



# Utah State Hospital

## Post-Doctoral Fellowship Program in Clinical Neuropsychology

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**UTAH STATE HOSPITAL**  
**1300 EAST CENTER STREET**  
**PROVO, UTAH 84603**

[WWW.USH.UTAH.GOV/PSYCHOLOGYSERVICES.HTM](http://WWW.USH.UTAH.GOV/PSYCHOLOGYSERVICES.HTM)

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## UTAH STATE HOSPITAL POSTDOCTORAL FELLOWSHIP IN CLINICAL NEUROPSYCHOLOGY

Welcome!

Thank you for considering the Neuropsychology Fellowship Training Program at Utah State Hospital (USH). The program conforms to the Houston Conference Guidelines for Training in Clinical Neuropsychology (*Archives of Clinical Neuropsychology*, 1998, 2, 203-240) and the American Board of Clinical Neuropsychology (ABCN). The ultimate goal of the fellowship is to prepare individuals for the delivery of professional-level clinical neuropsychological services across the lifespan.

The primary focus of the fellowship is on assessment, cognitive rehabilitation, and intervention of individuals hospitalized with prominent psychiatric disorders and frequently concurrent neurologic disorders. These include psychotic spectrum disorders, personality disorders, bipolar and related disorders, depressive disorders, and substance use disorders. The most common concomitant neurologic disorders include TBI, anoxic brain injury, neurodevelopmental disorders, stroke, and dementia. The fellow also has opportunity to do specialized assessments in developmental neuropsychology and forensic neuropsychology. Didactic experiences occur at USH and Brigham Young University (BYU) and through case conferences with Primary Children's Hospital, Utah Valley Hospital, and Brigham Young University neuropsychologists. In addition to clinical work and didactics, the fellow spends 25% of their time involved in neuroimaging research at Brigham Young University.

The mission of USH is to provide a safe and healing environment in which all people are treated with dignity and respect. The Hospital's Psychological Services is committed to providing high quality training, which includes in-depth training and exposure to a variety of clinical and professional issues. The program provides experiences that will make the transition from "student" to "professional" as smooth and orderly as possible, including opportunities for supervision of trainees and a supportive environment that supports innovative program development.

Our next fellowship start date is August 1, 2020. Applicants must meet the following eligibility requirements for the postdoctoral training program:

1. Completion of doctoral degree, including defense of dissertation, from an APA/CPA-accredited doctoral program before the fellowship start date.
2. Completion of an APA/CPA-accredited psychology internship program meeting Houston Conference Guidelines before the fellowship start date.

Thank you for your interest in our Neuropsychology Fellowship Program. If I can provide additional information, please do not hesitate to contact me directly.

Sincerely,

Marc A. Steed, Ph.D.  
Director of Neuropsychology Training  
Utah State Hospital  
801-344-4354  
msteed@utah.gov

## **THE POSTDOCTORAL FELLOWSHIP PROGRAM IN CLINICAL NEUROPSYCHOLOGY**

### **MISSION STATEMENT**

*The mission of the Utah State Hospital Neuropsychology Fellowship Program is to prepare trainees for independent practice in the specialty area of neuropsychology. It achieves this goal by: providing a Major Area of Study training experience following the Taxonomy for Education and Training in Clinical Neuropsychology Neuropsychology (Sperling et al., 2017, The Clinical Neuropsychologist) and focuses on preparation for board certification through the American Board of Professional Psychology (ABPP). ,*

### **TRAINING PHILOSOPHY**

The Neuropsychology Postdoctoral Fellowship adheres to the practitioner-scholar model of training. As such, the goal of the fellowship program is to train future neuropsychologists to function in an informed, competent, independent, and ethical manner across a wide range of settings. The fellowship program is structured to allow for both breadth and depth of neuropsychological experiences, including a variety of intervention approaches and professional issues. Training procedures emphasize mentoring and graduated responsibility, in the context of evaluation, treatment delivery, and outcome assessment. Fellows are here for training and professional development. Consequently, didactics, training seminars, and any other educational activities take priority in a fellow's schedule.

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### **TRAINING MODEL AND GOALS**

The program conforms to the Houston Conference Guidelines for Training in Clinical Neuropsychology (*Archives of Clinical Neuropsychology*, 1998, 2, 203-240) and aims to prepare trainees for diplomate status under the American Board of Clinical Neuropsychology (ABCN). Fellows are provided with a graded sequence of experiences, with increasing levels of responsibility commensurate with the fellow's demonstrated comfort and competency. The fellowship is deliberately structured to provide supervised experience working with patients of different ages, backgrounds and ethnicity, with diverse presenting problems and varying degrees of symptomatic severity. The supervisor serves as a role model to challenge and guide, as well as to enhance skills needed to meet clinical demands. The fellow is expected to apply graduate and internship training to "real world" clinical situations. Progress is monitored in terms of competency-based education (*Archive of Clinical Neuropsychology*, 2019, 34(3): 418–431). This philosophy emphasizes the development of professional skills, critical thinking ability, and professional ethics in an individualized format that prepares the Fellow for board certification. Thus, as fellow progresses through the training program they are expected to broaden and deepen their clinical knowledge and demonstrate increased independence, in a manner consistent with the Hospital's mission of providing excellent inpatient psychiatric care.

### **FELLOWSHIP OBJECTIVES AND GOALS**

At the completion of the 2-year fellowship, the neuropsychology fellow will be able to perform the following specialty area competencies at an advanced level of competency:

1. Demonstrate skills in assessment sufficient to practice at an advanced level.
2. Demonstrate advanced practice skills in the provision of consultation to providers in related disciplines and function effectively in consulting roles across settings.
3. Demonstrate an advanced understanding and awareness of individual and cultural diversity and integration of these issues into professional practice.
4. Demonstrate advanced knowledge related to the integration of science and practice in clinical neuropsychology in addition to research and methods through scholarly activity.
5. Complete the training and supervisory experiences necessary for applying for or obtaining state or provincial license or certification for the independent practice of psychology (or to obtain a certificate of proficiency in specific areas of

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practice as applicable).

6. Demonstrate advanced professionalism with patients and colleagues in professional situations independently across settings and contexts. This includes an understanding of professional conduct, ethics and law, and professional standards for providers of psychological services sufficient to practice at an advanced level.
7. Demonstrate advanced understanding of brain-behavior relationships across the lifespan, including the neuropsychology of behavior, behavioral neurology, neuroanatomy, and neuropathology.
8. Demonstrate advanced knowledge of methods of measurement and psychometrics relevant to psychology and clinical neuropsychology.
9. Demonstrate skill in neuropsychological assessment including information gathering, interpretation, and report writing sufficient to practice at an advanced level.
10. Demonstrate skill in teaching and supervision sufficient to practice at an advanced level.
11. Complete the specialty clinical and supervisory experiences sufficient for eligibility for board certification by the American Board of Professional Psychology in Clinical Neuropsychology.

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### **THE PROGRAM STRUCTURE**

The Fellowship Program in Clinical Neuropsychology accepts individuals from APA-accredited clinical psychology training programs. Prior to starting the fellowship year (the first week of August), the Fellow must have completed all requirements for the doctoral degree, including dissertation and an APA-accredited internship. In Utah, a “Certified Psychology Resident” license is required; you must apply through the [Utah Division of Professional Licensing](#).

During the first week of the fellowship, decisions regarding appropriate experience are made by the fellow, Dr. Steed, Dr. Cobia, and Dr. Rapacz (USH Training Director). Experiences will be determined based on the fellow’s interest and professional goals, while considering staffing logistics and trying to equitably balance other professional development goals. Fellowship training begins with a mixture of didactic training, assessment of clinical abilities, expected readings, and clinical observation.

