

San Mateo Medical Center  
Integrated Behavioral Health  
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San Mateo, CA 94403  
(650)578-7199

**PLACEMENT OPENINGS:** Three Postdoctoral Fellowship positions are available for the 2025-2026 training year. Fellows must have completed all professional doctoral degree requirements from an APA-accredited doctoral program and have completed an APPIC-member internship, or internship that meets APPIC standards, before beginning postdoctoral training. At the time of hiring, applicants must also pass background check and employee health screen. Satisfactory completion of the Fellowship training program meets the postdoctoral supervised practice requirements for licensure with the California Board of Psychology.

#### **Placement Information**

- Full-time training position (40 hours/week; 1500-2000 hours/training year)
- 12-month training agreement
- Fellows maintain at least 24 hours of direct clinical services per week

#### **Integrated Behavioral Health Service**

Integrated Behavioral Health (IBH) provides an integrative approach to psychology, psychiatry, and behavioral medicine for outpatient primary care and medical specialty clinics at San Mateo Medical Center and Fair Oaks Health Center. Fellows work alongside primary care physicians, specialty providers, social workers, nurses, and medical assistants, offering comprehensive and holistic care for our patients. Typical referrals addressed by IBH are for adults with mild to moderate psychopathology and consist mainly of depression, anxiety, trauma, relationship problems, stress or adjustment disorders related to patients' medical or social issues. In general, we provide individual and group therapy as well as educational workshops. Our services span specialty categories of health psychology, behavioral medicine, and community mental health. Preferred treatment modalities are brief and evidence-based. We are privileged to work with individuals who represent diversity in race, ethnicity, age, gender, socioeconomic background, disability status, sexual orientation, and clinical severity.

#### **Training Goals and Objectives**

Goal 1: Help prepare our Fellows to be competent, ethical health service psychologists.

By the end of the training year, Fellows will be expected to:

- a) Demonstrate awareness, knowledge, and appreciation of the role of cultural and individual diversity in the professional practice of psychology.
- b) Independently conduct competent psychological intakes/assessments/evaluations in a medical setting.
- c) Independently develop competent case formulations and choose appropriate, empirically-supported interventions.
- d) Understand all applicable laws and ethical principles.
- e) Demonstrate appropriate professionalism and socialization for independent practice within the field of psychology, including appropriate use of supervision and consultation.

Goal 2: Produce clinicians who can work effectively and ethically in a multidisciplinary medical environment. Toward this end, we strive to develop Fellows' abilities to:

- a) Collaborate and communicate assertively and respectfully with medical providers.
- b) Gain the requisite medical knowledge to effectively treat patients with chronic health conditions.
- c) Understand and employ the principles of integrated behavioral health.
- d) Gain experience and comfort working in outpatient clinic, medical inpatient, and/or psychiatric inpatient settings.
- e) Function increasingly independently in their roles as mental health providers in a medical setting.

Within these training objectives, Fellows are expected to develop the following competencies: (a) appreciation of individual and cultural differences as they affect psychology and the psychotherapeutic relationship; (b) utilize research literature and personal competencies to choose appropriate empirically-supported interventions; (c) establish and maintain rapport in therapy, and deliver empirically-supported time-limited treatments; (d) knowledge of the medical and psychological aspects of chronic health conditions; (e) function as a member of a multidisciplinary team; (f) demonstrate knowledge of the APA ethics code; (g) seek consultation with supervisor regarding ethical issues if/and when appropriate; (h) manage his/her/their clinical schedule and provide outreach to patients and community agencies; (i) provide succinct and accurate notes for the medical record.

Formal written evaluations are completed at 6 and 12 months by the Fellow's supervisors. In the event of a grievance, there are due process procedures.

