



UNMH Clinical Psychology
Postdoctoral Fellowship:
**ADDICTIONS AND SUBSTANCE
ABUSE PROGRAMS (ASAP)**



OVERVIEW

The Addictions and Substance Abuse Program at the University of New Mexico Hospitals is a comprehensive outpatient alcohol and drug treatment program focused on treating high acuity, complex individuals with substance use disorders and an array of co-occurring conditions. This one-year clinical postdoctoral fellowship is designed to provide fellows with a comprehensive understanding of assessment and treatment approaches for individuals with alcohol and drug problems and co-occurring psychiatric disorders (e.g. PTSD, affective disorders, anxiety disorders, and personality disorders) as well as co-occurring psychosocial issues (e.g. medical comorbidities, homelessness, legal issues, etc.).

The fellow will work as a vital member of the overall ASAP integrated treatment team as well as a provider of specialized skills such as comprehensive assessments, evidence-based interventions, and best-practice training/teaching. The fellow is trained to provide supervision to junior trainees and is involved in program development and performance improvement activities. In addition, the fellow will take part in numerous multidisciplinary treatment teams and will have the opportunity to provide input into clinical decision making.

Training in this program is geared to provide fellows with the type of specialized training in evidence-based approaches they will need to serve as clinical experts, teachers, and supervisors on integrated teams at the conclusion of their training year.

Some of the optional evidence-based approaches available to fellows include Motivational Interviewing (MI) / Motivational Enhancement Therapy (MET), Cognitive-Behavioral Relapse Prevention, cognitive-behavioral therapy for harm reduction, Community Reinforcement Approach (CRA) and Community Reinforcement Approach and Family Training (CRAFT), Interpersonal Psychotherapy for Depression (IPT-D), Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) for PTSD, and Integrative Behavioral Couples Therapy. Training is also available in a wide range of group therapies including Seeking Safety, Acceptance and Commitment Therapy (ACT), and Dialectical Behavior Therapy (DBT) skills.

Who Do We Serve? ASAP clients present with great diversity in their substance use histories, including the use of alcohol, opiates and heroin, marijuana, stimulants, anxiolytic/sedative medications, inhalants, and various generations of designer drugs. In addition to chemical dependency concerns, a number of our clients also struggle with related habit disorders, including gambling, sexual addictions, compulsive overspending, etc. The majority of clients at ASAP are adults; however, adolescents and transitional-age youth (>13yrs of age) are also provided treatment through our STAR team.

The majority of our clients' have co-occurring psychiatric conditions (e.g., PTSD, anxiety disorders, depression, and personality disorders) and are struggling with significant social problems. Of note, a history of trauma (with or without a PTSD diagnosis) is prevalent in our patient population and includes index events like childhood physical or sexual abuse, community and domestic violence exposure, and traumatic loss. Many of our clients are homeless, unemployed, and struggling with medical comorbidities, legal problems, interpersonal stressors, etc. In addition, our clients and staff are diverse on many dimensions, including race, ethnicity, age, cultural background, religion, socio-economic background, education, etc.

Who Are We? There are three licensed clinical psychologists who participate in the fellowship training and supervision. However, secondary training experiences and/or mentorship opportunities can be arranged with a psychologist in the HSC system depending on the fellow's training goals and interests. In addition, the ASAP staff are a multidisciplinary team from psychology, psychiatry, social work, counseling, and nursing backgrounds. The fellow has clinical responsibilities as part of the treatment team, and supervisors encourage fellows to take on active roles on the team that include those of clinician, researcher, manager, supervisor, and teacher.

Program Goals and Aim

The **GOAL** of our program is to provide advanced clinical training and educational opportunities for pre-licensure psychology trainees who aim to serve as psychologists who practice evidence-based interventions and work in interdisciplinary team settings and or Academic Medical Centers.

Our program is grounded in the *scientist-practitioner model*, and therefore, our approach to training encourages clinical practice that is evidence-based and consistent with the current state of scientific knowledge. We believe that graduating fellows should be able to provide competent assessment and appropriate interventions, consultation, and supervision in their area(s) of focus as well as exhibit behavior that is consistent with APA's professional standards.

