University of Colorado Clinical Psychology Internship Manual

2026-2027 Academic year

INTRODUCTION AND TRAINING PHILOSOPHY

The internship training program is based on a scientist practitioner model of education and training. Within this model, we aim to train students who will make contributions to the field of psychology and to general human welfare, either in the scientific domain, the practice domain or both. Graduates recognize that psychological practice is based on the science of psychology, which is influenced by the professional practice of psychology. Throughout the training year, interns are exposed to and work with faculty who serve as scientist-practitioner role models, as well as faculty who have adopted a more exclusively practitioner role. We believe that this exposure to a variety of role models provides the best real-world clinical training, as well as exposure to the excitement and challenge of integrating scientific inquiry with clinical practice.

The internship program consists of supervised clinical training experiences that are sequential, cumulative, and graded in complexity. The delivery of direct clinical services occurs in the context of individual and, at times, additional group supervision. The assumption of clinical responsibilities is a gradual process, which occurs as both supervisor and trainee judge that the trainee is ready for additional opportunities. Clinical and supervisory experiences are supplemented by a year-long, weekly didactic series that deals with ethics and professional behavior, Colorado jurisprudence, multicultural approaches to assessment/diagnosis, health services psychology, consultation, supervision, and psychological interventions. Strategies for working in the public health services psychology sector are an additional focus.

We believe in the importance of developing a repertoire of diverse assessment/intervention strategies suitable to the diverse client needs of the populations that we serve. The major objectives of the internship program are to prepare the intern, through supervised clinical training and didactic instruction, to function as a professional psychologist, and to practice competently in applied areas of assessment/diagnosis, consultation, and intervention/treatment. It is important for trainees to develop attitudes and practices for ongoing professional development through an appreciation of the importance of remaining current with the evolving body of clinical and scientific knowledge relevant to their work and through an understanding of the importance of ongoing communication with fellow professionals.

Program Organization

The Psychology Internship Training Program at the University of Colorado Anschutz Medical Campus was established in 1952 and has been continuously APA accredited since 1956. The internship program moved to its new academic home in the Dept. of Family Medicine in 2012 under Department Chair Frank deGruy, MD, MSFM. The internship is currently under the guidance of Department Chair Myra Muroamoto, M.D., MPH, FAAFP. The CU School of Medicine on the Anschutz Medical Campus is home to 85 psychologists who hold faculty appointments in the departments of Family Medicine, Pediatrics, Medicine, Neurosurgery, and Psychiatry. The rich training opportunities in the psychology internship program are the result of interdisciplinary and multi-institutional collaborative efforts that include faculty members from, other CU system institutions, including the University of Colorado at Boulder, the University of Denver, and the National Jewish Health Center. A number of clinical volunteer faculty members also contribute to the service, teaching, and scholarly missions of the School of Medicine through their dedication to the psychology internship program and involvement on the internship training committee. The Internship Program is administered under the direction of Audrey Blakeley- Smith, Ph.D., graduate of the internship class of 2004-2005.

Internship training committee meetings take place monthly on the first Wednesday of the month (8:00-8:50). The training committee members review: intern evaluations, survey results of applicants, proximal and distal intern outcome data, and intern performance. An important goal of training committee meetings is to ensure that each intern is receiving comprehensive support and training that is carefully tailored to each intern's unique strengths and growth edges across rotation sites. If a supervisor is unable to attend a training committee meeting, it is recommended that they share observations tied to intern performance and training issues directly with the training committee. Fall and spring retreats take place to focus on faculty development, quality improvement, and to address feedback from the outgoing class and current class.

Application and Interview Process

Recruitment materials outlining the program are available through our website and through the APPIC Directory. Interested applicants are encouraged to submit their AAPI through the APPIC portal. Please refer to our website for application deadline (November 1st) and potential interview dates in January. Every application that is submitted by the application due date is reviewed by a major rotation team. In addition to the prior doctoral program requirements outlined below, preferences are given to individuals with clinical training experiences, research activities, and/or professional goals that match the specific major rotation to which the applicant applies.

Applicants will be notified by December 1st of interview status (i.e., invitation to interview, or decline to interview). Interviews will be conducted over zoom over the course of one day.

Tentative Dates for the January 2027 interviews are as follows:

Monday, January 11th
Wed, January 20th
Monday, January 25th

Interviewees will receive an orientation to the program, have an opportunity to meet with current interns to ask questions, and interview with major rotation faculty members.

During each interview, interns will be asked standardized questions in addition to informal questions in an attempt to determine how well applicant qualifications and training goals match with the training program. Weighted scores are averaged across interviewers and are used to inform the rank list.

If the training program is required to enter phase two of the Match to fill internship slots, guidelines established by the APA COA and APPIC will be followed. Eligible applicants will be invited to participate in a one-hour virtual overview of the internship program with the training director and a one-hour virtual interview with major rotation faculty. They will also be provided with contact information for our current interns and times to meet with interns at the major rotation.

Supervision, Intern Records, and Communication with Home Graduate Program

In keeping with APA policy, each intern should receive a minimum of 4 hours of supervision per week by a licensed psychologist. At least two of these hours will consist of individual supervision. It is the intern's responsibility to talk to major or minor rotation supervisors if they are not receiving the required weekly supervision hours. If the intern is not able to rectify the shortage of supervision hours with their site supervisor directly, the training committee will determine what additional supports can be provided. It is the intern's responsibility to track clinical hours and supervision.

All interns are required to have a licensed clinical psychologist on site during delivery of live clinical services. All interns must also have a backup supervisor identified in the case of an emergency and in the event that the primary supervisor is not available. Interns and their supervisors are required to sign a supervisor agreement form at the beginning of each rotation (see below) and create training goals (see below).

Evaluations:
All interns are evaluated quarterly by both their major and minor rotation supervisors. In addition, they are required to complete a quarterly evaluation of their supervisor. This evaluation is shared directly with the supervisor and processed together. It is an important professional development goal to be able to provide feedback to supervisors, however, given concern about existing power differentials, interns may elect to consult with an internship advisor regarding this process.

Advisor:
Faculty advisors are available to provide continuity, clarification, and coordination of the trainees' experience in addition to professional development guidance.

Communication between the Internship and the Home Graduate Program:
The Internship Director will provide each intern's home graduate school a copy of their evaluations at mid-year and end-of-year. Contact can be made between the DCT at the intern's graduate program and the internship program over the course of the internship year as a means of supporting intern training.

Internship Records:
The program maintains a permanent record of interns' training experiences during their internship year. This includes the intern's AAPI, the internship contract, quarterly evaluations, formal communication with the intern's graduate program, remediation plans (as needed), and certificate of completion. The content of these records is considered confidential and is securely maintained. Access to these records is limited to internship leadership. However, individual records may be reviewed by the training committee, university leadership, or representatives of the internship's accrediting body (i.e., APA COA).

Interns are strongly encouraged to maintain a record of their own, including tracking their clinical and supervision hours in keeping with their graduate program's requirements and expectations for licensure. They should also keep a copy of their Certificate of Completion for future use (e.g., licensure, credentialing).

Overview of Forms for Interns to Complete with Supervisors and Timeline

July and January (i.e., beginning of rotations and midpoint of major rotation):

1. Review supervisory agreement form, obtain signatures, and upload
2. Create training goals and "time spent" table to ensure goals are in line with clinical activities offered at the rotation, opportunities for clinical growth across domains are available, and that internship activities are within the 40-45 hour a week range, obtain signatures, and upload
3. Review the SoA intern rating form (9 competencies) to ensure understanding of the evaluation process and key benchmarks for successful completion of clinical activities in line with competency standards.

Each Quarter (i.e., July, October, December/January, March, June)

1. Review supervisory agreement to ensure that contacts for supervisors and back-up supervisors are up to date.
2. Review training goals and "time spent" table to ensure work is: meeting training goals, providing adequate clinical contact hours, and is approximately 40-45 hour week.
3. Review SoA intern rating form—supervisors must share with interns their ratings—obtain signatures on the "SoA Required Signature form", and upload each quarter
4. Review fb from intern on supervisor ratings—interns must share with supervisors their ratings.

Supervision Agreement

This document is intended to: 1) establish parameters of supervision; 2) assist in supervisee professional development; and 3) provide clarity in supervisor responsibilities including client protection. The trainee recognizes that both the trainee and the supervisor are responsible for clients' welfare. The trainee therefore agrees to immediately notify the supervisor of any problems that arise within the context of the therapeutic relationship. This includes, **but is not limited to,** perceived suicidal or homicidal risk, and suspected child or elder abuse.

In addition, each trainee will provide their clients with information regarding: 1) the limits of confidentiality; 2) the trainee's training status; 3) the name(s) of their supervisor(s); and 4) the fact that their supervisor(s) will be reviewing cases as well as any audio or video recordings of sessions per APA ethical guidelines and CO mental health statues. . Sessions will only be recorded with voluntary informed consent. At the outset of treatment/assessment, trainees will inform clients about the expected duration of the intervention/evaluation. This will in part be based upon the length of the trainee's rotation. Trainees will also discuss the process by which the clients' care would be transferred to the supervisor or another therapist if additional contact was required.

This agreement between _____ (supervisor) and _____ (supervisee) at _____

(site of supervision), signed on _____ (date) serves to verify supervision and establish its parameters.

Competencies Expectations

A. It is expected that supervision will occur in a competency-based framework.
B. Supervisees will self-assess clinical competencies (knowledge, skills, and values/attitudes). This assessment will be conducted verbally and/or in writing (circle all that apply).
C. Supervisors will compare supervisee self-assessments with their own assessments based on: 1) observation of clinical work; 2) report of clinical work; 3) recordings of client-trainee interactions; 4) supervision; and/or 5) competency-instruments (circle all that apply).
D. The initial level of supervision (room, area, available [circle that which applies]) required will be determined and discussed at the beginning of supervision. Any changes in this level will be discussed in supervision.

Context of Supervision (4 hours a week inclusive for major and minor rotations)

A. At least _____ hours of individual supervision will be provided per week (i.e., 2 hours at major rotation and 1 hour at minor rotation).
B. At least _____ hours of group supervision will be provided per week this can be 2 hours at major rotation).
C. Treatment notes will be completed for all sessions and available for review in supervision. These notes will be completed in a timely manner.
D. Supervision will consist of multiple modalities including: 1) review of tapes; 2) progress notes; 3) discussion of live observation (at least one observation period for quarterly evaluation) each ; 4) instruction; 5) modeling; 6) mutual problem-solving; 7) role-play; and/or 8) other _____ (circle all that apply).

Evaluation

A. Feedback will be provided in each supervision session and be related to competency-based goals.
B. Summative evaluation will occur at 4 intervals per year: Oct, Dec, March, June.

C. Forms used in the summative evaluation process are available within the psychology intern manual
D. Interns will rate supervisors during the same quarterly evaluation periods and share this feedback
E. Supervisor notes may be shared with the supervisee at the supervisor's discretion, and upon request.
F. In order to successfully complete the rotation, the supervisee must attain an average rating of 2 within each competency domain by end of quarter 1 and an average rating of 3within each competency domain by the end of quarter 2. F. If the supervisee does not meet criteria for successful completion, the supervisee will be informed at the first indication of this, and supportive and remedial steps will be implemented to assist the supervisee. G. If the supervisee continues not to meet criteria for successful completion of the rotation, procedures delineated by the training program will be followed.

Duties and Responsibilities of Supervisor

A. Upholds and adheres to the APA Ethical Principles of Psychologists and Code of Conduct.
B. Oversees and monitors all aspects of client case conceptualization and treatment planning.
C. Reviews video/audio tapes outside of the supervision session, when applicable.
D. Develops supervisory relationship and establishes emotional tone.
E. Assists in the development of goals and tasks to be achieved in supervision specific to assessed competencies.
F. Presents challenges to and problem-solves with the supervisee.
G. Provides suggestions regarding client interventions/evaluation procedures and directives for clients at risk.
H. Identifies theoretical orientation(s) used in supervision and therapy, and takes responsibility for integrating theory in the supervision process. This includes assessing the supervisee's theoretical understanding/training/orientation(s).
I. Identifies and builds upon the supervisee's strengths specific to assessed competencies.
J. Introduces and models use of personal factors including belief structures, worldviews, values, and culture.
K. Ensures a high level of professionalism in all interactions.
L. Identifies and addresses strains or ruptures in the supervisory relationship.
M. Establishes informed consent for all aspects of supervision.
N. Signs off on all supervisee case notes in a timely manner.
O. Distinguishes administrative supervision from clinical supervision, and ensures that the supervisee receives adequate supervision in both areas.
P. Defines additional aspects of professional development to be addressed within the context of supervision.
Q. Distinguishes and maintains the line between supervision and therapy.
R. Identifies delegated supervisors who will provide supervision/guidance if and when the supervisor is not available for consultation.
S. Discusses and ensures understanding of all aspects of the supervisory process outlined in this document, and the underlying legal and ethical standards from the onset of supervision.

Duties and Responsibilities of the Supervisee

A. Upholds and adheres to the APA Ethical Principles of Psychologists and Code of Conduct.
B. Reviews client video/audio tapes before supervision, when applicable.
C. Comes prepared to discuss client cases with necessary materials (e.g., files, completed case notes) and conceptualization, questions, and literature on relevant evidence-based practices. D. Is prepared to present integrated case conceptualization that is culturally competent.

E. Brings personal factors that impact the supervisee's clinical work or professional development to supervision and is open to discussing such factors.
F. Identifies goals and tasks to be achieved in supervision specific to assessed competencies.
G. Identifies specific needs relative to supervisor input.
H. Identifies strengths and areas of future development.
I. Understands the liability (direct and vicarious) of the supervisor with respect to supervisee practice and behavior.
I. Identifies to clients his/her status as supervisee, the supervisory structure (including supervisor access to all aspects of case documentation and records), and name of the clinical supervisor(s). K. Discloses errors, concerns, and clinical issues as they arise.
L. Raises issues or disagreements that arise in the supervision process with the aim of moving towards resolution.
M. Provides feedback to supervisors on the supervision process.
N. Responds non-defensively to supervisory feedback.
O. Consults with the supervisor or delegated supervisor in all cases of emergency.
P. Implements supervisor directives in subsequent sessions or before, as indicated.

Procedural Aspects

A. Although in supervision only the information that relates to the client is confidential, the supervisor will treat supervisee disclosures with discretion.
B. There are limits of confidentiality for supervisee disclosures regarding clients or themselves. These include, but are not limited to, ethical and legal violations and indication of harm to self or others.
C. The supervisor will discuss the supervisee's development and strengths with the training faculty at this facility.
D. Written progress reports will be submitted to the trainee's school and training director describing his/her development, strengths, and areas of concern.
E. If the supervisor or the supervisee must cancel or miss a supervision session, the session will be rescheduled.
F. The supervisee may contact the supervisor at _____ (contact #) or delegated supervisor at _____ (contact #). A supervisor must be contacted in all emergency situations.

Supervisor's Scope of Competence: As part of this agreement the supervisor will discuss his/her scope of competence as it pertains to supervision. This may include review of the supervisor's CV.

The agreement may be revised at the request of supervisee or supervisor. The agreement will be formally reviewed at _____ (intervals) and more frequently as indicated. Revisions will be made only with consent of supervisee and approval of supervisor. We, _____ (supervisee) and _____ (supervisor), agree to follow the directives laid out in this supervision agreement and to conduct ourselves in keeping with our Ethical Principles and Code of Conduct, laws, and regulations.

Supervisor's Signature:

_____

Supervisee's Signature:

_____

Dates of Agreement: _____

Based upon a template by Carol Falender, Ph.D.

Training Goals and Documentation of Time Spent:

Major Rotation Supervisor:
Minor Rotation Supervisor:

Intern:

Training goals major rotation:

1.
2.
3.

Training goals minor rotation:

1.
2.
3.

The following should be completed in accordance with the training goals and responsibilities of the intern:

Function	**Total Hours**	**Percentage**
Direct clinical service hours (add or delete content to describe a weekly case load) Therapy hours (generalist and focus area): Group(s): Intakes: Walk-in: Assessment: Behavioral health:		
Supervision (describe format—individual, group, precepting, etc.) Major rotation supervision: Minor rotation supervision:		
Psychologist as Leader		
Internship Wide Didactics and Rotation specific didactics		
Administrative time Staff meeting: Paperwork/other administration:		
Total		100%

_____ _____ _____

Intern Signature Major Rotation Supervisor Minor Rotation Supervisor

_____ _____

Training Director Signature Date

Clinical Psychology Internship - Major Rotations

Major rotations correspond to the specialty tracks to which an individual applies. Major rotations average approximately 24 hours per week for 12 months.

Applicants may apply for only one major rotation.

Because this internship program has a specialty emphasis, applicants who show promise of a career focus in the specialty area will be given priority. Evidence of prior experience in and commitment to the specialty area will be weighed heavily in evaluating applicant credentials.

A.F Williams Family Medicine Center
Primary Care Psychology
University of Colorado, Anschutz Medical Campus
Department of Family Medicine

This major rotation of the psychology internship program provides interns with opportunities to learn aspects of working as a psychologist in primary care settings. The primary practice site is A.F Williams Family Medicine Center, a Level III NCQA Patient Centered Medical Home that serves patients of all ages, including adults, children, infants, pregnant women and seniors. The clinic patients are from a variety of ethnic, religious and socio-economic backgrounds and we consider this diversity to be one of our greatest strengths as a training site for multiple health care disciplines. The clinic is run by the University of Colorado Hospital and has been in existence for over 35 years. Behavioral health has been an integral part of the A.F. Williams practice for over 2 decades.

Multidisciplinary Work: A.F. Williams Family Medicine Center is a primary training site for Family Medicine residents as well as clinical pharmacy students, nurse practitioner students, physician assistant students, psychology graduate students, and medical students. Our multidisciplinary team also includes care managers, a social worker, and tele-psychiatry consultants. This provides numerous opportunities for psychology interns to work collaboratively on a multidisciplinary team.

Goals of the Primary Care Psychology Track:
The overarching goal of the primary care psychology major rotation is to train psychologists to provide a full range of clinical primary care psychology services as key members of multi-disciplinary healthcare teams, develop an array of interprofessional competencies, and become leaders in this growing area of healthcare. Specific goals include developing core competencies of primary care psychology such as providing consultations to patients and providers, participating in multidisciplinary care teams, providing brief individual therapy services, becoming skilled with warm hand offs and co-consultations, providing diagnostic clarification and brief assessment, providing in-patient consultation, providing group interventions, and assisting with population-based care initiatives. As a unique aspect of the primary care psychology training experience, interns will participate in many facets of medical student and resident education. We provide many opportunities for interns to become familiar with the varied roles that psychologists can have in medical education and will participate in the training of physicians in communications skills at both the graduate and undergraduate levels.

