

Baylor
College of
Medicine

**HARRIS
HEALTH
SYSTEM**

PSYCHOLOGY FELLOWSHIP

THE MENNINGER DEPARTMENT OF
PSYCHIATRY AND BEHAVIORAL SCIENCES
BAYLOR COLLEGE OF MEDICINE

AND

THE PSYCHIATRY SERVICE
AT BEN TAUB HOSPITAL

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OVERVIEW

Ben Taub Hospital (BTH) is a county-funded general hospital built in 1963 to serve the needs of the Houston area. The Psychiatry Service at BTH provides inpatient and outpatient treatment for medically indigent and psychiatrically impaired persons. As a member of the Psychiatry team, the postdoctoral fellow will provide assessment and therapy services to psychiatric patients in the outpatient and inpatient setting. For this academic year, two full-time clinical psychology postdoctoral fellowships will be available for the Ben Taub Hospital/Baylor College of Medicine Adult Track

Postdoctoral fellows of the BTH/BCM Adult Track will complete their fellowships through Ben Taub Mental Health Services located at BTH. The BTH/BCM Adult Track is a primarily clinical fellowship. Fellows will spend at least 25% of their time conducting face-to-face psychological services. During the fellowship year, postdoctoral fellows will spend six months in the BTMHS outpatient clinic and 6 months on the adult acute Psychiatric Inpatient Unit (PIU) and Psychiatry Consultation & Liaison (C &L) Service at BTH. On the outpatient rotation, fellows will provide psychological assessments and therapy services to psychiatric outpatients and serve as a primary clinician in the Intensive Outpatient Program (IOP). On the inpatient rotation, the fellow will become an integral member of two multi-disciplinary treatment teams on the PIU. Fellows function as consultants on the treatment teams and provide services that include individual therapy, group therapy, and brief psychological assessments to patients admitted to the inpatient unit. The fellow will also conduct psychological assessment and consultation services to medical inpatients through the hospital C&L Service. Fellows on the inpatient rotation will also participate for up to 4 hours in the BTMHS outpatient clinic, where they may provide therapy services to 1-2 ongoing IOP patients and co-lead a DBT group. In addition to the primary rotation duties, each fellow will have the opportunity to choose an Elective rotation (i.e., research, specialized outpatient groups, anxiety treatment, human trafficking patients, and assessment). Fellows will also have opportunities to work with psychiatry residents, teach psychology seminars to medical students, and participate in ongoing research protocols. For more information on the description of each rotation see Appendix IV.

While the fellowship is primarily clinical in focus, there is a major emphasis placed on training and helping to prepare the fellow for independent practice. To ensure a good balance between service provision and training, members of both the BCM psychology and psychiatry faculty provide supervision as appropriate to the clinical work being done and research activities pursued by the fellow. Supervisors are mindful that fellows are in training and should spend no more than 50% of their total time conducting face-to-face psychological services. A full range of educational opportunities at BCM and the Texas Medical Center is available, including BCM Psychiatry Grand Rounds, on-site workshops, and regularly scheduled training activities (e.g., individual and group supervision), as well as a postdoctoral seminar series for BCM-affiliated fellows in the Houston area. The fellow may also develop a research project for presentation and/or publication during their term and engage in a variety of teaching and training opportunities.

This fellowship meets the licensure requirements for the State of Texas and fellows are encouraged to pursue licensure in Texas during the fellowship year. The training program is flexible and tailored to the fellow's interests and needs based on agreement of supervisors and fellow. Some activities are required; however, there is considerable room for customization within the general categories of training activities.

TRAINING GOALS AND OBJECTIVES

- I. The fellowship will promote **general professionalism**, including appreciation of and sensitivity to diversity and ethics, and preparation for licensure.
 - A. The fellow will work with a culturally diverse patient population, including those who are traditionally underserved.
 - B. The fellow will participate in the BCM Psychology Fellow Network, which exposes fellows to ethical and professional issues and promotes collegial relationships among fellows in the Houston area.
 - C. The fellow will be prepared for licensure in the state of Texas.

- II. The fellowship will provide training in **psychological assessment**.
 - A. The fellow will conduct focused psychological assessments of medically ill patients in the general hospital setting.
 - B. The fellow will conduct comprehensive psychological assessments for patients in the outpatient setting.
 - C. The fellow will conduct problem-focused, brief psychological assessments for patients on the acute inpatient psychiatric unit.

- III. The fellowship will provide training in **psychotherapeutic interventions**.
 - A. The fellow will conduct individual and group psychotherapy in outpatient programs for patients with chronic psychopathology, including personality disorders.
 - B. The fellow will conduct individual outpatient psychotherapy with adults.
 - C. The fellow will conduct time-limited individual psychotherapy for patients on the acute inpatient psychiatric unit.
 - D. The fellow will co-facilitate a daily therapy group(s).

- IV. The fellowship will promote **multi-disciplinary consultation**.
 - A. The fellow will serve as a consultant to other mental health care disciplines, including psychiatry, social work, psychiatric nursing, occupational therapy, and chemical dependency counseling.
 - B. The fellow will help teach other mental health care providers about the psychological services he or she conducts, both informally through discussion and formally through seminar teaching.

- V. The fellowship will provide training in **clinical supervision**. (when available)
 - A. The fellow will supervise one or two psychotherapy cases, or psychotherapy groups, being treated by either psychology trainees and/or psychiatry resident(s).
 - B. The fellow will participate in didactic presentations to either other psychology trainees, medical students and/or psychiatric residents.

- VI. The fellowship will promote **evidence-based practice**.
 - A. The fellow will conduct clinical activities based on an empirical approach, consulting relevant research, and using scientific methods of evaluating evidence.

B. The fellow may be involved in ongoing research projects and will develop at least one project for presentation and/or publication by the end of the fellowship.

