

The background of the entire page is a night-time aerial view of a city skyline, with lights from buildings and streets visible against a dark sky. The Houston Methodist logo is centered at the top.

HOUSTON
Methodist[®]
LEADING MEDICINE

DEPARTMENT OF PSYCHIATRY & BEHAVIORAL HEALTH

**Postdoctoral Fellowship in
Clinical Psychology**

2025 - 2026

PSYCHOLOGY POSTDOCTORAL FELLOWSHIP INFORMATION

Training Director:

William Orme, PhD

Assistant Professor of Psychology in Clinical Psychiatry & Behavioral Health, Houston Methodist Academic Institute

Assistant Professor of Psychology in Clinical Psychiatry, Weill Cornell Medical College

6550 Fannin St., Smith Tower, Suite 2509

346.238.2040 | whorme@houstonmethodist.org

Associate Training Director:

Marianne Carlson, PsyD

Associate Director, Education & Training, Houston Methodist Department of Psychiatry & Behavioral Health

346.238.2040 | mcarlson@houstonmethodist.org

Applicant Information:

We accept applications on a rolling basis until positions are filled. If you wish to apply, please send the Training Director your CV and a cover letter detailing your interest in the fellowship. Please do not send letters of recommendation. Some applicants will be offered an initial virtual interview with the Training Director. A subset of these applicants will be offered a second round of interviews with clinic staff (in-person for local applicants and virtual for out-of-town applicants). Individuals applying to the PHP/Assessment Track may be required to complete a timed (one hour), written case conceptualization based on a sample vignette. Typically, we receive the majority of applications between August and November. Positions are usually filled by January. We accept applications from graduates of APA-accredited doctoral programs in clinical and counseling psychology. All requirements for degree completion must be complete prior to the start of the fellowship. This is defined as having on the first day of the fellowship either the diploma in hand or a letter from the Director of graduate studies verifying the completion of all degree requirements pending institution graduation ceremony. Applicants must have completed an internship at a program that is APA-accredited or that is at minimum an APPIC member site.

Houston Methodist is an Equal Opportunity Employer.

Equal employment opportunity is a sound and just concept to which Houston Methodist is firmly bound. Houston Methodist will not engage in discrimination against, or harassment of any person employed or seeking employment with Houston Methodist on the basis of race, color, religion, sex, sexual orientation, gender identity, national origin, age, disability, status as a protected veteran or other characteristics protected by law. VEVRAA Federal Contractor – priority referral Protected Veterans requested.

Program Website: <https://www.houstonmethodist.org/for-health-professionals/department-programs/psychiatry-and-behavioral-health/>

Start Date: Negotiable between the first week of August and the first week of September.

Program Length: 1 year. Depending on fit and availability, fellows may be considered for an optional 2nd postdoctoral year. Refer to the “Optional 2nd Year” section for application details.

Drug Screen: As a condition of acceptance, trainees will be expected to pass a drug screen that includes nicotine.

APPIC Membership: The program is not an APPIC member. An application for APPIC membership has been submitted.

Licensure: This program meets the requirements for licensure within the state of Texas.

CONTENTS

Psychology Postdoctoral Fellowship Information	01
Welcome	03
Mission	04
Hospital Mission	04
Department Mission	04
Training Philosophy and Competencies	04
Program Setting and Structure	04
Preceptors	05
Supervisors	05
Research Supervisors	05
Current Tracks	06
Outpatient Track / Emotional Health & Well-Being Clinic	06
Track Specific Responsibilities	06
Partial Hospitalization & Therapeutic Assessment Track / Complexity Clinic	06
Track Specific Responsibilities	07
Women's Mental Health Track	07
Track Specific Responsibilities	08
Other Training Components	08
Trainee Didactic Series	08
Psychiatry Grand Rounds	08
Clinical Case Conference / Group Supervision	08
Trainee Case Conference	09
Women's Mental Health Case Conference	09
Acceptance and Commitment Therapy Training	09
Book / Journal Club	09
Supervision of Externs	10
Research	10
Methodist Association for Postdoctoral and Trainee Affairs	10
Texas Psychological Association Post-Doctoral Fellowship Collaborative	10
Training Director Meeting	10
Workload Expectations	10
Compensation & Benefits	10
Fellow Evaluation	11
Core Competencies	11
Evaluation Process	12
Fellow Evaluations and Program Feedback	12

Accommodations for Trainees and Disabilities	13
Optional Second Year	13
Employment Opportunities	13
Due Process	14
Grievance Process	17
Clinic Procedures	17
Documentation	17
Scheduling	18
Time Off & Sick Days	18
Teleworking Policy	18
Professional Appearance	19
Onboarding	19
Meet the Team	19
Department Leadership	19
Complexity Clinic (PHP & Assessment Track)	20
Emotional Health and Well-Being Clinic (Outpatient Track)	21
Women’s Mental Health	22
Monarch Community	22
Administrative Team	22
Research	22
Consultants	22
Appendix A: Fellow Evaluation Form	23
Appendix B: Onboarding Checklist	25



WELCOME

Welcome to Houston Methodist Hospital Department of Psychiatry & Behavioral Health. Houston Methodist Hospital (HMH) is a leading academic medical center, ranked #16 nationally and #1 in Texas by the U.S. News and World Report. HMH is the flagship hospital of the Houston Methodist system, which consists of eight hospitals throughout the greater Houston metropolitan area and over 300 clinic locations. Houston Methodist is home to a renowned academic institute and maintains an academic affiliation with Weill Cornell Medical College. HMH also maintains an affiliation and partnership with Texas A&M Health Science Center College of Medicine. We are delighted to have your interest and/or participation in our efforts to provide excellent and compassionate care to our patients.

MISSION

HOSPITAL MISSION

To provide high quality, cost-effective health care that delivers the best value to the people we serve in a spiritual environment of caring in association with internationally recognized teaching and research.

DEPARTMENT MISSION

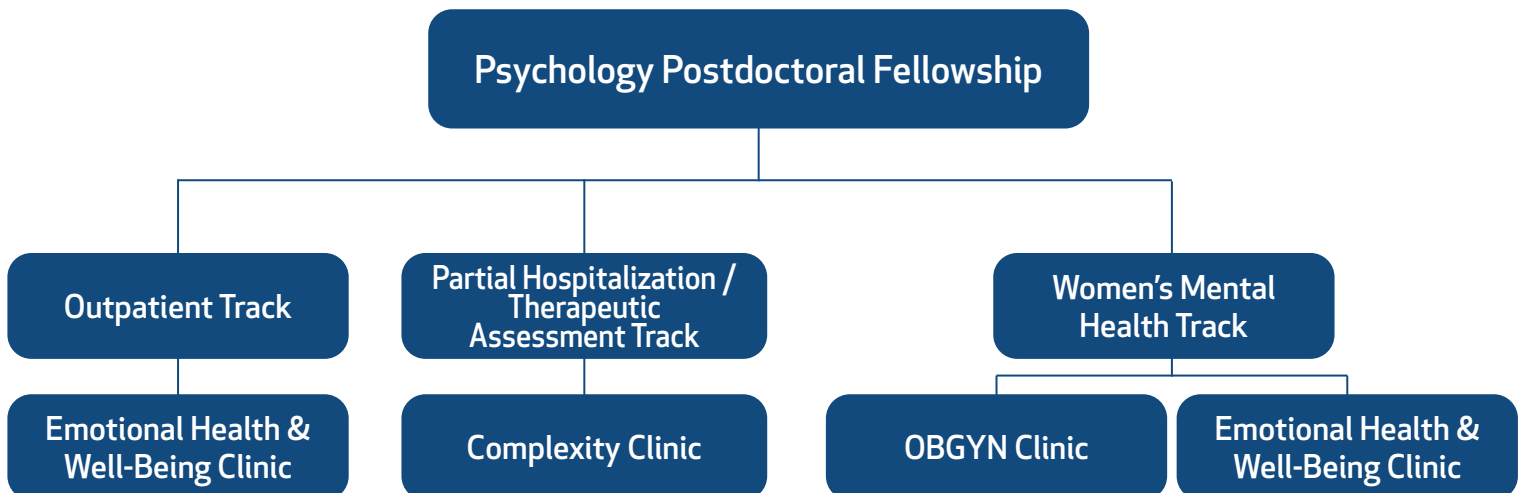
To provide world-class and holistic mental health services for individuals experiencing complex psychiatric conditions. Our expert team of specialists is committed to providing quality psychiatric intervention while addressing each of our client's unique struggles, strengths and needs. We offer compassionate, personalized care by utilizing innovative treatments, and partnering with clients and families to promote healthy lifestyle changes.