Outpatient Experience:
Interns will engage in the provision of primary care psychology services in collaboration with attending psychologists, family physicians, psychiatrists, care managers, psychiatric nurse practitioners, physician assistants, RN's, MAs, social workers, medical students, residents, graduate psychology students, and pharmacy students. These services may include:

1. Consultation regarding behavioral health questions and presenting problems
2. Consulting with physicians about patient care, mental health and health behavior change
3. Provision of team based care
4. Teaching and supporting patient self-management skills
5. Facilitation of health-related support groups

6. Individual patient assessment and intervention
7. Health promotion/disease prevention interventions
8. Psychological screening and assessments
9. Home Visits with a multidisciplinary team
10. Opportunities to supervise psychology practicum students and engage in supervision of supervision

Interns will contribute to the education and training of medical students and medical residents via:

1. Collaborative care/clinical teaching
2. Small group teaching
3. Coaching physicians in techniques of health behavior change
4. Video recording of clinic visits
5. Medical precepting (supervision of psychosocial aspects of medical care)
6. Hospital rounds

Interns may potentially participate in ongoing research and/or program development in community based medicine with options including:

1. Serving on grant writing teams
2. Participation in clinical home visits
3. Participation in practice based research working groups
4. Focal study of a selected underserved population

Interns will master a primary care psychology curriculum through:

1. Direct patient care in the primary care setting
2. Selected readings
3. Attending lecture and seminar series
4. Participation in medical school education activities, including Family Medicine, Rural Health and Psychiatry Grand Rounds

Participation in daily supervision is required.

Inpatient Experience:
Interns will work collaboratively with family medicine residents and attending providers within a consultation-liaison structure to best care for patients during in-patient hospitalizations. In particular, services such as mental health screening, brief mental health interventions, health behavior change interventions, family meetings, and discharge plans are engaged effectively in this team format. Interns will observe these interactions, act independently, and receive supervision during this learning experience. Inpatient experiences are typically ½ day per week.

Theoretical Approaches:
The rotation supervisors are well versed in evidence-based approaches to interventions in primary care,
medical specialty, and traditional mental health settings. Trainees can expect to gain exposure to and expertise in behavioral activation, cognitive behavioral therapy, dialectical behavior therapy, mindfulness- based cognitive therapy, acceptance and commitment therapy, and health behavior change assessment and intervention.

Population of Clients:
Our patient population includes insured and underinsured patients from a large variety of ethnic and socio-economic backgrounds. It also includes refugees from Africa, Iraq, Iran, Russia and South East Asia, medical students, residents, and medical school faculty.

Supervision:
The intern will receive a minimum of 2 hours of supervision per week. Some of this supervision is individual and some will be completed as part of a precepting model where you will have the opportunity to work with supervisors with patients individually and learn from how they work and then discuss approaches to best serve those patients before and after encounters.

Boulder and Louisville, Integrated Behavioral Health and Primary Care

University Family Medicine Boulder

The Boulder and Louisville Integrated Behavioral Health and Primary Care major rotation at the University Family Medicine Clinics provides interns the opportunity to function as an integral member of an interdisciplinary team to provide whole-person, patient-centered behavioral health and primary care. Our multidisciplinary teams include physicians, psychologists, care managers, pharmacists, social workers, and tele-psychiatry consultants. Both Boulder and Louisville clinics are health psychology shortage areas (HPSA; score of 17) which provide medical and clinical services to underserved populations with a high rate of the patient population receiving Medicaid benefits. Many of the patient population struggle with social determinants of health concerns, mental health and co-occurring opioid use disorder and substance use disorders issues.

In addition to their experience as integrated behavioral health providers at Boulder and Louisville, interns will also have specialized didactic training, supervision and experiential opportunities to co-facilitate groups in the Whole Person Pain Service, a unique virtual service providing whole person care to family medicine patients with opioid medication regimens to manage chronic pain. Specialty training in evidence-based therapies to treat PTSD and trauma-informed care in primary care will also be offered with ongoing consultation and supervision to support intern learning and provision of trauma-informed care.

Interns who match will be placed at one of the two clinics for the training year based on their fit with supervisors and clinical interests. Applicants are also encouraged to indicate if they have a preference on which training site they would like to train in. Preferences and fit will be considered in intern placement. Intern training experiences will be consistent between Boulder and Louisville practices with some differences in clinic size, population, and supervisor specialties.

Overview

Within this model, clinical psychology interns serve as behavioral health providers (BHPs) who function as consultants to primary care providers (PCPs) and patients by providing brief consultations with interdisciplinary team members, shared medical appointments with PCPs, patient warm handoffs, psychological assessment and screening, and targeted episodes of psychotherapy. There will also be opportunities to engage in other clinic activities such as implementing quality improvement and research initiatives and running behavioral health groups, depending on clinic needs. Interns will have the opportunity to supervise psychology practicum students and participate in supervision of supervision curriculum to support enhancing their supervision skills.

Goals and Objectives

The overarching goal of the primary care psychology major rotation is to train psychologists to provide a full range of clinical primary care psychology services as key members of interdisciplinary healthcare teams.

At the completion of this rotation, trainees will be able to:

1. Rapidly conduct assessments of a patient's presenting problems to identify short- and long-term goals that align with patients' values and PCP's referral requests.

2. Provide appropriate levels of care to all patients ranging from one-time consultations to targeted episodes of psychotherapy/behavioral health interventions to coordinating outpatient mental health care.
3. Provide targeted therapy services inclusive of trauma-informed care and Whole Person Pain initiatives
4. Conduct psychological testing and diagnostic clarification
5. Provide in-patient consultation
6. Function as key members of interdisciplinary teams inclusive of physicians, physician assistants, psychologists, care managers, pharmacists, social work, and tele-psychiatry consultants.
7. Be familiar with the varied roles that psychologists can have in medical teams and participate with team members in a myriad of ways to improve care for patients and populations.
8. Strengthen clinical supervision skills. Interns are matched with practicum / extern students when available whom they meet with regularly to provide case consultation for primary care behavioral health patients

Specific Training Activities:

Behavioral Health Clinic
Interns will see a mix of new and follow-up patients each week. Both in person and telehealth services are provided. After an initial training/observation period, interns will be responsible for conducting the initial consultation, developing an appropriate treatment plan in collaboration with the patient, and coordinating care inside and outside of the clinic. Differential diagnoses and treatment recommendations will be determined together with the supervisor (who will be present during the clinic).

Inpatient Experience
Interns will have opportunities to devote time at the University Hospital at the Anschutz Medical Campus where they will work collaboratively with family medicine residents and attending providers to offer the best care for patients during in-patient hospitalizations. In particular, services such as mental health screening, brief mental health interventions, health behavior change interventions, family meetings, and discharge plans are engaged effectively in this team format. Interns will observe these interactions, act independently, and receive supervision during this learning experience from DFM licensed psychologists.

Professional Meetings/Development
Interns will have the opportunity to attend meetings focused on interdisciplinary primary care, including a weekly telepsychiatry huddle and primary care specific didactics. Interns will also have $2,000 in professional development funds to use toward attending professional conferences throughout their training year.

Theoretical Approaches
Evidence based approaches to treatment are used with an emphasis on Cognitive Behavior Therapy, Behavioral Activation, Motivational Interviewing, Dialectical Behavioral Therapy, and Acceptance and Commitment Therapy. Initial consultations emphasize a case conceptualization that highlights the relationships between a patient's life context, experience, and symptoms/behavior. Subsequent visits include evidence-based interventions based on collaborative decision-making between patients, trainees, and the clinical supervisor.

Population of Clients
Our clinics serve patients from diverse cultural backgrounds across the lifespan. Patients most commonly present with depression, anxiety, trauma, adjustment disorder, parenting difficulties, substance use, insomnia, weight loss, and management of chronic pain and other chronic diseases. A large proportion of patients at both sites are affiliated with the University of Colorado Boulder as students, staff, and faculty.

Supervision
Interns receive regular supervision as stipulated by APA guidelines and the internship program. This includes both formal one-on-one supervision as well as live supervision via the precepting model. The precepting model is a framework for live clinical supervision in which experienced attending psychologists guide and teach interns through a structured framework of patient care and feedback. The attending psychologist provides live supervision during a portion of the intern's appointment with each patient and is thereby able to provide effective, timely, and focused instruction enhancing the intern's critical thinking, clinical skills, and overall learning experience.

Loan Repayment Program Eligibility
Working in HPSA designated service areas as a part of their training with the Boulder and Louisville Integrated Behavioral Health and Primary Care major rotation makes interns at these sites eligible for HRSA sponsored Loan Repayment Programs. Students working in HPSA sites also receive priority funding when applying for the National Health Service Corps Loan Repayment Programs. Please see linked sites for further details.

JFK Partners, Intellectual and Developmental Disabilities

University of Colorado Anschutz Medical Campus

University Center of Excellence in Developmental Disabilities

JFK Partners is a University Center of Excellence in Developmental Disabilities (UCEDD) for interdisciplinary training in Intellectual and Developmental Disabilities (IDD), including Autism. It offers training to graduate and postgraduate trainees from a number of health, mental health, and educational disciplines in the complex needs of children with developmental disabilities, particularly as their needs interact with their family, school and community.

Professional disciplines represented at JFK include developmental pediatrics, clinical psychology, social work, speech-language pathology, occupational therapy, physical therapy, family medicine, dentistry, self advocates, and special education. JFK Partners is affiliated with Developmental Pediatrics at Children's Hospital Colorado and all clinical work is completed within Developmental Pediatrics. JFK Partners is also actively involved with local agencies to support the needs of our neurodiverse community. Faculty at JFK Partners hold appointments in the Departments of Psychiatry and Pediatrics.

The JFK Partners Autism and Developmental Disabilities Clinic, a component of Developmental Pediatrics, provides a variety of interdisciplinary clinical services to persons of all ages. The Clinic provides a full range of clinical services, including disciplinary and interdisciplinary evaluations, consultation, therapies, and clinical research activities.

Goals & Objectives

JFK Partners is a university based interdisciplinary training program with a commitment to the following goals for psychology trainees:

1. Teach trainees about the needs and strengths of persons with IDD and their families.
2. Teach trainees a variety of specialized clinical skills for supporting persons with IDD, including psychological assessment, psychotherapy and consultation.
3. Teach trainees to work in an integrated fashion with members of an interdisciplinary clinical team.
4. Foster development of leadership skills and scholarly activities related to the field of IDD.
5. Introduce trainees to values involving inclusion, family and individually centered care, diversity, equity and inclusion, advocacy, and self-determination for persons with IDD.

Objectives:

1. The psychology intern will learn to administer (or gain mastery with) a variety of cognitive, academic and adaptive assessments for individuals with IDD, including Autism (ages 15 months – 18 years).
2. The psychology intern will learn to administer (or gain mastery with) gold standard autism assessment measures with individuals aged 15 months – 18 years.
3. The psychology intern will apply the basic tenets of evidence-based interventions to:
    - design teaching and educational strategies for persons with IDD to develop new skills

- focus on strengths of the individual and how to best capitalize on these abilities as a means of forging positive social connection and supporting school and community participation

4. The psychology intern will learn to assess the complex co-occurring psychiatric needs of individuals with Autism/IDD, as well as deliver evidence-based interventions (individual, group, and family).
5. The intern will receive training on Facing Your Fears – a CBT group therapy program for managing anxiety in autistic children. The psychology intern will co-facilitate a Facing Your Fears group for autistic youth without intellectual disability (ages 8-14).
6. The psychology intern will work on an interdisciplinary team with members from other disciplines, including occupational therapy and speech-language pathology, nurse practioner, and child psychiatry to evaluate and treat persons with IDD, and to provide comprehensive oral and written feedback to family members. The psychology intern will support residents from the Departments of Family Medicine and Psychiatry to gain knowledge around autism evaluations during team assessments, in addition to collaborating with the resident for diagnostic interviews regarding the co-occurrence of mental health conditions.
7. The psychology intern will complete a scholarly project in collaboration with a supervisor on a topic related to autism and IDD.

Optional activities:

- Monthly Developmental Pediatrics Research Didactic seminar focused on conducting research related to IDD. This group also generates ideas for new research projects and presents findings from ongoing projects.
- Monthly discussion/meetings within the wider Developmental Pediatrics clinic in which recent research projects/contributions to the literature are discussed.
- There are a number of core LEND classes. Psychology interns are not required to take the Assessment class or the Intervention class for autism/IDD. However, some specialty topics and presentations may be of particular interest to interns (e.g. Sensory and Motor Interventions; Complementary, Alternative and Integrative Medicine; Sleep Disorders in Children with Special Needs, etc.) and are available for interns to join.
- Monthly ADOS reliability meetings within the Developmental Pediatrics community.

Additional Courses:

There are a variety of seminars, courses, and lectures provided by the UCEDD as a whole and available to all JFK trainees from all disciplines. While some courses are required for interns (e.g. Key Concepts, Leadership Dialogues) as part of the LEND training program, other course involvement is optional (see above).

Theoretical:

We use a mix of theoretical approaches, including cognitive-behavioral, developmental, and family systems theoretical orientations. Additionally, a major philosophy of JFK Partners is to promote culturally responsive, family focused interventions in inclusive settings. Each intern also becomes familiar with positive behavioral approaches for growth and change.

Types of Clinical Activities

- Interdisciplinary and disciplinary diagnostic services
- Positive behavioral methods for skill building and behavior management

- Cognitive/behavioral therapy (individual and group-based)

Population of Clients

- Individuals referred to JFK Partners are of all ages, from infancy to adulthood, with a diagnosis (or a question of a diagnosis) of a developmental disability. There is a focus on diagnosis and treatment of people with autism spectrum disorder. JFK Partners serves people with IDD throughout the Rocky Mountain region, both urban and rural settings, with a variety of racial/ethnic backgrounds and with varying access to social and economic resources.

Supervision:

The intern receives supervision for all clinical activities, including psychological assessment and psychotherapy. Two psychology faculty members are on site at JFK Partners (Drs. Judy Reaven and Audrey Blakeley-Smith) and four psychology faculty members are within Developmental Pediatrics/Sie Center (Drs. Lisa Hayutin, Lindsey DeVries, Allison Meyer, and Caitlin Middleton).

- **Assessment supervision** is shared by several primary faculty supervisors (Drs. Judy Reaven and Audrey Blakeley-Smith). The intern will be supervised for 6 months by each of these supervisors. Supervision for assessments averages 1 ½ - 2 hours per evaluation, not including live supervision during the assessment itself. Supervision covers preparation for the assessment, review and interpretation of data, and written and oral reporting in addition to live support in co-administration of certain assessments.

- **Psychotherapy supervision** is generally provided by one supervisor for the entire year, 1 hour per week. Live supervision is an important component of the supervision and faculty may observe telehealth sessions lives as well. Each intern may participate in a psychotherapy group supervision (e.g., Facing Your Fears). Finally, interns are also able to help support the supervision of psychology externs on the team.

Minor Rotations

Each intern completes 2 six-month minor rotations over the course of the training year. Minor rotations average 12 hours per week. Minor rotations allow interns to acquire additional training in areas of interest to them.

Following match with our program, interns provide the training director with their top 4 preferred minor rotations for the year. Internship faculty and the training director are available for consultation regarding minor rotation selections. Interns are assigned minor rotations based on a number of factors which include: availability that year (i.e., some rotations may not be offered due to faculty availability), fit (i.e., some rotations require interviewing due to the requirements of certain clinical settings), class interest (i.e., each rotation typically will only allow 1 intern per semester), and schedule (i.e., some rotations require involvement on a specified day which may conflict with some major rotation training opportunities). Interns are typically provided one of their top two selections for their minor rotation, however, that cannot be guaranteed.

Upon recommendation of the training committee, an intern may be placed year-long in a rotation in order to achieve competencies for graduation. If a minor rotation supervisor is not available on any specified training day and specifically cancels the rotation for that day, the intern is to report to their major rotation instead. Given that minor rotations do not comprise as many clinical training opportunities due to the limited hours served per week, interns are encouraged not to miss multiple days at the minor in a consecutive manner.

Adult Behavioral Sleep Medicine

National Jewish Health

The Adult Behavioral Sleep Medicine is offered through the Sleep Medicine Section of the Division of Pulmonary, Critical Care and Sleep Medicine, Department of Medicine at National Jewish Health. The Sleep Medicine Program at NJH is the oldest and most comprehensive sleep medicine program in the Denver region. The minor rotation provides interns the opportunity to gain knowledge and skills in the diagnosis and treatment of physiological and behavioral sleep disorders. Interns will evaluate and treat patients with a variety of presenting sleep complaints.

Goals of training rotation

- The primary goal of this minor rotation is to teach interns how to evaluate, diagnose, and treat sleep disorders using evidence-based evaluations and therapies.
- Learn how to work within a multidisciplinary sleep medicine team
- Obtain knowledge of a wide variety of sleep disorders and apply that knowledge to differentially diagnosing and treating patients
- Proficiency in cognitive-behavioral therapy for insomnia

Objectives of Training Rotation

- To learn about basic sleep promoting mechanisms
- To learn about the range of sleep disorders encountered in sleep medicine practice
- To learn how to prepare comprehensive assessment reports for a range of patients with various types of sleep disorders.
- To learn how to administer cognitive behavioral insomnia therapy
- To learn other behavioral sleep medicine techniques including imagery rehearsal for nightmares, graded exposure treatment of CPAP related claustrophobia, methods for aiding patients discontinue sleep medications, and treatment strategies for circadian rhythm sleep/wake disorders.

Required Training Activities

- Interns are required to attend one day a week (8am-5pm) at the Sleep Medicine clinic. Sleep Medicine clinics are held on Wednesdays at the main campus of National Jewish Health.
- Interns will see patients to evaluate and diagnose patient's sleep complaints. Interns are responsible for writing the diagnostic report for new patient evaluations.
- Interns will also be involved in the follow-up treatment of patients, which is brief and lasts between 1-6 sessions. Follow-up treatment is conducted using empirically-based treatments, which commonly involves cognitive-behavioral therapy for insomnia.

Population of Clients

- A wide variety of patients are seen at the Adult Sleep Medicine clinic, including a range of sleep disorders, patient demographics, and co-morbid medical and psychiatric conditions. We treat patients with the following sleep disorders: circadian rhythm disorders, excessive sleepiness, insomnia, narcolepsy, obstructive sleep apnea, parasomnias, periodic limb

movement disorder, and restless leg syndrome. We also see patients from a wide range of backgrounds, including socioeconomic, race/ethnicity, and education.

Supervision

Interns will be provided didactic materials (selected readings) to help them learn about basic sleep mechanisms, the range of sleep disorders likely to be encountered on the rotation and methods of sleep disorder diagnosis. In addition, Dr. Devon Smith provides interns one-on-one discussion to aid them in their case conceptualization and treatment planning abilities.

Athletic Psychological Health & Performance (PHP)

University of Colorado Boulder
Athletic Department

This rotation allows for interns to gain experience conducting outpatient psychotherapy focused on a range of mental health topics within a unique and culturally diverse population of student athletes. Interns will be part of a National Collegiate Athletic Association (NCAA), Football Bowl Subdivision (FBS), Pacific-12 (PAC-12) Conference, athletic department. The CU Athletic Department is comprised of approximately 380 student-athletes in a variety of sports. Interns will be involved with all aspects of PHP services. Most service provision is individual psychotherapy, but there are opportunities for small group facilitation, interdisciplinary consultation, specialized treatment team participation, and even data collection around pre-participation exam periods. Interns will be trained on the obvious and nuanced differences between a traditional counseling setting and that of an intercollegiate athletic department.