### **Training Location**

San Mateo Medical Center (SMMC) is an approximately 100-bed county hospital that provides inpatient and outpatient medical and psychiatric services to low-income county residents. In addition to the main hospital location, SMMC also manages several community clinics, including our Redwood City location, Fair Oaks Health Center (FOHC). Integrated Behavioral Health works in partnership with primary care and specialty clinics in the care of a diverse patient population at SMMC's main hospital and at FOHC. Fellows typically provide clinical services at both locations in any given week. At times, transfer between the clinics will be needed during the workday. San Mateo County offers transportation options from the Fellows' main place of work to the affiliated field clinics, if needed.

### **Training Description**

The primary focus of SMMC's Integrated Behavioral Health fellowship is to train health psychologists to perform optimally in a multidisciplinary medical setting. Fellows will develop expertise in providing outpatient individual and group therapy as well as educational outreach in a primary care behavioral health context. In addition, each Fellow is expected to participate in several 6- to 12-month-long secondary rotations (described ahead), serving medical and psychiatric inpatients and outpatients. The Integrated Behavioral Health fellowship provides a breadth of training in the following ways:

(1) Exposing Fellows to a broad array of patient populations (e.g., patients with chronic illness, medical and/or psychiatric inpatients); medical settings (e.g., primary-care clinic, specialty clinics, acute medical inpatient unit); and psychological interventions (e.g., short-term psychotherapy, risk assessment, crisis intervention). In

each setting, Fellows are appropriately instructed and/or supervised, and there is usually a formal didactic component tailored to the setting. A crucial aspect of Fellows' experience is interfacing closely with medical teams and social workers.

(2) Individual supervision. Each Fellow has both a primary and secondary staff psychologist supervisor and may also receive supplementary supervision from clinical psychologists or psychiatrists on an ad hoc basis as appropriate. In addition, Fellows receive instruction and oversight by licensed psychologists and board-certified psychiatrists specific to each secondary rotation.

(3) Group supervision. Fellows meet as a group for two hours per week to present cases and discuss diagnoses, psychotherapy models, and other issues associated with the psychological services we offer here (e.g., coordinating with medical staff, cultural issues, etc.)

(4) Supervision for group therapy and/or supervision in clinical psychology. Fellows are expected to design and co-facilitate several outpatient psychotherapy groups during the year. Regular meetings are devoted to discussing psychotherapy groups, problem-solving, and learning group theories and practices to promote clinical growth in this treatment modality. In addition, the fundamentals of supervision in clinical psychology are explored and practiced with the Fellows in didactics, seminars, or special trainings.

### **Training Rotations**

#### **YEAR-LONG TRAINING AND DUTIES**

Throughout the year, Fellows carry a caseload of individual therapy outpatients, averaging 20-30 at any one time, as not all patients are followed weekly. In addition, trainees conduct 3-6 intake evaluations per week. A majority of the clinical presentations we encounter are depression, anxiety, trauma, interpersonal issues, stress, and adjustment disorders related to patients' medical, psychological, and/or social issues. (Patients with severe mental illness, acute substance use, or criminal justice involvement are referred to other, more specialized county mental health agencies.) Our patient population is very diverse, and a large proportion of our patients are monolingual Spanish speakers. For them, we provide Spanish-speaking clinicians, or telephonic, video, or in-person interpreter services. (Interpretation services are also available in many other languages). The clinic utilizes a short-term, evidence-based model of psychotherapy; however, Fellows are also able to see a few patients for longer-term treatment (e.g., up to 20 sessions).

Throughout the year, Fellows design and co-facilitate outpatient therapy groups, generally 4-12 weeks in length. Past groups have included CBT for Depression, Mindfulness, Acceptance and Commitment Therapy (ACT), Weight Management, Diabetes, and CBT-Insomnia groups, among others. They also lead or co-lead open workshops covering mental health topics of general interest to the hospital population such as stress management, mood management, mindful movement, and sleep health. Most groups and workshops are offered with interpretation in Spanish.