TRAINING PHILOSOPHY & COMPETENCIES

The fellowship operates on a scientist-practitioner model that is primarily focused on provision of clinical services with adjunctive support for research endeavors. The aim of the clinical psychology fellowship is to prepare fellows to operate as independent and competent practitioners within an academic medical setting by gaining valuable experience in psychotherapy, psychological assessment, inter-professional collaboration and consultation, and research. The seven competencies the program seeks to develop are in the following areas: (1) Integration of Science and Practice, (2) Ethical & Legal Standards, (3) Individual and Cultural Diversity, (4) Professional Values and Attitudes, (5) Communication and Interpersonal Skills, (6) Intervention, and (7) Psychological Assessment.

PROGRAM SETTING & STRUCTURE

The Department of Psychiatry and Behavioral Health is located at Houston Methodist Hospital main campus (2509 Smith Tower) in the Texas Medical Center. The psychology postdoctoral fellowship consists of three tracks: (1) Outpatient Track, (2) Partial Hospitalization / Therapeutic Assessment Track, and (3) Women's Mental Health Track. The fellow in the Outpatient track will train in Houston Methodist's Emotional Health and Well-Being clinic (EHWC). The fellow in the Partial Hospitalization Track will train in Houston Methodist's Complexity Clinic. The fellow in the Women's Mental Health track will train primarily in the outpatient Obstetrics and Gynecology clinic on the 22nd floor of Smith Tower, with supplemental cases from in the EHWC.



PRECEPTORS

Each fellow will be assigned a preceptor, who maintains overall responsibility for the fellowship track. At the beginning of the fellowship, the fellows will meet with their respective preceptors to develop a training plan for the coming year as well as to set expectations for caseload, research projects, and organizational policies. The preceptor will support the fellow in miscellaneous onboarding tasks, such as introductions, standing meetings, note templates, etc. Thereafter, fellows will meet with their preceptors monthly to discuss the following topics:

- Progress toward training goals
- Review workload
- Professional development topics (e.g., EPPP, licensure, job search)
- Professional mentorship (e.g., professional etiquette, inter-professional relationships)
- Address track-specific procedural or programmatic questions/concerns

The preceptor attends monthly training committee meetings. Monthly training committee meetings include at minimum the training director, associate training director, and track preceptors. The department vice chair, supervisors, and other leaders of department training initiatives may also attend. The preceptor may raise awareness of any training concerns at this meeting and/or advocate as necessary for the fellow's training experience.

SUPERVISORS

The fellows will also be assigned a clinical supervisor. Ideally, the supervisor will be a psychologist whose primary clinical responsibilities are within the fellow's assigned track, though depending on supervisor availability, this may not always be possible. The fellow will have 2 hours of weekly individual supervision, unless otherwise agreed upon with the supervisor. During these meetings, the following topics will be addressed:

- Clinical supervision for all individual, group, and assessment cases
- Feedback on fellow's clinical skills
- Sign clinical notes and review written material
- Drop bills for fellow's clinical encounters

The fellow's supervisor may attend monthly training committee meetings at the supervisor's discretion. The supervisor is responsible for providing mid-year and end-of-year formal feedback (See Appendix A). Depending on clinical need or fellow interest, fellows may receive adjunctive supervision from other staff psychologists (e.g., fellow joins a therapeutic assessment with another lead psychologist; fellow is interested in projective assessment and wants specific supervision on the Rorschach). The fellow will attend other weekly team and consultation meetings during which time case material may also be discussed. In certain cases, when staff availability is limited, the fellow's clinical supervisor will serve the dual role as the fellow's preceptor. If this is the case, the time in addition to weekly supervision will be scheduled to address preceptor-related topics. At times during the training year, fellows may be asked by their supervisors to video record live sessions for review. Whether this is required depends on the supervisors, but please be prepared to record at least one session.

RESEARCH SUPERVISORS

Interested fellows will have opportunities to collaborate on ongoing research projects as well as develop independent lines of clinical research. During the beginning of the program, the fellow will work with the track preceptor to understand and identify existing research projects and/or new possible initiatives depending upon the fellow's experience, interest, and competency. A specific research supervisor will not be assigned but fellows will receive informal research supervision from the principal investigator of the research project they join. Typically, dedicated research time is not reserved, and fellows are expected to use downtime during the ebb and flow of clinical care to work on their research projects. If progress is not made toward research goals using this format, fellows will discuss alternative arrangements with their preceptor.

OUTPATIENT TRACK / EMOTIONAL HEALTH AND WELL-BEING CLINIC

The primary goal of the postdoctoral fellowship in the Outpatient Track is to prepare trainees to become fully licensed psychologists qualified to work independently in a range of outpatient mental healthcare settings. Fellows will receive training in advanced clinical service delivery with a general patient population, tailored to the trainee's specific clinical interests and abilities. The Emotional Health and Well-Being Clinic's (EHWC) goal is to serve the mental health needs of Houston Methodist employees, many of whom are frontline healthcare workers, and their dependents, a population of over 55,000 in the greater Houston metropolitan area.

TRACK SPECIFIC RESPONSIBILITIES

- Intake Assessments
 - Comprehensive diagnostic assessments during patient's initial appointment
 - Therapist typically takes the patient on for therapy
- Individual therapy with patients with a wide range of presenting problems
 - Supervisor will assist with identifying cases to fit fellow's training goals
- Group therapy
 - Co-facilitate ongoing groups in the clinic, depending on availability
 - Opportunity to develop and implement new group therapies
- Psychological testing
 - As needed
 - Supervisor may vary depending on referral question
- Team meetings
 - Clinic operations meeting: Biweekly Tuesdays 10-11am
 - EHWC case consultation meeting: Thursdays 10-11am

TRACK PRECEPTOR: Chandra Bautista, PhD

CURRENT SUPERVISORS: Chandra Bautista, PhD; Namrata Vasquez, PhD

PARTIAL HOSPITALIZATION & THERAPEUTIC ASSESSMENT TRACK / COMPLEXITY CLINIC

The Partial Hospitalization / Therapeutic Assessment track is designed to facilitate specialization in working with patients who present with difficult-to-treat psychiatric conditions, psychosis, personality disorders, complex trauma, and/or co-occurring medical-psychiatric illness. The fellow will primarily train in Houston Methodist's Complexity Clinic, a private pay clinic that draws patients nationally and internationally for an award-winning comprehensive medical-psychiatric-psychological assessment, called the Therapeutic Assessment (TA), and a team-based partial hospitalization program, called Functional Rehabilitation (FR). The CC is a tertiary, specialty clinic with psychologists, psychiatrists, social workers, art therapists, music therapists, and nutrition and wellness providers. The patient population is generally composed of those individuals who struggle to maintain functioning at the outpatient level of care and need a higher level of care, or who are stepping down from a higher level of care (i.e., inpatient or residential). Our model is a team-based approach with significant time to interact with patients, families, as well as colleagues to develop and implement personalized plans of care addressing the whole person. Fellows will develop increasing autonomy as they contribute to our highly individualized treatment programming.

The TA is a team-based evaluation that takes approximately 7 to 10 business days and is informed by various assessment models while maintaining a broadly humanistic and patient-centered approach. The assessment is personalized to each individual's needs (e.g., personality assessment, neuropsychological testing) and, when beneficial, includes consultation from specialized mental health providers as indicated (e.g., eating disorder, pain, OCD, and women's mental health specialists) as well as other medical expertise available within the larger Houston Methodist medical setting and the Texas Medical Center. Customized therapeutic feedback on assessment results is given to patients with a focus on facilitating understanding of presenting symptoms

with greater depth and compassion. Fellows will participate by conducting in-depth psychological assessment and report writing. They will work the patient to develop a shared conceptualization of the factors that drive the presenting problems and facilitate exploration of various treatment options. As their competencies allow, trainees may have the eventual opportunity to become a team lead for these assessments. Assessments are primarily focused on diagnostic clarification and personality assessment. Trainees will not receive supervision in neuropsychological assessment.