Some opportunities may exist outside of 'normal business hours' – practice attendance, competition attendance, so some nights and weekends may be available for intern involvement. For the most part, that time will not be required but may be offered to the intern as an opportunity for observation or relationship-building.

The PHP offices are in the athletic department's Dal Ward Academic Center at the north end of Folsom Field on the main campus of the University of Colorado in beautiful Boulder, Colorado.

Goals and Objectives

The minor rotation in intercollegiate athletics is offered through the University of Colorado Athletic Department within the Psychological Health & Performance area. The primary objective of this rotation is to teach interns how to recognize, respond to, and treat the needs of intercollegiate student-athletes. At the completion of this rotation, trainees will be able to:

1. Conduct individual psychotherapy recognizing the unique attributes of a specialty population.
2. Consult with a variety of care providers across disciplines including but not limited to medical staff, academic staff, and administrative staff.
3. Implement a care plan for an individual taking into account the variety of factors influencing that individual given their participation in intercollegiate athletics.
4. Document clinical visits and consultations in the Titanium Software system.
5. Function as a member of an intercollegiate athletic department
6. Partake in a monthly multicultural dialogue and reflect on personal and professional impact of the chosen topics.

Through this rotation trainees will have the opportunity to:

1. Develop an understanding of and clinically address the unique needs of student-athletes
2. Attend weekly PHP Clinical Meetings

3. Attend practices and competitions of the individuals and team with whom they work
4. Consult with an interdisciplinary team of individuals including academic and medical staff

Counseling
Interns carry a caseload of 6-8 individual cases. Client visits are typically 30-60 minutes. Interns will also be requested to join practice and competition attendance when possible and available.

Outreach
Work in an intercollegiate athletic department requires an outreach-based approach. This means interns will be encouraged to attend practices and some competitions based on the teams with whom they work when possible and of interest. There may be opportunities to conduct outreach presentations to coaches and staff, and co-facilitation of the student-athlete mental health awareness group, "Bolder Buffs," depending on intern interest.

Documentation
Interns are expected to complete documentation within 24 hours of client visits. PHP uses Titanium scheduling software – training on this software will be provided.

Theoretical Approach
The staff of the PHP are integrative therapists who draw on a number of theoretical orientations including ACT, CBT, and Interpersonal Process. Interns will hone their own approach with influences and guidance from the PHP staff.

Population of Clients
Clients seen in PHP are all Division I, student-athletes and range in age from 18-25. Generally, mood disorders, anxiety disorders, and relationship issues, are most common in this setting. PHP offers unlimited, free, and confidential services to all student-athletes at CU Boulder. Interns will be trained from a brief therapy model and will learn how to make effective disposition decisions. As warranted, interns may be asked to consult with coaches, athletic trainers, dieticians, administrators, and other athletic department staff members around topics of mental health.

Supervision
Interns will receive supervision with a Licensed Psychologist for at least one hour every week, and will be provided the opportunity to list preferences for supervision given that there are two Licensed Psychologists working at PHP. Supervision will typically focus on formulating diagnoses, case conceptualizations and treatment plans, discussing next steps for follow-up and ongoing patients, discussing issues of professional development and other relevant issues as needed. The utilization of video in supervision will be essential to this training experience. Additional supervision from a Licensed Professional Counselor and Licensed Addiction Counselor will be used as necessary given the presenting concerns of the student-athletes the intern is seeing. Lastly, group supervision will occur through the weekly case conference meeting with all staff and trainees.

Attention, Behavior, and Learning Clinic
University of Colorado Boulder
Department of Psychology

The Attention, Behavior, and Learning (ABL) Clinic in the Department of Psychology at the University of Colorado, Boulder provides affordable, comprehensive evaluations for children and adolescents in Boulder and surrounding communities. The program specializes in assessment of learning differences, attention problems, and other cognitive, emotional, or behavioral difficulties. We offer a limited number of scholarship slots so that we are able to serve a diverse group of families. Our goal is to better understand each child's needs and strengths, as well as the needs of his/her family, in order to help with strategies and recommendations for meeting a child's needs, and helping him/her successfully move forward in school and in life.

Goals of the Training Rotation

- Goals of this rotation include a greater understanding of common childhood disorders, including etiology, trajectory, and empirically supported treatments. Interns will also develop increased proficiency in administration of psychological and neuropsychological tests with children. Participants will also gain skills in integrating and presenting complex feedback information to parents, as well as synthesizing key information in comprehensive reports.

Required Training Activities

- Required activities include performing evaluations of the type described above, giving case presentations at the ABL case conferences, participating in discussions of others' cases, jointly providing feedback to parents about evaluation results, developing specific intervention plans, becoming knowledgeable about specific community resources and relevant legal issues, and writing reports. Students will also be expected to do some readings about various disorders affecting cognitive performance.
- It is required that interns work on Tuesday, Wednesday, or Thursday. Thursdays are ideal as case conference meetings will be some Thursdays from 12 to 2 pm.

Optional Training Activities

- Optional activities include further readings and participation in research activities. Students who enter with some previous training in neuropsychology may participate in more comprehensive neuropsychological evaluations.

Theoretical Approaches

- There is a close integration of research and practice in this clinic, and the overall theoretical perspective derives from developmental cognitive neuroscience and behavioral and molecular genetics. So, there is a considerable emphasis on understanding the genetic and environmental risk and protective factors that have shaped the development of the client's cognitive and psychosocial profile, and on empirically-supported treatments for helping to optimize the client's development.

Types of Clinical Approaches

- Clinical activities include individual evaluation, development of skill in relating to school personnel both for information gathering as well as to facilitate subsequent intervention, and providing education to parents and school personnel regarding the nature of a child's difficulties.

Population of Clients

- Clients seen at this clinic are referred from the community, frequently by pediatricians, psychiatrists, tutors, and psychologists. The age range of clients is approximately age 5 through college-age.

The Aurora Wellness
Integrated Behavioral Health and Assessment

The Aurora Wellness Integrated Behavioral Health and Assessment minor rotation at the University Family Medicine Clinics provides interns the opportunity to function as an integral member of an interdisciplinary team to provide whole-person, patient-centered behavioral health and primary care. Our multidisciplinary teams include physicians, psychologists, care managers, pharmacists, and social workers. Aurora Wellness Community Health Center provides medical and clinical services to underserved populations with a high rate of the patient population receiving Medicaid benefits. Many of the patient population struggle with social determinants of health concerns, mental health and co-occurring opioid use disorder and substance use disorders issues. Interns at this clinic will have the opportunity to contribute to a new and developing behavioral health program within this clinic, serving patients with a variety of presenting concerns.

In addition to their experience as integrated behavioral health providers at Aurora Wellness, interns will also have the opportunity to engage in cognitive and psychological assessment. Common presenting differentials include ADHD, specific learning disorders, intellectual disability, and PTSD. Specialty training in integrated report writing within a primary care setting is available, in addition to administration of a variety of assessments. Specialty training in evidence-based therapies to treat PTSD and trauma-informed care in primary care will also be offered with ongoing consultation and supervision to support intern learning and provision of trauma-informed care.

Overview
Within this model, clinical psychology interns serve as behavioral health providers (BHPs) who function as consultants to primary care providers (PCPs) and patients by providing brief consultations with interdisciplinary team members, shared medical appointments with PCPs, patient warm handoffs, psychological assessment and screening, and targeted episodes of psychotherapy. There will also be opportunities to engage in other clinic activities such as implementing quality improvement and research initiatives and running behavioral health groups, depending on clinic needs. Interns will have the opportunity to supervise psychology practicum students and participate in supervision of supervision curriculum to support enhancing their supervision skills.

Goals and Objectives
The overarching goal of the primary care psychology major rotation is to train psychologists to provide a full range of clinical primary care psychology services as key members of interdisciplinary healthcare teams.

At the completion of this rotation, trainees will be able to:

9. Rapidly conduct assessments of a patient's presenting problems to identify short- and long-term goals that align with patients' values and PCP's referral requests.
10. Provide appropriate levels of care to all patients ranging from one-time consultations to targeted episodes of psychotherapy/behavioral health interventions to coordinating outpatient mental health care.
11. Provide targeted therapy services inclusive of trauma-informed care and Whole Person Pain initiatives

12. Conduct psychological testing and diagnostic clarification, using a variety of testing measures (e.g., Wechsler measures, PAI, diagnostic interviews, RBANS, D-KEFs, etc.)
13. Write integrated psychological reports and provide feedback to patients within a primary care setting.
14. Function as key members of interdisciplinary teams inclusive of physicians, physician assistants, psychologists, care managers, pharmacists, and social work consultants.
15. Be familiar with the varied roles that psychologists can have in medical teams and participate with team members in a myriad of ways to improve care for patients and populations.

Specific Training Activities:

Behavioral Health Clinic
Interns will see a mix of new and follow-up patients each week. Both in person and telehealth services are provided. After an initial training/observation period, interns will be responsible for conducting the initial consultation, developing an appropriate treatment plan in collaboration with the patient, and coordinating care inside and outside of the clinic. Differential diagnoses and treatment recommendations will be determined together with the supervisor (who will be present during the clinic).

Interns who choose to engage in psychological/cognitive assessment will be responsible, following training, for conducting diagnostic interviews, choosing an assessment battery, conducting testing, writing integrated reports, and providing feedback to patients. Interns will have supervisor support throughout this process in order to hone efficient and thorough diagnostic assessment and feedback skills.

Theoretical Approaches
Evidence based approaches to treatment are used with an emphasis on Cognitive Behavior Therapy, Behavioral Activation, Motivational Interviewing, Dialectical Behavioral Therapy, and Acceptance and Commitment Therapy. Initial consultations emphasize a case conceptualization that highlights the relationships between a patient's life context, experience, and symptoms/behavior. Subsequent visits include evidence-based interventions based on collaborative decision-making between patients, trainees, and the clinical supervisor.

Population of Clients
Our clinics serve patients from diverse cultural backgrounds across the lifespan. Patients most commonly present with depression, anxiety, trauma, adjustment disorder, parenting difficulties, substance use, insomnia, weight loss, and management of chronic pain and other chronic diseases. Additionally, many patients are seeking ADHD evaluations, as well as evaluation for learning disorder or cognitive impairments.

Supervision
Interns receive regular supervision as stipulated by APA guidelines and the internship program. This includes both formal one-on-one supervision as well as live supervision via the precepting model. The precepting model is a framework for live clinical supervision in which experienced attending psychologists guide and teach interns through a structured framework of patient care and feedback. The attending psychologist provides live supervision during a portion of the intern's appointment

with each patient and is thereby able to provide effective, timely, and focused instruction enhancing the intern's critical thinking, clinical skills, and overall learning experience.

Burn- Frostbite Intensive Care Unit and Outpatient Clinic

University of Colorado Hospital
Anschutz Medical Campus

The Burn-Frostbite Psychology minor rotation includes work in two settings: 1) University of Colorado School of Medicine Department of Psychiatry Consultation Liaison (CL) Service seeing patients on the Burn-Frostbite Intensive Care Unit (BICU) and 2) outpatient Burn-Frostbite Clinic. Interns completing this minor rotation will have exposure to a variety of clinical settings and experiences that align with an interest in health service psychology.

The scope of the Psychiatry CL Service spans all of the inpatient medical services in the University of Colorado Hospital. Licensed psychologists are members of the CL team and provide focused consultation and treatment on the BICU, the Solid Organ Transplant Center, Physical Medicine and Rehabilitation, and across other inpatient medical units. Typically, patients admitted to the BICU are admitted for burn injuries, frostbite, hidradenitis, and/or specialty wound care, and may have co-occurring psychiatric and psychosocial concern. These psychiatric concerns may be present prior to the patient's admission to the hospital or may arise during the patient's stay. The patient's Burn-Frostbite medical team requests the services of the consult team (psychiatry and/or psychology) when there is a psychiatric concern and the team will conduct an evaluation, make treatment recommendations, provide psychological services, and follow up with the patient as needed.

The outpatient Burn-Frostbite Psychology Clinic is a multidisciplinary outpatient clinic that sees patients as they step down from inpatient hospital care, as well as patients who were never admitted to the hospital for medical management of their injuries, but present to clinic for outpatient wound management. The role of psychology in this clinic takes several forms ranging from single visit courses of care to support transition out of the hospital, to ~16-20 visit courses of care targeting trauma, anxiety, depression, pain, body image, etc.

Goals of the Psychology Intern Training Rotation

- Experience in the role of a psychologist on a multidisciplinary medical team in the inpatient and outpatient medical contexts
- Collaborate and liaison with multidisciplinary teams
- Gain knowledge about burn and frostbite care, trauma evaluations, and early intervention
- Develop psychological treatment plans appropriate for inpatient and outpatient medical settings for patients and their family members

Objectives of the Psychology Intern Training Rotation

- Psychology Interns will learn consultation and liaison skills necessary for working with a multidisciplinary treatment team
- Gain competence in completing psychological assessments and develop treatment plans for individuals on the inpatient burn-frostbite unit, as well as outpatient clinic
- Use appropriate, evidence-based interventions for patients in intensive care

- Gain skills in flexibly adapting evidence based treatments to burn and frostbite patients in the outpatient context

Specific Training Activities
Health Behavior and Psychological assessments: Semi-structured intake assessments to develop treatment plans and administer interventions
Psychotherapy: Conduct psychotherapy for intensive care patients, typically for patients who have significant injuries which may require months of care. Conduct psychotherapy for outpatients in the burn-frostbite clinic.
Treatment team meetings: Participate as an integral member of multidisciplinary rounds. Interns will coordinate with a team of surgeons, occupational therapists, physical therapists, and others to provide care to patients.
Theoretical Approaches
Psychology Interns are welcome to develop their own approaches using evidence-based practices. Typical situations which arise on the BICU call for solution focused interventions, trauma-focused therapy, and systems-focused care.

Types of Clinical Approaches
- Brief and longer-term psychotherapy
- Adult individual psychotherapy
- Couples & Family psychotherapy
- Psychoeducation and Multidisciplinary collaboration of care

Population of Clients
Patients on the BICU and those who follow up in outpatient clinic represent a diverse group of adult patients that may include those who are unhoused, experience addiction, and generally are representative of the Rocky Mountain West population.

Supervision
Weekly supervision is provided to the Psychology Intern by a health psychologist for initial assessments, brief intervention, and psychotherapy. Supervision is conducted using a developmental approach so that the intern's specific training needs are met. Interns begin by shadowing for orientation and then incrementally advance to a preceptor model for inpatient work. At least one hour of scheduled supervision is provided weekly to discuss cases and process one's experiences.

The Center for Dependency, Addiction, and Rehabilitation, CeDAR

UC Health at the University of Colorado, Anschutz Medical Campus

CeDAR is UCHealth's premier facility for addiction treatment. It serves as both a major rotation and a minor rotation. We have been located at the University of Colorado's Anschutz Medical Campus in Aurora, CO since our doors opened on October 16, 2005. Our world-class treatment for substance use and co-occurring psychiatric and medical disorders has been recognized as America's Best Addiction Treatment Center in Colorado by Newsweek annually since 2020. And, in 2022 we were ranked #2 in America.

The unique collaboration between UCHealth and the University of Colorado School of Medicine creates the opportunity for an evolving, multidisciplinary treatment team at CeDAR. Our team is comprised of national leaders, clinicians, scholars, and trainees in the areas of Addiction Psychiatry, Addiction Medicine, Psychology, and Counseling and is rounded out by our remarkable Admissions, Spirituality, Fitness, Direct Care and Alumni teams. Our program integrates the science of evidence-based clinical, medical, and pharmacological interventions with the crucial benefits of 12-Step Tradition and milieu therapy to provide our patients with an individualized biopsychosocial-spiritual approach to recovery.

CeDAR psychologists function as clinicians and consultants. We facilitate a variety of group therapies, offer advanced training, conceptualization and clinical intervention, participate in multidisciplinary treatment team meetings, and utilize psychological testing to provide diagnostic clarification and facilitate treatment planning. Our interns get the opportunity to participate in all of this alongside our licensed psychologists.

Training the next generation of addiction professionals is also crucial to our mission. Each year we get the privilege of teaching and working alongside psychology interns, addiction medicine and addiction psychiatry fellows, medical residents and medical students, chaplain residents, and nursing and counseling students.

Goals of the Training Rotation

CeDAR has a commitment to the following goals for Minor Rotation Psychology Interns:

- Minor interns will learn how to identify individual patient needs and how their strengths can be elevated to address substance use and co-occurring psychiatric and medical disorders at the residential level of care.
- Interns will learn how to effectively participate in a multidisciplinary team in which clinical decision making is a collaborative process.
- Interns will learn how substance use disorders manifest across the spectrum of SES and how to navigate the diversity of funding and referent sources (e.g., Medicare, self-pay).

- Interns will be guided by program values involving inclusion, family and individually centered care, diversity, advocacy, and self-determination for persons with substance use disorders.

Objectives

- The intern will learn to deliver a concise conceptualization of a patient's needs and strengths based on assessment data
- The intern will learn how to be an effective communicator of assessment results
- The intern will gain experience using the American Society of Addiction Medicine (ASAM) placement criteria for driving clinical decision making.

**Minor Rotation Interns must be at CeDAR on Wednesdays.

Optional Activities

- **Detox:** Interns can shadow our addiction medicine team to gain increased understanding of the detox process.
- **Family Program:** Interns can offer support to family members of CeDAR patients and alumni through the Family Program. The specifics of this are determined with the Behavioral Health Supervisor.
- **Gratitude Meeting:** The Gratitude Meeting is facilitated by our Alumni Program and happens each year on Thanksgiving. Many CeDAR alumni come to campus to join current patients and staff for a fellowship meeting focused on gratitude.
- **Presentations:** Interns can provide didactic presentations to CeDAR staff and trainees on topics of their expertise. They are also encouraged to attend presentations provided by other staff throughout the training year.

The Co-Responder Program:
Reaching HOPE

The Co-Responder Program minor rotation at Reaching HOPE is a grant-funded, collaborative position with the Brighton and Federal Heights Police Departments. The goal of the Co-Responder position is social justice-focused and aims to build bridges within the community, promote mental health services, reduce the use of force, provide workshops and distress tolerance groups to community members, and divert at-risk community members from the criminal justice system by providing stabilization within the community or through other care options.

The primary goals of this minor rotation are:

- To teach interns how to respond, evaluate, and treat crises using evidence-based evaluations and therapies.
- Learn how to work within a police department.
- Obtain knowledge to determine level of care -including mental health holds, and how to apply the appropriate holds to people in mental health crises.
- Collaborate with case managers and police officers.
- Provide prevention workshops and groups to support a reduction in 911 calls
- To understand how to recognize crises and use evidenced based skills to provide containment.
- To learn about providing wrap-around services.
- To learn how to navigate within a police department.
- To learn how to safety plan with high-risk clients.
- To learn about mental health/substance use holds.

Required:

- Interns are required to attend one day per week at Brighton or Federal Heights Police Department (8:30AM-6:30PM)
- Interns will respond to mental health calls with police officers. They will assess, evaluate, and treat mental health crises. They will complete safety plans, determine necessary levels of care, and complete the appropriate documentation.
- Interns will conduct workshops and group therapy with community members referred by the Federal Heights/Brighton Co-response teams. The group topics will include (but are not limited to):
    - Distress Tolerance
    - Mindfulness
    - Emotion Regulation
    - Interpersonal Effectiveness
    - Substance Use (Relapse Prevention)
    - Grief
    - Interns will also participate in weekly didactics.