As a part of developing a healthy professional identity, fellows are provided with appropriate mentorship in their area(s) of interest, and they also participate in directing their own professional development by collaboratively designing an individualized training plan. While individual fellows may ultimately develop careers that emphasize one aspect of the scientist-practitioner model more than the other, our expectation is that clinicians will practice from a scientific basis and that the work they pursue will be clinically relevant.

The **AIM** of the UNMH-ASAP Postdoctoral Fellowship is to train psychologists who meet advanced practice competencies (see below) in psychology and who can function effectively as professional psychologists in a broad range of roles and settings, including clinical services, research, and education. The structure of the Fellowship Program fosters development across nine profession-wide competencies that are critical to an independently functioning psychologist. We expect that fellows in the Clinical Program will gain both breadth in competency, as well as depth within their area of emphasis. Below are the competencies to be developed through a structured, coherent, and integrated training experience that is graded, sequential and cumulative.

Core Competencies:

1. Science and Practice: Fellows will demonstrate the ability to critically evaluate and disseminate research or other scholarly activities at the local, regional, or national level. Fellows will demonstrate the ability to think critically about existing literature and apply scientific knowledge to clinical practice, as well as allow clinical practice to inform research questions. Fellows will develop skills in critical thinking, curiosity, and hypothesis testing and will play an active role in developing their own research and/or program development and evaluation goals that will be completed and presented to stakeholders at the end of the training year.

2. Ethical and Legal Standards: Fellows will demonstrate the ability to respond professionally in increasingly complex situations with a greater degree of independence in accordance with the APA *Ethical Principles of Psychologists* and *Code of Conduct* and relevant laws, regulations, rules, policies, standards, and guidelines. Ethical and legal issues will arise in all areas of training, including confidentiality, legal obligation to warn of danger or report abuse, competency assessments, the right to refuse treatment, assessments of dangerousness, informed consent, and publication credit. Fellows receive supervision and didactic training related to these issues and learn to recognize ethical dilemmas as they arise, apply ethical decision-making processes in order to resolve the dilemmas, and to conduct themselves in an ethical manner in all professional activities. In addition, most years provide an opportunity for fellows to attend and/or co-facilitate a clinical ethics workshop provided onsite.

3. Individual and Cultural Diversity: Fellows will demonstrate the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly

diverse population. Fellows demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics. Fellows will demonstrate sensitivity to patient cultural diversity, including race, ethnicity, religion, country of birth, gender, social class, age, sexual orientation, disability and health status, as well as other individual differences, integrating awareness and sensitivity into all professional roles. Additionally, Fellows will demonstrate a continued willingness to explore their own cultural background and how this influences their personal attitudes, beliefs, and biases. Issues related to diversity are discussed during supervision.

4. Professional Values and Attitudes: Fellows are exposed to professional role models who embrace the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others. Fellows are expected to demonstrate these values as they also engage in self-reflection regarding one's personal and professional functioning, and engage in activities to maintain and improve performance, well-being, and professional effectiveness. Fellows are expected to actively seek and demonstrate openness and responsiveness to feedback and supervision. Fellows will demonstrate an ability to respond professionally in increasingly complex situations with a greater degree of independence and autonomy as they progress through the training year. Fellows will demonstrate maturing professional identities and a sense of themselves as a "Psychologist".

5. Communication and Interpersonal Skills: Communication and interpersonal skills are the foundations of education, training, and practice in clinical and health service psychology. Fellows are expected to develop and maintain effective professional relationships, deal with conflict, negotiate differences, and understand and maintain appropriate professional boundaries with patients, colleagues, supervisors, and other health professionals. Fellows will also be able to produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated, timely, appropriately reflective of the needs of the anticipated audience, and demonstrate a thorough grasp of professional language and concepts.

6. Assessment: Functional skills in assessment, diagnosis, and feedback are critical to the professional practice of clinical psychology. Fellows will develop competence in diagnostic interviewing, and will be able to appropriately assess, evaluate, and conceptualize a broad range of patients, including those with complex presentations and/or comorbidities. Fellows will receive training on the selection and use of evidence-based assessment tools and/or clinical interviews (including consideration of relevant diversity characteristics of the patient), as well as skills related to medical record review, risk assessment, and provision of feedback in a manner that is clear and understandable by the patient. Fellows are expected to interpret and synthesize assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, and to communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner.