The FR program is designed for individuals with chronic psychiatric and/or medical conditions that have left them unable to engage fully with their lives. This program spans 5 to 8 weeks (M-F, 900-300) but can be extended when clinically useful. Uniquely, patients receive at least 10 hours of individual psychotherapy per week from a team of therapists that work toward shared goals concomitantly. All patients participate in group therapies offered in conjunction with the PHP. Trainees will function as one of the team therapists and may eventually take the lead as primary clinician for patients as they progress through the program. They are required to lead 2 groups. Group programming consists of psycho-educational and experiential/process-based groups, including yoga, art therapy, acceptance and commitment therapy (ACT), compassion-focused therapy (CFT), process group therapy, attachment and mentalization based therapy (MBT), as well as designated programming emphasizing family dynamics.

TRACK SPECIFIC RESPONSIBILITIES

- Individual Psychotherapy
 - o Fellow will serve as a team therapist for FR patients
 - o Fellow may serve as team lead as competency permits
 - o Fellow may also develop an outpatient practice of patients who have participated in the FR or TA to do longer-term work
- Group Psychotherapy
 - o Fellow is expected to lead 2 groups per week
- Personality/Diagnostic Assessment
 - o Fellow will serve in an adjunctive role to the lead psychologist on TAs
 - o Fellow may serve as assessment lead as competency permits
- Attend Complexity Clinic team clinical meetings
 - o Tuesdays and Thursdays at 12 pm

TRACK PRECEPTOR: George Bombel, PhD

CURRENT SUPERVISORS: Major Bradshaw, PhD; George Bombel, PhD; Laura Harvey, PhD; William Orme, PhD

WOMEN'S MENTAL HEALTH TRACK

The primary goal of the postdoctoral fellowship in the Women's Mental Health (WMH) track is to prepare trainees to be fully licensed psychologists qualified to work independently in a range of outpatient mental healthcare settings with a special emphasis on training as an expert in women's mental health. Fellows will receive training in clinical service delivery primarily for women receiving care from the outpatient Obstetrics and Gynecology clinic on the 22nd floor of Smith Tower. The caseload will primarily be women seeking services for perinatal mental health concerns. Occasionally, caseload will include women with mental health needs related to other women's health issues (e.g. menopause, cancer, PMDD, etc.).

The fellow will work with their preceptor to develop an individualized training plan for the fellowship year. Additional didactics and learning opportunities with Weill Cornell Reproductive Psychiatry Program will be incorporated to increase community and augment education. The fellow is considered a junior colleague and a fully functioning member of the team. Skills developed will include: knowledge of women's mental health conditions, communication with medical team regarding patient care and needs, diagnostic and treatment planning, education and training of patients and practitioners. This track provides 20% protected research time.

TRACK SPECIFIC RESPONSIBILITIES

- Through intake assessments and brief interventions
 - Comprehensive diagnostic assessments prior to initiating therapy focused on skills and appropriate referrals
- Individual therapy with perinatal patients referred directly from Obstetrics outpatient clinic
 - As needed, caseload will be supplemented by EHWC
- Team meetings
 - Attend weekly Women's Mental Health Consultation Group
 - Attend weekly OBGYN Provider Meeting
- Consultation
 - Be available to obstetrics providers when in need of help with patient management, clinical referrals, etc.
- Research
 - Participate in ongoing research projects (goal of at least one product during fellowship year)
- Outreach
 - Opportunities may arise for didactics, provider training, community engagement, etc.

TRACK PRECEPTOR: Jessica Rohr, PhD

CURRENT SUPERVISORS: Jessica Rohr, PhD

OTHER TRAINING COMPONENTS

TRAINEE DIDACTIC SERIES

1 hour per week, Mondays at 12 pm, when there is not a grand rounds presentation

Fellows will participate in a didactic series that covers a variety of topics relevant to clinical practice and professional development. At minimum the didactic schedule will include modules on ACT, suicide, working with chronic and co-occurring medical-psychiatric illness, and personality conceptualization using psychoanalytic, attachment, and mentalization models. Schedule of our current seminar series can be found in the shared drive under "Behavioral Health Shared Drive \ Education and Training."

PSYCHIATRY GRAND ROUNDS

1 hour per month, typically the first Monday of the month at noon. When there is a grand rounds presentation, there will not be a weekly didactic lecture.

Grand rounds presentations are department wide lectures on a variety of topics related to clinical practice, cultural considerations, and emerging research. Presenters are from within the Houston Methodist system as well as from other academic or clinical institutions. Schedule of our current grand rounds series can be found in the shared drive under "Behavioral Health Shared Drive \ Education and Training."

CLINICAL CASE CONFERENCE/GROUP SUPERVISION

1-2 hours per week (Time varies per track)

Fellows will also attend a weekly group consultation meeting with clinic staff to review current patients in the clinic. For fellows, this meeting provides the opportunity for group supervision from the team of psychologists and other providers in the clinic. In terms of theoretical orientation, the case conference is broadly psychodynamic, and will include some emphasis on conceptualizing patients from the perspective of Kernberg's spectrum of personality organization. During case conference, fellows will take turns presenting one case at a time in a specific format (e.g., background, brief history, presenting problems, goals, etc.), then transitioning to describing in-detail an aspect of the clinical work with that particular patient.

CLINICAL CASE CONFERENCE/GROUP SUPERVISION, CONTD.

Fellows bring particular consultation questions and allow others in group the opportunity to ask questions, discuss conceptualizing and technique, and provide support. Some of the most helpful data to articulate and explore during this group are personal emotions in response to any particular patient – known as counter-transference. Fellows are not required to disclose their personal reactions but given how crucial these data can be for conceptualizing and treating patients with personality disorders (for example), fellows will be encouraged to disclose. Similarly, one of the most significant clinical learning tasks during fellowship year is to expand awareness about how personal traits and tendencies (including strengths and foibles) might be getting in the way of improving clinical work. This learning will occur naturally in this group amidst exploration of cases and interventions. The group facilitator will ensure that this process remains bounded, i.e., will not be exploring personal emotional issues, traumas, or family or mental health histories. Any discussions about personal traits will always be anchored to the clinical work with patients.

TRAINEE CASE CONFERENCE

1 hour every other week, Thursdays at 4 pm

Fellows will participate in a case conference meeting that is specifically designed for trainees and led by a licensed psychologist. During this conference, fellows will present difficult cases with a focus on increasing skills in psychological formulation.

WOMEN'S MENTAL HEALTH CASE CONFERENCE

1 hour every week, Wednesdays at 9 am

Optional weekly consultation group to discuss patient issues related to perinatal mental health and other mental health concerns associated with women's reproductive/hormonal experiences across the lifespan. New clinical/research findings and resources/referrals will also be discussed when relevant. Open to all trainees.

ACCEPTANCE AND COMMITMENT THERAPY TRAINING

1 hour every other week, Thursdays at 4 pm

As part of the training fellowship, fellows will participate in weekly ACT practice to learn and sharpen their clinical acumen within an ACT framework. During this time, trainees will be asked to serve in the role as the therapist or patient to facilitate procedural learning of ACT. When serving in the role of the patient, trainees may share a "real life" type situation (could also be something about their own life if appropriate and/or desired) to contribute to the learning experience. The trainee may alternatively role-play one of their patients. If the trainee selects to share something from their personal life, they are encouraged to consider ahead of time what they would like to share to ensure that they feel comfortable with what they choose to disclose. Effort will be made to make assignments ahead of time about who will participate in the real play for upcoming meetings. It is recommended that trainees choose a topic that does not involve significant disclosure so that they do not leave feeling unduly exposed among their peers and staff within the evaluative context. If trainees do not feel comfortable with personal disclosure, there will be no consequences, criticism, or negative evaluation of the trainee's performance for electing to only participate in role-playing their patients.

BOOK/JOURNAL CLUB

1 hour every week, Fridays at 12 pm

A professional book club is provided for team members and is an optional part of training. In book club, members complete weekly readings and come prepared to discuss the chosen selection. Books are decided upon as a group and fellows are encouraged to provide recommendations that align with their learning interests or goals. If trainees elect to participate, they will be expected to complete weekly readings and contribute specific questions or observations to each group.