Optional:

- If the intern has an interest and time available, there may be an opportunity to get involved in co-responder research/presentations. There are various trainings and conferences scheduled

for the 2025-2026 calendar year that may be available for interested students.
Citizens of Brighton experiencing mental health crises.

Interns will be provided didactic materials (selected readings) to help them learn about basic trauma work, de-escalation, and mental health holds. The intern will have weekly one-on-one and group supervision. They will collaborate with supervisors to complete case conceptualizations and identify appropriate level of care and wrap-around services.

Connections Program for High-Risk Infants and Families

University of Colorado Hospital,
Anschutz Medical Campus

This rotation allows interns to gain experience working as part of the inpatient consultation-liaison team at University of Colorado Hospital in the Neonatal Intensive Care Unit (NICU). The hospital is a tertiary care facility and brings in patients from the local community, the state of Colorado and the surrounding 7-state region.

UCH has a 50-bed Level III NICU that serves families from the metro Denver area, as well as the 7-state region. Clinicians on the team work with infants, families, and medical providers to promote health and developmental outcomes of infants and family engagement.

Goals of the Minor Rotation

- Develop health behavior assessment and intervention skills to promote infant health, development, and family engagement in the NICU.
- Collaborate and liaison with a multidisciplinary team.
- Build knowledge and skills in working with families of high-risk infants and provide psychoeducation and anticipatory guidance for needs that may present after NICU discharge.
- Develop and coordinate treatment plans for infants and their families as they prepare for discharge.

Objectives of the Minor Rotation

- Interns will learn CL skills for working in a NICU setting.
- Obtain competence in health behavior assessment and intervention approaches for infants born with medical complexities.
- Engage in consultation and liaison services with the medical team, including providing feedback about patient and family care approaches and trauma-informed care practices.

Specific Training Activities

- Health behavior assessments and interventions with infants in the NICU.
- Participation in multidisciplinary rounds and meetings.
- Maternal mental health screening and response.
- Participation in quality improvement activities to improve family engagement in the NICU.

Theoretical Approach

Supervisor theoretical approaches include cognitive-behavioral, interpersonal therapy, and infant mental health orientations.

Types of Clinical Approaches

- Maternal mental health screening and response.
- Health Behavior Assessments and Interventions including caregiver-infant dyadic interventions, communication training, problem-solving skills training, brief cognitive-behavioral interventions to promote parental coping.
- Participation in multidisciplinary team rounds.
- Quality and process improvement.
- Psychoeducation about infant social-emotional, behavioral, and cognitive development.
- Multidisciplinary collaboration.

- Consultation and Liaison

Population of Clients.

- The NICU provides Level III medical services to children born with neonatal complications and is the largest Level III NICU in Metro Denver. The unit cares for an average of 650 unduplicated patients per year. Approximately 25% of admitted infants are born at gestational ages less than 29 weeks and/or birth weight of less than 4 lbs, and about 20% are considered very low birthweight. The payer mix is around 40% Medicaid and 60% private insurance. Average length of stay is 14-17 days for the entire patient population. The Connections program delivers maternal mental health screening and response, health behavior interventions, and wellness promotion services to infants and families on the unit and during their transition home.
- The Connections Program automatically sees infants born under 32 weeks gestation and older babies if specific concerns are identified that necessitate a consult to the service. On average, the team has a case load of approximately 20-25 infants per week divided among the various clinicians on the service.

Supervision

At least one hour of weekly supervision is provided to the intern for initial assessments, brief intervention, and consultation-liaison services. Service delivery typically involves a preceptor model in which the clinician is present to observe a portion of the session and discuss case conceptualization and recommendations in real time. We adopt developmental and reflective supervision approaches and work to align the training experiences with the trainee's professional goals and training background/experiences. Interns will have the opportunity to attend biweekly reflective supervision/peer consultation with the perinatal/infant mental health providers in the department of psychiatry. Interns begin by shadowing for orientation and then incrementally advance to a preceptor model.

Developmental Neuropsychology Clinic

University of Denver,
Interdisciplinary Developmental Cognitive Neuroscience

This is a diagnostic clinic at the University of Denver to which children and adolescents are referred because of concerns about possible learning disorders, including dyslexia, ADHD, speech/language disorders, intellectual disability, or broader neuropsychological problems related to certain medical (e.g., genetic disorders, brain injury, perinatal problems) or mental health concerns (e.g., mood and anxiety disorders).

This Clinic was founded by Dr. Bruce Pennington as part of his Developmental Neuropsychology Lab. It is part of the Department of Psychology's APA accredited doctoral program in clinical Child Psychology and interdisciplinary Developmental Cognitive Neuroscience program.

Goals of the Training Rotation

- Goals of this rotation are for students to develop a greater understanding of learning differences and other common neurodevelopmental disorders, including etiology, trajectory, and evidence-based assessment and intervention. Interns will develop greater proficiency in administering assessment measures with children, as well as further developing case conceptualization and presentation skills, presenting complex feedback to parents, and integrating information in comprehensive reports.

Required Training Activities

- Required activities include performing individual evaluations, giving case presentations at the weekly Clinic case conference, participating in discussions of others' cases, conducting parent interviews and jointly providing feedback to parents about evaluation results, developing specific intervention plans, becoming knowledgeable about specific community resources, and writing reports. Evaluations also often involve review of previous records and consultation with teachers and other providers. Students will also be expected to do some readings about various disorders affecting cognitive performance.
- Interns must attend the Clinic case conference on Wednesdays, 12:00 to 2:00 PM.

Optional Training Activities

- Optional activities include further reading and participation in research activities. Trainees who enter with some previous training in neuropsychology may participate in more comprehensive neuropsychological evaluations.

Theoretical Approaches

- There is a close integration of research and practice in this clinic, and the overall theoretical perspective derives from developmental cognitive neuroscience and behavioral and molecular genetics. So, there is a considerable emphasis on understanding the genetic and environmental risk and protective factors that have shaped the development of the client's cognitive and psychosocial profile, and on empirically-supported treatments for helping to optimize the

client's development.

Types of Clinical Approaches

- Clinical activities include individual evaluation, development of skill in relating to school personnel both for information gathering as well as to facilitate subsequent intervention, and providing education to parents and school personnel regarding the nature of a child's difficulties.

Population of Clients

- Clients seen at this clinic are referred from the community, frequently from pediatricians, teachers, learning specialists, and psychologists. We usually work with children who are having difficulties in school and presenting with a range of academic, behavioral, and social/emotional concerns. We also sometimes see children who have medical conditions or experienced neurological insults that may interfere with their learning. The age range of clients is approximately 5 through college-age.

Imagine LGBTQ+ Specialty Clinic

Outpatient Psychiatry Clinic

The Imagine Clinic is an LGBTQ+ specialty clinic that was founded in 2016. The goal of the clinic was to offer clinical care informed in LGBTQ+ history and communities as a means of improving the quality of care and experiences of individuals regardless of their presenting needs. The clinic is embedded into the Outpatient Psychiatry Clinic which allows for close collaboration with providers and clinics across the CU Medicine and UCHealth systems. Imagine offers comprehensive psychiatric evaluations, medication management, individual therapy, group therapy, and gender affirming presurgical evaluations. The clinic prides itself on being informed and affirming in many LGBTQ+ issues including coming out, relationships, living with HIV, transitioning, sexuality, supporting a loved one who is LGBTQ+ and identity exploration.

This rotation provides interns with the opportunity to learn about the unique clinical needs of this population and develop clinical skills in providing affirming care in any setting. Interns will have the opportunity to provide individual therapy. Additionally, couples' therapy and group-based services are also available, if of interest. Interns will work alongside our psychiatry residents, often engaging in collaborative care for patients with both psychotherapy and medication needs. Additionally, interns will have the opportunity to work across the hospital system and support care within medical settings, as needed. Interns will develop skills in clinical interviewing, differential diagnosis, case conceptualization, and treatment planning. Patient care is rooted in humanistic clinical care with emphasis on solution focused approaches and measurement-based care.
The Imagine Clinic is a small clinic currently consisting of one psychologist (Dr. Christina New)and four psychiatry residents. We work as part of the broader Outpatient Psychiatry Clinic, so additional opportunities to consult with other clinicians in different areas of specialty are always available.

Training Learning Objectives:
The objective of this rotation is to provide interns with experience in clinically supporting LGBTQ+ populations and to gain knowledge on the unique needs among this population.

At the end of the rotation, interns will be able to:

- Complete a comprehensive clinical interview and engage in diagnostic consideration/differential diagnosis
- Develop case conceptualizations with consideration of how identity and identity development impact patient presentations
- Utilize appropriate measures to assess current functioning and progress
- Develop an understanding of outpatient care and considerations specific to LGBTQ+ populations
- Reference WPATH Standards of Care, as needed, for clinical care
- Conduct presurgical readiness evaluations for gender affirming surgeries and compose letter of endorsement

- Provide integrative therapeutic services including focus on cognitive, behavioral and humanistic therapies with consideration of queer theory.

There may also be opportunities to develop patient educational materials, facilitate professional presentations and collaborate on research of patient outcomes, if of interest.

Patient Population:
We serve adult patients of all ages and backgrounds seeking LGBTQ+ specialty care with a range of psychiatric needs. An initial evaluation is conducted to understand the nature of the referral and needs. Following this, patients may develop a treatment plan within our clinic or possibly be referred out for other clinical care focused on their specific needs. Recognizing the amazing resources we have for other specialty care here on campus (i.e., trauma focused work, depression management, etc.) we try to prioritize clinically supporting issues unique to this population.

Additional details:
- Rotation is available to interns who can provide clinical care on Mondays and/or Fridays.
- Interns are required to be in person and on site while providing clinical care (Anschutz Campus)
- Attendance of weekly individual supervision and biweekly group supervision is required.
- Interns will see patients independently and in conjunction with Dr. New, as appropriate.

Integrated Behavioral Health and Primary Care: Lonetree

University Family Medicine Lonetree

The Integrated Behavioral Health and Primary Care minor rotation at the University of Colorado Family Medicine Lone Tree (UCFM LTPC) Clinic provides interns the opportunity to work as part of a multidisciplinary team in providing whole-person, patient-centered integrated primary care. UCFMW is a Level III NCQA Patient Centered Medical Home that serves patients of all ages. Within this model, clinical psychology interns serve as behavioral health providers (BHPs) who provide a range of services including: brief consultation, assessment, triage to appropriate levels of behavioral health treatment or care management, and brief therapy (5-6 visits). Interns also have the opportunity to work on new or existing clinical transformation or quality improvement projects, participate in grant writing, or participate in additional avenues to integrate behavioral health into primary care (shared or group visits, warm hand-offs, etc.).

Goals & Objectives

The UCFM-LTPC Minor Rotation is offered through the Department of Family Medicine at The University of Colorado School of Medicine. The primary objective of this program is to teach interns how to function as Behavioral Health Providers (BHPs) within primary care settings. At the completion of this rotation, trainees will be able to:

1. Rapidly conduct functional assessments of patients' presenting problems to identify short- and long-term goals that align with patients' values and PCP's referral requests.
2. Provide appropriate levels of care to all patients including 1-time consultations during medical visits, brief episodes of behavioral health care, coordinating outpatient mental health care, and brief cognitive, bariatric, and ADHD assessments.
3. Consult and collaborate with interdisciplinary staff and providers to help meet patients' mental and physical health goals.
4. Describe the rationale, process, and results of a quality improvement initiative within UCFM-LTPC.

Theoretical Approach

The rotation supervisors are well versed in evidence-based approaches to interventions in primary care, medical specialty, and traditional mental health settings. Trainees can expect to gain exposure to and expertise in Acceptance and Commitment Therapy, focused Acceptance and Commitment Therapy, Motivational Interviewing, Behavioral Activation, Cognitive Behavioral Therapy, Dialectical Behavior Therapy, and Health Behavior Changes. Depending on interest and patient need, trainees may gain exposure to couples' therapy, parenting therapy, early childhood interventions, and chronic pain interventions including participating in Empowered Relief (one-time chronic pain education class).

Supervision

The interns will work directly with supervisors in the clinic and have the ability to consult and learn in real time. Lone Tree follows the precepting model, so interns will have the opportunity to see

their patients with their supervisor for a portion of the visit. Supervisors teach and model interventions and discuss approaches with interns before, during, and after encounters. Additional support includes group supervision and didactics which occur biweekly.

Population of Clients

Our patient population includes insured and underinsured patients from a large variety of ethnic and socio-economic backgrounds. Given the clinic's location, Lone Tree services many individuals from a military service background and a robust older adult population. At this time, Lone Tree's pediatric population has grown to be the biggest of all Denver Metro clinics. Common presenting problems include anxiety disorders, mood disorders, insomnia, chronic pain, trauma, relational stress, weight management, diabetes, cognitive changes, and caregiving stress.

Integrated Behavioral Health and Primary Care: Westminster

University Family Medicine Westminster

The Integrated Behavioral Health and Primary Care minor rotation at the University of Colorado Family Medicine Westminster (UCFMW) Clinic provides interns the opportunity to work as part of a multidisciplinary team in providing whole-person, patient-centered integrated primary care. UCFMW is a Level III NCQA Patient Centered Medical Home that serves patients of all ages.

Within this model, clinical psychology interns serve as behavioral health providers (BHPs) who provide a range of services including: brief consultation, assessment, triage to appropriate levels of behavioral health treatment or care management, and brief therapy (5-6 visits). Interns also have the opportunity to work on new or existing clinical transformation or quality improvement projects, participate in grant writing, or participate in additional avenues to integrate behavioral health into primary care (shared or group visits, warm hand-offs, etc.).

Goals and Objectives:
The UCFMW Minor Rotation is offered through the Department of Family Medicine at The University of Colorado School of Medicine. The primary objective of this program is to teach interns how to function as BHPs within primary care settings. At the completion of this rotation, trainees will be able to:
1. Rapidly conduct functional assessments of patients' presenting problems to identify short- and long-term goals that align with patients' values and PCP's referral requests.
2. Provide appropriate levels of care to all patients ranging from 1-time consultations to brief episodes of psychotherapy/behavioral health interventions to coordinating outpatient mental health care.
3. Describe the rationale, process, and results of a quality improvement initiative within UCFMW.

Theoretical Approach:
The rotation supervisor is well versed in evidence-based approaches to interventions in primary care, medical specialty, and traditional mental health settings. Trainees can expect to gain exposure to and expertise in behavioral activation, cognitive behavioral therapy, dialectical behavior therapy, mindfulness-based cognitive therapy, acceptance and commitment therapy, and health behavior change assessment and intervention.

Population of Clients:
Our patient population includes insured and underinsured patients from a large variety of ethnic and socio-economic backgrounds.

Supervision:
The intern will receive a minimum of 1 hour of supervision per week. Some of this supervision is individual and some will be completed as part of a precepting model where you will have the opportunity to work with the supervisor with patients individually and learn from how they work and then discuss approaches to best serve those patients before and after encounters.

Johnson Depression Center
Outpatient Psychotherapy
University of Colorado, Anschutz Medical Campus
Department of Psychiatry

The Johnson Depression Center (JDC) is a specialty outpatient clinic focused on mood, anxiety and associated disorders. Interns participating in this rotation will have the opportunity to work in a collaborative outpatient specialty mental health team that includes Psychologists, Psychiatrists, Social Workers, Licensed Professional Counselors and Psychiatric Nurse Practitioners. Interns will conduct initial evaluations, develop treatment formulations and conduct individual outpatient psychotherapy utilizing a range of evidence-based approaches. The JDC operates in a "hybrid" format offering both in-person and telehealth visits. Interns will likely receive experience in both formats.

Objectives:
This rotation is designed to help Interns:

- Refine evaluation and psychotherapy skills
- Further develop a personal style in psychotherapy
- Enhance confidence and independence in flexibly developing and applying evidence-based psychotherapy treatment plans in the context of treatment formulations
- Enhance experience and confidence in working within a specialty mental health team

Theoretical Approaches:
Supervisors at JDC typically utilize an Integrative approach incorporating aspects of various evidence-based approaches personalized to a patient's goals and presenting issues. Commonly used approaches may include CBT (including Cognitive Processing Therapy and Prolonged Exposure), DBT, ACT, Gottman Method for Couples and Interpersonal and Social Rhythms Therapy.

Specific Training Activities:
Most work will include initial evaluations, individual outpatient psychotherapy conducted both in person and by telehealth and coordination of care with other team members. Interns will typically carry a caseload of 4-6 individual outpatient psychotherapy cases. Interns will consider differential diagnoses and develop and refine treatment formulations and plans over time in collaboration with supervisor(s). Opportunities to shadow Intensive Outpatient Therapy groups and/or psychiatric medication consultations may be available for those interested.

Population:
The clinical focus will typically be working with adults experiencing depression, bipolar disorder, anxiety disorders and/or trauma. Working with couples may also be an option for interested interns, and working with children and youth experiencing mood and anxiety disorders may be an option depending on supervisor availability.

Supervision:

Interns will receive at least 1 hour of weekly supervision with a Licensed Psychologist. Optional group supervision is available in the form of a weekly team meeting for those at the rotation on Thursday mornings. Initially, Interns will shadow and conduct co-therapy jointly with supervisors. As appropriate, Interns will shift to conducting visits independently and consulting with supervisors as needed and during weekly supervision.

Outpatient Psychiatry Clinic
University of Colorado,
Anschutz Medical Campus

The Outpatient Psychiatry Clinic is a general outpatient mental health clinic within the Department of Psychiatry that provides psychotherapy, psychological assessment, and medication evaluation and management to a wide range of child, adolescent, and adult patients. Our multidisciplinary team holds a holistic perspective on the social and cultural factors that impact physical and psychological well-being in our patients' lives outside of the clinic setting.

Services offered in the general outpatient clinic include psychiatric medication evaluation and management; individual, couples, family, and group psychotherapy; care coordination including limited case management; and psychological testing. Currently, rotation training opportunities at the OPC are limited to working with adult patients, which includes opportunities in adult psychotherapy, psychological evaluation services (PES), and the rapid-accessed focused treatment clinic (RAFT), and Psychological Treatment for the Medically Complex (PCMC). The OPC staff includes psychiatrists, psychiatric nurse practitioners, psychologists, and social workers. The OPC is proud to be a training site for social work interns/fellows, nurse practitioner students, psychiatry residents, and psychology interns.

Goals and Objectives of the Training Program:
Depending on interns' areas of interest and training goals, they can choose one of two different tracks within the OPC rotation: 1) trauma-focused psychotherapies or 2) psychological evaluation services. It may be possible to design a "combined" track for interns who are interested in a rotation that includes both psychological assessment and trauma therapy. We will focus on creating an individualized learning plan for each intern in the OPC designed to meet their training needs and goals. For interns who participate in a combined track, they will receive at least 1 hour of supervision weekly, but likely more given the diversity of their activities.