### **GRADUATED AND SEQUENTIAL NATURE OF TRAINING**

Throughout the year, fellow responsibilities are designed to follow a logical progression from intense supervision and didactic training, through moderate clinical decision-making experiences, culminating in guided practice and consultation. Initially, fellows spend significant time shadowing supervisors, observing experienced staff members, and attending training sessions designed to prepare them for service delivery with a challenging inpatient population. Expected initial competencies include: accurate test administration, appropriate scoring of all procedures, and the ability to establish and maintain rapport with diverse patients. Basic competencies must be mastered before training moves to more complex issues. These activities evolve into clinical experiences in which the fellow assists the supervisor or works under supervisory observation. Later, fellows perform assessment and intervention responsibilities with supervisory consultation only, in regularly scheduled supervision sessions. Ultimately, the fellowship experience is designed to help fellows become competent to respond to referrals, assess cases, plan treatment, deliver appropriate interventions and consultation to multidisciplinary teams independently, with supervisory assistance functioning mainly to corroborate clinical decisions and encourage professional identity and confidence. For some evaluations, video recording of testing procedures may be appropriate and encouraged if proper permissions can be obtained.

### **FELLOWSHIP TRAINING EXPERIENCES**

The fellowship emphasis area is in clinical neuropsychology within an inpatient psychiatric setting. The fellow will act as an

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important member of the neuropsychology consultation service, providing services across the Hospital. Each Hospital unit consists of a psychiatrist, medical provider (physician or physician's assistant), unit nurse manager, unit administrator, two social workers, two recreational therapists, nursing staff and support staff. All treatment teams are supported by consultants from other disciplines including pharmacists, nutritionists, and occupational therapists. As referrals are received, the fellow partners with the referring psychiatrist and the treatment team to address the patient's needs through a collaborative approach with shared decision-making.

Fellows will be exposed to persons with a variety of neurologic impairments that are concurrent with a wide range of psychiatric disorders. Assessments are complex due a long history of multiple diagnoses, mixed etiologies, and co-morbid medical conditions. Training goals for the rotation include the following:

- Consistently and adequately obtaining informed consent/juvenile assent, giving forensic warnings, and establishing rapport with patients;
- Carefully reviewing the patients' clinical and developmental history;
- Learning to incorporate information gleaned from multiple sources: community, medical, school, and legal records;
- Selecting neuropsychological measures that are appropriate for the patient and adequately assist in answering the specific referral question(s);
- Conducting thorough diagnostic interviews;
- Attentively observing patient behaviors and accurately assessing mental status;
- Accurately scoring and interpreting test results;
- Thoughtfully integrating test results with other clinical data to formulate accurate diagnoses and offer recommendations appropriate to the patient and setting;
- Writing with clarity and precision; and
- Collaborating and communicating with multidisciplinary teams effectively

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### **COGNITIVE REMEDIATION COMPONENT**

Throughout the fellowship year, the fellow will be integrally involved in the development and delivery of cognitive remediation (cog rem) services. This includes managing the Hospital's cog rem services, running or co-facilitating cog rem therapy groups, developing or enhancing cog rem delivery options, managing baseline/follow-up assessments, and preparing cog rem findings for presentation for Hospital administration and for professional conferences. Training goals for the Cognitive Remediation Component include the following:

- Conducting cog rem intervention groups appropriate to the patient's level of functioning and therapeutic needs, within an evidence-based framework that includes an adaptation of CogSmart and BrainHQ training software;
- Enhancing the delivery of cog rem services throughout the Hospital via program development and review, staff trainings, formulation of research ideas, and dissemination of results both within and outside the Hospital;
- Learning to establish and regulate policies and procedures for group treatment;
- Becoming familiar with the role of the group leader and the level of structure needed based upon the specific type of group, the demographics of the patients within the group, the time constraints of the group, and other variables;

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- Finding a balance between appropriately challenging patients and offering and facilitating feedback, and supporting and encouraging peer interactions;
- Demonstrating understanding of group dynamics, common stages observed in group therapy; and effective interventions for progress-blocking behaviors when they emerge; and
- Observing mentors in group settings, and developing a personal group therapy interaction style.

### **FELLOW DIDACTICS AND TRAINING SEMINARS**

Several hours each month are designated for attendance at didactic activities. Attendance and participation in these activities takes precedence over service delivery activities or other meetings. In addition to didactics, there are many opportunities for participation in grand rounds, colloquia and continuing education activities sponsored by the Hospital, Brigham Young University, and local medical facilities.

#### **NEUROPSYCHOLOGY GROUP CONSULTATION**

Fellows are expected to participate in the bi-weekly neuropsychology case consultation meeting in which the fellow, Neuropsychology Intern(s), and Dr. Steed discuss and coordinate neuropsychological topics of interest. These will vary by fellow and intern interest and need, and include recent developments in the field of neuropsychology, case consultation, learning and calibration of test instruments, coordination of research projects, and other topics germane to service delivery.

#### **PRIMARY CHILDREN'S HOSPITAL NEUROPSYCHOLOGY CASE CONFERENCE**

Held monthly in Salt Lake City, this gathering of academic and community-based neuropsychologists, neuropsychology post-doctoral fellows, and pre-doctoral interns meet to discuss cases and issues related to the practice of clinical neuropsychology.

#### **BYU GRADUATE COURSEWORK**

The fellow is eligible to participate in graduate-level coursework at BYU in behavioral neuroanatomy, neuroimaging analysis, and neuropsychology case conference.

#### **NEUROPSYCHOLOGY BOARD CERTIFICATION PREP**

The fellow and the neuropsychology intern(s) participate in a weekly class reviewing information and knowledge that will be tested as part of the board certification process. Fact-finding exercises, review of pertinent textbooks and articles, discussions of ethics, and other aspects of the ABPP board certification process are emphasized.

#### **FORENSIC NEUROPSYCHOLOGICAL REPORT WRITING AND FEEDBACK**

The fellow will choose an assessment case to present to the forensic psychologists who will critique and provide feedback specifically related to providing testimony.

#### **PRESENTATIONS**

Postdoctoral fellows will have multiple opportunities throughout the year to provide presentations.

##### ***Psychology Intern Didactic Series***

Fellows will develop presentation and teaching skills by preparing and delivering at least two independent seminars for the Psychology Intern Didactic Series. Fellows will review the topics that have been presented in the past, and try to offer training that will contribute meaningfully to the series.

##### ***Grand Rounds Presentation***

Fellows are responsible for delivering a formal grand rounds presentation the Utah State Hospital healthcare

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community. Fellows may present at a conference, in place of a doing a grand rounds presentation.

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### **RESEARCH**

Participation in clinical research is an expectation of the fellow and ~25% of their time is reserved for research activities at the Brain Imaging and Behavior (BIB) laboratory directed by Derin Cobia, PhD in the Department of Psychology at Brigham Young University (bib.byu.edu). Dr. Cobia's laboratory is focused on the implementation of computational anatomy tools to study neuropsychiatric diseases, particularly schizophrenia. His interests are in the clinical and biological heterogeneity that exists in schizophrenia by taking a cognitive neuroscience perspective. His work has involved linking cognitive and neurobiological characteristics to important clinical dimensions (e.g., negative symptoms) of the illness. Dr. Cobia also conducts research in a rare language-based dementia known as Primary Progressive Aphasia.

As a member of the BIB Lab, the fellow will serve as a liaison for ongoing collaborative clinical research in severe mental illness at the USH. They will be directly involved in the collection, curation, design and analysis from these projects. The fellow will develop skills in 1) neuroimage processing and analysis; 2) structural and functional experimental design and interpretation in neuroimaging methodology; and 3) scientific writing and presentation skills through preparation of both poster and paper products to be submitted to various conference proceedings and professional publication outlets. There are opportunities for the fellow to present research findings at national and international conferences. In the past, fellows have presented at the international [Cognitive Remediation in Psychiatry](#) conference, the [American Academy of Clinical Neuropsychology Annual Meeting](#), and at the [National Academy of Neuropsychology Annual Conference](#). Occasional speaking opportunities at local training meetings for mental health professionals are also available.