SUPERVISION OF EXTERNS

Depending on availability of externs and interest of all involved parties, fellows may have the opportunity to provide tiered supervision to psychology externs. If fellows are interested in gaining this experience, they are encouraged to discuss early in the training year with their preceptor.

RESEARCH

Fellows are encouraged to work on research during clinical downtime. Depending upon competency, they may be able to develop new research initiatives or build upon existing research projects. Current areas of research in the clinic include the gut-microbiome-brain axis, women's mental health, burnout, personality disorders, and suicide.

METHODIST ASSOCIATION FOR POSTDOCTORAL AND TRAINEE AFFAIRS

An optional component is engagement with the Methodist Association for Postdoctoral and Trainee Affairs (MAPTA). MAPTA is a self-governed association for translational science research professionals. They support postdoctoral fellows, graduate trainees, medical residents, and other translational science research professionals with education, networking, intramural activities, and career development and advancement opportunities. They offer various resources including networking and social events, professional development seminars, travel awards, and complementary membership to the National Postdoctoral Association (<https://www.nationalpostdoc.org/>). To get involved, reach out to MAPTA directly at mapta@houstonmethodist.org.

TEXAS PSYCHOLOGICAL ASSOCIATION POST-DOCTORAL FELLOWSHIP COLLABORATIVE

2nd Friday of every month, 12 pm (virtual)

Fellows will meet virtually with other Houston-area psychology fellows for a curated lecture series, coordinated by the Texas Psychological Association. These lectures are aimed at fostering connection among Houston-area trainees as well as providing additional professional development support. Refer to the Training Director for lecture schedule.

TRAINING DIRECTOR MEETING

Once a quarter, fellows will meet with the training director. This time is used to check in on training, clarify administrative procedures, discuss the training program and any issues relevant to training/professional development, discuss cases of interest, and generally augment the didactic and research experiences.

WORKLOAD EXPECTATIONS

The goal for fellows will be up to 25 hours of direct patient care per week (individual and groups). At the beginning of the year, fellows may begin with 15 hours, moving closer to 25-30 hours per week toward the middle of the year. This will allow time for adjustment and learning new skills in the beginning and working up to a more independent, staff-level caseload by the end of training. The fellow's schedule is collaboratively determined by the fellow and preceptor. Free time may be used for research, EPPP study, preparing licensure application, and other professional development tasks.

COMPENSATION & BENEFITS

Annual Stipend/Salary	\$69,981.00
Program provides access to medical insurance for Resident?	Yes
If access to medical insurance is provided:	
Trainee contribution to cost required?	Yes

Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	Yes
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	5.54 hours per pay period (every 2 weeks) + 8 days of system holidays
Hours of Annual Paid Sick Leave	Included in PTO balance
Professional Leave	Must use PTO unless given explicit department approval
Parking	Fellows are given the option of free parking at an offsite lot (e.g., Smithlands) and utilizing the Metro Rail (reimbursed by Houston Methodist) or the Houston Methodist shuttle. If fellows choose to not take this option, they are responsible for finding and paying for their own parking.
Professional Development	The department provides up to \$1,000 for supplementary educational activities (e.g., conference attendance, training course). Contact the Training Director for approval.
Family Leave	Negotiated with Training Director and Vice Chair of Psychiatry on a case-by-case basis as need arises. If leave is agreed upon, it will be unpaid and not-to-exceed 3 months in duration. The fellow's end date will be adjusted accordingly to complete a full year of active training.
Other Leaves	Fellows are provided the same level of benefits as other employees and are granted an EAD day, Jury Duty, Bereavement, and short-term disability after 183 days of employment.

FELLOW EVALUATION

CORE COMPETENCIES

Refer to Appendix A for the fellow evaluation form.

- I. **Integration of Science and Practice** - Psychology fellows are expected to utilize foundational and current research as it relates to their professional roles (e.g., providing clinical services, presentations or didactics, etc.). Engaging in scholarly inquiry includes being able to critically evaluate research, formulating and demonstrating an understanding of how to test empirical questions as it relates to clinical problems encountered, and integrate empirical knowledge into clinical practice, particularly as it relates to various forms of psychopathology, methods of clinical intervention, and psychological assessment (as indicated).
- II. **Ethical and Legal Standards** - Fellows are expected to demonstrate the knowledge, skills, and attitudes necessary to practice professionally in responsible, ethical, and culturally sensitive manner in accordance with the current APA ethics code, relevant laws and regulations at the local, state, regional, and federal levels, as well as organizational guidelines, standards, and policies. Fellows should be able recognized ethical dilemmas as they arise and apply ethical decision-making processes to resolve the dilemmas. They should also be able to conduct self in an ethical manner in all professional activities.
- III. **Individual and Cultural Diversity** - Effectiveness in service provision requires that postdoctoral fellows develop the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population.

- III. Individual and Cultural Diversity (contd.)** - Therefore, postdoctoral fellows must demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics. These include, but are not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. Fellows are expected to understand their individual cultural backgrounds, including attitudes and biases, in service of sensitivity to the impact their backgrounds have on clinical interactions. Fellows should be able to demonstrate a knowledge of how various cultural factors, informed by theoretical and empirical knowledge, may interact to influence clinical presentation, treatment progress, and rapport. In addition, Fellows should demonstrate the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.
- IV. Professional Values and Attitudes** - Fellows are expected to behave in ways that reflect the values and attitudes of psychologists, including integrity, professional comportment, accountability, lifelong learning, and concern for the welfare of others. They are expected to engage in self-reflection regarding one's personal and professional functioning, as well as engage in activities to maintain and improve performance, well-being, and professional effectiveness. Fellows are expected to actively seek and demonstrate openness and responsiveness to feedback and supervision. They respond professionally in increasingly complex situations with independence.
- V. Communication and Interpersonal Skills** - Fellows are expected to develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services. They are expected to produce oral, nonverbal, and written communications that are informative and well-integrated. They are expected to demonstrate effective interpersonal skills and the ability to manage difficult communication well. This includes being clear and responsive with communication.
- VI. Intervention** - Fellows must be able to provide individual and group patient care that is compassionate, comprehensive, appropriate, and effective for the treatment of mental health problems and the promotion of mental health. Fellows are expected to demonstrate skill in working with patients of various backgrounds and diagnoses. They are expected to be competent with increasing sophistication in case conceptualization from at least one primary evidence-based theoretical orientation and demonstrate the ability to adapt their conceptualization based on newly emerging clinical information. They are expected to be able to apply intervention strategies based on their formulation and show utility in evaluating the effectiveness of their intervention.
- VII. Psychological Assessment (if applicable)** - Fellows are expected to demonstrate skill in the selection, administration, and interpretation of psychological assessments. They are expected to be able to develop an integrated psychological formulation based on a particular theoretical model that offers insight, an explanation of presenting symptoms, and a forecast of treatment targets. They are expected to produce well-written, integrated, and timely reports. Furthermore, they are expected to demonstrate competency in providing person-centered feedback in way that is sensitive to what information the patient can receive and facilitates greater patient understanding of psychological struggles.

EVALUATION PROCESS

Weekly meetings with supervisors provide regular feedback regarding strengths and weaknesses observed in clinical skills, research skills, or professional behavior. Monthly meetings with the preceptor will also be an avenue for feedback regarding clinical or professional concerns.

Written evaluations of fellows are completed two times per year (mid-year, end of year). Written evaluations are reviewed in individual meetings between supervisors and fellows and then are submitted to the Training Director. Training Committee meetings (quarterly) allow for ongoing review of fellow's progress and discussion of potential concerns.

FELLOW EVALUATIONS AND PROGRAM FEEDBACK

Fellow will have the opportunity to evaluate the quality of their supervisory and preceptor experience mid-year and at the end of the program. The forms should be submitted to the training director. The training director will review the feedback and address any supervisory concerns.

ACCOMMODATIONS FOR TRAINEES WITH DISABILITIES

It is the policy of Houston Methodist (HM) to provide reasonable accommodations to individuals with disabilities in accordance with the American with Disabilities Act (ADA). Should an accommodation be needed at any time during the fellowship, we ask that the request be made as early as possible in order to maximize the benefit derived from training. Requests for accommodation must be made in writing. Procedure GME09 (<https://www.houstonmethodist.org/education/medical/graduate-medical-education/institutional-policies/>) outlines the process for requesting an accommodation. This policy applies to trainees in the Department of Psychiatry and Behavioral Health. However, requests for disabilities will be made to the Training Director, instead of the GME Director. The Training Director will directly interface with the HR specialist responsible for overseeing the request.