TRAINING COMPETENCIES AND ACTIVITIES

I. General Professionalism

A. The fellow participates in a monthly Psychology Service meeting focusing on clinical and ethical issues and other professional matters. (Required)

B. The fellow participates in the BCM Psychology Fellow Network, an organization of postdoctoral fellows in the Houston area. The Network meets approximately once per month to discuss professional topics including ethics, licensure, and cultural diversity. (Required)

C. The fellow participates in a monthly peer supervision meeting with a BTH faculty member to discuss a variety of topics including providing supervision, job search, interviewing skills, and other topics related to professional development. (Required)

II. Psychological Assessment

A. Consultation and Liaison (C&L) service: The fellow provides consultation and assessment services to the psychiatric C&L service, which consults to the entire hospital. Typical C&L evaluations are brief and focused and may center on issues of competence, need for guardianship, identification of underlying psychosis, and prognosis for rehabilitation. (Required)

B. Outpatient psychological assessment: The fellow is responsible for conducting psychological neuropsychological evaluations for psychiatric outpatients. These evaluations may be brief or extensive, depending on the referral question. Typical referrals include diagnostic, cognitive, and/or personality testing. The fellow is also responsible for conducting and interpreting evaluations within the IOP, including personality and brief diagnostic assessments. (Required)

C. Acute Psychiatric Inpatient Unit: The fellow is responsible for conducting psychological evaluations for psychiatric inpatients. These evaluations are typically brief in nature, as the average length of stay is 7 days on the psychiatric inpatient unit. Typical referrals include diagnostic, cognitive, and/or personality testing.

III. Psychotherapeutic Interventions

A. Adult Intensive Outpatient Program (IOP). The fellow serves as a primary clinician for the IOP, a program for patients with severe psychopathology/behavioral problems. As a primary clinician, the fellow provides individual psychotherapy, co-leads groups, and serves on a multi-disciplinary treatment team. The program is DBT-informed and fellows are expected to have developed a comprehensive knowledge of DBT, both in group and individual formats. See appendix IV. (Required)

B. Outpatient Group Therapy (when available): The fellow conducts a cognitive-behavioral group and/or interpersonal process group or a combination of several outpatient group therapy patients with severe psychopathology. Within the STAR program, the fellow will co-lead a group

with a supervising psychologist using DBT-based skills training, goal tracking, and insight-oriented approaches.

- C. **Adult outpatient psychotherapy:** The fellow treats a small number of patients in longer-term individual psychotherapy, utilizing evidence-based approaches. (Required)
- D. **Acute psychiatric inpatient individual psychotherapy:** The fellow will provide evidenced-based, time-limited psychotherapy to patients who have been admitted to the psychiatric inpatient unit through the Ben Taub Emergency Center (BTEC). Due to the setting, therapy often involves crisis intervention/stabilization/management and motivational interviewing. Fellows will utilize different therapeutic approaches (e.g. CBT, DBT, insight-oriented, strength-based) depending on the patient's psychiatric presentation. (Required)
- E. **Acute psychiatric inpatient group psychotherapy:** The fellow will co-facilitate a daily coping skills group. Group topics include self-care, anger management, problem-solving, assertiveness, and distress tolerance. (Required)
- F. **C&L medical inpatient psychotherapy:** The fellow will provide both individual and co-therapy to patients in the Ben Taub Trauma center presenting with co-occurring psychiatric concerns with acute medical concerns. As patient stay is often time-limited, treatment approach is typically comprised of brief cognitive-behavioral techniques, with a skills focus, and predominantly recovery oriented.
- G. **Elective Rotation:** The fellow will have the opportunity to spend a designated period of their time engaging on an Elective rotation. Fellows will be able to choose from one of the 6 elective options available listed below:
 - 1. *Research Elective*
 - 2. *Human Trafficking*
 - 3. *Substance Abuse*
 - 4. *Anxiety Treatment Elective*
 - 5. *Assessment Elective*
 - 6. *Psychotherapy*

IV. Clinical Supervision (when available)

The fellow receives specialized training in the supervision of clinical psychology graduate students, psychology trainees and/or psychiatry residents. The fellow supervises the treatment of one or two individual psychotherapy cases and/or groups, under supervision of their primary clinical supervisor. In addition, the fellow may further contribute to the supervision and teaching of psychology and psychiatry trainees by demonstrating the use of assessment tools and participating in case consultation meetings. (Required)

V. Multi-disciplinary Consultation

A. As noted above, the fellow participates on several multi-disciplinary treatment teams, which may include IOP, the C&L service, and the Acute Psychiatric Inpatient Unit. In each setting, the fellow provides consultation to other treatment professionals, such as by attending treatment team meetings, providing oral and written feedback to the team, and seeking out the services of other professionals when necessary (e.g., by making referrals to psychiatry, social work, occupational therapy, or substance abuse treatment). (Required)

B. The fellow also attends weekly Grand Rounds in the Psychiatry Department, which is a multi-disciplinary forum for the latest research and practice updates. (Required)

VI. Evidence-Based Practice

The fellowship is evidence-based, insofar as an empirical stance towards assessment and treatment is endorsed and empirically-supported treatments are encouraged. In addition, the fellow is provided opportunities to pursue a research project during the fellowship year, and to produce a manuscript for presentation and/or publication. The fellow may elect to create a new research protocol or to develop a smaller research study within the context of an existing protocol. The vast majority of patients receiving assessment or psychotherapy services are enrolled in research studies as part of their treatment. The fellow may draw from this database for their research endeavors.

SUPERVISION AND DIDACTIC EXPERIENCES

I. Supervision

Fellowship training follows a developmental model of supervision, beginning with more supervision and oversight of the fellow's activities and progressing to greater autonomy, with supervisors taking a more consultative stance. Furthermore, the training program is flexible and tailored to the fellow's interests and needs. At the beginning of the academic year, the fellow meets with the Director of Training to identify personal goals within the competence areas identified by the program. Specific activities are then selected to achieve these goals, which allows for a customized fellowship curriculum. At a minimum, the fellow will receive two hours of face-to-face weekly clinical supervision from a licensed psychologist.

II. Grand Rounds

The fellow attends weekly Grand Rounds in the Menninger Department of Psychiatry and Behavioral Sciences. Grand Rounds include lectures, case reviews, and research presentations. Grand Rounds provides an opportunity to hear and meet nationally recognized experts in the fields of psychiatry and psychology, as they present the most up-to-date information on a variety of topics. Grand Rounds is hosted live on Wednesdays at the McNair Campus or via streaming services on the 2nd floor conference room in the BT Outpatient clinic.

III. Baylor College of Medicine (BCM) Psychology Fellow Network

The BCM Psychology Fellow Network comprises postdoctoral fellows from various Houston-area fellowships, including the Menninger Clinic, the BCM OCD and Related Disorder Program, and Ben Taub Hospital. The network meets monthly to discuss professional issues and offers presentations by guest

speakers on topics such as licensure, supervision, and diversity. The Network also provides fellows with regular information on jobs and additional training opportunities.

III. Training Director Weekly Meeting

This time is used as a weekly check-in for Postdoctoral Fellows. Fellows are encouraged to utilize this supportive space to discuss and address issues that might arise during the training year. Topics of discussion have included patient risk assessment, treatment strategies, licensing process, and administrative issues. Psychology Team members periodically present on a variety of topics that are relevant to fellows' clinical/research work or are of particular interests to fellows.