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### **SUPERVISION**

During the training year, fellows receive individual clinical and research supervision from Drs. Steed and Cobia (totaling at least two hours per week). Fellows also meet with the Training Director periodically to discuss progress, supervision, and training issues.

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### **EVALUATION**

During orientation activities at the beginning of the fellowship, fellows complete a self-assessment survey estimating their baseline skills in various clinical and professional areas. This self-evaluation is reviewed by the fellow and Dr. Steed to determine training needs, and is then reviewed by the Training Director. The self-evaluation form is similar in format and content to the written evaluations that are completed by supervisors (at the midpoint and end of the training year) during the fellowship, and the fellow's responses provide a point of comparison for assessing skill acquisition throughout the year. In addition to written supervisor evaluations, the psychology staff meets at least once per month to discuss each fellow's progress. At the end of the training experience, each fellow will, once again, complete an outcome self-assessment to measure their own progress.

Supervisors encourage open feedback from the fellow, who is encouraged to share thoughts, ideas, and concerns with supervisors. The quality and usefulness of didactic training and experiences are also rated by fellows throughout the year. Upon completion of the fellowship, fellows complete a program survey in addition to offering verbal feedback as part of the annual fellowship program review, evaluating the fellowship experience as a whole. The fellowship also seeks alumni input from fellows of the previous year to give them an opportunity to report professional accomplishments, make suggestions, and evaluate the efficacy of the fellowship in preparing them for professional experiences.

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### **PROFESSIONAL COMPETENCY DEVELOPMENT**

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Consistent with the "culture of competence" (Roberts, Borden Christiansen, & Lopez, 2005) in professional psychology, the Utah State Hospital Post-Doctoral Neuropsychology Fellowship program provides training in the following Core Competency Domains:

### **FOUNDATIONAL COMPETENCIES**

These competencies represent the knowledge, skills, attitudes, and values that serve as the foundation for the functions a psychologist is expected to carry out (how we do what we do).

- Relationships – the capacity to relate meaningfully and work effectively with individuals, groups, and/or communities.
- Ethical and Legal Standards – able to integrate ethical and legal standards into competent and professional interactions.
- Reflective Practice and Self-Assessment – reflective and professional practice conducted within the boundaries of competence, and commitment to lifelong learning, critical thinking, and the development of the profession.
- Scientific Knowledge and Methods – the ability to understand and integrate science into practice across domains (e.g., biological and cognitive bases of behavior, lifespan issues).
- Interdisciplinary Systems – identification, knowledge, and cooperative involvement with one's colleagues and peers.
- Individual and Cultural Diversity – awareness and sensitivity in working professionally with diverse individuals, groups and communities who represent various cultural and personal backgrounds.

### **FUNCTIONAL COMPETENCIES**

These competencies represent major functions that a neuropsychologist is expected to carry out, each of which requires reflective integration of foundational competencies in problem identification and resolution (what we do).

- Assessment – assessment, diagnosis, and conceptualization of problems and issues associated with individuals, groups, and/or organizations.
- Intervention – interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.
- Consultation – expert guidance or professional assistance in response to the needs/goals of individuals, groups, and/or organizations.
- Research/Evaluation – the generation of research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities.
- Supervision/Teaching – supervision, training, and/or evaluation of the professional knowledge base.

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## **STATEMENT OF DIVERSITY**

The Utah State Hospital Psychology Department strives to provide an optimal working and learning environment for all faculty and fellows stressing the importance of cultural and individual diversity in its fellowship training program. This includes a commitment to recruiting, retaining, and enhancing the growth of neuropsychology fellows and faculty to represent various aspects of diversity, including but not limited to age, color, disabilities, ethnicity, gender, language, national origin, race, religion, sexual orientation, and socioeconomic status. To that end, the Utah State Hospital psychology department's goals regarding diversity are:

- To recruit and retain diverse fellows and faculty;

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- To enhance diversity awareness and advocacy within the department, on campus, and in the surrounding community, and
- To promote the infusion of diversity into education and training

Based upon our belief that individual differences enrich the scholarly and professional activities of psychology, we wish to encourage applicants with personally or culturally diverse backgrounds to apply.

### Information of Interest to Applicants with Disabilities

Applicants with disabilities are encouraged to apply to our program. We can accommodate a variety of physical disabilities, including disabilities requiring manual and motorized wheelchair accessibility.

### Information of Interest to Minority Applicants

We strive to have fellows that vary in terms of geography, age, socioeconomic background, gender, and race/ethnicity. The training faculty has diverse interests, personal, and professional backgrounds. Moreover, Utah is welcoming of other forms of diversity including a large and active gay, lesbian, bisexual, and transgendered community.

Diversity advancement is a strong priority for our program. Diversity issues are integrated into didactic and clinical training. One measure of this diversity is Utah State Hospital interpreter service provides interpreters for over 170 languages.

Fellowship training faculty would be pleased to speak with applicants further about any particular diversity resources or aspects of the Utah or local community that are of interest.

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## **FELLOWSHIP STIPEND**

The Utah State Hospital Neuropsychology Fellowship offers one full-time position, starting on or around August 1<sup>st</sup>. Fellows are paid approximately \$48,380 the first year, with a possible cost of living increase the second year. This also includes paid leave and sick time. Although the fellowship is designed as a two-year program, contracts are made on a year-to-year basis, with renewal for the second year being made by mutual consent. Fellows are provided with health, dental, life, and AD&D insurance. In addition, fellows are able to take advantage of many opportunities that are available to hospital personnel, including a free public transportation pass, use of on-campus recreational facilities, discount tickets to area attractions, free vaccinations, travel discounts, computer training, free hospital parking, and access to counseling through the Employee Assistance Program.

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## **FELLOWSHIP APPLICATION**

The Clinical Neuropsychology Postdoctoral Residency Program participates in the APPCN Resident Matching Program operated by [National Matching Services](#) (NMS). The deadline for receipt of all application materials is **Dec. 21** (or the next business day if the 21st falls on a weekend).

Applicants are encouraged to call or write for information or clarification of the program's description or opportunities.

Applicants' rights to make a free choice among residencies are recognized and the Utah State Hospital complies fully with the stipulations of the Match.

Application materials should be directed to:

- **Melissa Brady**  
Utah State Hospital  
1300 East Center Street  
Provo, UT 84601

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Phone: 801.344.4354

Fax: 801.344.4223

Email: Melissa Brady (melissacook@utah.gov)

Please provide:

- A letter of interest describing relevant academic and training experiences, desired postdoctoral training objectives, perceived "fit" with this program, and future professional goals
- Current curriculum vitae
- Three letters of reference, including at least two from individuals familiar with the applicant's academic and clinical training in neuropsychology
- A statement from the applicant's graduate school clinical training director indicating the applicant's status in the program and probability of completing the requirements for the doctorate prior to the fellowship year (waived for those already holding the doctorate). APPCN's [Verification of Doctoral Training Form](#) is acceptable for this purpose.
- An official copy of the applicant's graduate transcripts

Electronic submission of the above items by email in a Word or PDF file is acceptable. Please direct questions via email to Dr. Steed (msteed@utah.gov).

### **FELLOWSHIP FACULTY**

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The Utah State Hospital has a large interdisciplinary staff. Psychiatrists and other physicians, social workers, nurses, recreational therapists, occupational therapists, administrative and support staff, and psychologists, all work closely together. Psychologists are valued contributors to the treatment teams. There is a positive interdisciplinary, collegial relationship among members of the various disciplines.

The USH psychology department is comprised of 15 full time licensed psychologists; additionally, one licensed psychologist holds a hospital administrator position. All of the psychologists at USH are committed to providing quality clinical care, training, and supervision. Furthermore, affiliated psychologists from the community are on the professional staff and provide didactic training opportunities.