OPTIONAL SECOND YEAR

If a postdoctoral fellow is interested in an additional year of training following the initial postdoctoral year, the fellow is encouraged to apply. To apply, submit a cover letter to the training director by December 1st that clearly articulates how an additional year of training will serve professional development goals. It is incumbent upon the fellow to discuss interest in a 2nd year with the fellow's preceptor early in the training year. Admission to a 2nd year fellowship is not automatic. Current fellows will be evaluated by based on fit, current performance, department staffing needs, and funding availability.

EMPLOYMENT OPPORTUNITIES

Postdoctoral fellows may be considered for employment at the end of their postdoctoral fellowship year based on performance, fit, clinical need, and funding availability. Some qualities of desirable candidates include:

- Excellent clinical acumen
 - Example: Develops strong rapport, effective interventions, manages cases actively
- Interpersonal skill
 - Example: Responsiveness, tact, collegiality
- Demonstrates strong work ethic
 - Example: Adeptly manages multiple clinical and professional responsibilities
- Experience & skill that is additive to existing department competencies
 - Example: Provides a specialty area (i.e, trauma, family work, assessment with specialized populations) that builds overall department offerings
- Takes initiative to build novel or innovative programming
 - Example: Starts a new group or consultation program
- Ability to start, lead, or contribute meaningfully to research initiatives
 - Example: Takes lead on submitting a paper to a peer reviewed journal

Even if a postdoctoral fellow possesses these qualities, employment may not be available depending on department funding or need. Postdoctoral fellows are encouraged to discuss employment opportunities with their preceptor as the year progresses and to actively assess possible external employment opportunities.

Due Process Procedures are implemented in situations in which a supervisor or other faculty or staff member raises a concern about the functioning of a postdoctoral fellow. The fellowship's Due Process procedures occur in a stepwise fashion, involving greater levels of intervention as a problem increases in persistence, complexity, or level of disruption to the training program. The purpose of the Due Process procedure is to ensure that the training program's decisions about Fellows are neither arbitrary nor personally based.

Rights and Responsibilities

These procedures are a protection of the rights of both the fellow and the postdoctoral fellowship training program; and they carry responsibilities for both.

Fellows

The fellow has the right to be afforded with every reasonable opportunity to remediate problems. These procedures are not intended to be punitive; rather, they are meant as a structured opportunity for the fellow to receive support and assistance in order to remediate concerns. The fellow has the right to be treated in a manner that is respectful, professional, and ethical. The fellow has the right to participate in the Due Process procedures by having their viewpoint heard at each step in the process. The fellow has the right to appeal decisions with which he/she/they disagree, within the limits of this policy. The responsibilities of the fellow include engaging with the training program and the institution in a manner that is respectful, professional, and ethical, making every reasonable attempt to remediate behavioral and competency concerns, and striving to meet the aims and objectives of the program.

Postdoctoral Fellowship Program

The program has the right to implement these Due Process procedures when they are called for as described below. The program and its faculty/staff have the right to be treated in a manner that is respectful, professional, and ethical. The program has a right to make decisions related to remediation for a fellow, including probation, suspension, and termination, within the limits of this policy. The responsibilities of the program include engaging with the fellow in a manner that is respectful, professional, and ethical, making every reasonable attempt to support fellows in remediating behavioral and competency concerns, and supporting fellows to the extent possible in successfully completing the training program.

Definition of a Problem

For purposes of this document, a problem 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, psychological dysfunctions, and/or excessive emotional reactions which interfere with professional functioning.

It is a professional judgment as to when a problem becomes an issue that requires remediation. Problems typically become identified as issues that require remediation 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 the scheduled sequence of clinical 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;
6. the trainee's behavior does not change as a function of feedback, and/or time;

7. the problematic behavior has potential for ethical or legal ramifications if not addressed;
8. the fellow's behavior negatively impacts the public view of the agency;
9. the problematic behavior negatively impacts other trainees;
10. the problematic behavior potentially causes harm to a patient; and/or,
11. the problematic behavior violates appropriate interpersonal communication with agency staff.

Informal Review

When a supervisor or other faculty/staff member believes that a fellow's behavior is becoming problematic or that a fellow is having difficulty consistently demonstrating an expected level of competence, the first step in addressing the problem should be to raise the issue with the fellow directly and as soon as feasible in an attempt to informally resolve the problem. This may include increased supervision, didactic training, and/or structured readings. The supervisor or faculty/staff member who raises the concern should monitor the outcome.

Formal Review

If a fellow's problem behavior persists following an attempt to resolve the issue informally, or if a fellow receives a rating below a "3" on any learning element on a supervisory evaluation (See Appendix A), the following process is initiated:

- A. Notice:** The fellow will be notified in writing that the issue has been raised to a formal level of review, and that a Hearing will be held.
- B. Hearing:** The supervisor or faculty/staff member will hold a Hearing with the Training Director (TD) and fellow within 10 working days of issuing a Notice of Formal Review to discuss the problem and determine what action needs to be taken to address the issue. If the TD is the supervisor who is raising the issue, an additional faculty member who works directly with the fellow will be included at the Hearing. The fellow will have the opportunity to present their perspective at the Hearing and/or to provide a written statement related to their response to the problem.
- C. Outcome and Next Steps:** The result of the Hearing will be any of the following options, to be determined by the Training Director and other faculty/staff member who was present at the Hearing. This outcome will be communicated to the fellow in writing within 5 working days of the Hearing:
 1. Issue an "Acknowledgement Notice" which formally acknowledges:
 - i. that the faculty is aware of and concerned with the problem;
 - ii. that the problem has been brought to the attention of the fellow;
 - iii. that the faculty will work with the fellow to specify the steps necessary to rectify the problem or skill deficits addressed by the inadequate evaluation rating; and,
 - iv. that the problem is not significant enough to warrant further remedial action at this time.
 2. Place the fellow on a "Remediation Plan" which defines a relationship such that the faculty, through the supervisors and TD, actively and systematically monitor, for a specific length of time, the degree to which the fellow addresses, changes and/or otherwise improves the problematic behavior or skill deficit. The implementation of a Remediation Plan will represent a probationary status for the fellow. The length of the probation period will depend upon the nature of the problem and will be determined by the fellow's supervisor and the TD. A written Remediation Plan will be shared with the fellow in writing and will include:
 - i. the actual behaviors or skills associated with the problem;
 - ii. the specific actions to be taken for rectifying the problem;
 - iii. the time frame during which the problem is expected to be ameliorated; and,
 - iv. the procedures designed to ascertain whether the problem has been appropriately remediated.

At the end of this remediation period as specified in 'iii' above, the TD will provide a written statement indicating whether the problem has been remediated. This statement will become part of the fellow's permanent file. If the problem has not been remediated, the Training Director may choose to move to Step D below or may choose to extend the Remediation Plan. The extended Remediation Plan will include all the information mentioned above and the extended timeframe will be specified clearly.

3. Place the fellow on suspension, which would include removing the fellow from all clinical service provision for a specified period, during which the program may support the fellow in obtaining additional didactic training, close mentorship, or engage some other method of remediation. The length of the suspension period will depend upon the nature of the problem and will be determined by the fellow's supervisor and the TD. A written Suspension Plan will be shared with the fellow in writing and will include:

- i. the actual behaviors or skills associated with the problem;
- ii. the specific actions to be taken for rectifying the problem;
- iii. the time frame during which the problem is expected to be ameliorated; and,
- iv. the procedures designed to ascertain whether the problem has been appropriately remediated.

At the end of this remediation period as specified in 'iii' above, the TD will provide a written statement indicating whether the problem has been remediated to a level that indicates that the suspension of clinical activities can be lifted. The statement may include a recommendation to place the fellow on a probationary status with a Remediation Plan. In this case, the process in #2 above would be followed. This statement will become part of the fellow's permanent file.