#### **CLINICAL SERVICE ROTATIONS:**

**Primary Care Behavioral Health:** All Fellows will participate in this foundational yearlong rotation that integrates primary care providers and the behavioral health team to offer comprehensive care to our patients with both acute crises and chronic illness. Fellows are available to medical staff on an on-call basis to respond to any urgent

psychological patient needs and to orient patients to behavioral health concerns and treatment. Fellows utilize crisis interventions and conduct brief assessments to support the patient and/or staff members. Fellows also provide short-term treatment targeting chronic medical conditions (e.g., diabetes, heart disease, obesity), leveraging individual or group therapy or psychiatry referrals to help patients effectively manage the psychosocial issues associated with their chronic illnesses. Being knowledgeable and efficient with diagnosis and crisis management is necessary in this role. These positions offer a unique opportunity to work with the primary care team and collaborate with other providers.

**Consultation Liaison (CL):** All Fellows will rotate through the CL placement for at least one week, with the option to do a second week. While on this rotation fellows provide comprehensive psychological care for patients on the acute inpatient, psychiatric emergency services and long-term care medical units. Under the guidance of a psychiatrist, Fellows learn the skills of reviewing the medical record, acute psychiatric assessment, and medical note writing. Fellows often consult and collaborate with physicians, nurses, and social workers. As they shadow a CL psychiatrist and work alongside a psychiatry resident, they will receive didactics on topics ranging from medical issues such as dementia, delirium, cardiac, endocrine, or gastroenterology concerns, to legal and ethical matters such as psychiatric holds and decision-making capacity.

**Latinx Emphasis:** Fellows who are fluent in Spanish may choose to participate in this emphasis in addition to a secondary rotation listed below. This emphasis is designed to provide a structured process to support Spanish language proficiency and increase clinical competence specific to providing therapeutic services in Spanish. In this emphasis, fellows may decide to carry a caseload comprised of mainly Spanish speaking patients, co-facilitate a group with another Spanish speaking provider and receive supervision in Spanish on a weekly to monthly basis depending on staffing.

### **Secondary Rotations**

In addition to primary rotations in integrated behavioral health, fellows may also choose to participate in a secondary rotation which makes up a small portion of their clinical hours per week. Secondary rotations are selected based on a fellow's interest rating, supervisor match and the availability of the rotations. Rotation availability is informed by clinic needs and staffing. Fellows are informed of their secondary rotation at the beginning of their fellowship.

**Biofeedback Clinic:** One of the IBH Fellows can participate in an adjunct yearlong rotation in biofeedback). The Fellow may select from the basic track for a minimum of 2-4 hours/week or the full track, that includes the option for board certification, and is a 4-8 hour/week commitment. The Biofeedback Clinic offers psychophysiological treatment of stress, anxiety symptoms, headaches/other pain presentations, hypertension and somatization issues (for a basic introduction to biofeedback, here is a video: <https://www.youtube.com/watch?v=4Sin4QR4cwo>). The Fellow will have the opportunity to engage in didactic, mentored and experiential learning to build their capacity to successfully administer biofeedback treatments for a variety of conditions. Didactic learning includes selected articles, slide presentations and videos; mentored learning will involve direct observation (i.e. co-treatment, observation of staff psychologist and observation of trainee), supervision, coaching and consultation by the

rotation supervisor. Particularly in the beginning of the rotation, mentored learning will occur for one hour per week in addition to direct clinical care. As competence increases, this will be replaced with dedicated supervision time where recordings and /or review of biofeedback data will be part of supervision. Additionally, to be able to successfully administer biofeedback treatments and coach effectively, experiential learning in the form of receiving biofeedback treatment from the supervisor will be part of the rotation. Please be aware, this is not psychotherapeutic treatment and does not require any personal disclosure beyond being willing to look at and talk about measures of your physiological functioning. As the trainee becomes more familiar with biofeedback, exposure to advanced forms of treatment including mindfulness-based biofeedback and biofeedback-assisted psychotherapy.