7. Intervention: Fellows will develop advanced case conceptualization skills that draw on theoretical and empirical knowledge, and formulate effective treatment plans. Fellows will demonstrate skills in implementing interventions that are evidence-based, in individual, group, family and couples formats, as well as managing risk issues. Fellows will demonstrate competence with the types of therapies required for a given presentation. Fellows are expected to choose and implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables. Fellows will demonstrate the ability to apply the relevant research literature to clinical decision making. Fellows are also expected to develop appropriate treatment goals and plans, evaluate intervention effectiveness, and adapt intervention goals and methods consistent with the ongoing evaluation.

8. Supervision: Fellows will demonstrate knowledge of evidence-based supervision models and practices and apply this knowledge in direct practice via the provision of supervision to a more junior trainee. The fellows will demonstrate advanced understanding of the complexity of the supervisor role including ethical, legal, and contextual issues. They will demonstrate an awareness of the current needs of supervised trainees, and on how to provide developmentally appropriate feedback to them. The fellows will receive close supervision and didactics on developing this formative skill.

9. Consultation and Inter-professional Skills: Fellows will develop advanced competence in the intentional collaboration of professionals in health service psychology with other individuals or groups. Fellows receive supervised experiential learning and didactics in these areas and will demonstrate skill in understanding the role of a psychologist within an Academic Medical Center and communicating and collaborating with other providers as part of an interdisciplinary team. This may be demonstrated by, for example, contributing to team meetings or case presentations through the communication of important information about patients, engaging in co-treatment, consulting directly with patients' other providers (either effectively seeking consultation or offering consultation/teaching), being sensitive to and responding appropriately to the needs of other team members, and using skills as a psychologist to facilitate team functioning.

PHILOSOPHY AND MODEL OF TRAINING

Training is:

1. Individualized, graduated, and primary: Training is individualized, such that we aim to build professional identity and responsibility through involvement in the training process. In other words, we ask that fellows collaborate with their supervisors to develop training plans that meets their specific training and career goals based on a needs assessment and trainee area of interest. Training is structured around those specific goals and increases in complexity and responsibility over the course of the training year. Service delivery is the means by which training and enrichment occur; however service delivery is secondary to the broader mission of training.

2. Based on a scientist-practitioner model: We employ and model a scientist-practitioner approach to professional psychology, wherein empirically supported knowledge informs psychological assessment and intervention, and wherein questions arising from clinical practice drives research endeavors. Training involves empirically supported treatments and assessment methods and ensures that fellows utilize critical thinking skills to develop their own clinical research questions and/or program development/evaluation projects. This goal is greatly facilitated by the rich and diverse clinical research setting offered by the University of New Mexico Health Sciences Center and Hospital system.

3. Sensitive to individual differences: We work to identify, respect, and nurture the unique personal attributes that the fellow brings. The training environment is supportive and guided through close collaboration with supervisors and supervising faculty. Our training program is sensitive to individual differences and diversity and values the enriched educational environment that occurs within a diverse group of trainees and staff. Training involves self-awareness related to cultural factors, as well as appreciating those social and cultural factors that influence patient centered care.

4. Collaborative: We utilize a "junior colleague" model of training. Our commitment to the fellows' professional growth and scholastic development is conveyed in a supportive training atmosphere emphasizing individual strengths. Our major resource in this endeavor is the significant investment of enthusiasm, energy, and time of our training staff and supervisors. Fellows are to think critically, and

constructive criticism is offered in a non-threatening manner to encourage the fellow's full participation in all endeavors, scientific and clinical. We provide training in multidisciplinary and interdisciplinary care environments in which the fellow develops confidence as a local mental health expert who collaborates effectively with a range of providers in the context of a large academic medical system. Fellows will learn to work effectively with a variety of other disciplines, as well as collaborate with other mental health practitioners in clinical and research domains.