Trauma Therapy Track
The primary objective of this track is to teach interns how to evaluate, diagnose, and treat trauma-and-other-stressor related disorders, form case conceptualizations, and implement trauma-focused psychotherapies with adults. In the interest of a breadth of training and intern self-care, about half of their caseload will be comprised of trauma cases. At the completion of this rotation, trainees will be able to:
1. Use a variety of validated assessment tools to gain nuanced understanding of trauma presentation, comorbid mental health disorders, and functional impact.
2. Engage in collaborative treatment planning that integrates patient preferences and patient readiness when making decisions about nature and course of trauma treatment.
3. Develop case conceptualizations and treatment plans that incorporate the active ingredients of evidence-based trauma psychotherapies in ways that align with patient

preferences, readiness, and treatment goals.
4. Implement multiple evidence-based and evidence-informed psychotherapies for both single-incident traumas and complex trauma presentations.
5. Document clinical visits
Through this rotation track, trainees will have the opportunity to:
1. Attend the clinic's Multidisciplinary Team Meeting
2. Attend small group clinical case consultation meetings
3. Consult with multidisciplinary members of care teams

Specific Training Activities - Trauma Therapy Track

Outpatient Therapy
Interns will carry a caseload of individual outpatient psychotherapy cases consistent with the number of hours per week they are in the clinic. At least half of those cases will involve trauma treatment. Client visits are typically 50-60 minutes. Differential diagnoses, treatment formulation and treatment plan will be developed and refined over time in collaboration with the supervisor. Length of treatment will vary based on individual patients' needs. Interns will gain experience in delivering both in-person and telehealth therapy.

Theoretical Approaches:
Evidence-based and evidence-informed psychotherapies are emphasized in the OPC. Depending on a client's presenting concern and preferences, trauma-specific approaches may include elements of Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Internal Family Systems (IFS), Accelerated Experiential Dynamic Psychotherapy (AEDP), Emotion-Focused Therapy for Individuals (EFT), and Unified Psychotherapy for Trauma (UP-T). Supplemental interventions may Dialectical Behavior Therapy (DBT) and other "present-focused" approaches. The OPC recognizes the clinical value of "flexibility with fidelity." That is, following the basic guidelines or "map" of EBPs without rigid adherence for the purposes of choosing interventions based on the patient's unique history and presentation.

Population of Clients:
Because the OPC is a general outpatient clinic, a number of our adults patients present with difficulties influenced by trauma sustained in childhood and/or adulthood. Trauma types include but are not limited to childhood abuse, intimate partner violence, sexual assault, work or military service-related trauma, complex trauma, trauma related to physical health problems. Although the OPC sees the range of ages from early childhood to older adults, in this minor rotation, Interns will focus on adults aged 18 and up.

Types of Clinical Approaches:
Clinical activities include semi-structured and structured diagnostic interviews, administration and interpretation of assessment tools to inform clinical practice and make treatment recommendations (e.g., CAPS, PCL-5, TSI, DES-2), and the provision of integrative, individualized trauma treatment based on patient's presenting concerns, needs, and goals.

Supervision:
Interns will receive supervision with a Licensed Psychologist for at least one hour every week. Supervision will typically focus on assessing and diagnosing trauma-related disorders, case

conceptualizations and treatment plans, discussing next steps for follow-up and ongoing patients, and discussing issues of professional development and other relevant issues as needed. Interns have the opportunity to focus on a specific therapy of interest and can receive specialized training during supervision in that approach (e.g., CPT, PE, UP-T, AEDP). Interns who have been formally trained in EMDR may also receive supervision specific to EMDR.

Psychological Evaluation Services (PES) Track

The primary objective of this track is to teach interns how to conduct psychological assessments and produce comprehensive assessment reports to address a variety of referral questions. At the completion of this rotation, trainees will be able to:

1. Compose thoughtful and individualized testing batteries to address specific referral questions.
2. Collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the patient. Assessments may include intellectual, achievement, personality, ADHD, neuropsychological screening, and other competency-based measures.
3. Interpret assessment reports to inform case conceptualization, differential diagnosis and other diagnostic considerations; and provide individualized and thoughtful treatment recommendations.
4. Provide accurate, high-quality assessment reports and personalized client feedback that communicates findings and recommendations in a clear, coherent, and useful manner sensitive to a range of audiences.
5. The number and type of referrals the clinic receives varies, but interns will complete a minimum of five comprehensive psychological assessments during the intern year.

Through this rotation track, trainees will have the opportunity to:

1. Attend psychological assessment consultation meetings
2. Consult with multidisciplinary members of care teams

Specific Training Activities - Psychological Evaluation Services (PES) Track

Psychological Assessments and Types of Clinical Approaches:

Psychological assessments involve a process that may begin with consultation with the referring provider and conclude with providing client feedback and communicating findings to the treatment team. The use of a variety of assessment tools is encouraged including but not limited to behavioral and mental status observations, semi-structured and structured diagnostic interviews, assessments of context and culture, symptom checklists and other brief screens, patient self-report, collateral data, use of historical data (school reported cards, previous psychological testing report) cognitive testing, performance testing, and objective personality testing.

Theoretical Approaches:

PES uses best practice standards for assessment which are informed by up-to-date peer-reviewed research. PES also values the application of collaborative and therapeutic assessment approaches which, in addition to traditional psychological assessment methods, aim to serve as a helpful and collaborative process that facilitates positive changes in clients. Our assessment practices also emphasize the integration of multicultural considerations, patient strengths, and available resources and supports. The OPC PES does not use a standardized assessment battery. Our approach to test selection is based on the unique referral questions and seeks to

prioritize the collection of the maximum amount of relevant data while also reducing the burden of testing on the client.

Population of Clients:
Most patients referred for psychological assessment are referred from internal providers (e.g., patient's physician providing medication management) in the outpatient clinic, with a smaller proportion of referrals coming from other CU or UCH treatment clinics. Although the OPC sees the range of ages from early childhood to older adults, in this minor rotation, interns will focus on adults aged 18 and up.

Supervision:
Interns will receive supervision with a Licensed Psychologist for at least one hour every week. Supervision will typically focus on discussion of new testing referrals, assessment planning and decision-making (e.g., selecting appropriate battery), debriefing assessments, formulating diagnoses, and interpreting and integrating data. A portion of supervision will also be devoted to discussing issues of professional development and other relevant issues.

Perinatal Behavioral Health Pathways Program

UC Health at the University of Colorado,
Anschutz Medical Campus

This rotation allows interns to gain experience working as part of the inpatient consultation-liaison team at University of Colorado Hospital on the labor and delivery and mother-baby units. The hospital is a tertiary care facility and brings in patients from the local community, the state of Colorado and the surrounding 7-state region. UCH houses multiple obstetric care settings, including and obstetric emergency department, labor and delivery unit, antepartum unit (for women with maternal fetal complications), and a mother-baby unit, as well as a Level III NICU. There are nearly 4,000 deliveries per year in the hospital.

The Perinatal Behavioral Health Pathways team of clinicians includes psychologists, licensed clinical social workers, and psychiatrists who collaborate with the medical team to deliver care. Clinicians on the team conduct behavioral health assessments, brief evaluations, and consultation-liaison services and sees patients for a variety of concerns, including positive screens on measures of depression and/or substance use, delivery complications, medically complex pregnancies, and fetal/neonatal loss. In addition to direct patient care, the psychologists on the perinatal behavioral health pathways program engage in team rounds, quality improvement initiatives, program development, and scholarly projects.

Goals

- Develop assessment and brief intervention skills with individuals at risk for or presenting with perinatal mood and anxiety disorders.
- Collaborate and liaison with a multidisciplinary team.
- Build knowledge in perinatal mood and anxiety disorders, perinatal substance use disorders, and risk factors for these conditions.
- Develop and coordinate treatment plans for patients as they prepare for discharge.

Objectives of the Minor Rotation:

- Interns will learn CL skills for working with an acute multidisciplinary team with a focus on the perinatal population.
- Obtain competence in assessment and brief intervention approaches for perinatal mood and anxiety disorders.
- Engage in consultation and liaison services with the medical team, including providing feedback about patient care approaches and trauma-informed care practices.
- Provide psychoeducation about risk factors and symptoms of perinatal mood and anxiety disorders and resources available to patients and families after discharge.

Specific Training Activities

- Behavioral health evaluation and treatment recommendations and care coordination.
- Collaboration and coordination of care with multidisciplinary team and other medical providers.

- Attend rounds and provide feedback as appropriate to care team to promote trauma-informed care.

Theoretical Approaches
Supervisor theoretical approaches include cognitive-behavioral, interpersonal therapy, and infant mental health orientations.

Clinical Approaches
- Diagnostic interviewing.
- Brief individual psychotherapy.
- Care coordination.
- Quality and process improvement.
- Psychoeducation.
- Multidisciplinary collaboration.
- Consultation and Liaison.

Population of Clients
Out of the 7,155 patients admitted to the mother-baby unit in 2020, 6,498 (90%) were from urban/suburban areas of Colorado, thus 10% were from rural/frontier regions and/or out of state. Additionally, 1,703 (24%) had a primarily language other than English, and 4,586 (64%) identified with a race/ethnicity other than white, non-Hispanic.

Supervision
At least one hour of weekly supervision is provided to the intern for initial assessments, brief intervention, and consultation-liaison services. Service delivery typically involves a preceptor model in which the clinician is present to observe a portion of the session and discuss case conceptualization and recommendations in real time. We adopt developmental and reflective supervision approaches and work to align the training experiences with the trainee's professional goals and training background/experiences. Interns will have the opportunity to attend weekly reflective supervision/peer consultation with the perinatal providers in the department of psychiatry. Interns begin by shadowing for orientation and then incrementally advance to a preceptor model.

Psychosocial Oncology

The University of Colorado Hospital

The University of Colorado Comprehensive Cancer Center (UCCCC) is the Rocky Mountain region's National Cancer Institute-designated comprehensive cancer center. UCCCC is located on the world renowned Anschutz Medical Campus in Aurora, Colorado. UCCCC encourages and facilitates close cooperation and communication between basic scientists, translational researchers, clinical investigators and social, psychological and other behavioral scientists.

As a psychology intern you will have opportunities to work with adult patients, caregivers, families, and healthcare providers affected by all types of cancer throughout the cancer journey. The psychosocial care of Oncology patients and bone marrow transplant (BMT) recipients takes place in our outpatient Cancer Center clinics, the Cancer Center Infusion Center, in our specialized BMT Infusion Center, and in the University of Colorado Inpatient oncology unit. All are conveniently situated adjacent to one another. This care can include individual, family, couples, and group therapy options. Health psychology and behavioral medicine assessments will be included in training.

The multidisciplinary oncology teams include a psychologist, social workers, nurses, physicians, nurse practitioners, pharmacists, consultants from other services, chaplains, nutritionists, as well as physical and occupational therapists. UCCCC and the BMT program, in particular, identify psychosocial oncology as an integral aspect of the multidisciplinary approach to cancer diagnosis, treatment, and survivorship.

Goals of the Minor Rotation

- Gain experience in the role of a psychologist on a medical team.
- Learn how to collaborate within and contribute to a multidisciplinary team.
- Gain knowledge about the field of psychosocial-oncology and related evidenced-based interventions.
- Learn to conduct health and behavior evaluations, as well as create reports of their findings.
- Increase their knowledge and skills for treating psychological, social, and behavioral issues which occur during the cancer experience.

Objectives of the Minor Rotation

- The psychology intern will learn consultation skills for working with a multidisciplinary team and provide appropriate psych-social collaboration.
- The psychology intern will gain competence in administering health and behavior evaluations to assess for mental and behavioral health issues in an adult population affected by cancer.
- The psychology intern will decide on appropriate, evidence-based interventions and provide psychological and behavioral health interventions in group, individual, family, and couples modalities.

- The psychology intern will observe physicians and nurse practitioners during clinics to learn about medical oncology, hematological malignancies, the blood and marrow transplant process, and multidimensional treatments of cancer and side effects.
- The psychology intern will participate in weekly multidisciplinary team meetings that include all members of the team to gain a sophisticated conceptualization of patients being treated with blood and marrow transplants, including test results, choice of and response to treatment, and further recommendations.

Theoretical Approaches

The range of issues and problems that arise for patients and their family members when faced with a serious, life-threatening illness often requires eclectic therapeutic approaches. In general, the goal is to promote healthy adaptation to the illness and optimal functioning of the patient and family. Cognitive- behavioral, existential, biopsychosocial and family systems theoretical approaches are commonly used to conceptualize and treat patients.

Types of Clinical Approaches

- Brief and long-term psychotherapy
- Adult individual psychotherapy
- Couples & Family psychotherapy
- Group psychotherapy
- Supportive psychotherapy
- Psychoeducation and Multidisciplinary

Population of Clients

Adults referred to the UCCCC have a diagnosis of cancer, which vary in type and stage (severity) of disease. The program attracts and treats patients from a range of ages, ethnic and racial backgrounds, socioeconomic statuses, and from rural and urban settings in Colorado and the Rocky Mountain region.

Supervision

Weekly supervision is provided to the intern for psychosocial assessment and psychotherapy cases. A developmental approach is used: initially the intern will be given reading material about the cancer diagnosis, treatment and transplant process and will follow the psychologist and other team members to promote understanding of the treatment process and the medical environment. Then, the intern will be assigned his/her own patients to follow. At least one hour of scheduled supervision is provided weekly to discuss cases and process one's experiences.

Psychosocial Oncology – Medical Oncology

The University of Colorado Hospital

The Division of Medical Oncology, Department of Medicine will offer a novel minor rotation in psychosocial oncology at Anschutz Medical Campus in Aurora, Colorado. Please note this rotation differs from the psychosocial oncology rotation offered by the Division of Hematology and Bone Marrow Transplant (BMT) team. In many ways the exposure and experiences are similar. However, the teams are separate and involve different training experiences and exposure to different patient populations. This rotation in Medical Oncology focuses on the psychosocial assessment and treatment of adults with solid tumors (breast, lung, etc.).

Our Oncology Counseling team provides individual counseling, couples and family counseling, group therapy and psychoeducational classes aimed at improving quality of life for individuals and families facing cancer. We also provide inpatient consultation-liaison services to hospitalized oncology patients. Our scope is to assess and treat psychosocial concerns related to cancer and we refer out for primary mental health presentations outside of psychosocial oncology. We are a team of seven health psychologists and licensed clinical social workers.

As a psychology intern your clinical training experiences would include delivery of: new patient intake assessments, carrying an individual therapy caseload, co-leading therapy groups and co-leading psychoeducational classes. Interns are also trained in consultation-liaison inpatient psychology care.

The psychology intern will provide care to patients in-person at the Anschutz Cancer Pavilion, Anschutz Inpatient floor or via secure telehealth platform. Group therapy and classes are also held via secure telehealth platform. Individual assessment or therapy appointments are 60 minutes in length and group therapy and psychoeducational classes are 90 to 120 minutes in duration.

Psychosocial services are provided on a multi-disciplinary team in collaboration with oncologists, radiation oncologists, surgical oncologists, nurses, social workers, psychiatrists, nutritionists and genetic counselors. We also have a Fellowship in Psychosocial Oncology. This Minor Rotation involves training oversight from the Fellow in addition to licensed clinical psychologists.

To read descriptions of recent psychosocial offerings please visit:
https://www.uchealth.org/services/cancer-care/metro-denver-supportive-oncology/

Goals of the Minor Rotation

- Gain experience in the role of a health psychologist on a medical team managing complex medical diagnoses.
- Gain knowledge about the field of psychosocial-oncology and related evidence-based interventions.
- Prepare for advanced training (fellowship) in health psychology by practicing in different modalities including individual counseling, assessment, group therapy and psychoeducational group classes.

Objectives of the Minor Rotation

By the end of the minor rotation, the psychology intern will:

- Be competent in completing intake assessments for oncology counseling patients including obtaining psychosocial history, developing rapport, initial case conceptualization and proper documentation.
- Be able to identify different evidence-based therapeutic modalities and supporting interventions to utilize in psychosocial oncology.
- The psychology intern will begin to gain competence in delivering appropriate, evidence-based interventions to those facing cancer in individual, family, and group therapy settings.
- The psychology intern will understand how to provide inpatient consultation-liaison psychology support for hospitalized medical oncology patients, including familiarity with presenting issues and interventions used in inpatient settings.
- The psychology intern will become competent at delivering care via telehealth, documentation requirements for embedded health psychologists and how to communicate effectively with a multidisciplinary treatment team.

Theoretical Approaches

- Cognitive behavioral therapy, including specific interventions for chronic pain, sleep, trauma
- Acceptance and commitment therapy
- Dialectical Behavioral Therapy
- Brief existential therapies, including meaning-centered psychotherapy
- Biopsychosocial and family systems theoretical approaches are commonly used to conceptualize.

Types of Clinical Approaches

- Brief and long-term psychotherapy
- Adult individual psychotherapy
- Psychoeducational group classes to treat specific concerns: chronic pain, mindfulness-based approaches to stress management, sexual health concerns
- Couples & Family psychotherapy
- Group psychotherapy

Population of Clients

Patients are adults (including young adults) who have a diagnosis of solid tumor (versus hematological) cancer, which vary in type and stage (severity) of disease. We have a large team of oncology providers throughout Metro Denver, leading to diverse clinical presentations. Our program treats patients from a range of ages, ethnic and racial backgrounds, socioeconomic statuses, sexual orientation and identities and from rural and urban settings in Colorado and the Rocky Mountain region.

Supervision

At least one hour of weekly supervision is provided to the intern focused on education and review of clinical activities. We have a postdoctoral fellow in psychosocial oncology who serves as the initial reviewer of intern clinical documentation, which is then reviewed by the primary licensed supervisor for the rotation. This allows for greater feedback on clinical activities and documentation for the intern.

The developmental model of supervision is used. We begin with reading training documents, watching webinars and shadowing and then begin to introduce direct, independent patient care as the intern is prepared.

Psychosocial Oncology Research Rotation

The University of Colorado Hospital

The Psychosocial Oncology Research Rotation provides psychology interns with advanced training in behavioral science research within an academic medical center. Under the supervision of Dr. Lauren Zimmaro, Assistant Professor in the Division of Medical Oncology at the University of Colorado School of Medicine, interns participate in research designed to improve quality of life for individuals with cancer and their partners. The laboratory develops and evaluates evidence-based psychosocial interventions with an emphasis on mindfulness-informed, acceptance-based, and couple-focused approaches to reducing cancer-related distress.

The rotation offers hands-on experience across multiple stages of the research process while integrating clinical psychology, behavioral medicine, and psychosocial oncology. Interns may participate in intervention development and delivery, qualitative and quantitative research, scientific writing, and multidisciplinary collaboration with oncology clinicians and researchers. Training experiences are individualized based on the intern's interests, previous research experience, and professional goals while providing exposure to translational behavioral science and the integration of psychological science into cancer care.

Goals of the Psychology Intern Training Rotation

- Develop competency in psychosocial oncology research methods and behavioral medicine.
- Increase understanding of the psychological, interpersonal, and behavioral factors influencing adjustment to cancer.
- Build skills in designing, implementing, and evaluating behavioral intervention research.
- Gain experience collaborating within multidisciplinary oncology research teams.
- Develop scientific writing and dissemination skills through abstracts, presentations, and manuscript preparation.
- Strengthen professional identity as a psychologist engaged in evidence-based clinical research.
- Foster increasing independence in research activities appropriate to the intern's level of training.