D. If the problem is not rectified through the above processes, or if the problem represents gross misconduct or ethical violations that have the potential to cause harm, the fellow's placement within the fellowship program may be terminated. The decision to terminate a fellow's position would be made by the Training Committee and a representative of Human Resources and would represent a discontinuation of participation by the fellow within every aspect of the training program. The Training Committee would make this determination during a meeting convened within 10 working days of the previous step completed in this process, or during the regularly scheduled monthly Training Committee meeting, whichever occurs first. The TD may decide to suspend a fellow's clinical activities during this period prior to a final decision being made, if warranted.

All time limits mentioned above may be extended by mutual consent within a reasonable limit.

Appeal Process

If the fellow wishes to challenge a decision made at any step in the Due Process procedures, they may request an Appeals Hearing before the Training Committee. This request must be made in writing to the TD within 5 working days of notification regarding the decision with which the fellow is dissatisfied. If requested, the Appeals Hearing will be conducted by a review panel convened by the TD and consisting of the TD (or another supervisor, if appropriate) and at least two other members of the training faculty who work directly with the fellow. The fellow may request a specific member of the training faculty to serve on the review panel. The Appeals Hearing will be held within 10 working days of the fellow's request. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel may uphold the decisions made previously or may modify them.

If the fellow is dissatisfied with the decision of the review panel, they may appeal the decision, in writing, to the Vice Chair of the Department of Psychiatry. If the fellow is dissatisfied with the decision of Vice Chair, they may appeal the decision, in writing, to Physician's Organization Administrator who oversees the Department of Psychiatry or the Chair of the Department of Psychiatry. Each of these levels of appeal must be submitted in writing within 5 working days of the decision being appealed. The Department Chair has final discretion regarding the outcome.

GRIEVANCE PROCESS

Houston Methodist Department of Psychiatry and Behavioral Health is committed to providing an environment that is conducive to learning and training. If a trainee has a concern about the learning environment or program, including about a supervisor, other staff member, or trainee, the trainee is encouraged to bring the concerns or complaints to the attention of staff via the grievance process. Fellows who pursue grievances in good faith will not experience any adverse professional consequences. The trainee should take the following steps to do so:

Informal Review

First, the fellow should raise the issue as soon as feasible with the involved supervisor, staff member, other trainee, or the Training Director to resolve the problem informally.

Formal Review

If the matter cannot be satisfactorily resolved using informal means, the fellow may submit a formal grievance in writing to the Training Director. If the Training Director is the object of the grievance, the grievance should be submitted to the Vice Chair of the Department of Psychiatry and Behavioral Health. The individual being grieved will be asked to submit a response in writing. The Training Director (or the Vice Chair, if appropriate) will meet with the fellow and the individual being grieved within 10 working days. In some cases, the TD or Vice Chair may wish to meet with the fellow and the individual being grieved separately first. In cases where the fellow is submitting a grievance related to some aspect of the training program rather than an individual (e.g. issues with policies, curriculum, etc.) the Training Director and Vice Chair will meet with the fellow jointly. The goal of the joint meeting is to develop a plan of action to resolve the matter. The plan of action will include:

- a. the behavior/issue associated with the grievance;
- b. the specific steps to rectify the problem; and,
- c. procedures designed to ascertain whether the problem has been appropriately rectified.

The Training Director or the Vice Chair will document the process and outcome of the meeting. The fellow and the individual being grieved, if applicable, will be asked to report back to the Training Director or Vice Chair in writing within 10 working days regarding whether the issue has been adequately resolved.

If the plan of action fails, the Training Director or Vice Chair will convene a review panel consisting of themselves and at least two other members of the training faculty within 10 working days. The fellow may request a specific member of the training faculty to serve on the review panel. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel has final discretion regarding outcome.

If the review panel determines that a grievance against a staff member cannot be resolved internally or is not appropriate to be resolved internally, then the issue will be turned over to the Human Resources to initiate the agency's due process procedures.

CLINIC PROCEDURES

DOCUMENTATION

In keeping with best practice and standard of care, patient documentation (individual and group notes) should be completed in EPIC on the same day the patient is seen. Within their notes, fellows should include their status as a "fellow" and under whose license they are providing services. Discuss note structure with your supervisor.

Assessments will be written in an ongoing manner during the TA process. Fellows should discuss the writing process and preference with their assigned supervisor. Refer to examples of Therapeutic Assessments in shared drive. Assessments should be completed within one week after the diagnostic conference is complete.

SCHEDULING

There are different scheduling processes for both clinics. Fellows should familiarize themselves with the most current scheduling process in each clinic they work in. The fellow's preceptor will assist with socialization to organizational procedures and norms.

Emotional Health and Wellbeing Clinic:

Please refer to the Emotional Health and Wellbeing Clinic Handbook (Shared Drive \ Emotional Health and Wellbeing Clinic) for current processes and procedures for scheduling.

Complexity Clinic:

We utilized "Patient Tracker" via Microsoft Teams and Outlook for patient scheduling. For Therapeutic Assessments, providers are encouraged to conduct their meetings in the morning. For Functional Rehabilitation, group programming is conducted in the morning and individual sessions are conducted in the afternoon. Outpatient programming is typically scheduled around these appointments unless you have assigned dedicated days/time to outpatient or transplant care.

TIME OFF & SICK DAYS

Notify supervisor and preceptor of time off and address any scheduling concerns. Once approved, email the operation manager (Nancy Torres) the days you will be out of clinic and input into your Outlook calendar. It is the fellow's responsibility to take the initiative to line up coverage for groups and individual sessions (as needed).

For unplanned time off (i.e. sick days), email the Behavioral Health email group to let the team know you will be out that day. If you co-lead groups, alert your co-lead that you will not be attending group for that day. Work to ensure your individual appointments for that day are covered by other providers. If you are unable to coordinate coverage, let your supervisor know that you will be out so that they can coordinate coverage for that day. Refer to HMH Human Resources handbook for additional information about PTO and sick leave.

Fellows must request time off for participation in professional conferences unless they are presenting at the conference. Fellows may only utilize work time to study for the Examination for Professional Practice in Psychology if it is not interfering with their regular clinic duties. The Department does not cover the fees for study materials or exam.

TELEWORKING POLICY

If patients are in clinic for appointments, providers are expected to be in clinic to conduct their sessions. Providers can work from home or conduct virtual appointments if approved by the individual supervisor and preceptor. If a provider has an in-clinic patient and it has been agreed upon with the patient and approved by the individual supervisor (there is no clinical contraindication for proposing virtual care despite the patient being in clinic) then the provider may conduct the appointment virtually. However, prior to working from home, fellow should review HR Policy System_HR66 TELECOMMUTING / WORK FROM HOME POLICY to make sure all required documentation and permissions are granted.

When working from home, providers must keep all patient health information (PHI) in a locked, protected area to protect patient confidentiality. Similarly, they must conduct virtual appointments in a private space to ensure confidential and safe therapy sessions.

PROFESSIONAL APPEARANCE

The personal appearance of our fellows contributes to the image of our department, Houston Methodist Hospital, and our profession. Further, as health service providers, personal appearance and hygiene has a significant effect on ensuring a professional and safe environment for patients that focuses on their needs in the delivery of quality patient care. Professional attire and appearance are always expected throughout the training year. It may be necessary for program dress code standards to supersede individual preferences or self-expression. Please address questions or discuss any special needs with the preceptor or training director. The following guidelines are not all-inclusive, and the training director or other program supervisors may address potential concerns about a fellow's professional appearance.