At the completion of their training, fellows will be able to:

1. Conduct comprehensive assessments related to substance use, psychiatric issues, and risk;
2. Provide group and individual (both short- and long-term) therapy for individuals with substance use disorders in various levels of care;
3. Provide treatment for co-occurring psychiatric disorders in individuals with a Substance use disorder;
4. Provide consultation for treatment providers in multidisciplinary settings;
5. Provide clinical supervision to junior trainees;
6. Provide program development and/or program evaluation;
7. Have an advanced awareness of, and skill level with, working with diverse clients and diversity issues in all aspects of clinical care and research;
8. Have enhanced skills in developing and conducting clinical intervention and applied clinical research;
9. Have a greater understanding of and greater skill at program management and development;
10. Interact effectively with a multidisciplinary treatment team.

TRAINING COMPONENTS:

Group Psychotherapy: Fellows will be expected to facilitate and/or co-facilitate group. Groups can be psychoeducational / skills focused, psychotherapy (EBP) focused, maintenance / process focused. Groups may include an emphasis with ASAP patients or concerned significant others. The fellow's prior experience and interest with group intervention will determine what percentage of their clinical time will be dedicated beyond the minimum expectation.

Individual and Family Therapy: The fellow will conduct individual therapy with clients and their families/concerned significant others across the various stages of treatment. Psychotherapeutic interventions may target substance use via relapse prevention or harm reduction approaches and may include motivational interviewing / enhancement, CBT for substance use disorder, etc. Individual therapy may also focus on the treatment of co-occurring conditions (e.g. PTSD, emotion regulation deficits, etc.). Therapy experiences must include both long-term and short-term cases (individual and/or family) and must include the delivery of at least one empirically-based psychotherapeutic approach such as CPT, PE, DBT, ACT, MET, etc. The fellow's prior experience and interest with clinical psychotherapy (long-term and short-term), as well as interest in specific therapeutic interventions will determine what percentage of their clinical time will be dedicated beyond the minimum expectation.

Consultation: The fellow is an active participant as a consultation/liaison both within the ASAP clinic and outside the ASAP clinic as an "addictions specialist / behavioral expert." Fellows will complete comprehensive screening and psych diagnostic assessments to provide accurate diagnoses and treatment recommendations to clients, to referring clinicians, and to the full ASAP Team. The fellow's prior experience and interest with psych diagnostic assessment and/or consultation will determine what percentage of their clinical time will be dedicated beyond the minimum expectation.

Program development / improvement: The fellow will apprentice in clinical program management, evaluation, and development as part of the clinical training. Examples of such activities might include: 1) work on developing new groups for the clinic with the expectation that a program evaluation will be conducted on these new groups.; 2) evaluation of a current clinical practice, program, or workflow with recommendations for improvement; 3) quality improvement of a clinical area or lack of clinical area for the purpose of increasing efficiency and efficacy and decreasing waste and potential error; 4) developing outcome measures for the clinic and a workflow for implementation / utilization of those measures to track change overtime.

Teaching: As a teaching hospital, there is significant emphasis placed on developing and refining the ability to educate. The fellow will have multiple opportunities over the course of the training year to take-part or deliver various clinical trainings, didactics, lectures, and presentations to learners of all types. The fellow's prior experience and interest in teaching/training will determine what percentage of their clinical time will be dedicated beyond the minimum expectation.

Supervision Training: The fellow will assist in the supervision of at least one junior trainee on group and/or individual therapy cases under the direction and oversight of their primary supervisor. This component provides the chance to learn skills to be able to provide ethical and evidence-based supervision to trainees. Fellows will be expected to assist in review of trainee audiotapes and in the oversight of clinical documentation. The fellow will also take part in writing formal evaluations and delivering behaviorally specific feedback to supervisees. As part of the supervision training, fellows will be expected to participate in the monthly supervision of supervision group with their supervisor and other members of the UNMH behavioral health supervision group.

Staff Meetings: Frequent staff meetings and treatment team meetings provide an opportunity for a high level of fellow involvement in treatment planning and integrated care. Attendance will be expected for all relevant ASAP staff/team meetings but may also include consultation or attendance with other services in the hospital for the development of appropriate treatment/aftercare plans in relation to their consultation cases. The fellow will be expected to regularly present in team meetings on patients that they are following and in doing so learn how to relay information to the interdisciplinary treatment team to facilitate treatment.

Didactics: The fellow will be expected to attend the weekly ASAP didactic seminar as well as the monthly postdoctoral professional development seminar with the other UNMH postdoctoral fellows and staff. Topics of the seminars vary from year to year but have typically been on professional develop topics relevant to the professional practice of psychology. In addition, several full-day workshops will be offered over the course of the training year and postdoctoral fellows are expected to take part in either attending or providing the trainings.