Staff members involved with the Post-Doctoral Fellowship Program in Clinical Neuropsychology include the following:

#### **POST-DOCTORAL FELLOWSHIP TRAINING STAFF**

##### **Marc Steed, Ph.D.**

University of Cincinnati (2005), Clinical Psychology-Neuropsychology Track

*Licensed Psychologist:* Utah (2007-present)

*Current Position(s):* Utah State Hospital, Neuropsychologist

*Interests:* Neuropsychological assessment across the lifespan (child, adolescent, adult, geriatric); Developmental disabilities, Traumatic brain injury; Epilepsy; Sport concussion; Somatoform disorders; Functional and Quantitative neuroimaging; Cognitive rehabilitation; Medical and health psychology.

*Orientation:* Cognitive-behavioral

##### **Derin Cobia, Ph.D.**

St. Louis University (2008), Clinical Psychology/Neuropsychology

*Licensed Psychologist:* Illinois (2011-2018)

*Current Position:* Assistant Professor of Psychology and Neuroscience, Brigham Young University

*Interests:* Neuropsychology, neuroimaging, psychosis, dementia

Boston Process Approach

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### **Amanda L. Rapacz, Psy.D.**

Illinois School of Professional Psychology-Argosy University (2013), Clinical Psychology

*Licensed Psychologist:* Utah (2013 – present);

*Current Position:* Utah State Hospital, Psychology Training Director and Staff Psychologist

*Interests:* Psychological Assessment, Rorschach, Personality Disorders, Evidence Based Treatment for Posttraumatic Stress Disorder, Behavioral Interventions

*Orientation:* Dialectical Behavior Therapy, Cognitive Behavioral Therapy

### **Douglas Benson, Psy.D.**

Pepperdine University (2007), Clinical Psychology

*Licensed Psychologist:* Utah (2008 - present)

*Current Position:* Utah State Hospital, Director of Psychology

*Interests:* Psychological Assessment, PTSD/Complex Trauma Treatment, Personality Disorders, Dialectical Behavior Therapy, Behavior Management, and Neuropsychology

*Orientation:* Cognitive-Behavioral/Behavioral

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## **PSYCHOLOGY DEPARTMENT STAFF**

### **Hannah Baczynski, Ph.D.**

University of North Dakota (2016), Clinical Psychology with M.S. in Forensic Psychology

*Licensed Psychologist:* Utah (2016-present)

*Current Position:* Utah State Hospital, Boys Youth Psychologist

*Interests:* Personality Assessment, DBT, TFCBT, ACT, Behavior Modification, Supervision

*Orientation:* Cognitive-Behavioral Therapy

### **Sharelle Baldwin, Ph.D.**

Nova Southeastern University (2006), Clinical Psychology with emphasis in Forensic and Neuropsychology

University of California, Davis Medical Center Department of Neurology, Post-doctoral fellow (2008)

*Licensed Psychologist:* Utah (2010-present)

*Current Position:* Utah State Hospital, Forensic Psychologist

*Interests:* Neuropsychological Assessment, Forensic Assessment, Baseline Cognitive Assessment to Track Disease Progression/Recovery, Medicolegal Issues, Malingering, Traumatic Brain Injury

*Orientation:* Cognitive-Behavioral Therapy, Group Therapy Process.

### **Brian S. Bitting, Ph.D.**

Sam Houston State University (2016), Clinical Psychology

*Licensed Psychologist:* Utah (2017-present)

*Current Position(s):* Utah State Hospital, Forensic Evaluator

*Interests:* Forensic assessment, psychological assessment, neuropsychology

*Orientation:* Cognitive-Behavioral

### **Amy Bray, Psy.D.**

Azusa Pacific University (2012), Clinical Psychology

*Licensed Psychologist:* (2013-Present)

*Current Position:* Utah State Hospital Forensic Outreach Program, Forensic Evaluator and Clinical Psychologist

*Interests:* Forensic Evaluation, CST, Trauma and Resiliency, Malingering, Psychological Autopsies, ACT, Report Writing, Clinical Assessment

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*Orientation:* Systems, Psychodynamic, ACT

### **Michael P. Brooks, Ph.D., J.D.**

Brigham Young University (2001), Clinical Psychology

J. Ruben Clark School of Law, Brigham Young University (2003),

*Licensed Psychologist:* Utah (2003 – present)

*Current Position(s):* Utah State Hospital, Forensic Psychologist

*Interests:* Neuropsychological Assessment, Forensic Evaluations, Competency to Stand Trial, Malingering, Traumatic Brain Injury, Medicolegal Issues

*Orientation:* Cognitive Behavioral

### **Julia Chasler, Psy.D.**

Indiana University of Pennsylvania (2016), Clinical Psychology

*Licensed Psychologist:* Utah (2017-present)

*Current Position:* Utah State Hospital, Staff Psychologist

*Interests:* Dialectical-Behavior therapy, Acceptance and Commitment therapy, trauma treatment, OCD, eating disorders, ADHD

*Orientation:* Third wave behavioral

### **Mac Gilbert, Ph.D.**

Utah State University (2015), Combined Clinical/Counseling/School Psychology

*Licensed Psychologist:* Utah (2018); Washington (2016-present)

*Current Position:* Utah State Hospital, Staff Psychologist

*Interests:* Dialectical Behavior Therapy, Acceptance and Commitment Therapy, Mindfulness Based Interventions, Psychological Assessment, Post Traumatic Stress Disorder,

*Orientation:* Cognitive-Behavioral

### **Lena Gustafson, Ph.D.**

California School of Professional Psychology Alliant - San Diego (2014), Clinical Psychology

*Licensed Psychologist:* Utah (2015 - present)

*Current Position:* Utah State Hospital, Staff Psychologist

*Interests:* Individual and Group psychotherapy, Psychological assessments, Competency to Stand Trial, Forensic Evaluations

*Orientation:* Cognitive-Behavioral, Dialectical-Behavioral

### **Jennifer Morrill, Ph.D.**

University of Utah (2003), Counseling Psychology

*Licensed Psychologist:* Utah (2006 - present)

*Current Position:* Utah State Hospital, Staff Psychologist

*Interests:* Psychological assessment, Individual and Family Psychotherapy, Psychological Adjustment to and Coping with Physical Disability

*Orientation:* Cognitive-Behavioral, Interpersonal, Psychodynamic, Systems

### **Lindsey North, Ph.D.**

Sam Houston State University (2013), Clinical Psychology

*Licensed Psychologist:* Utah (2014- present)

*Current Position:* Utah State Hospital Forensic Outreach Program, Forensic Examiner

*Interests:* Forensic assessment, Risk assessment, Competency restoration

*Orientation:* Cognitive Behavioral/Behavioral

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### **Amanda Rice, Ph.D.**

Sam Houston State University (2016), Clinical Psychology

*Licensed Psychologist:* Utah (2017- present)

*Current Position:* Utah State Hospital, Forensic Examiner

*Interests:* Forensic assessment, Forensic assessment instruments, Psychometrics, Risk assessment, Competency restoration

*Orientation:* Cognitive Behavioral/Behavioral

### **Laura White, Ph.D.**

Indiana University-Purdue University Indianapolis (2015), Clinical Psychology

*Licensed Psychologist:* Utah (2016 - present)

*Current Position:* Utah State Hospital, Staff Psychologist

*Interests:* Psychological Assessment, Parent Management Training, Disruptive Behaviors, Autism Spectrum Disorders, Behavior Plans

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*Orientation:* Cognitive-Behavioral, Dialectical-Behavioral, Developmental, Family Systems

## **CONTRIBUTING MENTAL HEALTH PROFESSIONALS AT UTAH STATE HOSPITAL**

### **Thad Q. Lloyd, Ph.D.**

Brigham Young University (2010), Clinical Psychology

*Licensed Psychologist:* Utah (2011 - present)

*Current Position:* Utah State Hospital, Administrative Director-Children's Unit

*Interests:* Neuropsychological Assessment, Developmental Disabilities, Cognitive Rehabilitation, Attachment, Dialectical Behavior Therapy