Objectives of the Psychology Intern Training Rotation

By the completion of the rotation, psychology interns will be able to:

- Demonstrate knowledge of psychosocial and behavioral approaches to cancer care.
- Describe the rationale and methodology underlying behavioral intervention trials.
- Conduct literature reviews to support research development and implementation.
- Assist with qualitative and quantitative data collection and management using research platforms such as REDCap and medical record review.
- Demonstrate beginning competency in qualitative and/or quantitative data analysis.
- Contribute to the preparation of scientific abstracts, conference presentations, and manuscripts.
- Understand ethical and regulatory aspects of clinical research, including IRB procedures and research participant protections.
- Collaborate effectively with multidisciplinary research teams.

- For advanced trainees, demonstrate competency in delivering manualized behavioral interventions within clinical trials under supervision.

Specific Training Activities

- Participate in weekly supervision and research mentorship meetings.
- Attend laboratory meetings and multidisciplinary oncology research conferences.
- Conduct literature reviews and assist with survey and measure development.
- Assist with participant recruitment, screening, and research coordination.
- Collect research data through interviews, self-report measures, REDCap databases, and medical chart review.
- Participate in qualitative coding and quantitative data analysis.
- Contribute to manuscript preparation, conference abstracts, posters, and scientific presentations.
- Assist with IRB submissions, protocol development, and regulatory documentation.
- Participate in behavioral science program development initiatives.
- For advanced interns, receive training to deliver manualized interventions within ongoing randomized clinical trials, including mindfulness-based and couple-focused interventions for individuals coping with cancer.

Theoretical Approaches

Training integrates cognitive behavioral, mindfulness-based, acceptance-based, and couple-based intervention models. Research is informed by biopsychosocial and psychoneuroimmunology frameworks that examine the interaction of psychological processes, interpersonal relationships, and biological mechanisms influencing cancer adjustment and health outcomes.

Populations of Clients

Research and intervention activities primarily involve adults diagnosed with cancer and, when applicable, their intimate partners or caregivers. Current areas of emphasis include individuals with metastatic colorectal cancer, esophageal and gastric cancers across the disease continuum, breast cancer and other women's cancers, and individuals experiencing concerns related to sexual health, survivorship, or advanced cancer. Interns may also work with multidisciplinary oncology providers participating in research focused on behavioral health and supportive cancer care.

Supervision

Supervision includes regular individual meetings focused on research development, professional growth, scientific writing, intervention training (when applicable), and career development. Interns also benefit from mentorship within a multidisciplinary oncology research environment that includes collaboration with physicians, behavioral scientists, clinical research staff, and other healthcare professionals. Training activities and expectations are individualized according to each intern's prior experience and professional goals while promoting increasing autonomy throughout the rotation.

Solid Organ Transplant

University of Colorado Anschutz Medical Campus
Department of Psychiatry Consult Service

Interns participating in a minor rotation through the University of Colorado School of Medicine Department of Psychiatry Consult Service will have exposure to a variety of clinical settings and experiences that align with an interest in health service psychology. The scope of the psychiatry consult service spans all of the inpatient medical services in the University of Colorado Hospital. Licensed psychologists serve as participating members on all organ transplant teams, including liver, kidney, lung, and heart transplant recipients. Additionally, psychologists are designated to the living donor clinic where 100% of all living kidney and liver donor candidates receive psychological assessment and evaluation.

Primary responsibilities occur in the outpatient transplant center where candidates are comprehensively evaluated by the multidisciplinary teams. Additionally, the psychologists receive consultation and evaluation requests for urgent inpatient cases. Psychologists and psychology interns participate as an integral part of multidisciplinary selection committee meetings where they provide consultation on candidates' behavioral health variables and offer recommendations to help patients become more viable candidates. Behavioral health concerns may vary by team although substance use, long-term mismanagement of chronic health conditions, coping deficits, cognitive concerns, and co-morbid psychiatric problems are typical. Psychological assessment of patients often includes comprehensive psychodiagnostic and/or neurocognitive measures. These are utilized to help inform the process referred to as ‘risk stratification’ in transplant, provide more objective data regarding a patient’s candidacy, and to guide treatment recommendations.

Goals

- Experience in the role of a psychologist on a multidisciplinary medical team
- Collaborate and liaison with multidisciplinary team
- Gain knowledge about transplant evaluations, interventions and liaison work with complex medical and psychiatric cases, and how to shape decision-making around specific consult questions
- Acquaintance with ethical concerns and considerations in transplant services
- Develop treatment plans or brief interventions appropriate for inpatient medical settings

Objectives

- Interns will learn consultation and liaison skills for working with a multidisciplinary team
- Gain competence in completing comprehensive psychodiagnostic assessments which may involve the inclusion of neurocognitive and other measures as necessary
- Use appropriate, evidence-based interventions for patients with psychological complications on an inpatient unit
- Learn how to construct consult evaluations on inpatient units involving unique challenges, such as delirium or severe encephalopathy
- Learn best practices in participating as a member of a multidisciplinary medical team

Specific Training Activities
Health Behavior and Psychological assessments: Semi-structured intake assessments to address specific consultation questions and guide treatment plan recommendations with the inclusion of psychological variables.
Psychotherapy: Conduct brief psychotherapeutic interventions for inpatients or post-transplant patients. This may involve in vivo interventions for patients who are experiencing barriers to engagement in recovery.
Treatment team meetings: Participate as an integral member of multidisciplinary selection committees. Interns will coordinate with a team of physicians including surgeons, hepatologists, nephrologists, pulmonologists, infectious disease and anesthesiologists, as well as other ancillary members including occupational therapists, physical therapists, nutritionists and others to determine the best care for transplant candidates or post-transplant patients.
Theoretical Approaches
Interns are encouraged to hone their own approaches using evidence-based practices. Typical situations which arise on both outpatient and inpatient transplant settings require biopsychosocial formulations with targeted brief interventions, such as solution-focused, trauma-based models, addiction recovery, cognitive behavioral, in vivo exposures, mindfulness, as well as adaptation of these interventions to specific cultural and ethnic needs, values, or paradigms.

Types of Clinical Approaches
- Brief and long-term psychotherapy (especially conceptualization)
- Adult individual psychotherapy
- Couples & Family psychotherapy
- Psychoeducation and Multidisciplinary

Population
Patients attending the transplant center span the entire Rocky Mountain geo-region. As the largest transplant center in the Rocky Mountain catchment, it is typical to see patients from rural Colorado, Wyoming, Montana, and New Mexico. The transplant center provides services to a large indigenous population from New Mexico and coordination with Indian Health Services (IHS) may be expected.

Supervision
Weekly supervision is provided to the intern for initial assessments, brief intervention, and psychotherapy. Supervision is conducted using a developmental approach so that the intern's specific training needs are met. Interns begin by shadowing for orientation and then incrementally advance to a preceptor model. At least one hour of supervision is provided weekly to discuss cases and process one's experiences, either immediately following cases or scheduled as needed.

The Spots and Dots Clinic –

Hemophilia and Thrombosis Center

The Spots and Dots Clinic is a collaboration between the Division of Pediatric and Adolescent Gynecology and the Hemophilia and Thrombosis Center at the University of Colorado Anschutz Medical Campus. Our multidisciplinary team of providers includes gynecology providers specially trained in pediatric and adolescent reproductive health, hematologists, nursing, social work, physical therapy, 340b pharmacy supports, and psychology. Our clinic is designed to provide comprehensive, one-stop care to diagnose and treat gynecological and hematologic issues in teens and women with heavy menstrual bleeding with or without an underlying blood disorder.

Psychological consultation and liaison work is a core component of this minor rotation. This includes introduction of services and behavioral health assessment for new patients, brief behavioral health intervention for returning patients, and opportunity for ongoing behavioral health follow-up. The Psychology Resident will provide care to patients in-person at the Hemophilia and Thrombosis Center or via secure telehealth platform. Consultation and liaison services are often 15-45 minutes in length. Behavioral health intake and follow-up sessions are approximately 90 and 50 minutes, respectively.

Goals of the Rotation

- Gain experience in the role of a health psychologist on a medical team managing complex medical diagnoses across the lifespan
- Gain knowledge about the intersecting fields of bleeding disorders and women's health and how to apply related evidence-based interventions
- Prepare for advanced training in health psychology by practicing different modalities including consultation and liaison skills, brief behavioral health assessment and intervention, and behavioral health follow-up

Objectives of the Minor Rotation

- Obtain competence in consultation and liaison model for outpatient specialty clinic including completing brief behavioral health assessment and intervention, developing rapport, and skills necessary to work and communicate effectively within a multidisciplinary team.
- Possess ability to identify different evidence-based therapeutic modalities and supporting interventions to utilize for individuals presenting to Spots and Dots clinic with behavioral health concerns occurring within multidisciplinary clinic.
- Be able to complete intake assessment, develop initial case conceptualization and treatment plan, and select appropriate progress measures for behavioral health intake and follow-up sessions.
- Have comfort in delivery care via telehealth alongside multidisciplinary team
- Know requirements for proper documentation for embedded psychologists for patient-facing activities occurring both in-person or via telehealth

Theoretical Approaches

- Cognitive behavioral therapy
- Dialectical behavioral therapy
- Acceptance and commitment therapy

Population of Clients

Women, girls, and gender diverse folx with menstruation potential ranging in age from adolescence to adulthood who experience heavy menstrual bleeding. Underlying causes of heavy menstrual bleeding may include underlying blood disorder (e.g., Von Willebrand disease, platelet function defects, Factor VII or XI deficiency, Hemophilia A or B, connective tissue disorders, or platelet deficiencies).

Supervision

At least one hour of weekly supervision is provided for the psychology intern focused on education and review of clinical activities. Supervision will be provided by Dr. Emily Wheat. Supervision is conducted using the developmental model in which shadowing with Dr. Wheat will occur prior to the intern providing independent direct patient care. Residents will also have the opportunity to see patients in tandem with other providers as necessary. For the interested intern, shadowing within other specialty bleeding disorder and thrombosis clinics may be a possibility if timing allows.

Didactics:
Dr. Gesa Kohlmeier

The Clinical Psychology Internship features an informative and interactive didactic seminar series that are held on Mondays from 9:00-12:00.

The aims of the seminar series are to complement clinical training and facilitate further professional development. Seminars are often organized into blocks where a specific topic is covered for multiple consecutive sessions. A diverse range of multidisciplinary presenters from the University of Colorado and surrounding community lend their expertise on an array of topics described in the below syllabus.

Didactics Syllabus

University of Colorado School of Medicine Psychology Internship Program
2026-2027

Director of Didactics	Gesa Kohlmeier, PsyD
Email	gesa.kohlmeier@cuanschutz.edu
Phone	(425) 301-4861

Course Objectives
This course is designed to provide psychology interns with information and education around topics relevant to their future careers. Topics are focused around professional development, ethics, diversity, clinical skills, assessment, intervention, consultation, leadership, and scholarly inquiry. Interns will be exposed to a wide range of presenters on a variety of topic areas.

Course Outcomes
- Interns will be familiar with and able to use information and skills within the outlined topic areas.
- Interns will connect didactic content to clinical practice, professional identity development, interdisciplinary consultation, and future career planning.
- Interns will demonstrate professional engagement through attendance, participation, completion of presenter evaluations, and participation in the Leadership Series project and presentation.

Course Description
Didactics is a required seminar series that will run weekly on Monday from 9:00 a.m. to 12:00 p.m. throughout the training year unless otherwise noted on the didactics schedule. Didactics is structured around professional development and educational content in ethics, clinical skill building, diversity, assessment, intervention, consultation, leadership, and research/scholarly inquiry.

Professional development topics include personal and professional wellness, preparation for the EPPP, licensure and reciprocity, supervision and consultation, professional identity development, career pathways, postdoctoral planning, leadership, and practice within and outside of academic medical settings. Psychologists who work in a range of roles and systems may be invited to share their professional pathways.

Educational content topics include working with a variety of populations, ethical and legal issues, culturally responsive practice, use of research in clinical care, psychological assessment, and evidence-based psychological interventions. Topics are presented by specialists in the topic area, both within and outside of the CU system.

Interns are expected to participate actively and professionally in didactics. The only standing intern presentation requirement is connected to the Leadership Series project and final presentation. Other participation activities may be added at the discretion of the Director of Didactics and will be communicated in advance.

Didactic Series and Recurring Topic Areas
Several didactic series and recurring topic areas occur throughout the training year. Series may

span multiple weeks or recur across the year depending on scheduling, presenter availability, and training needs. Current and recurring series/topic areas include:

- Leadership
- Cultural Considerations for Care
- Hidden Curriculum
- Early Career Development
- Evidence-Based Treatment
- Health Psychology
- Ethical and Legal Considerations for Care
- Lifespan

There may also be periodic case consultation or peer consultation blocks when appropriate. These blocks are intended to support integration of clinical and scholarly material and are not formal presentation requirements unless otherwise specified by the Director of Didactics.

Leadership Series and Didactics Project

The Leadership Series is a required component of didactics. It is designed to support interns in developing as psychologist leaders in healthcare and other professional systems. The series focuses on leadership, healthcare policy, practice transformation, quality improvement, and interprofessional collaboration.

As part of the Leadership Series, interns will identify a project or area of professional development connected to their training goals, rotation setting, or broader system of care. Projects may focus on leadership, healthcare policy, practice transformation, quality improvement, clinical workflow, access to care, patient-centered care, interprofessional collaboration, or another approved area. Interns will receive additional guidance during the Leadership Series about project scope, mentoring, deliverables, and timeline. Near the end of the training year, interns will give a brief final presentation describing the project rationale, goals, implementation process, lessons learned, outcomes when available, and next steps. The goal of the final presentation is to support professional development and shared learning, with an emphasis on applied leadership, systems thinking, and reflection on professional growth.

Logistics

The didactics schedule, announcements, materials (schedule, presenter materials, handouts, PowerPoints, and other resources shared by presenters), evaluation assignments, and other didactic information will be available through the Microsoft Teams classroom page.

Microsoft Teams Classroom Platform

- The Teams classroom page will be the central place for didactics-related announcements, schedule updates, session materials, recordings when available, links, and evaluation assignments.
- Interns are responsible for monitoring the Teams classroom page and completing didactics-related Assignments by the stated due dates.
- Presenter materials are for educational use within the internship program. Materials, recordings, and links should not be shared outside the intern cohort or program without permission from the presenter and/or the Director of Didactics.

- Technical problems with Teams access, Assignments, recordings, or uploaded materials should be communicated to the Director of Didactics as soon as possible and before an evaluation due date whenever possible.
-

Location and Attendance Format

Didactics will generally meet in person in the large conference room at the AF Williams Family Medicine - Central Park clinic unless otherwise noted. The clinic is located at 3055 Roslyn Street, Suite 100. Parking is free. A refrigerator, microwave, and coffee makers are available onsite, and there are restaurants, coffee shops, and grocery options within walking distance of AF Williams. Didactics are expected to occur in person. Virtual attendance may be permitted in extenuating circumstances, but must be approved by the Director of Didactics prior to attendance. Sick days, vacation days, bereavement leave, and other absences should follow internship program leave procedures.

If an intern is approved to join virtually, the intern is expected to be present and engaged with both audio and video active unless otherwise discussed with the Director of Didactics. A Teams link will be available through the calendar invite or Teams classroom page when virtual attendance is approved or when a session is scheduled as virtual.

The Director of Didactics may not attend every lecture. Interns are expected to maintain professional engagement and appropriate participation regardless of whether the Director of Didactics is present. The Director of Didactics will lead some professional development lectures and will remain available for didactics-related concerns or questions.
Audrey Blakeley Smith, PhD, will have in-person drop-in office hours at AF Williams on the second Monday of the month from 8:00-9:00 a.m. before didactics, unless otherwise noted.

Check-Ins with the Director of Didactics

The Director of Didactics will meet with interns two to four times throughout the training year. These check-ins may include 30-minute individual meetings and group meetings. The purpose of these meetings is to review learning objectives, participation, completion of didactics requirements, professional development, and any concerns or feedback about didactic programming.

Attendance, Absences, and Missed Lectures

- Interns are expected to attend didactics throughout the training year. Didactic absences correspond with vacation, sick, bereavement, and other approved leave days because didactic time is part of the internship training schedule.
- If an intern expects to miss didactics, the intern should follow internship leave procedures and request time off for any didactic time missed. The intern should also email the Director of Didactics, Training Director, and Behavioral Health administrative staff as soon as possible, or in advance when the absence is planned.
- If an intern misses a lecture, there may be an option to watch a recording if the presenter allows recording and a recording is available. Recordings are not guaranteed, and some topics may not be appropriate to record.
- If a recording is not available or if viewing a recording is not appropriate for the content, the Director of Didactics may determine whether it is appropriate for the intern to meet with the

presenter, meet with the Director of Didactics, review presenter materials, or complete an alternative make-up activity.

- If an intern misses more than three didactics during the training year, additional make-up work may be required. This may include reviewing available materials and submitting a written reflection that summarizes the content, identifies key takeaways, and describes how the material will be applied to professional practice.
- Interns may not independently record didactics sessions. Any recording must be approved by the presenter and coordinated through the program or Teams platform.

Presenter Evaluations

Presenter evaluations are a constructive feedback process that supports presenter development and helps the didactics program monitor the quality and relevance of training content. Feedback should be respectful, specific, and intentional. Feedback intended for the program, a clinical rotation, or broader internship concerns should not be placed in a presenter evaluation; those concerns should be communicated through the appropriate channels described below.

- Evaluations will be posted as Assignments through the Microsoft Teams classroom page.
- Evaluations are due one week after each presentation unless a different due date is posted in Teams.
- Evaluations must be completed for each individual presenter. If two or more presenters present together or present on the same day, interns should complete the evaluation process for each presenter.
- Completion of evaluation Assignments will be used as one way to document didactics attendance and engagement.
- Evaluation completion will be reviewed periodically by the Director of Didactics. Interns should contact the Director of Didactics promptly if a Teams Assignment is missing, inaccessible, or otherwise unclear.

Policies and Procedures

Diversity Considerations

As a program, we are constantly striving to make all training environments inclusive and supportive for trainees. We will do our best to create an environment where trainees feel comfortable asking questions, providing and receiving feedback, and further developing their professional identities. We also recognize that multiple forms of oppression, as well as systems of oppression, exist within our communities. As a result, we are actively working to create safe and comfortable learning environments for everyone. Consequently, the Director of Didactics will ask each presenter to prioritize diversity considerations in their presentations.

If you experience or witness a biased event or microaggression, there are several avenues that can be taken if you decide to communicate your concerns. First, we encourage you to directly address your concern with the relevant person or speaker when you feel comfortable doing so. If you are not comfortable discussing your concerns with the relevant person, you can speak with the Director of Didactics. The Director of Didactics will then communicate the expressed concerns to the relevant person or speaker as appropriate. If the concern occurred with a speaker and you do not want to speak with the Director of Didactics, you may include the concern in the presenter evaluation. Please note that evaluations may not allow for direct follow-up unless you specifically request follow-up or separately contact the Director of Didactics.