**Pain Management Clinic:** One of the IBH Fellows may participate in an adjunct yearlong rotation working in SMMC's specialty Pain Management Clinic (PMC) for 20% of their time (one day/week). The goal of SMMC's interdisciplinary PMC is to affect change in patient's lives by increasing physical functioning, improving pain coping skills, and restoring quality of life. The Fellow will have the opportunity to learn directly from and be supervised by PMC team members (comprised of clinical psychologists, Physical Medicine & Rehabilitation (PM&R) physicians, physical therapists, and psychiatrist) and will apply Cognitive-Behavioral Therapy (CBT), Mindfulness, and Acceptance and Commitment Therapy (ACT) in the treatment of chronic pain disorders. They will embrace a bio-psycho-social model and learn the roles and responsibilities of a pain psychologist through co-facilitation of psychotherapy groups and provision of individual therapy.

**Primary Care Chronic Pain Management:** One of the IBH Fellows can participate in an adjunct yearlong rotation working in Primary Care Chronic Pain Management for approximately 10-20% of their week. The rotation offers the opportunity to strengthen foundational understanding of psychological and behavioral interventions to chronic pain management within a primary care setting. The Fellow will review seminal research in the field of psychological approaches to chronic pain management; understand, administer, and interpret assessment measures for chronic pain; and administer empirically supported treatment protocols for patients suffering with chronic pain. Treatments administered will be based in Cognitive Behavioral Therapy (CBT) and Acceptance and Commitment Therapy (ACT). Using diathesis stress and bio-psycho-social-spiritual models, Fellows will conduct assessments, formulate conceptualization and treatment plans, and deliver treatment independently, in co-therapy, as well as in group therapy settings. The primary differences between the Primary Care Chronic Pain Management rotation and the PMC rotation involves complexity in medical and psychological co-morbidities and severity of physical and/or psychological functioning. Prior experience working within chronic pain management strongly encouraged, though not required.

### **Supervision**

Supervision (primary and secondary) is provided by licensed psychologists on the IBH staff. Fellows are provided at least 10% of their total weekly hours in the form of individual and group supervision. At a minimum, Fellows receive two hours of face-to-face weekly supervision with their primary and delegated supervisors, who are licensed

psychologists, and group supervision takes place on a weekly basis for two hours with a licensed psychologist or a board-certified psychiatrist. Supervision time is protected and ensured each week. Supervisors arrange alternate supervision times for Fellows during absences and supervisees are encouraged to seek additional supervision as needed.

Supervision is intended to foster clinical growth while developing professional independence. It is based on verbal accounts, direct observation, and video recordings of therapy sessions. During individual and group supervision, ethical principles and behaviors are frequently reviewed as they relate to the Fellows' caseload. Fellows are encouraged to utilize supervision to develop their clinical skills, enhance their diagnostic abilities, as well as discuss issues relevant to their professional growth.

Our training program greatly values regular feedback to Fellows focused on their clinical and professional development. During the training year, supervisors complete a mid-year and end-of-year written evaluation and review them with their supervisee(s). Based on the outcome of this evaluation, the Fellow's specific goals and expectations are revisited. In addition to this biannual evaluation process, Fellows will receive regular feedback throughout the course of their training year.

The Training Director oversees the IBH postdoctoral fellowship program across all sites, being closely involved in didactic programming, clinical consultation, program development, and certain professional development activities such as training in supervision. The Training Director meets regularly with all Fellows to monitor progress and assess opportunities for change and improvement, if any. In addition, the Training Director is available throughout the week to both Fellows and supervisors in-person or phone, text, email, or video call, as needed.

### **Work Schedule**

Most fellowship hours are completed Monday through Friday, between 8am and 5pm. Some rotations may allow evening hours, but these instances are infrequent and are subject to supervisor approval. Per the California Board of Psychology Fellows may not count more than 44 hours per week. Stipend is based on a 40 hour per week schedule. Fellows are asked to complete their Supervised Professional Experience (SPE) log on a weekly basis and to provide a copy of their SPE log to the training director or assistant training director at the end of each month. Currently, one day a week a fellow may have the opportunity to telework depending on clinic need and teleworking guidelines.