Expected professional attire can be broadly described as business casual. Your Houston Methodist badge must always be worn with name and photograph visible. The following clothing are not permitted:

- Clothing that is sheer and/or revealing
- Clothing that is inappropriately tight or overly form-fitting
- Visible undergarments
- Clothing displaying bare midriffs or torsos
- Clothing displaying cleavage
- Athletic attire or exercise clothing (unless clinically indicated)
- Shorts or Jeans

ONBOARDING

Fellows will be required to go through the Houston Methodist Hospital employee onboarding trainings. They must complete all necessary Human Resources training, EPIC trainings, and other relevant onboarding processes prior to beginning clinical work. Within the first week of training, fellows should work with the Operations Manager to do the following administrative items (See onboarding checklist for more detail):

- Microsoft Teams access
 - Invited to necessary channels within Teams
- Outlook access
 - Added to Behavioral Health Email
 - Added to appropriate clinic email (CC or EHWC)
 - Shared calendars with administrative team, supervisor, and appropriate clinic
- Access to shared drive
- Receive a laptop; map printer onto laptop
- Confirm which office they will use
- Obtain Caresense access (Coordinate with Dr. Carlson or Dr. Bourassa)
- Work with the operations manager to ensure that the fellow is covered under the department's insurance

MEET THE TEAM

DEPARTMENT LEADERSHIP

Ben Weinstein, MD

Department Chair | Psychiatrist

Alok Madan, MPH, PhD

Vice Chair | Psychologist

Micheal Briscoe, MHA, BS

Sr. Practice Manager

Laura Matthews, MS, SHRM-SCP

Physician Organization Administrator

COMPLEXITY CLINIC (PHP & ASSESSMENT TRACK)

Fellow Supervisors:

George Bombel, PhD

Dr. Bombel is a clinical psychologist at Houston Methodist's Complexity Clinic where he provides (a) individual and group psychodynamic psychotherapy in the Clinic's partial hospitalization program (PHP), and (b) therapeutic psychological assessments in the Clinic's assessment service. Secondly, he provides weekly supervision (individual and group psychotherapy, psychological assessment) to a post-doctoral psychology fellow. This role includes providing bi-weekly case consultation to the psychology fellows for individual psychotherapy cases. Dr. Bombel is also a clinical assistant professor of psychiatry at Baylor College of Medicine, where he provides weekly educational consultation to psychiatry residents.

Background (Training and Education): Eastern Washington University, BA in applied psychology, BS in developmental psychology. Washington State University, MA in education. University of Toledo, MA in psychology, PhD in clinical psychology. Internship at University of Texas Health Science Center, San Antonio. Fellowship and psychoanalytic training at The Austen Riggs Center

Clinical Interests or Expertise: Working with complicated personality-disordered individuals with clinical supervision from a psychodynamic/analytic perspective. Multi-method personality assessment

Fun fact: Dr. Bombel has not completely given up on his dream of being a relief pitcher for the NY Yankees.

Major Bradshaw, PhD

Dr. Bradshaw serves as the clinical director of the Complexity Clinic, as well as a provider within that clinic leading therapeutic outpatient assessments and providing psychotherapy. He has experience supervising the clinical work of trainees in varying stages of their professional development, from graduate student to advance post-doctoral fellows. Dr. Bradshaw earned his doctorate in clinical psychology with a specialty in neuropsychology from the University of Houston. He went on to complete his internship at the University of Arizona and a two-year post-doctoral fellowship at Baylor College of Medicine. His clinical interests and Expertise include personality assessment and Acceptance and Commitment Therapy.

Laura Harvey, PhD

Dr. Harvey is a clinical psychologist at Houston Methodist in the Complexity Clinic where she provides individual and group psychotherapy through a psychodynamic lens. She currently leads the Mentalization and Attachment Priming Seminar. She incorporates elements of attachment theory, mentalization-based therapy, and transference-focused work into her individual psychotherapy. She also provides testing in the therapeutic assessment program, utilizing both self-report and performance-based measures. She holds academic appointments at Houston Methodist and Weill Cornell. She completed her doctoral work at University of Houston, internship at the Michael E. DeBakey VA Medical Center, and postdoctoral fellowship at Houston Methodist. She is primarily interested in working with individuals with borderline personality disorder and/or attachment trauma. She is the loving mother to two dog children: Oliver, a French bulldog, and Daisy, a micro golden doodle; yes, she has pictures available. She is also a fan of true crime and cult documentaries.

William Orme, PhD

Dr. Orme is a clinical psychologist in the Complexity Clinic and the Director of Education and Training. He completed his PhD at Biola University in Southern California. He completed his clinical internship and postdoctoral fellowship at Baylor College of Medicine's The Menninger Clinic in Houston, Texas. His research is in the areas of suicide, trauma, attachment and mentalization theories, personality disorders, and religion and spirituality. Dr. Orme holds academic appointments as an assistant professor of psychology in clinical psychiatry at the Houston Methodist Academic Institute and Weill Cornell Medical College. He also holds adjunct appointments at UTHealth McGovern School of Medicine and Texas A&M Medical School. Dr. Orme is currently receiving advanced clinical training at The Bowen Center for the Study of the Family in Washington, DC. His clinical work is guided by mentalization based therapy and attachment theory, but he also can provide supervision in psychodynamic psychotherapy, acceptance and commitment therapy, emotionally focused couples therapy, and family systems theory. Fun Fact: Dr. Orme's ideal day would involve surfing glassy waves at dawn somewhere on the Central California coast.

Other Staff:

John Head, M.M., MT-BC

Board Certified Music Therapist
Music therapy & Group Programming

Jim Flack, MD

Psychiatrist

Kate Marder, LPC, ATRBC, CPRP

Senior Professional Counselor
Art/Individual Therapy & Group Programming
Programming

Natalie Wilson, LCSW

Senior Social Worker, Family Specialist
Individual, Couples, & Family Therapy & Group

Ana Williams, PhD, CHES

Wellness Coordinator

EMOTIONAL HEALTH AND WELL-BEING CLINIC (OUTPATIENT TRACK)

Fellow Supervisors:

Chandra Bautista, PhD

Preceptor, General Mental Health Track | Psychologist

cbautista2@houstonmethodist.org

Chandra Bautista, PhD

Dr. Bautista is a clinical psychologist in the Emotional Health and Wellbeing Clinic (EHWC) at Houston Methodist Hospital. She completed her doctoral training at the University of Nebraska-Lincoln and her internship and postdoctoral fellowship at the Michael E. DeBakey VA Medical Center in Houston, TX. Dr. Bautista is a generalist clinician, with specific interests in ACT, exposure-based interventions for anxiety- and trauma-related disorders and working with young adults. She provides clinical supervision to trainees seeing a wide variety of patients. Dr. Bautista is also the preceptor for the EHWC track, providing mentorship and professional development guidance for the postdocs in the program. A fun fact about Dr. Bautista is that she grew up on a cattle ranch (but prefers the city life in Houston!).

Namrata Nanavaty Vasquez, PhD

Role as supervisor (clinic, primary, secondary, research): 80% Clinical, 20% Research

Background (Training and Education): I earned my Ph.D. in Clinical Psychology from Texas A&M University and completed a clinical internship at the Michael E. DeBakey VA Medical Center in Houston, Texas as well as a postdoctoral fellowship at Houston Methodist.

Clinical Interests or Expertise: evidence-based psychotherapy for trauma-related disorders, adjustment to physical health conditions, somatic disorders, anxiety, depression and distress related to identity-based trauma.

Fun fact: I have been to over 75 weddings (big family!) and I'm a momma to 2 very sweet pups.

Other Staff:

Kula Moore, ATR, LPC

Clinic Director, Emotional Health and Wellbeing Clinic

kfmoore@houstonmethodist.org

Lindsay French, MD

Psychiatrist

Kate Travis, MD

Psychiatrist

Elizabeth Reynolds, LPC

Family Therapist

Katelynn Bourassa, PhD

Psychologist

Nicole Bartek, DNP

Psychiatric Nurse Practitioner

Amy Gobert-Guerra, PMHNP

Psychiatric Nurse Practitioner

WOMEN'S MENTAL HEALTH

Fellow Supervisors:

Jessica Rohr, PhD, ABPP, PMH-C

Emotional Health and Wellbeing Clinic, clinical and research supervisor

Background (Training and Education): PhD from University of Kentucky, Predoctoral Internship and Postdoctoral Fellowship (in SMI) at the Houston VA

Clinical Interests or Expertise: women's mental health; maternal mental health

Fun fact: Besides my two beautiful daughters and awesome husband, I love knitting, Pilates, and my houseplants!

MONARCH COMMUNITY

Fellow Supervisors:

J. Christopher Fowler, PhD

Role as supervisor (clinic, primary, secondary, research): Monarch Community-Clinical

Background (Training and Education): Dr. Fowler graduated from the University of Tennessee, Knoxville after an internship year at Harvard's Cambridge Hospital. He then completed a 4-year post-doctoral fellowship in clinical psychology at the Austen Riggs Center working with adults with severe mental illness. Over the next 12 years he advanced to clinical leadership positions serving as Director of Clinical Research, and Clinical Team Leader at Austen Riggs. In 2011, he and his family moved to Houston where he served as Associate Director of Research and Director of Psychology at the Menninger Clinic. In 2018, he joined Houston Methodist Behavioral Health as Director of Professional Wellness. In January 2024 he took up the role of Executive Clinical Director at the Monarch Community, a residential treatment center in the heart of Montrose. Dr. Fowler currently holds academic appointments as Professor of Psychology at Houston Methodist Academic Institute, Weill Cornell Medical College, and Menninger Department of Psychiatry and Behavioral Science at Baylor College of Medicine.