When the Director of Didactics becomes aware of a biased incident or microaggression, they will speak directly to the relevant person or speaker about the concern. The person or speaker may be invited to address the concern directly with the intern(s). Regardless of the course of action, the Director of Didactics will provide support and ongoing follow-up with the trainee(s) who experienced or witnessed the biased event or microaggression, as necessary or requested. We recognize that it can be difficult to bring forward experiences or observations of discriminatory interactions. Interns' training and evaluations will not be negatively affected by reporting biased events or microaggressions. Reported biased events or microaggressions will also be reviewed with Audrey Blakeley Smith, PhD, as appropriate.

Language from this section was adapted from "Dealing with Racist and Discriminatory Patient Interactions" from UT Health San Antonio APA-Accredited Pre-Doctoral Clinical Psychology Internship.

Didactic Expectations

- Arrive on time, attend the full session, and remain engaged throughout didactics.
- Participate in discussion in a manner that is respectful, developmentally appropriate, and responsive to the presenter and peer learning environment.
- Use technology in a way that supports learning and does not distract from the didactic environment.
- Maintain confidentiality when clinical material, patient examples, case consultation, or rotation-specific information is discussed. De-identify clinical material when discussing examples and do not share didactics-related clinical details outside the appropriate training context.
- Complete required Teams Assignments, evaluations, Leadership Series requirements, and any approved make-up activities by the posted deadlines.
- Communicate with the Director of Didactics about barriers to attendance, Teams access, evaluations, or completion of didactics requirements.

Programmatic Concerns

Didactics are a space to facilitate professional and educational development. Didactics are not intended to be the primary place to address programmatic concerns related to the internship. If you have programmatic concerns, the following avenues should be utilized in a stepwise manner to get your concerns addressed:

1. Direct supervisor
2. External advisor
3. Training Director

The Director of Didactics can help identify appropriate channels for concerns that relate to didactics content, presenters, Teams logistics, evaluations, or the didactics learning environment.

School of Medicine
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

Anschutz Medical Campus:
Policy and Procedures

Code of Conduct
This Code of Conduct states the university's commitment to upholding the highest ethical, professional, and legal standards. As described below, University of Colorado employees must be cognizant of and comply with the relevant policies, standards, laws, and regulations that guide their work.

https://www.cu.edu/sites/default/files/aps/80760-aps-2027-code-conduct/aps/2027.pdf

Americans with Disabilities Act (ADA) Compliance
The goal of the Americans with Disabilities Act (ADA) is to ensure that individuals with disabilities are not discriminated against or denied equal access to the same programs, services, and facilities available to others.

The University of Colorado Denver | Anschutz Medical Campus is required to provide reasonable accommodations to qualified individuals with disabilities who are employees or applicants for employment, and for persons who participate in or apply for participation in the University's program and activities.

If you need to make an application for accommodations or need information regarding the ADA, contact: HR.ADACoordinator@ucdenver.edu

The Office of Equity
Discrimination and Harassment**:** Unlawful discrimination and harassment has no place on the CU Denver | CU Anschutz Campus and offends the University's core values, including a commitment to equal opportunity and inclusion. All University employees, faculty members, students and community members are expected to join with and uphold this commitment.
Robust discussion and debate are fundamental to the life of the University. Consequently, this policy shall be interpreted in a manner that is consistent with **student academic freedom policy** as defined in Regent Law, Article 5D.

- https://www.ucdenver.edu/offices/equity/university-policies-procedures/discrimination-and-harassment

The Office of Professional Excellence (OPE)
The CU Anschutz Office of Professional Excellence (OPE) provides a private resource to obtain a fair and equitable process and resolution for all matters pertaining to professionalism concerns regarding residents, fellows, staff members, and faculty in any school or college on the Anschutz Medical Campus.

The primary goal is to help those who have been involved in an incident to return to being valued and productive members of the Anschutz Medical Campus community. It is NOT to provide discipline or to be punitive, but rather to help work through those things which will most benefit a full and realistic recovery from difficult situations.
To provide a safe environment for reporting a lapse in professionalism, there are a variety of ways to contact the OPE:

- Phone: 303-724-4PRO (4776)
- E-mail: Professionalism@cuanschutz.edu
- Online Report Form
- https://www.cuanschutz.edu/offices/professionalism

The Office of Professional Risk Management
If you are looking to report a **patient occurrence**, request verification of **professional liability insurance**, or if an attorney has contacted you regarding care that you provided, please contact the office of Professional Risk Management at 303-724-7475 or PRM@ucdenver.edu.

- https://www.cu.edu/risk/contact-us

The Ombuds Office: Helping You Navigate Conflict
The Ombuds Office acts as a no-barrier, first-stop for students, faculty and staff seeking guidance, information and insight from a trusted advisor who is:

- **CONFIDENTIAL** We will protect your identity and the information you share and are not compelled to share details of any conversation with the University. Our only exception is imminent harm to self or to others.
- **INDEPENDENT** We are not affiliated with any other office or department at the University, but exist to present solutions and guidance that is independent of external and internal forces.
- **IMPARTIAL** We do not take sides, but work to address issues in a way that allows everyone involved in a dispute to be treated fairly and in good faith.
- **INFORMAL** Visiting us doesn't trigger a formal course of action often typical of HR or legal processes. Engaging an Ombuds is always "off the record".
- **VOLUNTARY** No one can be prohibited from visiting the Ombuds Office, nor can anyone be compelled to use our services.

https://www.ucdenver.edu/offices/ombudsoffice

Policy on Outside Employment

The clinical psychology internship program is demanding, both in terms of hours required and intellectual focus. For this reason, we believe that a trainee who spends time engaged in outside professional activities during the training program year may not gain full benefit from the training program. Further, clinical activity outside of the internship program is not allowed over the course of training (e.g., any therapeutic delivery of intervention) as it jeopardizes the malpractice coverage of the intern's supervisor per Colorado statute. Other employment options (e.g., non clinical activities which may include statistical consultation, research advisement, or non psychology employment) is discouraged, but not prohibited. It is the strong suggestion of the program to discourage employment outside of internship during the training year for all interns.

Certain exceptions to this policy may be requested. A trainee who seeks an exception must file a request with the Training Director. The request will be considered by the training committee and will include the major rotation supervisor and minor rotation supervisor.

Requests will be evaluated according to the following criteria:
• The time commitments required for the outside employment are minimal and acceptable, while being flexible enough that they will in no way interfere with the trainee's ability to fully function as an intern.
• The physical and/or intellectual requirements of the outside employment are of the nature that they will in no way interfere with the trainee's ability to fully function as an intern
• The hours of employment do not impact clinic needs or function AND take place outside of internship clinical hours

If the outside employment is approved, in some cases the trainee may need to complete a University Disclosure of External Professional Activities (DEPA) Form or Conflict of Interest (COI) form. In the case that the training committee determines that the outside employment meets all criteria, the trainee will be permitted to pursue the employment according to the specified parameters. To ensure that conditions are clear to all parties, the arrangement will be put in writing. At any point, training committee members may request a reconvening of the committee to reevaluate whether the employment continues to meet the criteria. If at any point any of the criteria are in question, as a condition of continuation in the training program, the committee has the right to require that the trainee reduce their outside employment commitments, or cease the outside employment altogether.

Policy on Due Process for Intern Evaluation and Grievances

This document provides guidelines for the evaluation of interns, grievance procedures, and the management of problematic performance or conduct. These guidelines are consistent with accreditation standards of the American Psychological Association and the policies of the University of Colorado. These guidelines emphasize due process and assure fairness in the program's decisions about interns, and they provide avenues of appeal that allow interns to file grievances and dispute program decisions.

THE EVALUATION PROCESS

The Psychology Internship Program assesses each intern's performance on a continuing basis. On a quarterly basis, supervisors provide written evaluations and meet with the intern to discuss the assessments and offer recommendations. After meeting, the supervisor and intern sign the written evaluation and forward it to the intern's Advisor, who reviews all of the evaluations with the intern. The Advisor summarizes the evaluations and forwards the evaluations and a brief written summary to the Training Director. The Training Committee meets quarterly to assess progress of all interns.

COMMUNICATION WITH INTERNS' HOME GRADUATE PROGRAMS

The Training Director communicates with each intern's sponsoring graduate program about the intern's activities and progress. Mid-year, the home graduate program receives information about the intern's training activities. At the end of the internship year, the home program receives a summary of the evaluation, indicating whether the intern has successfully completed the internship. At any time that problems arise casting doubt on an intern's ability to successfully complete the internship, the Training Director will inform the sponsoring graduate program. The home program will be encouraged to provide input to assist in resolving the problems.

DEFINITION OF PROBLEMATIC PERFORMANCE AND/OR CONDUCT

The program defines *problematic performance* and *problematic conduct* as follows. *Problematic performance* and/or *problematic conduct* are present when there is interference in professional functioning that renders the intern: unable and/or unwilling to acquire and integrate professional standards into his/her repertoire of professional behavior; unable to acquire professional skills that reach an acceptable level of competency; or unable to control personal stress that leads to dysfunctional emotional reactions or behaviors that disrupt professional functioning.

Guiding Principles to Ensure Due Process

The following principles serve to ensure that decisions made by the training program about interns are not arbitrary or personally based. These principles ensure that the intern is provided ongoing and meaningful feedback, opportunities for remediation, and information about appeals procedures.

- Presenting interns with written documentation of the program's expectations related to professional and personal functioning
- Stipulating the procedures for evaluation, including when and how evaluations will be conducted
- Articulating the various procedures and actions involved in making decisions regarding problem behaviors
- Communicating with interns early and often about how to address problem behaviors
- Instituting a remediation plan for identified inadequacies (including the competency domain(s) in which performance is not adequate), target behaviors, expectations for acceptable performance, steps for remediation, supervisors' responsibilities, time frame for expected remediation, and consequences of not rectifying the inadequacies.
- Providing a written procedure to the intern that describes how the intern may appeal the program's action
- Ensuring that interns have sufficient time to respond to any action taken by the program.
- Using input from multiple professional sources when making decisions or recommendations regarding the intern's performance.
- Documenting, in writing and to all relevant parties, the action taken by the program and its rationale. Interns and faculty will sign any written action and evaluation.

Formally Addressing Performance Problems

This section addresses the sequence of supervisory actions to be taken when performance problems are identified. Attention is paid to remediation strategies that may be used to address these problems. Finally, there is a discussion of formal grievance procedures.

Supervisory Actions

If competence problems are noted by an intern's supervisor, the following procedures will be initiated:

- The intern's supervisor(s) will meet with the intern's Advisor and the Training Director to discuss the problem and determine what action needs to be taken.
- The intern will be notified, in writing, that such a review is occurring and will have the opportunity to provide an oral or written statement.
- In discussing the problem and the intern's response, the Training Director may adopt any one or more of the following methods or may take any other appropriate action.
    - Issue a verbal warning to the intern that emphasizes the need to engage in recommended amelioration strategies in order to alter the competence concern (as opposed to problem). No written record of this action is kept.

- Issue a "Performance Notice" which formally indicates that the faculty is aware of and concerned with the intern's performance, that the problem has been brought to the attention of the intern, that the faculty will work with the Intern to specify the steps necessary to rectify the competence problems, and that the behaviors are not significant enough to warrant serious action. Remediation strategies described below should be implemented at this time. A signed copy of the Remediation Plan will be kept in the intern's file, as will the Performance Notice.
- Issue a "Probation Notice" which defines a relationship such that the faculty actively and systematically monitors, for a specific length of time, the degree to which the intern addresses, changes and/or otherwise improves the problem behavior. The intern must be provided with a written statement that includes: a description of the actual problem behaviors, the specific recommendations for rectifying the problem, the time frame for the probation during which the problem is expected to be ameliorated, and the procedures designed to ascertain whether the problem has been appropriately rectified. Additional remediation strategies must be implemented at this time. A signed copy of the Probation Notice and the revised Remediation Plan will be kept in the intern's file.
- Take no further action and inform all parties of this decision.

- The Training Director will then meet with the intern to review the action taken. If placed on probation, the intern may choose to accept the conditions or may challenge the decision. The procedures for challenging the decision are presented below (see **Procedures for Appeal by an Intern**).
- Once the Performance Notice or Probation Notice is issued by the Training Director, it is expected that the intern's performance will be reviewed no later than the next formal evaluation period or, in the case of probation, no later than the time limits identified in the probation statement. If the problem has been rectified to the satisfaction of the faculty, the intern and other appropriate individuals will be informed and no further action will be taken.
- If it is determined that the conditions for revoking the probation status have not been met, the faculty may take any of the following actions:

    - Continue the probation for a specific time period, with written notice to the intern of ongoing steps that must be taken to ameliorate the problem in the specified time frame.
    - Issue a written "Suspension Notice" stating that the intern is not allowed to continue engaging in certain professional activities until there is evidence that the behavior in question has improved.
    - Issue a written "Warning Notice" stating that if the problem behavior does not change, the intern will not meet criteria for internship graduation.
    - Issue a written "Termination Notice" that the intern will be terminated from the internship program as of the date specified in the notice.

When a combination of the aforementioned interventions do not, after a reasonable time period, rectify the problem, or when the trainee seems unable or unwilling to alter his/her behavior, the training program may need to take more formal action, including such actions as:

- Communicating to the intern that he or she has not successfully completed the internship, with the possibility of continuing an additional year.
- Terminating the intern from the training program. This includes issuing of a "Termination Notice." This information will be communicated to the intern's graduate school faculty.

Remediation Strategies

It is important to have meaningful ways to address performance problems once they have been identified. The training program therefore, in conjunction with the intern, will formulate strategies for remediation of such problems and will implement such strategies and procedures.

Several possible and perhaps concurrent courses of action designed to remediate problems include, but are not limited to, the following. These remediation strategies may also be used when addressing competence concerns as well. All of these remediation strategies need to be appropriately documented and implemented in ways that are consistent with due process procedures.

- Increasing supervision, either with the same or other supervisors.
- Changing the format, emphasis, and/or focus of supervision.
- Strongly recommending personal therapy (the Training Director and other faculty have lists of therapists willing to work with Interns at a reduced rate).
- Reducing the intern's clinical or other workload or modifying their schedule in other ways.
- Requiring specific academic coursework or independent study.
- Recommending, when appropriate, a leave of absence and/or a second internship.
- Recommending and assisting in implementing a career shift for the intern.

Grievances Initiated by Interns

Situations may arise in which an intern has a complaint or grievance against a faculty member, staff member, other trainee, or the program itself, and in which the intern wishes to file a formal grievance if he/she feels that the informal grievance process has not effectively resolved the situations. The following steps are intended to provide the intern with a means to resolve perceived conflicts that cannot be resolved by informal means. The program leadership will do its best to ensure that interns who pursue grievances in good faith will not experience adverse personal or professional consequences. Nothing here precludes attempted resolution of difficulties by adjudication at a clinic, hospital, or university level.

- Prior to filing a formal grievance, the intern should raise the issue with the supervisor, staff member, other trainee, intern's Advisor or Training Director in an effort to resolve the problem.
- If the matter cannot be resolved, if it is inappropriate to raise the matter with the other individual, or if the intern fears potential repercussions, the issue should be brought to the attention of the intern's Advisor or Training Director. If the Training Director is involved in the grievance or is unavailable, the issue should be raised with the intern's Advisor, who may function as the Director in responding to the complaint.
- The intern's Advisor or Training Director will initially attempt to mediate the complaint between the parties involved.
- If the intern's Advisor or Training Director can not resolve the matter, the intern's

Advisor or Training Director will choose a faculty member, agreeable to the intern, and request that individual mediate the matter. Written material will be sought from both parties.

- If mediation fails, the Training Director will convene a Review Panel within 30 days of receiving the written complaint. The panel will consist of the Director, two faculty members selected by the Director, and two faculty members selected by the intern. Any party involved in the dispute may not serve on the panel. The Review Panel will review all written materials (from the intern, other party, mediation). A review hearing will be conducted, chaired by the Training Director, in which evidence is heard. All parties in the dispute retain the right to be present at the hearing, to hear all facts, and to dispute any evidence or claims presented. Within 15 days of the completion of the review hearing, the Review Panel files a written report, including any recommendations for further action. Decisions made by the Review Panel will be made by majority vote of the five panel members. The intern is informed of the recommendations by the Training Director and receives a copy of the panel report. Recommendations of the Review Panel are forwarded to the appropriate University, Clinic, or Hospital administrator for review and response. It is the responsibility of the Training Director to follow-up on the response to these recommendations.

Procedures for Appeal by an Intern

Interns who wish to contest supervisory actions and decisions must submit a written challenge to the Training Director within 15 days of receipt of the faculty decision. Failure to submit a written challenge within 15 days will be taken as assent to the supervisory actions and decisions. Once a written challenge is received, the following steps will occur:

- The Training Director will convene a Review Panel consisting of the Director, the intern's Advisor and one faculty member selected by the Director, and two faculty members selected by the Intern.
- A review hearing will be conducted, chaired by the Training Director, in which evidence is heard from the faculty supervisor, who has the right to be present at the hearing. The intern retains the right to be present at the hearing, to hear all facts, and to dispute or explain his or her behavior.
- Within 15 days of the completion of the review hearing, the Review Panel files a written report, including any recommendations for further action. Decisions made by the Review Panel will be made by majority vote of the five panel members. The intern is informed of the recommendations by the Training Director and through receipt of a copy of the panel report.
- If the Review Panel finds in favor of the intern, no further action against the intern is taken. The Training Director will consult with the intern's Advisor and the intern's major and minor rotation supervisors concerning the decision.
- If the Review Panel finds in favor of the faculty supervisor, the original supervisory action is implemented.
- The Review Panel may, at its discretion, find neither in favor of the supervisor nor the intern. It may instead modify the original supervisory action or issue and implement its own action. In this instance, the Training Director will consult with both the faculty supervisory and the intern concerning the decision.

- Decisions of the Review Panel may be appealed to the Chair of the Department of Family Medicine that employs the intern. A further appeal may be directed to the Senior Associate Dean for Clinical Affairs (or designee) of the University of Colorado School of Medicine. The decision of the Dean is final.

Evaluation of Competencies:
Standard of Accreditation (SoA)
Competency Benchmarks in Professional Psychology

Intern name: _____

Rotation: _____

Major or Minor Rotation _____

Dates of rotation: _____

Supervisor/s: _____

_____

Assessment Methods used (check all that apply)

Direct Observation	*Review of Written Work*	*Discussion of Clinical Interaction*
Video tape	*Review of Raw Test Data*	
Audiotape	*Review of Process Notes*	*Feedback from other staff*
Case Presentation		

COMPETENCY STANDARDS

Use the following scale to make ratings in all areas listed below that are applicable to the intern's training on this rotation. *It is expected that most interns will progress from **2 - 4** over the course of the training year. The following is required:*

End of first quarter, intern must have an average of 2 or better within each domain

End of second quarter, intern must have an average of 3 or better within each domain

End of third quarter, intern must have an average 3 or better within each domain

End of fourth quarter, intern must have an average 4 or better within each domain

1

Trainee exhibits basic knowledge, skills, and abilities, but requires remedial training and direction in specific areas of weakness and/or lack of prior experience. Direct observation and modeling may be required for certain clinical activities. Scores in this range may require a remediation plan and always trigger a review by Training Director and Training Committee.