*Orientation:* Behavioral, Neurocognitive Enhancement

### **Paul D. Whitehead, M.D.**

University of Utah School of Medicine (1994)

Yale University (1998), Psychiatry Residency

*Licensed Physician:* Utah (1995 - present)

*Current Position(s):* Utah State Hospital, Psychiatrist (2000 - present)

*Interests:* Forensic Psychiatry, Consultation-liaison Psychiatry, History of Medicine, Teaching, Psychopharmacology

*Orientation:* Eclectic, Primarily Psychodynamic

## **CONSULTING PSYCHOLOGIST AT BRIGHAM YOUNG UNIVERSITY**

### **Gary M. Burlingame, Ph.D.**

University of Utah (1983), Counseling Psychology

*Licensed Psychologist:* Utah (1984 - present)

*Current Position(s):* Professor of Psychology, Brigham Young University (1996 - present)

American Group Psychotherapy Association, Research Committee (1995 - present)

*Interests:* Group Psychotherapy Research and Practice, Measurement, Psychotherapy Outcome, and Research Design

*Orientation:* Experiential, Psychodynamic

## **THE UTAH STATE HOSPITAL**

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### **LOCATION**

Located in Provo, Utah, the UTAH STATE HOSPITAL (USH) is situated 4,560 feet above sea level at the foot of the beautifully rugged Wasatch Range of the Rocky Mountains. Provo lies at the base of 11,750-foot Mount Timpanogos to the east and is bounded on the west by the freshwater Utah Lake. As of 2018, Provo has a population of just over 116,000 residents, and Utah County is home to a population of just over 622,000 people. A 2014 survey conducted by [Gallup](#) compared almost 200 cities across the country and named Provo #1 on its Well Being Index using six categories: life evaluation, emotional health, work environment, physical health, healthy behaviors, and access to basic necessities.

Forty-five miles to the north of Provo is Salt Lake City, with a metropolitan population of about 200,000 residents, and all of Salt Lake County houses about 1.1 million residents. This Wasatch Front area of Utah has consistently ranked in Money Magazine's [Top 50 places to live](#) in the US based on such factors as health facilities, crime rate, economy, housing, education, transportation, weather, leisure, and the arts. Salt Lake and Utah counties offer many of the traditional benefits of urban and suburban living, including theater, symphony, ballet, opera, and a variety of museums. There are also numerous dining options including traditional American cuisine, as well as numerous cultural, fine dining and farm-to-table restaurants. Additionally, there are several large shopping malls as well as professional, semi-professional and college sports teams.

Outdoor recreation is extremely popular in Utah and almost any imaginable outdoor activity, including hiking, snow and water skiing, golf, wind surfing, backpacking, fishing, hunting, mountain biking, and mountain climbing, is available within a five to 30 minute drive from the USH. Utah is home to [15 ski resorts](#), many of which are within an hour's drive from Provo, including Sundance, Alta, Brighton, Park City, Snowbird, and Solitude. Utah also boasts [five national parks](#) accessible within a 2-3 hour drive from Provo. Because our interns typically work four 10- hour days, this allows opportunity to enjoy all the leisure activities and beauty that our state offers.

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### **THE HISTORIC HOSPITAL**

The Utah State Hospital has a long and stable history providing treatment to the severely mentally ill. It began as the *Territorial Insane Asylum* in 1885, which at that time was a day's travel from Salt Lake City. The site was some eight blocks from the nearest residence in Provo, and was separated from the city by swampland and the city dump. The message this conveys about the then-prevailing attitudes regarding mental illness is unmistakable.

The original purpose of the Hospital was to treat the mentally ill and to return them to a normal level of functioning. However, in spite of the best efforts on the part of the overworked staff, in its early days the facility was little more than a human warehouse. By 1955, the Hospital patient population exceeded 1,500.

The intervening years, however, have brought many changes. The swamp has been drained, the dump has been converted into a municipal park, and the city has expanded to the point that there is no longer a stark demarcation of where the "Asylum" begins.

Over the years, tremendous advances in the mental health field have changed the role of the Hospital to one of very active treatment and rehabilitation. Today, USH is a thriving teaching facility and the only secure intermediate psychiatric treatment facility in the state of Utah that provides long-term treatment and care for the severely mentally ill (SMI). Evidence-based treatments, rehabilitation and the movement toward deinstitutionalization, and use of community mental health centers have decreased the USH patient population to its present size.

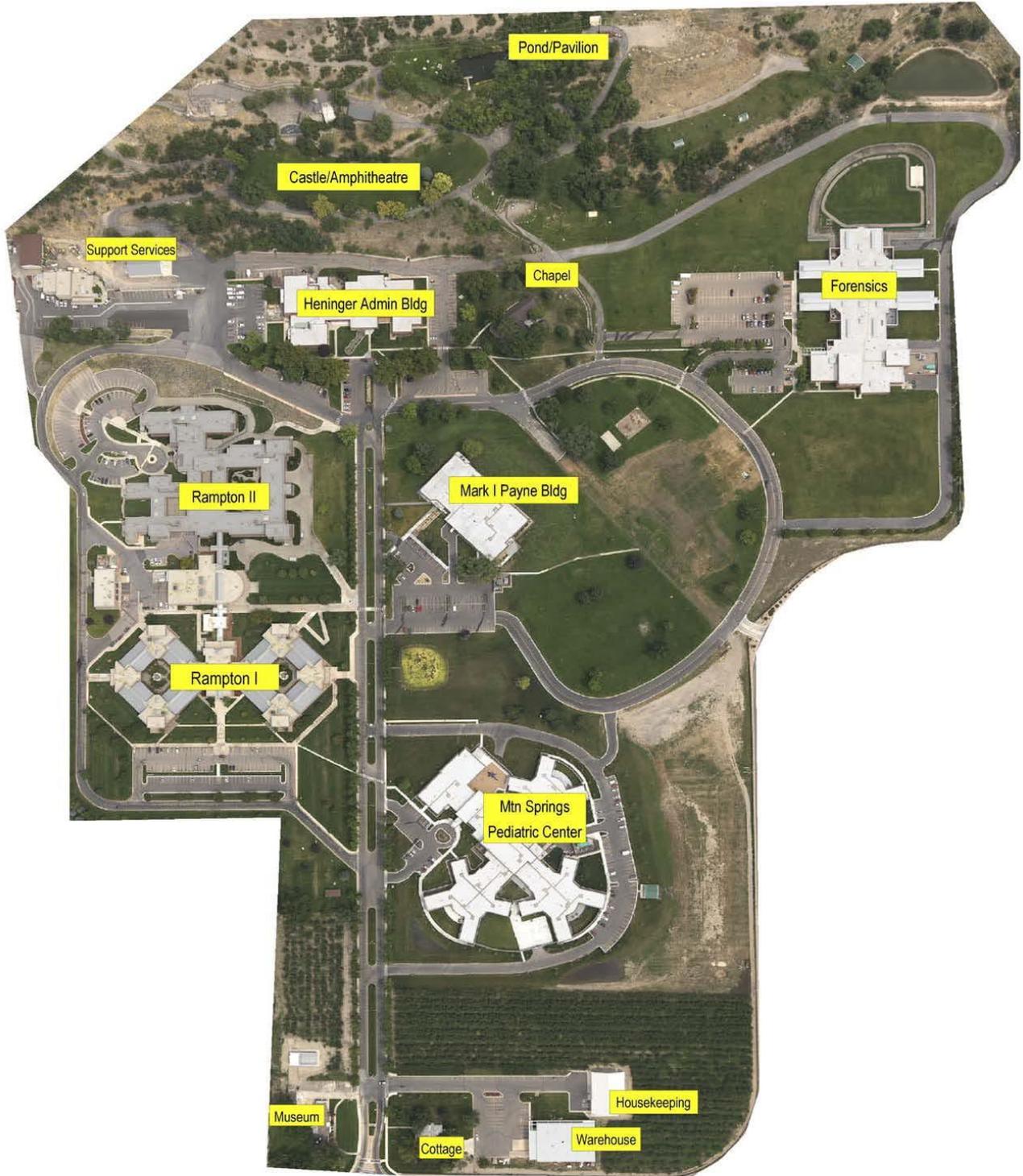
## **UTAH STATE HOSPITAL POSTDOCTORAL FELLOWSHIP IN CLINICAL NEUROPSYCHOLOGY**

### **THE MODERN HOSPITAL**

Today, the Utah State Hospital is an intermediate psychiatric facility, licensed to provide psychiatric treatment services for 359 patients, most of whom experience severe mental illness. The Hospital serves people from all geographic areas of the state, ranging in age from five years old on up through elderly adults. The Hospital receives patients from the 11 community mental health centers covering the state. Patients at USH are referred by these centers as part of their continuum of care, and from the Utah criminal justice system. Adult and pediatric beds are allocated to these mental health centers based on population.