Clinical Interests or Expertise: Long-term treatment of personality disorders and psychotic spectrum disorders.

Fun fact: He grew up on a farm and insists this was the best preparation for becoming a clinician.

ADMINISTRATIVE TEAM

Erica Mosley

Sr. Patient Svcs. Representative
Complexity Clinic

Joshua Vega

Patient Svcs. Representative
Complexity Clinic

Nancy Torres

Executive Assistant
to Benjamin Weinstein

Laura Villareal

Sr. Patient Services Representative
Emotional Health and Well-Being Clinic

RESEARCH

Kate Gibbons

Research Coordinator

Katherine Matthews-Ederington

Clinical Research Specialist

CONSULTANTS

John Hart, PhD

OCD & Anxiety Specialist
Outside Consultant

Rebecca Wagner, PhD

Disordered Eating & Nutrition
Outside Consultant

APPENDIX A: FELLOW EVALUATION FORM

HOUSTON METHODIST DEPARTMENT OF PSYCHIATRY & BEHAVIORAL HEALTH

Trainee Evaluation Form

Trainee:

Supervisor:

Evaluation Period: August - January February - July

SCORING CRITERIA:

1: Significant Development Needed: Significant improvement in functioning is needed to meet expectations; remediation required

2: Developing Skill Level: Expected level of competency pre-fellowship; close supervision required on most cases; remediation required

3: Intermediate Skill Level: Expected level of competency for fellow by mid-point of training program; routine or minimal supervision required on most cases

4: Advanced Skill Level: Expected level of competency for fellow at completion of training program; fellow able to practice autonomously

5: Seasoned Professional Skill Level: Rare rating for fellowship; functions autonomously with a level of skill representative of experience

Integration of Science and Practice

Demonstrates the ability to independently critically evaluate and apply scholarly materials and research to clinical work

Integrates knowledge of foundational and current research consistent with clinical work in the conduct of their professional role

Demonstrates the ability to formulate empirical questions informed by clinical problems encountered, clinical services provided and the clinic setting

Ethical and Legal Standards

Demonstrates knowledge of and acts in accordance with the APA Ethical Principles and Code of Conduct

Demonstrates knowledge of and acts in accordance with all organizational, local, state, and federal laws, regulation, rules and policies relevant to health service psychologists

Demonstrates knowledge of and acts in accordance with relevant professional standards and guidelines

Recognizes ethical dilemmas as they arise and applies ethical decision-making processes in order to resolve them

Individual and Cultural Diversity

Demonstrates understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves

Demonstrates knowledge of the current theoretical and empirical knowledge base, as it relates to diversity, in all professional activities

	1	2	3	4	5	N/A
Demonstrates the ability to independently critically evaluate and apply scholarly materials and research to clinical work						
Integrates knowledge of foundational and current research consistent with clinical work in the conduct of their professional role						
Demonstrates the ability to formulate empirical questions informed by clinical problems encountered, clinical services provided and the clinic setting						
Demonstrates knowledge of and acts in accordance with the APA Ethical Principles and Code of Conduct						
Demonstrates knowledge of and acts in accordance with all organizational, local, state, and federal laws, regulation, rules and policies relevant to health service psychologists						
Demonstrates knowledge of and acts in accordance with relevant professional standards and guidelines						
Recognizes ethical dilemmas as they arise and applies ethical decision-making processes in order to resolve them						
Demonstrates understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves						
Demonstrates knowledge of the current theoretical and empirical knowledge base, as it relates to diversity, in all professional activities						

Integrates knowledge of individual and cultural differences in the conduct of professional roles						
Demonstrates the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews may differ from their own						
Professional Values and Attitudes	1	2	3	4	5	N/A
Demonstrates awareness of organizational setting and systemic functioning, and works with an appropriate level of independence within that setting						
Demonstrates integrity, accountability, concern for welfare of others, appropriate boundaries						
Demonstrates openness and responsiveness to feedback and supervision						
Demonstrates professional and appropriate conduct in all fellowship activities						
Displays an interest in lifelong learning and improving effectiveness						
Communication and Interpersonal Skills	1	2	3	4	5	N/A
Maintains good rapport with colleagues, staff, and trainees						
Communicates clearly and responsively						
Manages difficult interactions and communication well						
Intervention	1	2	3	4	5	N/A
Provides compassionate and effective treatment						
Develops appropriate formulation of presenting problems						
Bases interventions on established formulation						
Shows flexibility in revising formulation based on emerging clinical information						
Psychological Assessment	1	2	3	4	5	N/A
Skillfully selects, administers, and interprets assessments						
Develops sophisticated, integrated psychological formulation that appropriately represents the data and clinical information						
Produces well-written and timely reports						
Provides person-centered, effective feedback						
Additional Supervisor Comments:						
Areas of Strength:						
Areas for Improvement, Development or Remediation:						
Supervisor Signature:				Date:		
I have received a full explanation of this evaluation. I understand that my signature does not necessarily indicate my agreement. I understand my right to provide an addendum with any disagreement.						
Fellow Signature:				Date:		

ONBOARDING CHECKLIST PSYCHOLOGY FELLOW/RESIDENT/EXTERN CHECKLIST Houston Methodist – TMC Smith 2509

1. **Badge/Parking** (contact HR); keys (contact Micheal Briscoe, mbriscoe2@houstonmethodist.org); **Computer Login/Password** (IT Service Desk; 832-667-5600).
2. **Laptop** (contact Micheal Briscoe)
3. **EPIC training**
 - a. Employees: Open Citrix, click on MARS Portal, then click on LMS SuccessFactors.
 - b. Student Trainees: Contact Epic Training (epictraining@houstonmethodist.org; 832-783-1463) to request a link for LMS SuccessFactors OR contact your supervisor about gaining access with a link.
 - c. Click on Learning
 - d. Click on Find Learning (scroll down to right)
 - e. Sign up for the first course: Epic New Hire AMBD111 Medical Specialty Provider (Online only); course #: 1581336
 - f. Once completed course sign up for second course: Epic New Hire AMBMD111 Medical Specialty Provider WebEx Personalization; course #: 1581366
 - i. Note: this will be a WebEx one on one training.
 - g. Once you have access into Epic, check if you can access and open a chart.
 - h. If a “break the glass” message appears, call your friendly IT Service Desk (832-667-5600).
 - i. If any issues you can call IT Service Desk, IT Physician Line (832- 667-555) or email Micheal Briscoe.
4. **Printers**
 - a. Call IT Service Desk (832-667-5600) to map printers onto your laptop, if needed.
 - i. Note: main department printer is Printer 2 (color): 1SM25PSYC_LJ14
 - ii. Note: They will need remote access to your computer so call vs. email.
5. **Logitech Webcam**
 - a. Training director will supply the webcam. Create an IT helpdesk ticket to have the webcam installed.
 - b. Videos will be saved to the following folder:
 - c. Shared drive > Behavioral Health > PostDoc > Videos
 - d. Check for your name or add a folder with first initial and last name.
6. **CareSense Platform (in Epic)**
 - a. Request Access with Research Coordinator
 - b. Once access is approved, access in patient chart by clicking on the Caresense tab at the top
 - i. If no tab, click on search tool (upper far right corner) and enter Caresense
 - c. If error, contact Caresense research coordinator to gain access.
 - d. Notes: Updates on going for this process. Current contact: Marianne Carlson, PsyD (mcarlson@houstonmethodist.org)

IMPORTANT PHONE NUMBERS

1. IT Service Desk (832-667-5600; Email: helpdesk@houstonmethodist.org)
2. Epic Training Team (EpicTrainingMD@houstonmethodist.org)
3. Micheal Briscoe - Operations Manager for the Psychiatry and Behavioral Health Department (mbriscoe2@houstonmethodist.org)