TRAINING RESOURCES

I. Training staff

The fellow is supervised by a licensed clinical psychologist(s).

In addition, the fellow will receive training from licensed psychiatrists and other mental health professionals in the context of the multi-disciplinary team approach.

II. Training support

The fellow has access to all training activities available to trainees at the hospital, including workshops, seminars, and conferences. Although the fellow does not receive a specific training fund, status as a fellow often provides access to training activities and resources at a reduced rate. The Training Director monitors such opportunities, including research funding, and makes them known to the fellow. The fellowship also offers paid "special" time off for the licensure examination (e.g., EPPP) for up to 8 hours or one day of leave.

III. Facility and resources

The Psychology Service of Ben Taub Hospital is located in the Psychiatry Outpatient Program Clinic. Although the fellow works throughout the hospital, the Outpatient Program Clinic is the fellow's home base. In the Clinic, the fellow has an office with a desktop computer, e-mail access, and standard office software (e.g., Microsoft Word, Excel, PowerPoint). The fellow has access to computerized scoring programs (e.g., PAI, WAIS-IV, etc.) as well as access to therapy rooms, a testing room, and group rooms within this facility. Office supplies, electronic equipment (e.g., copy and fax machines), and testing supplies are provided by the hospital for the fellow's use.

Fellows on the inpatient unit will be provided with a shared office with their own desktop computer, email access, and office software. The shared space is shared between the Anti-Human Trafficking team members and the psychology trainees. Fellows may access some assessment resources through Dr. Nguyen's locked office on the Inpatient Unit.

The fellow may also obtain a free Texas Medical Center library card, which grants access to all libraries within the Medical Center.

Baylor College of Medicine offers low rate parking throughout the medical center or discounted train fare through Metro lite rail.

EVALUATION AND DUE PROCESS PROCEDURES

The fellow receives a formal evaluation from supervisors each quarter or what is considered “mid-rotation” (see Appendix I for evaluation form). The fellow will be evaluated in a variety of competency areas and will be given specific feedback on strengths and areas that need improvement. The fellow also provides supervisors with formal evaluation after each rotation. The fellow completes a written evaluation (Appendix II). The evaluation form is given to the fellowship director who will then give the faculty your evaluation once the fellowship year is complete. Supervisors will receive informal evaluation/feedback from fellows at the end of each rotation. Formal due process procedures (see Appendix III) are in place for both the fellow and the training program regarding problem situations.

LEAVE POLICY

1. Fellows should notify their primary supervisor(s) 60 days in advance of any leave. Dr. Nguyen should also be notified. Once supervisor(s) approve leave, please send the signed leave request form to Dr. Nguyen for his approval. He will then forward the request to Ms. Charissa Wiltz for record keeping. This form should also include the name of the clinician covering for you (typically a supervisor or peer).
2. For a leave of less than 2 hours (e.g. doctors appointment), notify your primary supervisor first and then get approval from Dr. Nguyen.
** If more than 2 hours is needed for appointment, then one has to take the day off.
3. If supervisor not available, then please email Dr. Nguyen for approval.
4. Exceptions are made if there are no patients scheduled and in emergency cases.
5. Fellows are given a generous leave package, including 15 vacation days, 12 sick days, 4 float Holidays, and 1 “special leave” day to take the Licensure Exam (i.e., EPPP). The float holidays are provided 1 per quarter and do not roll over after the new year. If a fellow would like to take advantage of the float days, fellows must use 2 days by December and the remaining 2 days by the end of fellowship. Please make sure you are keeping track of these through BCM website and your own personal tracking system.

STIPEND AND BENEFITS

The Fellowship begins the first week of September and extends for a full 12 months. The stipend is \$44,000. Medical insurance and malpractice insurance are provided for Fellows; family members may be added to medical insurance at a cost to the Fellow.

APPLICATION REQUIREMENTS

Applications must be submitted through APPIC. Applicants must be graduates of APA- or CPA-accredited counseling or clinical psychology Ph.D. or Psy.D. training programs. Applicants must also complete an APA- or CPA-accredited predoctoral internship program. Applicants must complete all doctoral degree requirements before the start of fellowship, including dissertation. Documentation of successful completion of an accredited internship program and an accredited doctoral program must be received prior to start of fellowship (attestation letters from graduate program DCT and internship training director will suffice). U.S. citizenship is not a requirement for the fellowship.

In-person interviews are preferred; however, interviews may take place virtually depending on special circumstances (e.g. COVID Pandemic). We adhere to the APPIC Postdoctoral Selection Guidelines for the selection of the fellowship class. We will inform applicants by email prior to the Uniform Notification Date (UND) date if they are not being considered for the postdoctoral program. The training director of the fellowship will call applicants by phone to extend initial offers after 10 a.m. eastern time on the UND. If you remain in contention for one of the fellowship positions, please be sure to make yourself available to receive phone calls.

The fellowship formally begins September 1st, and ends pm August 31st. If you are hired, please be available a month in advanced before the start of your fellowship in order to complete on-boarding and credentialing process.

APPENDIX I

BTH/BCM PSYCHOLOGY FELLOW EVALUATION FORM

DATE: SUPERVISOR:

FELLOW:

EVALUATION PERIOD: Sept-Nov Dec-Feb Mar-May June-Aug (please circle)

EVALUATION PERIOD(S) SUPERVISED: Sept-Nov Dec-Feb Mar-May June-Aug (please circle)

TRAINING ROTATION/ASSIGNMENT:

SUPERVISION REPORT BASED ON (please circle):

Direct observation, videotape, audiotape, case presentation, review of written work, review of raw test data, discussion of clinical interaction, comments from other staff

RATING KEY

ALL RATINGS ARE BASED ON THE FOLLOWING SCALE:

- 1 = Requires remediation. (Requires specified remedial work before moving forward in program)
- 2 = Continued intensive supervision is required. (Routine, but intensive, supervision is needed)
- 3 = Requires routine supervision. (Meets basic expectations of activity)
- 4 = Less routine supervision required. (Exceeds expectations, depth of supervision varies as need warrants)
- 5 = Approaching independent professional practice. (Demonstrates competency, minimal supervision required)

PLEASE NOTE:

It is expected that fellows will progress from a “2” or “3” rating over the course of the training year. To meet the requirements of the fellowship program, a fellow must receive a “3” rating on ALL criteria, for ALL review periods. If a “3” rating is not obtained during any review period, a remedial plan must be developed and implemented in consultation with the Training Director. The remedial plan will outline: (1) the specific goals of the remedial plan, (2) measures to evaluate whether these goals are met, and (3) the time frame within which these goals are expected to be met.