The present facility consists of 15 buildings with approximately 370,000 square feet of space spread over a 300-acre campus. Approximately 700 staff members care for patients and the facilities. Indoor recreational facilities, including two gymnasiums, a swimming pool, workout rooms, and three cafeterias are also available to staff.

The Utah State Hospital is accredited by The Joint Commission and Centers for Medicare and Medicaid Services, which affirms that the Hospital has achieved national standards in the delivery of mental health care services. These accreditations represent a hospital-wide commitment to quality health care for the mentally ill. A map of the Hospital is shown below:



## **MODERN HOSPITAL UNITS**

The **CHILDREN'S UNIT** has 20 beds available to boys and girls ages 6 to 12 years, and is located within the Mountain Springs Pediatric Treatment Center. The **ADOLESCENT UNITS** have the capacity to serve 52 male and female youth, ages 13 through 17 years, and is also housed in the Mountain Springs Pediatric Treatment Center.

On both the **CHILD** and **ADOLESCENT UNITS** an individualized treatment approach is used to meet the needs of patients, which utilizes a broad spectrum of therapeutic modalities. Therapies include individual, group, family and play therapy, as well as therapeutic milieu. Specialized services include groups for conduct management, emotional regulation, and recreational therapy. Participation in a wide variety of activities such as skiing, camping and river rafting, helps youth increase self-esteem, learn impulse control, and develop social skills. Family involvement is important in the progress of the children's and youth treatment programs. The Hospital involves families by conducting the Pediatric Services Family Program, which includes family therapy, family support, and advocacy. Home visitation by the patient is an integral part of the treatment process and regular family visits at the Hospital are encouraged.

The Rampton I Building houses two adult treatment units—**NORTHWEST** and **NORTHEAST**. Each of these units has the capacity to care for approximately 30 patients. Each unit also utilizes several areas designed for patient comfort and pursuit of individual interests, including a large outdoor courtyard, a cooking area, an exercise room, a piano room, a craft room, and day rooms containing televisions and stereos. These units provide a bright and open atmosphere conducive to the Adult Services goal of providing a safe and healing environment in which all people are treated with dignity and respect. The purpose of treatment is to assist patients in reaching their recovery potential, with an aim of helping patients return to the community. A high value is placed on meeting the needs of each patient in a caring and professional manner. The **Recovery Skills Center** (AKA *Treatment Mall*) is a centralized treatment area located within the Rampton I Building where groups for adult patients are provided by various disciplines.

The Rampton II Building, which opened in 2003, consists of the east end of the Lucy Beth Rampton Complex, and is connected to the Rampton I Building by an indoor corridor. Rampton II accommodates four units, three of which are civil adult units with approximately 30 beds each: **SOUTHEAST** and **MOUNTAIN VIEW**. The **LEGACY UNIT** is also housed within the Rampton II Building, and is intended for older men and women, many of whom have dementia, chronic mental illness, and complicating medical conditions. While the Legacy Unit's goal is the same as that for all patients at the Utah State Hospital, that of returning them to the community, the treatment approach for these patients takes into account special needs and limitations posed by advanced age and related physical problems. Patients on Legacy with organic disorders are encouraged to do as much as possible for themselves, as are the chronically mentally ill. They are encouraged to maximally care for their personal needs, and remain as active as possible. Patients who are capable are extensively involved in group, family and individual therapy. Special emphasis is placed on providing a wide variety of small groups that encourage exercise, stimulate mental activity, and promote social skill development and retention.

Forensic Services is comprised of five units totaling 120 beds. **FORENSIC UNIT 5** is the newest Hospital unit and is located in the Rampton II building, while the other four are in the Forensic Building. Located in the southeast corner of the USH campus, the Forensic Building opened in 1999 and serves male forensic patients on **FORENSIC UNIT 1**, **FORENSIC UNIT 2**, and **FORENSIC UNIT 4**; with **FORENSIC UNITS 3 AND 5** as two coed units. Treatment includes a combination of pharmacotherapy, individual, group, and family psychotherapy, work opportunities, physical therapy, and occupational therapy. Patient input is encouraged at all levels of treatment to help teach individual responsibility and accountability. Treatment goals for forensic patients typically include facilitating competency restoration, and preparing patients for court hearings, while simultaneously offering treatment to address psychiatric illnesses.

# Appendix

Grievance Policy

Nepotism Policy

Time Away from Training Policy

## **Grievance Procedures for Post-Doctoral Psychology Fellows**

Updated January 14, 2014

The Department of Psychological Services at the Utah State Hospital (USH) provides procedures that enable students, interns and fellows to address issues of conflict including but not limited to disagreements regarding progress evaluations, harassment, plagiarism, impairment issues or conflicts with supervisors.

This document contains Psychology Services' processes, which are in addition and subordinate to the State of Utah grievance procedures. The Psychology Services grievance process is outlined below, and is applicable to any graduate psychology student, pre-doctoral psychology interns or post-doctoral fellow (henceforth referred to as fellow) who is supervised by a USH staff member, Director of Psychology Services, or Training Director (TD).

- Step 1 When a fellow has a grievance against a staff member, the fellow is strongly encouraged to first attempt a verbal resolution of the conflict with the staff member. An exception to this policy is made if the fellow believes confrontation with the staff member may result in intimidation, threats, or further harassment or otherwise place the fellow at risk of harm. In that situation, the fellow may communicate the nature and extent of the problem directly to Director of Psychology Services or the Psychology TD.
- Step 2 If the fellow is dissatisfied with the attempt to verbally resolve the grievance directly with the involved psychology staff member, the fellow will then submit (1) a written grievance to the Director of Psychology Services and (2) a written summary of the attempt to resolve the grievance with the staff member (within seven working days of the failed verbal meeting). If the grievance is regarding the Director of Psychology Services, then the written grievance may be addressed to the Assistant Clinical Director of USH. [Note that in the rare event that the Assistant Clinical Director is serving as Acting Director of Psychology Services, then the Clinical Director would be available to act in the stead of Assistant Clinical Director for the purposes of this document.]
- Step 3 Upon receiving the fellow's written grievance, the Director of Psychology Services will request (within three working days) that the staff member involved in the grievance submit a written version of the issue and attempted verbal grievance resolution back to the Director of Psychology Services within seven working days.
- Step 4 Upon receiving the staff member's written response to the grievance, the Director of Psychology Services may do one of two things within three working days of receiving the written response: (1) Make a written response that is delivered to both the fellow and the staff member, or (2) Request that both the fellow and staff member meet with the Director of Psychology Services in an attempt to resolve the grievance.
- Step 5 If either the fellow or staff member feel a written response from the Director of Psychology Services is unsatisfactory; the unsatisfied person may notify the Director of Psychology Services in writing within three working days and then make a written grievance to the USH Assistant Clinical Director. The USH Assistant Clinical Director will respond in writing within seven working days.
- Step 6 If the grievance continues to remain unresolved, the unsatisfied party can refer to the attached document "A Guide to the State Employees' Grievance and Appeal Procedures" or refer to [www.csr.utah.gov](http://www.csr.utah.gov) for further information.