2

Trainee exhibits basic knowledge, skills, and abilities, but requires close supervision for unfamiliar clinical activities and/or novel circumstances. Direct observation and modeling may be required for new experiences.

3

	Trainee generalizes knowledge, skills, and abilities across clinical activities and settings. Can engage in routine clinical activities with minimal structure, but may need closer supervision for more complex situations. Direct observation and modeling is rarely required.
4	Trainee consistently integrates knowledge, skills, and abilities into all aspects of professional service-delivery. Able to engage in less familiar clinical activities, and function proactively and independently in most contexts. Prepared for entry level practice and professional licensure.
5	Trainee is ready for independent practice and can handle complex situations with minimal consultation. Sound critical thinking/judgment evident overall.

COMPETENCY 1: RESEARCH COMPETENCY

Trainees need to demonstrate the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (case conference, presentations, publications) at the local (including the host institution), regional, or national level. Program evaluation projects that involve the analysis of data are considered research.

	Evaluation Period	**1**	**2**	**3**	**4**
1	Demonstrates knowledge of readings in seminars and case conferences				
2	Integrates scientific knowledge during supervision and case conferences				
3	Applies knowledge and understanding of scientific findings into clinical care				
4	Disseminate research through presentation at case conferences, seminars, and in supervision				
	Average				

COMPETENCY 2: ETHICAL AND LEGAL STANDARDS COMPETENCY

Trainees respond professionally in increasingly complex situation with greater degree of independence across levels of training, including knowledge and in accordance with APA Code and relevant laws, regulations, rules, policies, standards, and guidelines

	Evaluation Period	**1**	**2**	**3**	**4**
1	Demonstrates understanding of the Ethical Guidelines through his/her conversations in supervision, approach to ethical dilemmas in patient care and contributions to case conferences and seminars.				
2	Recognizes ethical dilemmas as they arise, and applies ethical decision-				

	making processes in order to resolve them				
3	Seeks consultation appropriately when confronted with ethical dilemmas				
4	Addresses reporting issues with patients/caregivers and handles these issues in a sensitive and therapeutic manner				
	Average				

COMPETENCY 3: INDIVIDUAL AND CULTURAL DIVERSITY COMPETENCY

Trainees must demonstrate the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. They demonstrate knowledge, awareness, sensitivity and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics.

Cultural and individual differences and diversity is defined as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status.

Self-Awareness

	Evaluation Period	1	2	3	4
1	Demonstrates understanding of the ways in which his/her own life and background affects his/her perceptions of and work with patients from a wide range of backgrounds				
2	Demonstrates understanding that diversity applies to a broad range of categories including, but not limited to, race, religion, ethnicity, age, sexual preference, socioeconomic status, geographic origin, type of family, etc.				
3	Addresses these issues as a means of facilitating treatment when it is necessary to do so				
4	Recognizes when his/her patients or families are responding to him/her based on such differences (e.g. when it might be interfering with the formation of a therapeutic alliance) and addresses these concerns				

Patient Life Experience

1	Is familiar with important aspects of the lives of his/her patients – e.g. the degree to which poverty might affect a				

	patient's ability to attend therapy on a regular basis				
2	Provides referrals to community resources that might be more consistent with their patients' "world view" than psychological services (e.g., supports patient in accessing a religious leader with power in the community).				
3	Evaluates the treatments he/she is using in the context of their applicability to the population he/she is seeing				
4	Is conversant with literature and research that helps him/her evaluate the applicability of his/her therapy techniques to the population they are seeing.				
Application of Cultural Knowledge					
1	Questions his/her patients and families in a non-threatening way about aspects of their lives that he/she does not understand				
2	Follows appropriate boundaries when children or families ask about his/her background or personal life				
3	Addresses issues of cultural difference especially when such differences are interfering with clinical care				
4	Demonstrates cultural competence during supervision and case presentations				
5	Incorporates relevant literature addressing issues of diversity including as it pertains to interpreting psychological testing				
6	Chooses tests appropriate to the population he/she is testing				
7	Interprets psychological test in the context of relevant issues of diversity				
	Average				

COMPETENCY 4: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIORS

Demonstrate maturing professional identities and senses of themselves as "Psychologists" and awareness of and receptivity in areas needing further development

Professional Responsibility

	Evaluation Period	1	2	3	4
1	Is well prepared for supervisory meeting and uses supervision effectively				
2	Takes initiative to meet the needs of patient and families.				
3	Effectively engages with staff and clinical team members.				
4	Completes all assigned tasks (e.g., progress notes, reports) in a timely manner				
5	Sets work priorities appropriately and independently				
6	Responsibly adheres to institution policies (e.g., leave, dress code, etc.)				

Use of Reflective Practice, Self-Assessment, and Self-Care in Professional Development

1	Actively engages in self-reflection regarding performance and interactions with staff and patients				
2	Is open and non-defensive in accepting feedback				
3	Exhibits awareness of professional and personal barriers to professional development and engages in self-care				
	Average				

COMPETENCY 5: COMMUNICATION AND INTERPERSONAL SKILLS

Develop effective communication skills and the ability to perform and maintain successful professional relationships

Multi-disciplinary Collaboration

	Evaluation Period	1	2	3	4
1	Collaborates effectively as a member of a team and with other disciplines/health professionals				
2	Communicates effectively, both orally and in writing				

Interpersonal Skills

1	Relates to patients, colleagues, supervisors, and other health professionals				
2	Demonstrates the ability to work collaboratively				

3	Handles differences with staff and clinical team members tactfully and effectively				
4	Maintains appropriate boundaries with patients				
	Average				

COMPETENCY 6: ASSESSMENT COMPETENCY

Trainees develop competence in evidence-based psychological assessment with a variety of diagnoses, problems and needs

	Evaluation Period	**1**	**2**	**3**	**4**
1	Diagnostic interviewing skills				
2	Selects and applies assessment methods supported by the empirical literature				
3	Administration/scoring of psychological assessment instruments				
4	Interpretation of psychological tests and case conceptualization				
5	Assesses risk for harm to self and others				
6	Clarity and conciseness of report writing				
7	Integration of behavioral observations, historical data, medical records and other non-test based information				
8	Formulates appropriate recommendations				
9	Communication of results (e.g., to patient, family members, other professionals)				
	Average				

COMPETENCY 7: INTERVENTION COMPETENCY

Demonstrate competence in evidence-based interventions consistent with a variety of diagnoses, problems and needs and across a range of therapeutic orientations, techniques, and approaches

Formulation of a Treatment Plan

	Evaluation Period	**1**	**2**	**3**	**4**
1	Establishes and maintains an effective therapeutic alliance				
2	Formulates useful case conceptualization				
3	Formulates specific treatment recommendations based on his/her case conceptualization				

4	Formulates treatment plans that are appropriate to the individual's age, culture, and developmental/educational level				

Implementation and Monitoring of a Treatment Plan

1	Effective and flexible adaptation and application of therapeutic strategies				
2	Awareness and use of current literature and research in intervention				
3	Monitors or evaluates progress of intervention using appropriate measures or methods				
4	Formulate changes in treatment as necessary				
	Average				

COMPETENCY 8: SUPERVISON

The supervision broad competency domain is completed by an adjunctive evaluation by the supervision seminar instructor. Supervision related items vis a vis clinical work are evaluated in other broad competency domains in this evaluation.

	Evaluation Period	**1**	**2**	**3**	**4**
1	Demonstrates knowledge of supervision models and research				
2	Demonstrates beginning to intermediate competence as a supervisor of practicum students				
3	Acts as a mentor to practicum students				
4	Acts as a professional role model with practicum students and maintains responsibility/accountability for activities overseen as an intern supervisor				

COMPETENCY 9: CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

Consultation and interprofessional/interdisciplinary skills are reflected in the intentional collaboration of professionals in health service with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities. Demonstrate knowledge applying this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

	Evaluation Period	**1**	**2**	**3**	**4**
1	Conducts consultation with skill and knowledge				

2	Maintains a climate of mutual respect and shared values in regards to interprofessional practice. This includes appreciation and integration of contributions and perspectives of other professions.				
3	Use knowledge of one's own role and those of other professions to appropriately assess and address (i.e., coordinate) the healthcare needs of patients and populations served.				
4	Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of illness				
	Average				

Please provide a summary of the intern's strengths and weaknesses. In particular, please address all ratings of 2 or lower.

Required Signature Form For Each Major and Minor Rotation for Each Quarter

This is required to be completed and uploaded by the intern to their Egnyte folder

Please check one of the following	
	The intern HAS successfully met the above competency goals. We have reviewed this evaluation.
	The intern HAS successfully met the above competency goals, yet would benefit from additional steps to ensure continued growth in some areas of relative weakness. This evaluation has been reviewed and the Director of Training has been notified. The Training Director will discuss these areas with this Intern and in collaboration with the supervisors, come up with a training plan that will augment the Intern's training experience to further develop these areas of relative weakness. This will be written in memo form, signed by Supervisor, Training Director and Intern and placed in Intern's file. **It *does not indicate*** that the Intern is on formal remediation. If this box is checked as part of the final evaluation, the memo outlining the training plan will be shared with the supervisors on the Intern's next rotations.
	The intern HAS NOT successfully met the above competency goals. Remedial steps will be necessary as outlined in the Due Process section of the Psychology Training Policy.

Please have all parties sign and date:

Supervisor _____ Date _____

Supervisor _____ Date _____

Director of Training _____ Date _____

I have received a full explanation of this evaluation. I understand that my signature does not necessarily indicate my agreement.

Intern _____ Date _____

University of Colorado
Denver | Anschutz Medical Campus

CU Anschutz Holiday Schedule 2026-2027

University of Colorado Anschutz Holiday Calendar	2026-2027
Independence Day	July 3, 2026
Labor Day	September 7, 2026
Thanksgiving	November 26, 2026
Holiday	November 27, 2026, in lieu of Mother Cabrinis Day-- you must request to block your schedule given that your clinics are open
Christmas Eve	December 24, 2026
Christmas Day	December 25, 2026
Winter Break	December 28, 29, 30 and 31 2026—you must request to block your schedule given that your clinics are open
New Years	January 1, 2027
Martin Luther King Jr Day	January 18, 2027 --you must request to block your schedule given that your clinics are open
President's Day	February 15, 2027---you must request to block your schedule given that your clinics are open
Memorial Day	May 31, 2027
Juneteenth Day	Floating

Leave Policy

Sick Leave
Interns may have **5** sick days for leave. Interns are encouraged to seek medical attention as necessary so that they may best serve their patients and attend to assigned duties. Sick leave may not be used in lieu of vacation, and such substitution is strictly prohibited.

Vacation
Interns are granted **15** university holidays (please see attached holiday schedule) and 11 days for paid vacation. Leave should be scheduled as far in advance as possible to maintain compliance with duty hours and clinic schedules. Leave must be approved by major rotation, minor rotation, director of didactics, and the training director. Leave must also be in keeping with internship policies and should be scheduled such that internship training experiences are not negatively impacted (i.e., if a minor rotation is only one day a week and that day is consistently requested off, that leave request may be denied; in addition, leave may be denied if it involves overuse of Monday leave requests given didactics). Before starting leave, an intern must have completed all patient medical records in the hospitals and clinics.

Professional Development
5 professional days are provided for use for professional activities such as post-doc interviews, conferences, dissertation defense, graduation, etc. Professional leave may not be used for vacation time and must be authorized by the intern's major rotation supervisor and training director.

Bereavement
3 days of leave are provided to those who experience close, personal loss over the course of internship.

Medical Leave of Absence
During your time at the University of Colorado Anschutz, you may experience life situations, or medical and/or psychological conditions that significantly interfere with your ability to complete internship. In these instances, it may be necessary to take time away from CU Anschutz to focus on your health. A medical leave of absence is intended to provide you with the opportunity to fully attend to your health and wellbeing and will be approved through Human Resources and the training director.

Procedure for Requesting Leave
Our internship program uses an electronic leave request. All interns must email all supervisors who are affected by their leave request; that may include their major rotation supervisor, minor rotation supervisor, and/or director of didactics. Leave is subject to denial if it interferes with essential clinical training opportunities, including missing more than 5 Mondays of didactics. **In addition, leave cannot be taken the last two weeks of internship to ensure that all required clinical and administrative tasks are completed prior to internship completion.**

Inclement Weather Policy

Our internship houses rotations at many different sites. Interns will defer to the closure schedule of the rotation site they are scheduled to attend that day given that weather conditions may differentially impact closures across the city. If a site is not officially closed due to weather, then the expectation is that the intern would arrive at that site for a regular work day. Working from home in this situation does not substitute for live clinical provision of services and would require the intern to request and use a vacation day unless telehealth delivery of services is permitted.

The Ancora Imparo*
Award

Established by:	2008-2009 intern cohort
Annually Awarded:	To a teacher, supervisor, mentor, or advisor for outstanding and inspirational contributions to intern training
Awarded By:	Graduating intern cohort
Presented at:	Annual Graduation
Nomination Process:	Initiated at the end of third quarter of internship year by intern cohort
Eligibility:	Any professional, regardless of discipline, who is involved in the teaching, supervision, mentoring, or advising of one or more interns and is in good standing with the university.
Nomination Criteria:	1) Models a professional identity characterized by integrity and lifelong learning 2) Displays an engaging and motivational teaching approach 3) Encourages one or more interns to integrate a broad definition of multiculturalism into the practice of psychology 4) Not the previous year's recipient (i.e., no one may receive the award two years in a row)
Selection Process:	1) Any number of individuals can be nominated by interns 2) Intern cohort discusses nominations with respect to nomination criteria and retains individuals who meet criteria 3) Each intern places an anonymous vote for one retained individual into a "hat" 4) Votes are tallied to determine recipient 5) In case of a tie, only the tied individuals should be included in a new vote (e.g., if three nominees were initially voted on and two of them tied for most number of votes, only those two should be included in a new vote) 6) In in the event of a tie following a new vote, multiple recipients may be named
Recipient Recognition:	Name engraved on traveling annual recipient award plaque, to be displayed by recipient during the subsequent

internship year

*translation from Latin = I am still learning.

Helpful Links

Interactive Map of the CU Anschutz campus
https://www.cuanschutz.edu/about/cu-anschutz-map

Campus Community Health (CCH)
Campus Community Health (CCH) is designed to meet convenient care needs of anyone who works or studies on campus. The CCH strives to enhance a multi-disciplinary care experience for students by providing a spectrum of physical and behavioral healthcare in an integrated care model, thereby exposing future scientists, health professionals and public health practitioners to seamless and coordinated systems of care.

Services: Behavioral/mental health care and physical health care
Hours: Mental health providers are available Monday through Friday – 9:00 a.m.-7:00 p.m. and
Saturday 9:00 a.m.-1:00 p.m. (on a trial basis; check the website for current hours); walk-in hours have been specifically dedicated for student mental health care during hours of greater demand, i.e., Monday through Friday 10:00-11:00 a.m. and 3:00-4:00 p.m.

Note: We are accepting new patients at this time. CCH is open by appointment and here to meet all your primary care needs. All visits require an appointment by calling 303-724-6242.

Modified Hours of Operation:
Tuesdays 8:00 am – 5:00 pm
Thursdays 9:00 am – 1:00 pm
(closed 1-2 for lunch)

Additional telehealth appointments available outside of these hours, please call for availability.

You may also be seen at the Belleview Point Clinic at 5001 S. Parker Rd. #215, Aurora, Colorado by calling 303-315-6200.

https://nursing.cuanschutz.edu/patient-care/campus-community-health

CU Faculty and Staff Mental Health Clinic.

Phone: (303) 724-4987

While the Faculty and Staff Mental Health Clinic is currently only available to faculty and staff employed at CU Anschutz, we are working with our hospital partners to create an entry point of

mental health care for hospital staff members. At this time, however, staff at our hospital partners can access mental health services in the following ways:

- UCHealth staff: https://thesource.uchealth.org
- Children's Hospital Colorado staff: 844-236-5178
- VA staff: magellanassist.com/default.aspx
- CSEAP (Colorado State Employee Assistance Program) 1-844-493-8255
    - https://www.colorado.gov/c-seap

CU Anschutz Health and Wellness Center:
Join us for a warm, supportive, and welcoming wellness community. Train with our world-class fitness specialists, relax in our therapy pool and hot tub, recover and heal with our amazing integrative bodywork team, and so much more. When you become a member, you get:

- UNLIMITED access to 45+ weekly group fitness classes
  ONE FREE 50-Minute Fitness Consultation
  PREFERRED PRICING on massage and other wellness services
  FREE WEEKLY cooking classes
  ACCESS to our elite fitness professionals

We would love for you to join our unique wellness community! Check out the options below, or call us at 303-724-8221 to get started or visit https://anschutzwellness.com/

CU Anschutz Strauss Library
https://library.cuanschutz.edu/about/strauss-library

CU Off Campus Housing
https://www.cuanschutz.edu/student/resources/housing

Developmental Psychobiology Research Group
https://medschool.cuanschutz.edu/psychiatry/programs-centers/dprg-seminars

DPRG is a group of researchers who meet regularly to share their ideas and knowledge with the goals of mutual stimulation, collaboration and support. Twice monthly, DPRG members present their ideas and work, which may include anything from the initial broad strokes of a project to the final summaries of a completed study. The meetings also provide a forum for presentations by visiting researchers.

The group would like to invite new participants, including graduate and postdoctoral students, staff and faculty. Members come from any of the educational and research institutions in the Denver area and front range. Members are psychologists, physicians, and biologists, as well as members of other disciplines who are engaged in research related to developmental processes.

The DPRG is able to fund small grants for its members, typically as seed money to explore new ideas and for supplemental funds for continuing projects. The only requirement for becoming a DPRG member is attendance at 50% of the meetings within any 12 month period. Funds are

awarded on a competitive basis. Fellowships, funded by the NIMH, are awarded annually to postdoctoral students who wish to work with DPRG faculty members.

University Child Care Resources:
https://www.cuanschutz.edu/student/resources/child-care

University IT Services
https://www.cuanschutz.edu/student/resources/technology#:~:text=If%20you%20are%20still%20unable%20to%20connect%2C%20contact,web%2C%20see%20OIT%27s%20page%20on%20email%20and%20webmail.

If you have a technology issue or need to report an outage:
Email: UCD-OIT-HELPDESK@ucdenver.edu
Phone: 303-724-4357 (4HELP on campus)
Hours of operation are Monday through Friday, 7:30 a.m. - 5:00 p.m.

University Police
At CU Anschutz Medical Campus, call 9-1-1 from a campus phone or 303-724-4444 from a non-campus phone.

University Risk Management, Worker's Compensation
Psychology interns are required to promptly report all occupational injuries and exposures without delay.
For non--emergency or follow--up medical care for work related injury/illness, go to one of the CU Designated Medical Providers (Concentra, HealthOne, Arbor, Workwell, CCOM). Their contact information is on the URM website on the workers' compensation information page. If injury is after hours or while traveling, go to the nearest urgent care facility or medical emergency room, then contact University Risk Management (888) 812--9601 or (303) 860--5682 for further instructions.

https://www.cu.edu/risk/services/workers-compensation