A. ASSESSMENT/DIAGNOSIS/CONSULTATION

	Rating (1-5)
Skillfully conducts clinical interviews	

Effectively makes behavioral observations	
Promptly and proficiently selects and administers tests or assessment procedures in the relevant area of practice	
Accurately scores assessments	
Accurately interprets assessment results	
Bases conclusions on appropriate data (e.g., patient-report, assessment, behavioral observations)	
Thoughtfully considers appropriate differential diagnoses	
Effectively communicates findings in a well-organized written report	
Incorporates mental status exams, clinical interview techniques, or psychological assessments as appropriate to answer referral/consultation questions	
When functioning as a consultant, provides information and recommendations to team members to inform patient care	

Comments:

B. PSYCHOLOGICAL INTERVENTION

	Rating (1-5)
Able to form a therapeutic alliance with patients	
Generates appropriate case conceptualization within a preferred theoretical orientation, while able to draw on other orientations as appropriate	
Able to implement interventions to facilitate patient change	
Able to collaborate with patients in crisis to make appropriate short-term safety plans and intensify treatment as needed	
Demonstrates effort to expand knowledge through reading empirical literature and consultation as appropriate to enhance patient conceptualization and treatment	

Comments:

C. SCHOLARLY INQUIRY

	Rating (1-5)
Adopts a scientifically-minded, evidence-based approach to clinical practice	
Able to critically evaluate professional/empirical writings regarding assessment, diagnosis, and intervention	
Able to skillfully generate research ideas and questions	
Formulates appropriate experimental methods	
Appropriately collects data	
Appropriately analyzes data	
Draws research conclusions substantiated by results	
Clearly communicates research conclusions	

Comments:

D. AWARENESS OF AND SENSITIVITY TO CULTURAL DIVERSITY AND INDIVIDUAL DIFFERENCES

	Rating (1-5)
Demonstrates awareness of own attitudes and limitations regarding clinical practice/research with diverse populations, consulting professional literature or utilizing other professional resources as appropriate	
Demonstrates sensitivity to the potential effect of cultural background, ethnicity, nationality, language, age, gender, sexual orientation, religion, disability, and other aspects of human diversity on clinical practice/research	
Able to skillfully provide psychological services to diverse populations, including those different from oneself	

Comments:

E. ETHICAL & PROFESSIONAL CONDUCT

	Rating (1-5)
Consistently ethical and professional conduct in professional interactions	
Timely and reliable completion of expected patient care tasks	
Timely and reliable completion of other expected training activities (i.e., outside of patient care tasks)	
Regular attendance and active participation in program activities, including didactics and supervision	
Demonstrates positive coping strategies to manage personal and professional stressors so as to maintain professional functioning	
Able to work cooperatively with others, including those with differing points of view	
Ability to appropriately manage or resolve interpersonal differences	
Openness and responsiveness to feedback/constructive criticism in supervision	

Comments:

F. SUPERVISION

	Rating (1-5)
Demonstrates understanding and application of principles of effective supervision	
Able to effectively elicit clarifying information and offer suggestions to faculty, peers, or other trainees to aid case conceptualization and treatment planning	

Comments:

REMEDIAL PLAN

PLEASE UNDERLINE:

No remedial plan is necessary.

A remedial plan will be developed in consultation with the Training Director.

Fellow Name

Fellow Signature

Date

Supervisor Name

Supervisor Signature

Date

APPENDIX II

SUPERVISOR EVALUATION FORM

Rotation: _____

Training year: _____

Supervisor's Name: _____

Evaluation Period: _____

Please complete questionnaire evaluating supervisor's skill and performance using the following rating scale:

1 = Outstanding, 2 = Very Good, 3 = Average, 4 = Fair, 5 = Poor, N/A = Not Applicable

A. PROCEDURE, FORMAT, EFFORT

CIRCLE BELOW

1. Used supervision time productively	1	2	3	4	5	N/A
2. Knowledge of fellowship policies, procedures and requirements	1	2	3	4	5	N/A
3. Kept regular appointments	1	2	3	4	5	N/A
4. Accessible for informal questions and discussions	1	2	3	4	5	N/A
5. Set clear supervision objectives and fellow responsibilities	1	2	3	4	5	N/A
6. Used effective aids in supervision	1	2	3	4	5	N/A
7. Provided feedback on professional performance and development	1	2	3	4	5	N/A
8. Maintained reasonable expectations for fellow's development	1	2	3	4	5	N/A

B. ASSESSMENT/TREATMENT SKILLS

CIRCLE BELOW

1. Assisted in case conceptualization	1	2	3	4	5	N/A
2. Assisted in development of concrete goals	1	2	3	4	5	N/A
3. Integrated clinical and empirical	1	2	3	4	5	N/A
4. Assisted in selection of appropriate assessment/intervention strategies	1	2	3	4	5	N/A
5. Recommended alternative clinical perspectives	1	2	3	4	5	N/A
6. Recommended appropriate readings and other resources	1	2	3	4	5	N/A
7. Provided guidance in development of professional relationships	1	2	3	4	5	N/A
8. Assisted in development of written communication skills to generate meaningful reports and notes	1	2	3	4	5	N/A
9. Provided guidance in development of adequate skills to evaluate treatment outcomes	1	2	3	4	5	N/A
10. Provided assistance in learning referral and termination procedures	1	2	3	4	5	N/A
11. Addressed cultural diversity and individual differences	1	2	3	4	5	N/A

C. SUPERVISORY RELATIONSHIP

CIRCLE BELOW

1. Created environment offering freedom to make mistakes	1	2	3	4	5	N/A
2. Provided ongoing feedback	1	2	3	4	5	N/A
3. Provided easily acceptable feedback	1	2	3	4	5	N/A
4. Challenged fellow to expand clinical skills	1	2	3	4	5	N/A
5. Respected fellow as an emerging professional	1	2	3	4	5	N/A
6. Exhibited commitment to fellow's training	1	2	3	4	5	N/A
7. Exhibited characteristics of an excellent role model	1	2	3	4	5	N/A
8. Accurately conceptualized fellow's strengths and developmental needs as an emerging psychologist	1	2	3	4	5	N/A
9. Communicated evaluation of fellow's skills in a direct manner	1	2	3	4	5	N/A
10. Facilitated appropriate level of independence	1	2	3	4	5	N/A

D. GENERAL COMMENTS

1. What did you most enjoy about the supervision you received?
2. What did you least enjoy about the supervision you received?
3. What suggestions do you have for improving supervision on this rotation?