The Department of Psychology Services at the USH strives to provide fair, informal, and prompt means of settling

## **UTAH STATE HOSPITAL POSTDOCTORAL FELLOWSHIP IN CLINICAL NEUROPSYCHOLOGY**

disputes without coercion, restraint or reprisal.

Further information may be obtained by contacting the Director of USH Human Resources (Devin Patrick 801-344-4568).

### **IDENTIFICATION AND MANAGEMENT OF FELLOW PROBLEMS/IMPAIRMENT**

#### **I. Definition of Impairment**

Impairment 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 and/or unwillingness to acquire professional skills in order to reach an acceptable level of competency; and/or (3) an inability and/or unwillingness to control personal stress, strong emotional reactions which interfere with professional functioning.

#### **II. Definition of Problem**

A problem refers to a trainee's behaviors, attitudes or characteristics which, while of concern and requiring remediation, are not unexpected or excessive for professionals in training. Problems typically become identified as impairments 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 which can be rectified by academic and/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 sufficiently as a function of feedback, remediation efforts, and/or time.

#### **III. Remediation and Sanction Alternatives**

The TD and staff members have several levels of corrective response alternatives available to deal with fellow problems and impairment. In order for a corrective action to be implemented, the TD must be fully apprised of the problem and both the fellows' rotation supervisor(s) and the TD must agree that the problem warrants formal intervention and must agree upon the level of intervention to be taken. *A level of intervention will be chosen from the following list depending upon the nature and seriousness of the problem.*

1. Verbal Warning to the fellow emphasizes the need to discontinue the inappropriate impairment or problem under discussion. Written documentation of the verbal warning may be kept by the fellow's supervisor and/or TD.
2. Written Acknowledgment to the fellow formally acknowledges:
  - a) that the TD 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 supervisor(s) and/or TD will work with the fellow to rectify the problem or skill deficits, and
  - d) that the impairment or problem associated with the rating is not significant enough to warrant more serious action.

## **UTAH STATE HOSPITAL POSTDOCTORAL FELLOWSHIP IN CLINICAL NEUROPSYCHOLOGY**

A copy of this letter will be kept in the fellow's file.

3. Written Warning to the fellow indicates the need to address an impairment or problem. This action, and reason(s) for the action, may be communicated to the fellow's academic department by the TD. A copy of this letter will be kept in the fellow's file, which will contain:

- a) a description of the fellow's unsatisfactory performance,
- b) actions required by the fellow to correct the unsatisfactory performance,
- c) the timeline for correcting the problem,
- d) what action may be taken if the problem is not corrected, and
- e) notification that the fellow has the right to request a review of this action.

4. 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 rotation supervisor(s) in consultation with the TD. The length of a schedule modification period will be determined by the TD in consultation with the rotation supervisor(s) and the Director of Psychology Services. The termination of the schedule modification period will be determined, after discussion with the fellow, by the TD, rotation supervisor(s), and the Director of Psychology Services. Several possible and perhaps concurrent courses of action may be included in modifying a schedule, and may include the following:

- a) increasing the amount of supervision, either with the same or other supervisors,
- b) changing the format, emphasis, and/or focus of supervision (which may include, but not be limited to, additional required readings, additional training assignments, etc.),
- d) reducing the fellow's clinical or other workload,
- e) extending the length of fellowship training, and/or
- f) requiring specific academic coursework or other intervention (to be paid for by the fellow).

5. Probation is also a time-limited, remediation-oriented, more closely supervised training period. Its purpose is to assess the ability of the fellow to complete the fellowship and to return the fellow to a more fully functioning state. Probation defines a fellow's status that the TD systematically monitors for a specific length of time, the degree to which the fellow addresses the impairment or problem associated with the inadequate rating. The fellow is informed of the probation in a written statement which includes the following:

- a) identification of the specific impairment associated with the unacceptable rating,
- b) actions required for rectifying the problem,
- c) the timeframe for the probation during which the problem is expected to be ameliorated, and
- d) the procedures to ascertain whether the problem has been adequately rectified.

If the TD determines that there has not been sufficient resolution of the fellow's impairment or problem to remove the Probation or modified schedule, then the TD will discuss the issue with the rotation supervisor(s) and the Director of Psychology Services. The TD will communicate, in writing, to the fellow that the condition(s) for revoking the Probation or modified schedule have not been met. This notice will include the course of action the TD has decided to implement. These may include continuation of the remediation efforts for a specified time period, or implementation of another alternative. Additionally, the TD will communicate to the Director of Psychology Services that if the fellow's impairment or problem is not sufficiently resolved, the fellow will not successfully complete the fellowship.

6. Suspension of Direct Service Activities requires a determination that the welfare of the person for whom the fellow is providing professional services has been jeopardized, or is likely to become jeopardized. Once this determination has been made, direct service activities will be suspended for a period as determined by the TD in

## **UTAH STATE HOSPITAL POSTDOCTORAL FELLOWSHIP IN CLINICAL NEUROPSYCHOLOGY**

consultation with the Director of Psychology Services. At the end of the suspension period, the fellow's rotation supervisor(s), in consultation with the TD and the Director of Psychology Services, will assess the fellow's capacity for effective functioning and determine when direct service can be resumed.

7. Administrative Leave involves the temporary withdrawal of all responsibilities and privileges in the agency. If the Probation Period, 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. The TD will inform the fellow of the effect the Administrative Leave will have on the fellow's stipend and other benefits.

8. Dismissal from the fellowship involves the permanent withdrawal of all agency responsibilities and privileges. When specific interventions do not, after a reasonable time period, result in a rectification of the problem or impairment and the trainee seems unable or unwilling to resolve her/his impairment or problem, the TD will discuss with the Director of Psychology Services the possibility of termination from the training program and dismissal from the agency. Either Administrative Leave or Dismissal from the fellowship would occur in cases of severe violation of the APA Code of Ethics, when imminent physical or psychological harm to a patient is a major factor, when remediation efforts have not resulted in adequate resolution of a problem or impairment, or when the fellow is unable to complete the fellowship within a reasonable timeframe.

### **IV. Procedures for Responding to Inadequate Performance by a Fellow**

If a fellow's performance is deemed inadequate by a rotation supervisor, or by another member of the faculty, or if the USH staff member has concerns about a fellow's behavior (ethical or legal violations, professional incompetence) the following process will be initiated:

1. The staff member will consult with the TD to determine if the behavior in question is being rectified, and the TD will determine if there is reason to take further action.
2. If the staff member who brings the concern to the TD is not the fellow's rotation supervisor, the TD will discuss the concern with the fellow's rotation supervisor(s).
3. If the TD and rotation supervisor(s) determine that the alleged behavior in the complaint, if proven, would constitute a serious violation, the TD will inform the staff member who initially brought about the complaint.
4. The TD will meet with the USH psychology faculty to discuss the performance rating or the concern.
5. The TD will meet with the Director of Psychology Services and, if deemed appropriate, the Assistant Clinical Director to discuss the concern and possible course of action to be taken to address the issue.
6. The TD, rotation supervisor(s), and Director of Psychology Services may meet to discuss possible courses of action.
7. Whenever a decision has been made by the Director of Psychology or TD about a fellow's training program or status in the agency, the TD will inform the fellow in writing and will meet with the fellow to review the decision. This meeting may include the fellow's rotation supervisor(s). This notification can include a discussion of possible concern(s) regarding the fellow's inadequate performance, problem, or impairment, a discussion of specific action taken to address the concern(s), progress being made by the fellow, and/or exchange of other information deemed relevant to the fellow's training.
8. The fellow may choose to accept the condition(s) or may choose to appeal corrective or remedial action. The

## **UTAH STATE HOSPITAL POSTDOCTORAL FELLOWSHIP IN CLINICAL NEUROPSYCHOLOGY**

process for appealing corrective or remedial action is presented below.

