests: The identification, diagnosis and treatment of very young children (0-3) with developmental delay, behavioral issues and possible ASD; Interdisciplinary/transdisciplinary method of assessment; Early intervention, education and consultative services to children, families and early intervention providers.
4. Jerald Belitz, Ph.D. (University of New Mexico). Professor, UNM Dept. of Psychiatry and Behavioral Sciences, Clinical Director of Children's Psychiatric Center – Outpatient Services - Psychotherapy with children and adolescents and their families with an interest in affective disorders and impulse and conduct disorders. School consultation. Teaching and supervision. Ethical issues.
5. 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.

6. 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
7. 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
8. 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
9. 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.
10. 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

11. 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.
12. 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.
13. Stephanie Gorman, Ph.D. (University of Houston). Pediatric Neuropsychology, Center for Neuropsychological Services, UNM Health Sciences Center.
14. 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
15. 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
16. Michele Iemolo, PsyD., BCBA (Carlos Albizu University). Assistant Professor, Center for Development and Disability, Department of Pediatrics. Expertise/Interests: Diagnosis and assessment of individuals with Autism Spectrum Disorder; Applied Behavior Analysis (ABA) interventions and program development for individuals with developmental disabilities and psychiatric conditions; Functional Behavior Assessments (FBA) and development of Positive Behavior Intervention Plans (PBIP), Parenting Training; Mindfulness Based Stress Reduction (MBSR), and Creative Art Therapy (i.e., Dance/Movement Therapy; DMT).

17. 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
18. 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
19. Kimberly Kalupa, Ph.D. (Uniformed Services University of the Health Sciences). Staff psychologist, Truman Health Clinic. Areas of specialty: health psychology, assessment and treatment of trauma, integrated care in various medical settings, access to care for underserved populations
20. 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
21. Kathryn L. Lenberg, MPH, PhD (University of New Mexico). Clinical Assistant Professor; Manager, Behavioral Health Services, Truman Health Services, UNM Medical Group.
22. Beatriz (Tish) MacDonald Wer, Ph.D. (University of Denver). Clinical Neuropsychologist/Assistant Professor, 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
23. Peggy C. Maclean, Ph.D. (University of New Mexico). Associate Professor, enter 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

24. Larissa A. Maley, PhD (Seton Hall University); Associate Professor, Director of Clinical Programming, Addictions.
25. 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.
26. Marcia L. Moriarta, Psy.D (California School of Professional Psychology – Los Angeles), Professor of Pediatrics; Manager Clinical Treatment Programs, Early Childhood Evaluation Program, Dept. of Pediatrics,– Infant and Early Childhood Mental Health Assessment, Treatment and Consultation; Psychotherapy with Children and Families; Training and Supervision; Attachment-related difficulties and Foster Care; Regulatory Disorders and Neurobiological Vulnerability in Young Children Psychoeducational Assessment; Dyadic Treatment Models; and the use of videotape and in child/family psychotherapy.
27. Christopher Morris, Ph.D. (Utah State University); Associate Professor; Behavioral Health Service Delivery Systems; Integrated Behavioral Health and Primary Care.
28. 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.
29. 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.
30. Lauren Parks, Ph.D. (University of New Mexico). UNM Hospital Pediatric Neuropsychologist.
31. Brandon J. Rennie, PhD (University of Montana). Assistant Professor, UNM Dept. of Pediatrics, Center for Development and Disability Diagnosis and assessment of individuals with Autism Spectrum Disorder and other neurodevelopmental disabilities; Surveillance and screening for

ASD; Assessment of children who are rural and/or American Indian;
Disability in rural populations.

32. Bradley W. Samuel, Ph.D. (California School of Professional Psychology-Fresno) Professor in Family & Community Medicine; Clinical Director of Behavioral Health Integration in Primary Care; Director of Behavioral Health Education. Brief family therapy; Ericksonian applications, Adolescent groups and psychotherapy; Narrative and contextual applications.
33. 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.
34. Lindsay Smart, Ph.D. (University of Denver). Assistant Professor. Training Director of Psychology Internship, Programs for Children and Adolescents; Assessment and Treatment of Trauma. Psychological testing. Access to Care for Underserved Populations.
35. 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
36. Ann Waldorf, Ph.D. (University of New Mexico). Vice Chair of Behavioral Sciences. Integration of behavioral and medical health care.
37. Jeffrey N. Younggren, Ph.D., ABPP, (University of Arizona), Clinical Professor, Forensic Psychologist, Ethics, Law and Professional Standards of Practice.
38. 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
39. Eric Zimak, Ph.D. (Ohio University). Staff Neuropsychologist at UNM Center for Neuropsychological Services.