APPENDIX III

Baylor College of Medicine/Menninger Department of Psychiatry
Due Process Procedures Psychology Post-Doctoral Fellowship
Post-doctoral Psychology Fellow Evaluation

I. Definitions:

A. Due Process: General Guidelines

Due process ensures that the training program's decisions about Fellows are neither arbitrary nor personally based.

Specific evaluative procedures apply to all Fellows, and appeal procedures are available for Fellows who wish to challenge the program's actions. All steps need to be appropriately documented and implemented.

General guidelines are as follows:

1. The training program's expectations related to professional functioning are presented to Fellows in writing and discussed both in group settings and with individual supervisors.
2. A copy of the psychology fellowship handbook, which includes the Due Process Procedures, is provided to fellow during orientation.
2. Formal evaluations occur with each supervisor on a quarterly basis.
3. Problematic behavior or concerns are clearly defined in writing, and opportunities for discussion and clarification are provided if necessary.
4. Fellows are informed of due process procedures and written policies for appealing actions of the program during orientation and when warranted.
5. The training program will institute an intervention for identified inadequacies, including a time frame for expected interventions. Consequences of not rectifying the inadequacies are clearly stated in writing.
6. The training program ensures that Fellows have sufficient time to respond to any action taken by the program.
7. The training program considers multiple professional sources when making decisions or recommendations regarding a Fellow's inadequate performance.
8. The training program documents the action taken by the program and its rationale and provides this documentation to all relevant parties.

Evaluations for fellows are conducted every three months by their respective supervisors to monitor the development and readiness of Fellows. Supervisors provide ongoing feedback on Fellows' strengths and areas of growth. The ongoing evaluation process provides regular feedback and evaluation of goals set for the training year. Professional autonomy increases and Fellows complete the program with developed competencies to practice as professional psychologists.

B. Definition of Inadequate Performance

Inadequate performance is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways:

- 1) An inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior;
- 2) An inability to acquire professional skills in order to reach an acceptable level of competency; and/or
- 3) An inability to control personal stress, strong emotional reactions, and/or psychological dysfunction which interfere with professional functioning. It is a professional judgment as to when a Fellow's performance becomes inadequate rather than of concern. Trainees may exhibit behaviors, attitudes or characteristics which, while of concern and requiring remediation, are not unexpected or excessive for professionals in training. Problems typically become identified when they include one or more of the following characteristics:
 1. The Fellow does not acknowledge, understand, or address the problem when it is identified;
 2. The problem is not merely a reflection of a skill deficit that can be rectified by academic or didactic training;
 3. The quality of services delivered by the Fellow is sufficiently negatively affected;
 4. The problem is not restricted to one area of professional functioning;
 5. A disproportionate amount of attention by training personnel is required; and/or
 6. The trainee's behavior does not change as a function of feedback, remediation efforts, and/or time.

II. Procedures for Responding to Inadequate Performance or Problematic Behavior by a Fellow

A. Basic Procedures

There are two scenarios in which the Procedures for Responding to Inadequate Performance or Problematic Behavior by a Fellow could be initiated.

(1) Procedures for Responding to Inadequate Performance or Problematic Behavior by a Fellow will be initiated (as soon as possible, but no later than one week after questionable behavior) by the Fellow's supervisor or staff member if he or she has serious concerns about a specific area of the Fellow's professional functioning (see Definition of Inadequate Performance in previous section).

(2) If a Fellow receives an unacceptable rating ("1" or "2") on any specific area of competency on their formal quarterly evaluation, the supervisor responsible for the evaluation is required to initiate (before the end of the quarter) the Procedures for Responding to Inadequate Performance or Problematic Behavior by a Fellow. If deemed necessary, the following procedures will be initiated to address the specific problematic behavior and/or deficiency in performance:

1. The staff member will consult with the Training Director to determine if there is reason to proceed and/or if the behavior in question is being rectified (as soon as possible, but no later than one week* after questionable behavior). ***One week is defined as 5 workdays**
2. If the staff member who brings the concern to the Training Director is not the Fellow's primary supervisor, the Training Director and/or person with the concerns will discuss their concern with the Fellow's primary supervisor (as soon as possible, but no later than one week after questionable behavior).

3. If the Training Director and the primary supervisor determine that the alleged complaint, if proven would constitute a serious violation, the Training Director will meet with the staff member(s) who brought up the complaint initially (as soon as possible, but no later than one week).
4. The Training Director will convene a meeting with the Training Committee comprised of appropriate psychologists housed at the Ben Taub NPC/Department of Psychiatry to discuss the performance rating or the concern (as soon as possible, but no later than one week). When appropriate, the Chief of Psychiatry and the Head of the Psychology division will be informed of the concern.

B. Notification Procedures to Address Inadequate Performance

Once inadequate performance is identified, it is imperative to identify a meaningful way to address it. In implementing remediation or sanction interventions, the training staff must be mindful and balance the needs of the Fellow, the patients involved, members of the training group, the training staff, and other agency personnel. All evaluative documentation will be maintained in the trainee's file.

1. Verbal Notice to the Fellow emphasizes the need to discontinue the inappropriate behavior under discussion. Verbal Notice is provided as soon as possible, but no later than one week after questionable behavior.
2. If the problematic behavior does not improve within specified amount of time, the First Written Notice is given to the Fellow which formally acknowledges:
 - a) that the Training Director is aware of and concerned with the performance rating,
 - b) that the concern has been brought to the attention of the Fellow,
 - c) that the Training Director will work with the Fellow to rectify the problem or skill deficits, and
 - d) that the behaviors associated with the rating are not significant enough to warrant more serious action at that time.
3. If the problematic behavior continues beyond the specified amount of time, a Second Written Notice is given to the Fellow which indicates the need to immediately discontinue an inappropriate action or behavior. This letter will contain:
 - a) a description of the Fellow's unsatisfactory performance;
 - b) actions needed by the Fellow to correct the unsatisfactory behavior;
 - c) the timeline for correcting the problem;
 - d) what action will be taken if the problem is not corrected; and
 - e) notification that the Fellow has the right to request a review of this action.

If at any time a trainee disagrees with the aforementioned notice, the trainee can appeal

C. Remediation and Sanctions

The implementation of a remediation plan with possible sanctions should occur only after careful deliberation and thoughtful consideration of the training director, relevant members of the training staff and supervisors. The remediation and sanctions are listed below and may not automatically occur in that order. The severity of the problematic behavior plays a role in the level of remediation or sanction.