### **V. Due Process: General Guidelines**

Due process ensures that decisions about fellows are not arbitrary or unfairly biased. It requires that the Training Program identify specific evaluative processes that are applied to all trainees, and provide appropriate appeal processes available to the fellow. All steps need to be appropriately documented and implemented. General due process guidelines include the following:

1. During the orientation period, the fellows are presented, in writing, with the Program's expectations related to professional functioning and performance (e.g., copies of rotation evaluation forms, case presentation evaluation forms, and other indicated material), and these materials are reviewed in detail during fellow orientation. As materials are updated, fellows will be provided with copies of the updates in a timely fashion.
2. Processes for evaluation are explained during orientation, including when and how evaluations will be conducted. Such evaluations should occur at meaningful intervals as determined by the TD.
3. Articulating the various processes and actions involved in making decisions regarding impairment.
4. Instituting, when appropriate, a remediation plan for identified inadequacies, including a timeframe for expected remediation and consequences of not rectifying the inadequacies in a sufficient manner.
5. Ensuring that fellows have sufficient time, as outlined in this document, to respond to any action taken by the program.
6. Documenting, in writing and to all relevant parties, the actions taken by the Program and its rationale.

### **VI. Due Process:**

Due process allows all relevant parties to have mutual understanding of procedures to address potential impairments, problems, or other issues of concern in a timely and thorough fashion. When a matter cannot be resolved between the TD and fellow or staff, the steps to be taken are listed below.

#### **A. Grievance Process**

There are two situations in which grievance processes can be initiated. A fellow can dispute the action taken by the TD or a staff member, or a member of the training staff may initiate action against a fellow. These situations are described below.

**Fellow Grievance Process:** If a fellow wishes to formally dispute any action taken by the TD or staff member, the fellow must, within five working days of receipt of the grievance, inform the TD, in writing, of the dispute. When a dispute is made, the fellow must provide the TD information supporting the fellow's position or concern. Within three working days of receipt of this notification, the TD will consult with the Director of Psychology Services and will implement Review Panel processes as described below.

**Staff Grievance Process:** If a training staff member has a specific fellow concern that is not resolved by the TD, the staff member may seek resolution of the conflict by written request to the TD for a review of the fellow's behavior. Within three working days of receipt of the staff member's review request, the TD will consult with the Director of Psychology Services and a Review Panel will be convened.

#### **B. Review Panel and Process**

1. When needed, a review panel will be convened by the Director of Psychology Services. The panel will consist of three staff members selected by the Director of Psychology Services with recommendations regarding staff selection

## **UTAH STATE HOSPITAL POSTDOCTORAL FELLOWSHIP IN CLINICAL NEUROPSYCHOLOGY**

made by the TD and the fellow involved in the dispute. If the TD and/or Director of Psychology Services were involved in the grievance, then the Assistant Clinical Director would convene over the panel comprised of staff not involved in the grievance. The fellow and staff member involved in the grievance have the right to hear all facts with the opportunity to dispute or expound upon the issue of dispute.

2. Within five working days, a hearing will be conducted in which the dispute is heard and relevant material presented. Within three working days of the completion of the review, the Review Panel submits a written report to the Director of Psychology Services (or Assistant Clinical Director if Director of Psychology Services is involved in the dispute), including any recommendations for further action. Recommendations made by the Review Panel will be made by majority vote.

3. Within three working days of receipt of the recommendation, the Director of Psychology Services will either accept or reject the Review Panel's recommendations. If the Director of Psychology rejects the panel's recommendations, due to an incomplete or inadequate evaluation of the dispute, the Director of Psychology Services may refer the matter back to the Review Panel for further deliberation and revised recommendations, or revise the Review Panel's recommendation to arrive at a final decision.

4. If referred back to the panel, the Review Panel will report back to the Director of Psychology Services within five working days of the receipt of the Director of Psychology Services' request for further deliberation. The Director of Psychology Services then makes a final decision regarding what action is to be taken.

5. The Director of Psychology Services, with the TD Present, informs the fellow of the decision(s) made.

6. If the fellow disputes the Director of Psychology Services' final decision (or that of the Assistant Clinical Director), both the fellow and staff member have the right to contact/seek consultation with persons from the Association of Psychology Postdoctoral and fellowship Centers (APPIC) as appropriate.

## **Nepotism Policy**

Consistent with the Utah State Hospital's (USH's) and Department of Human Services's (DHS's) operational policies and procedures, the Psychology Discipline does not employ individuals in staff or fellow positions where they would supervise or be supervised by a relative, or where they would work within the same clinical treatment team or unit.

### **Procedure**

1. Relatives are defined as: father, mother, husband, wife, son, daughter, sister, brother, uncle, aunt, niece, nephew, first cousin, grandparents, grandchildren, mother-in-law, father-in-law, brother-in-law, sister-in-law, daughter-in-law, son-in-law, step-children, step-parents, step-brother, or step-sister.
2. Relatives of the Superintendent, Hospital Clinical Director, Assistant Superintendent, and Assistant Hospital Clinical Director may not be hired for any position within the hospital, including staff or fellow positions within the Psychology Discipline.
3. If a relative is already working with the Psychology Discipline, the following criteria must be observed in order for an individual to be hired into a staff or fellow position:
  - a. The related staff member or fellow may not participate in the hiring, interviewing, or selection process of the relative who is seeking employment with the Psychology Discipline.
  - b. The related staff members and/or fellows must be assigned to work on separate units, with separate treatment teams, and with separate patients.
  - c. In order to insure that there is no overlap of duties or supervision, position assignments to treatment units and teams must be reviewed and approved by the Director of Psychology Services, the Hospital Superintendent, the Hospital Clinical Director, and the Hospital Executive Clinical Staff.
4. If staff members and/or fellows become related due to marriage, the following criteria must be observed in order for the individuals to continue their clinical duties within the discipline:
  - a. The related staff members and/or fellows must be assigned to work on separate units, with separate treatment teams, and with separate patients.
  - b. In order to insure that there is no overlap of duties or supervision, position assignments to treatment units and teams must be reviewed and approved by the Director of Psychology Services, the Hospital Superintendent, the Hospital Clinical Director, and the Hospital Executive Clinical Staff.
4. Exceptions to this policy are granted in accordance with UCA 52-3-1.
  - a. The Hospital Superintendent must approve all requested exceptions.

**Utah State Hospital Neuropsychology Fellowship  
Time Away from Training Policy**

Updated October 2019

The Utah State Hospital (USH) Neuropsychology Fellowship Program provides the opportunity for fellows who successfully complete the fellowship to receive a minimum of 4000 total training hours, which would facilitate meeting licensure requirements in virtually all states within the US, as well as meet the requirements for ABPP Board Certification in Clinical Neuropsychology. It is the responsibility of each fellow to ensure that adequate training hours are achieved and documented to meet the licensure requirements of the jurisdiction(s) in which licensure is desired. Fellows will need to average 40 hours of work per week to meet the 2000-hour/year minimum. Time spent at professional conferences and interviews (as consistent with your training goals) would count towards the 2000 hours. Fellows are not required to work on the 11 state/federal holidays, although they may choose to work some of this time as long as they are not directly interacting with patients (unless their supervisor is on USH grounds). Up to eight “discretionary days” away from training can be requested during the year; Fellows are encouraged to use discretionary days judiciously to ensure their availability in the event of an unanticipated emergency or special event (e.g., illness, funeral, wedding, etc.). The USH full-time fellowship is a 24-month experience from the first workday in August through the last workday in July two years following the start date. Fellows are expected to remain at the fellowship site through the last workday of July. Note that no “discretionary days” can be used during the last week of fellowship. Extenuating circumstances requiring a fellow to be away from training more than the aforementioned days would be evaluated on a case-by-case basis, and the possibility of extending a specific fellow’s fellowship beyond two years to enable him or her to meet a minimum of 4000 training hours and competencies may be considered by the USH psychology faculty.