### **Sample Weekly Training Schedule**

#### Direct Clinical Service:

11-21 hours of face-to-face outpatient psychotherapy (individual-30-60 min appointments and group-90 min appointments)

4-12 hours of assessment/consultation service

#### Training and Supervision:

2 hours of individual supervision (in-person with primary and secondary supervisors)

2 hours of group supervision

2 hours didactics and seminars, some are coordinated with the Psychiatry residency program

Clinical Support and Professional Development:

0.5 hour case consultation/schedule coordination per day

1 hour weekly staff meeting

4-6 hours for documentation/administrative duties (e.g. outreach calls, note-writing)

Seminars include topics related to health psychology, professional development, psychotherapy techniques and chronic disease management. Didactic seminars are often conducted in conjunction with the psychiatry residency program and presented by staff psychologists, psychiatrists, and other licensed medical and mental health professionals.

**Compensation**

Fellows receive a stipend of \$77, 295 annually for the 2024-2025 training year paid as an hourly wage of \$37.89/hr, with a 12-month, full-time training commitment. Fellows also have access to health care benefits, on-site fitness facility, free parking, and a monthly credit if using public transportation.

**Benefits**

This position includes full benefits, including health coverage (various medical, dental, and vision plans) for the Fellow and eligible family members. In addition to 11 paid County holidays, Fellows will accrue paid vacation hours at a rate of 4 hours for each bi-weekly pay period and paid sick leave at a rate of 3.7 hours for each bi-weekly pay period. Fellows may take up to 15 additional days off for vacation, professional leave and sick time. Additional days off will interfere with the necessary accrual of hours required to complete this 12-month fellowship. Other electable benefits include life insurance, pet insurance, and a flexible spending account. A detailed description of the packet of benefits can be found here: <https://www.smcgov.org/hr/employee-benefits-guides-rates> (select “Benefits Guide for Limited Term Employees”).

**Training Resources**

Designated psychotherapy offices are located in outpatient clinics at SMMC and FOHC, where patient services are provided. Most training activities take place at SMMC. Fellows are assigned a dedicated or shared workspace, depending on work schedules. Fellows are responsible for clerical duties such as documentation, scheduling, and outreach to patients; however, full-time clerical support is provided throughout the training year. Fellows also have access to San Mateo Health System’s online learning management system and online educational library, which consists of several medical and psychiatry resources.

### **How to Apply**

Applicants applying to our Postdoctoral Fellowship program are asked to submit application materials via APPA CAS or emailing Dr. Heron-Carmignani and must include:

- (a) Curriculum Vitae
- (b) Letter of intent
- (c) Three letters of recommendation, including at least two from clinical supervisors who are familiar with your clinical work.
- (d) Transcript

### **Selection Process**

Applications will be reviewed by clinical staff members and selected applicants will be contacted for an interview. Special consideration will be given to bilingual, Spanish-speaking applicants.

### **Integrated Behavioral Health Clinical Staff**

Program Director & Training Director: Simone Heron-Carmignani, PhD

Assistant Training Director: Katherine Shadish, PhD

John Sorrell, PhD

Nate Ewigman, PhD

Hiba AbuDamous, PsyD

Gabriela Diaz, PsyD

Leah Anderson, PhD

Jazmin Llamas, PhD

Christian Washburn, PsyD

Demetra Stamm, MD/PhD

Marina Urman-Yotam, MD

The above licensed clinical staff provides training and/or primary or secondary supervision to Fellows.

If you would like more information or have any questions related to our psychology Postdoctoral Fellowship program, please contact the IBH's Training Director.

**Simone Heron-Carmignani, Ph.D.**

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