1. Schedule modification is a time-limited, remediation-oriented, closely supervised period of training designed to return the Fellow to a more fully functioning state. Modifying a Fellow's schedule is an accommodation made to assist the Fellow in responding to personal reactions to environmental stress, with the full expectation that the Fellow will complete the Fellowship. This period will include more closely scrutinized supervision conducted by the regular supervisor in consultation with the Training Director. Several possible and perhaps concurrent courses of action may be included in modifying a schedule. These include:

- a) increasing the amount of supervision, either with the same or other supervisors;
- b) change in the format, emphasis, and/or focus of supervision;
- c) recommending personal therapy;
- d) reducing the Fellow's clinical or other workload;
- e) requiring specific academic course work.

The Director of Training, in consultation with the primary supervisor and the training committee, will determine the length of a schedule modification period. The termination of the schedule modification period will be determined, after discussions with the Fellow, by the Training Director in consultation with the primary supervisor.

2. Probation is a time limited, remediation-oriented, more closely supervised training period. Its purpose is assessing the ability of the fellow to complete the fellowship and to return the fellow to a more fully functioning state. Probation defines a relationship and specific length of time that the Training Director systematically monitors the degree to which the fellow addresses changes and/or otherwise improves the behavior associated with the inadequate rating. The fellow is informed of the probation in a written statement, including:

- a) specific behaviors associated with the unacceptable rating,
- b) recommendations for rectifying the problem,
- c) time frame for the probation during which the problem is expected to be ameliorated and
- d) procedures to ascertain whether the problem has been appropriately rectified.

If the Training Director determines that there has not been sufficient improvement in the Fellow's behavior after the implementation of the above options, the Training Director will meet with the primary supervisor, the Head of Psychology Division, and the Chief of Psychiatry (as soon as possible, but no later than one week) to discuss the possible courses of action to be taken. Within one week of this meeting, The Training Director will communicate in writing to the Fellow that the previous attempts to address the problematic behavior have not been successful, and what course of action need to be taken. If the Fellow's behavior does not change with these additional sanctions, the Fellow will not successfully complete the Fellowship. If these sanctions do result in successful change in the Fellow's problematic behavior, the Director of Training, the Fellow's primary supervisor, Head of Psychology Division and the Chief of Psychiatry will assess the Fellow's capacity for effective functioning and determine when direct service can be resumed. If the sanctions interfere with the successful completion of the training hours needed for completion of the Fellowship, this will be noted in the Fellow's file.

3. Suspension of direct service activities requires a determination that the welfare of the fellow's patient has been jeopardized. Therefore, direct service activities will be suspended for a specified period determined by the Training Director in consultation with the primary supervisor, Head of Psychology Division and the Chief of Psychiatry. At the end of the suspension period, the fellow's supervisor in consultation with the Training Director will assess the fellow's capacity for effective functioning and determine when direct service can be resumed.

4. Administrative leave involves the temporary withdrawal of all responsibilities and privileges in the agency. If the suspension of direct service activities or administrative leave interferes with the successful completion of the training hours needed for completion of the fellowship, this will be noted in the fellow's file and the fellow's academic program will be informed. The Training Director will inform the fellow about the effects the administrative leave will have on the fellow's stipend and accrual of benefits.

5. Dismissal from the Training program involves the permanent withdrawal of all agency responsibilities and privileges. When specific interventions do not rectify the problematic behavior or concerns and/or the trainee is unable or unwilling to alter her/his behavior, the Training Director will discuss with the Chief of

Psychiatry and the Head of Psychology Division the possibility of termination from the training program. Either administrative leave or dismissal would be invoked and if such decision is reached the Training Director will notify the Fellow in writing (as soon as possible, but no later than one week of the decision to terminate).

6. **Immediate Dismissal** involves the immediate permanent withdrawal of all agency responsibilities and privileges. Immediate dismissal would be invoked but is not limited to cases of severe violations of the APA Code of Ethics, or when imminent physical or psychological harm to a client is a major factor, or the trainee is unable to complete the training program due to physical, mental or emotional illness. In addition, in the event a trainee compromises the welfare of a client(s) or the campus community by an action(s) which generates grave concern from the supervisor(s), or Training Director, the Chief of Psychiatry and the Head of Psychology may immediately dismiss the trainee from her training site. this dismissal may bypass steps identified in notification procedures (Section IIB) and remediation and sanctions alternatives (Section IIC).

If at any time a trainee disagrees with the aforementioned sanctions, the trainee can implement *Appeal Procedures (Section II D)*.

D. Appeal Procedures

In the event that a trainee does not agree with any of the aforementioned notifications, remediation or sanctions, or with the handling of a grievance – the following appeal procedures should be followed:

1. The trainee should file a formal appeal in writing with all supporting documents, with the Training Director. The trainee must submit this appeal within one week from their notification of any of the above (notification, remediation or sanctions, or handling of a grievance).
2. Within one week of receipt of a formal written appeal from a trainee, the Training Director will consult with the Training Committee to discuss the appeal or the concern. The Chief of Psychiatry and the Head of the Psychology division will also be informed. The Training Director, the Chief of Psychiatry, and the Head of the Psychology Division will then decide whether to implement a Review Panel (comprised of 2-3 impartial faculty members selected by the Chief and Head) or respond to the appeal without a Panel being convened.
3. In the event that a trainee is filing a formal appeal in writing to disagree with a decision that was made by the Review Panel and supported by the Training Fellowship Director, then that appeal is reviewed by the Head of Psychology and the Chief of Psychiatry. The aforementioned will determine (as soon as possible, but no later than one week) if a new Review Panel should be formed to reexamine the case, or if the decision of the original Review Panel is upheld.

III. Grievance Procedures

All trainees are provided opportunities to express their grievances about any and all difficult situations that may arise during their fellowship year, which may include issues related to training (e.g. poor supervision, workload) and workplace environment (e.g. staff conflicts, microaggressions). The following procedures are provided for trainees to guide them through the grievance process:

1. Discuss the issue with the supervisor/staff member(s) involved;

2. If the issue cannot be resolved informally, the trainee should discuss the concern with the Training Director who will then discuss the matter with the supervisor/staff member involved. The Training Director may also discuss the matter with other staff members, the Chief of Psychiatry, or Head of Psychology if needed (if the concerns involve the Training Director, the trainee can consult directly with the Chief of Psychiatry);

Timeframe for specific parties:

(a) Supervisor - The Fellow shall submit his/her complaint verbally to the Training Director as soon as possible, but not later than fifteen (15) working days after the problem arises. The Training Director should orally answer the Fellow within five (5) working days after receipt of the complaint.