TEACHING METHODS:

Supervised Service Delivery: Fellows will spend a minimum of 45% (25 hours) of their week engaged in direct, face-to-face clinical care. As appropriate for training, face-to-face patient encounters are but one component of service delivery, and delivery of patient care is secondary to the educational mission of the training program. In addition, there are numerous activities that the fellow will engage in that are in support of face-to-face clinical care. The *combination* of face-to-face clinical care *and* all supportive clinical functions (e.g., consultation with other providers, report writing, medical record review, supervision, and provision of supervision) will comprise at least 75% of a Fellows' training.

Supervision: Fellows receive at least two hours per week of individual, face-to-face, scheduled supervision with a licensed psychologist who has expertise in the activities being supervised.

Other Structured Learning Activities: Fellows participate in a minimum of 5.5 additional hours of other structured learning activities, including program-wide and track specific didactics, team meetings, rounds, and case conferences. On average, fellows participate in approximately 2 – 4 hours of other structured learning activities per week. This includes time to work on a program development/evaluation or research project of the fellows' choice.

STATEMENT OF NONDISCRIMINATION:

The UNMH Postdoctoral Fellowship Training Program is committed to a policy of nondiscrimination on the basis of race, sex, age, religion, color, national origin, ancestry, handicap, marital status, arrest and court record, sexual orientation, and veteran status. Our policy covers admission and access to, and participation, treatment, and employment in, all programs and activities.

HOURS, STIPEND, AND BENEFITS:

- All fellows receive a full stipend – no fellow is accepted on a Without Compensation (WOC) status.
 - Typical stipends range from \$50,400 to \$53,000 annual salary plus benefits. Total compensation is determined by the Hospital HR department at time of hire.
 - Benefits include 10 paid holidays, 10 days of annual leave (vacation) and, if needed, 13 days of sick leave.
- All fellows are admitted into the full-time training programs (August of the starting year through August of the next year).
- The Postdoctoral Fellowship requires that Psychology Fellows must complete 1500 training hours before completion of the fellowship year.
- Fellows are eligible for health insurance for themselves at no cost and have the option to purchase additional coverage for their family members through the UNMH health plan.
- No funds are available for relocation or housing.
- It is anticipated that fellows will receive faculty appointments at the University of New Mexico School of Medicine during the training year and will receive a letter of academic title as part of their fellowship commitment.
- Training plans will include preparation for licensure and EPPP and time will be allocated for fellows to prepare for independent licensure before the completion of the training year.

ELIGIBILITY REQUIREMENTS:

1. UNMH is able to consider applications from anyone who is not currently a U.S. citizen. Verification of work visa may be required following selection.
2. Fellows are subject to fingerprinting and background checks. Appointment decisions are contingent on passing these screens.
3. UNMH conducts drug screening exams on randomly selected personnel as well as new employees. Fellows are required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees.

4. Have received a Doctorate from an APA accredited graduate program in Clinical, Counseling, or Combined Psychology. Persons with a doctorate in another area of psychology who meet the APA criteria for re-specialization training in Clinical, Counseling, or Combined Psychology are also eligible.
5. Have completed an internship program accredited by the APA. The only exception regarding accreditation is for those who complete a new VA or other Federal internship that is not yet accredited.

HOW TO APPLY / APPLICATION PROCEDURE:

- Provide (1) letter of interest; (2) current curriculum vitae to Larissa Maley, Ph.D. at lmaley@salud.unm.edu.

INTERVIEWS AND ACCEPTANCE:

- Following application to the fellowship, interviews will be scheduled (phone or zoom/skype interviews will be made available for out of state applicants).
- After completing the interview, selected candidates will be given a provisional letter of acceptance and an official offer letter will be provided after the candidate completes all hospital application procedures with Human Resources.
- Applications will be accepted until all fellowship positions are filled.

QUESTIONS REGARDING FELLOWSHIP:

Please address any questions, comments, or inquiries regarding the UNMH – ASAP fellowship program to:

Larissa Maley, Ph.D.

Clinical Program Manager, Supervising Psychologist

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