(b) Chairperson/Department Head - If the proposed resolution of the complaint by the Training Director is not to the Fellow's satisfaction, the Fellow may appeal the matter in writing to the Chief of Psychiatry or Head of Psychology within five (5) working days of receipt of the supervisor's decision. The Chief of Psychiatry or Head of Psychology will meet with the Fellow as soon as practicable and within five (5) working days of the meeting will advise the Fellow in writing of his/her decision.

3. If the Chief of Psychiatry, Training Director and/or faculty involved cannot resolve the issue of concern to the trainee, the trainee may file a formal grievance in writing with the college. The process is described in the BCM Student Appeals and Grievances Policy

(https://intranet.bcm.edu/policies/index.cfm?fuseaction=Policies.Display_Policy&policy_number=23.1.08) and summarized in the next section.

4. If a Grievance cannot be resolved at the department level, the student may contact the Integrity Hotline (<https://secure.ethicspoint.com/domain/media/en/gui/35125/index.html> or 855-764-7292) to file a Formal Grievance in writing. **Importantly, the Fellow may file a Formal Grievance in writing with the college at any time.** The Fellow is not required to try to resolve the issue at the department level before filing a grievance through the Integrity Hotline.

1. Formal Grievances must include all of the following components at the time of submission to the Integrity Hotline:
 - a. a description of the action that precipitated the Grievance in as much detail as possible, including the date, location, people involved, witnesses, summary of the incident, efforts to settle the matter informally, and the remedy sought;
 - b. any relevant supporting documentation; and
 - c. A statement indicating whether the Fellow requests a Support Person during the Grievance.
2. A Grievance cannot advance on its merits unless the Fellow includes proof to support all assertions, so it is imperative that the Fellow describe the matter in detail and include supporting documentation at the time the report is made. Supporting documentation submitted after the Grievance is originally filed, or submitted through a medium other than the Integrity Hotline (e.g., email), is considered untimely and not part of the Grievance record. Failure to submit any required components of Formal Grievance as provided above may result in administrative delay (e.g., support person unavailability) and/or an unsubstantiated Grievance.

3. If the Fellow chooses to report the Formal Grievance anonymously, the confidentiality protection is established by applicable law and program accreditation requirements.
4. If a Fellow submits a Formal Grievance through any another medium, such as email or other online communication, the faculty or staff recipient must recommend that the Fellow file a written complaint on the Integrity Hotline but is not generally required to escalate the complaint on the student's behalf. Regardless of the Fellow's decision, the faculty or staff member may use discretion, given the nature or severity of the complaint, to report the allegation to the Integrity Hotline or to a designated administrator, such as the Director of Title IX & Disability Services or Dean, if appropriate or if required by another BCM policy.

Retaliation

It is a violation of Baylor policy for any person to retaliate against any employee for filing and pursuing a grievance under any College grievance policy. The grievance policy is available without regard to whether the aggrieved employee has filed any charge or complaint with any state or federal fair employment agency.

APPENDIX IV

Rotations

Outpatient Rotation (6-months)

- **Intensive Outpatient Program (12+ hours, MWF):** The fellow will also participate in the IOP while on the outpatient rotation. This program is DBT-informed and is comprised of multiple weekly groups, individual therapy, and pager/phone coaching. The IOP meets MWF from 8AM to noon. Fellows will gain valuable experience through orienting new patients to the program, conducting psychological and personality assessments, providing individual therapy, and co-leading both the DBT and Mindfulness groups. The Fellow will learn how to manage clinically complex caseloads within the context of an interdisciplinary team treatment approach. Fellows will also participate in weekly community meetings with IOP patients and a weekly staffing, in which they will be expected to provide psychological perspective of both group and individual patient functioning. The fellow will also participate in administrative duties, such as contacting potential patients and conducting intake evaluations. The fellow will gain valuable program development skills, hone their professional voice, and have a comprehensive understanding of DBT by the end of the rotation. This program is supervised by Dr. Knott.
- **Psychiatry Outpatient Assessment Clinic (8-12 hours):** During the outpatient rotation, the fellow provides psychological and cognitive assessment services to outpatients through the Psychiatry Outpatient Clinic to assist with diagnostic clarification. Referrals primarily come from psychiatry and may include assessments for determination of ADHD, learning disability, intellectual and memory functioning, and dementia. Patients are also referred for clarification of symptoms and differential diagnosis. The fellow may conduct up to four outpatient assessments per month. The fellow will continue to gain experience expanding their knowledge using various assessment measures and interpreting results, while also learning to implement a comprehensive assessments program in a fast-paced high need environment. Assessments are supervised by Drs. Srivastava and Knott.
- **General Outpatient Psychotherapy (up to 8 hours):** The fellow will see general outpatient psychotherapy cases with a variety of presenting concerns, including depressive symptoms, bipolar disorder, anxiety, schizoaffective disorder, PTSD, and other complex presentations. The population served is often lower SES, of diverse cultural background, with underrepresented ethno-racial identities. As such treatment focus requires attention to both basic needs/domains of functioning and to culturally sensitive and informed evidence-based approaches. Fellows are encouraged to carry a caseload of at least 3 or more patients on their outpatient depending on developmental needs of fellow. General outpatient treatment is often supervised by Dr. Valles.
- **STAR Program (1.5 hours):** The fellow will also serve as a co-leader to Dr. Nguyen's psychology group on Tuesday afternoons during their outpatient rotation. The group is DBT-skills based and insight-oriented treatment for those with severe mental illness, such as ongoing psychosis and mood disorders. The fellow will also participate in a 30-minute interdisciplinary staffing meeting at the end of the day on Tuesdays.

Inpatient Rotation (6-months):

- Psychiatric Inpatient Unit (Monday Afternoon – Wednesday):** the PIU is a 20-bed, adult, co-ed inpatient psychiatric/medical unit. The PIU is the only psychiatric unit in the greater Houston-area capable of providing care for indigent patients needing psychiatric hospitalization, who also have medical conditions that frequently render them ineligible for services at other local psychiatric inpatient facilities. The unit is divided into two multidisciplinary treatment teams, each responsible for the care of 10 patients. Psychology fellows are expected to become active members of each treatment team which include an attending psychiatrist, psychiatry residents, medical students, occupational therapists, a social worker, a chaplain, a dietician, a substance abuse counselor, mental health workers, and nurses. With an average length of stay of eight days, the inpatient psychiatric service admits patients during acute disturbances or crises including mania, depression, psychoses, and characterological disturbances, as well as a variety of neurologic illnesses presenting with psychiatric symptoms.

During the inpatient rotation, the fellow will attend inpatient rounds four mornings per week. The function of these teaching rounds is to help formulate a diagnosis and treatment plan for each patient and to discuss each patient's treatment, progress and discharge plans. The fellow is encouraged to be an active participant by interviewing patients and providing feedback to the team regarding observations during intake interviews, interaction with patients on the unit, observations during group or individual therapy, and results of psychological testing. A primary goal for each fellow is to learn the team member role and consultation role of a psychologist in a hospital setting. This program is supervised by Dr. Nguyen.

- Consultation-Liaison Psychiatry Service (16 hours, Thursdays & Fridays):** Psychology is part of a multidisciplinary C & L Psychiatry Service providing consultations to patients throughout Ben Taub Hospital. During the Consultation & Liaison rotation, the fellow attends morning rounds. The fellow then works in conjunction with Dr. Flores, psychologist in the C & L service providing bed side psychotherapy, brief psychological assessments such as suicide, depression, anxiety and cognitive screeners. The fellow also provides brief psychological interventions at the bedside. Patients referred to C & L services are referred to psychological services by either the psychiatric team and/or by the medical teams. Such medical patients referred for psychological services present with primary or secondary psychiatric/psychological issues. The fellow provides consultation services to inform diagnoses, treatment decisions, and discharge planning as part of a multidisciplinary team by working in direct contact with a team of medical students, medical residents, social workers, spirituality as well as nursing staff. The psychology fellow serves as an independent consultant to services within the hospital. This service is supervised by Dr. Srivastava.
- Intensive Outpatient Program (4 hours, Monday Mornings):** The inpatient fellow will participate in the IOP on Monday mornings as a way to establish or enhance basic foundations in DBT and to receive experience providing evidenced-based treatment to complex clinical pictures. The Fellow will see up to 2 outpatients on the IOP and co-lead one DBT group with the primary Outpatient Fellow. The fellow may also gain experience in basic administrative functions in running an IOP. This experience is supervised by Dr. Knott.

Currently Available Electives:

1. *Research Elective*: this elective will provide the fellow with an opportunity to collaborate with a faculty member on a research project to product a scholarly product by the end of the training year. For more information, talk with your supervisors or Dr. Nguyen about connections for research.
2. *Human Trafficking Elective*: this elective will allow fellow to learn how to better identify and treat victims of human trafficking.
3. *Substance Abuse Treatment Elective*: this elective is supervised by Drs. Nguyen and Moukkadam and will allow the fellow to assist with the Chemical Dependency Group and carry a small caseload of individual therapy patients suffering from substance abuse/dependency issues.
4. *Anxiety Treatment Elective*: this elective is supervised by Dr. Knott and will allow the fellow to carry a small caseload of individual therapy patients with acute anxiety disorders. Group psychotherapy experience may also be offered. This elective is primarily focused on exposure-based treatments.
5. *Assessment Elective*: this elective will allow the fellow to gain additional experience with conducting psychological and cognitive assessments.
6. *Individual Therapy Elective*: this elective will allow a fellow who is interested in getting more individual therapy experience to carry up to 3 additional individual therapy cases.

*** Note: All ideas about the electives are open for discussion with fellowship director.*

APPENDIX V

Psychology Faculty

Jessica Jackson, Ph.D. – Dr. Jackson is a Staff Psychologist for both the Ben Taub Mental Health Outpatient Clinic, as well as the Psychiatric Inpatient Unit. She provides evidenced-based psychotherapy and psychological assessments to patients with a wide range of presenting issues and levels of acuity. Dr. Jackson also provides psychological services one day a week at Santa Maria Hostel, which is a residential drug treatment facility. Dr. Jackson provides weekly individual supervision for the outpatient fellow's psychotherapy cases.

Lindsey Knott, Ph.D. – Dr. Knott is the Program Director for the Adult Intensive Outpatient Program. She provides clinical oversight for the psychology fellows on the outpatient rotation. She also conducts individual psychotherapy and psychological/cognitive assessments in the outpatient clinic. She supervises individual therapy cases, group therapy sessions, and outpatient assessment cases for the fellows. Dr. Knott has particular interest in the treatment of anxiety disorders and offers supervision to fellows with interest in evidence-based treatments for anxiety disorders in an outpatient clinical elective.

Ashley Lanehurst, PhD - Dr. Lanehurst is a psychologist providing individual therapy, consultation, and assessment services within both the Ben Taub Mental Health Outpatient Clinic and Anti-Human Trafficking Program. Dr. Lanehurst's clinical focus emphasizes work with trauma and multicultural issues, as well as a range of presenting concerns along a spectrum of acuity level. Dr. Lanehurst also provides supervision and consultation for the post-doctoral training program.

Phuong T. Nguyen, Ph.D. - Dr. Nguyen is the Director of Psychology Services at Ben Taub Hospital. He is Training Director for the BTH-BCM Psychology Postdoctoral Fellowship and the Program Director for the BCM Anti-Human Trafficking Program. He works primarily in the psychiatric inpatient service, teaching both a team member role and the consultation model to the inpatient fellow. Dr. Nguyen also serves as the Program Director for the STAR Program. He provides supervision for the fellow on the inpatient unit, for the STAR program, as well as the Anti-Human Trafficking Program.

Lynn Norwood, Psy.D. – Dr. Norwood is a Staff Psychologist for the Ben Taub Hospital Consultation and Liaison Service. She supervises the fellow rotating through the C & L service and oversees fellow's clinical activities, which include consultation, assessment, and brief therapy with medically-ill patients. She also provides didactics to medical students and residents throughout the training year. She encourages fellow participation on these didactics.

Mary Reisinger, Psy.D. - Dr. Reisinger is a Staff Psychologist and Program Manager for the BCM Anti-Human Trafficking Program. She provides trauma-informed therapeutic and assessment services for adults within the Harris Health System who have been identified as trafficked in both inpatient and outpatient settings. She supervises the Anti-Human Trafficking Program postdoctoral fellow and offers supervision to other fellows interested in this service as a clinical elective.

Matthew Russell, Ph.D. – Dr. Russell is a Staff Psychologist at Ben Taub Hospital in the Obstetrical Care Department and the Maternal Perinatal Addiction Treatment Clinic (MPAT), where he provides evidenced-based psychological interventions for perinatal mental health concerns and substance use disorders within pregnancy. Dr. Russell has particular interests in perinatal mental health and is an active research collaborator with the Maternal and Fetal Medicine (MFM) fellows.