University of Colorado Clinical Psychology Internship Manual

2020-2021 Academic year

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**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 though 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 School of Medicine 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 Chairman Frank deGruy, MD, MSFM. 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 the School of Public Health, other CU system institutions, including the University of Colorado at Boulder, 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. All psychologists with primary supervisory responsibilities are graduates of APA accredited internships. The Internship Program is administered under the direction of Audrey Blakeley- Smith, Ph.D.



**Clinical Psychology Internship - Major Rotations**

**Major rotations correspond to the specialty tracks to which an individual applies. Major rotations average 24-30 hours per week for 12 months. For the 2019-**

**2020 training year we will offer three specialty tracks as listed below. Applicants may apply for only one track.**

Because this training 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, Primary Care Psychology**
* **CeDAR**
* **JFK, Developmental Disabilities**
* **Salud Family Health Centers, Primary Care Psychology**

**A.F Williams Family Medicine Center**

**Primary Care Psychology**

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

**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.

**Supervisors:**

**Shandra Brown Levey, PhD** – Primary Internship Supervisor- Director of Behavioral Health Integration

**Alex Reed, PsyD, MPH** – Supervising Psychologist- Director of Behavioral Health Education

**Joanna Stratton, PhD** – Supervising Psychologist – Primary Inpatient Psychology Supervisor

**The Center for Dependency, Addiction, and Rehabilitation**

**(CeDAR)**

The Center for Dependency, Addiction, and Rehabilitation (CeDAR) is a 30 day residential, extended care, and outpatient treatment center for individuals with addictive disorders, specializing in treatment of individuals who are dually diagnosed with both psychiatric and substance abuse problems. Our patients often also have acute or chronic medical illnesses that further impact their treatment. CeDAR emphasizes a bio-psycho-social-spiritual approach to treating addictions, and provides opportunities for training in treatment of these disorders in individual, group, spiritual, and family-oriented modalities.

**Goals of the Training Rotation**

• Provide training in treatment of substance abuse disorders in a residential setting and along the continuum

of care to the outpatient level.

• Emphasize collaboration with other members of a multi-disciplinary team.

• Perform psychological testing and neuropsychological screening as a part of multi-disciplinary evaluation.

• Identify and make recommendations for further assessment or treatment of cognitive disorders related to addiction.

• Become experienced in family-oriented interventions to address the chronic disease of addiction.

• Introduce trainees to Twelve Step programs and the use of these techniques in wider practice.

**Objectives of the Training Rotation**

• The psychology trainee will be trained in the administration and interpretation of psychological testing in

patients with substance dependence and cognitive disorders.

• The psychology trainee will be trained in the treatment of addictive disorders in both individual and group modalities.

• The psychology trainee will participate in weekly interdisciplinary team meetings that include physicians,

nurses, addiction counselors, family counselors, and spiritual counselors.

• The psychology intern will gain experience in developing individualized treatment plans that address the

biological, psychological, social, and Twelve Step components of addictive and psychiatric illnesses as well as become familiar with ASAM placement criteria.

**Specific Training Activities**

Required Activities

**Psychological and Neuropsychological Assessments:** The intern will perform and interpret psychological testing for diagnostically difficult patients with co-occurring psychiatric, addictive, and cognitive disorders. The intern will be expected to perform a minimum of two and maximum of five assessments each month. These assessments may include intelligence testing, personality testing, and/or brief neuropsychological batteries.

**Group Therapy:**  The intern will co-facilitate process and psychoeducational groups related to addiction, depending on the intern’s skills, personal interests, and schedules.  The groups include:  Intensive Outpatient Group, Men’s Group, Women’s Group, Coping Skills Group, Co-Occurring Disorders Group, etc.

**Multi-Disciplinary Treatment Planning:** The intern will attend the weekly multi-disciplinary treatment planning meeting to learn about treatment issues for individual patients and gain experience in working within a larger team. This meeting occurs on Thursdays at 1:00 p.m.

**Optional Activities**

As time, skills, and individual interests permit, interns will be given the opportunity to work more closely with patients in providing individual therapy in a variety of modalities including cognitive-behavioral therapies, individual coaching of dialectical-behavioral techniques, supportive therapies, insight oriented therapy, biofeedback, and mindfulness based therapies. These opportunities will follow a developmental model throughout the training year.

**Optional Courses**

Ongoing weekly seminars offered by the Addiction faculty are available on a variety of addiction related

topics. These “Lunch and Learn” opportunities occur on Tuesday’s at 12:00.

**Supervision**: The intern will receive 3 hours of individual supervision per week. Supervision will be focused on intern professional development, and will be facilitated by a licensed psychologist.

**Theoretical Approaches**

The staff members at CeDAR integrate a Twelve Step Facilitation model of addiction treatment with a more

traditional medical model for treatment of psychiatric and addictive disorders. Cognitive-behavioral approaches, mindfulness work, and biofeedback all also employed. As each patient receives an

individualized treatment plan, opportunities exist to work in a variety of clinical approaches in both

individual and group modalities.

**Supervisors:**

**Harlan Austin, Ph.D., LP, CC-AASP:** Dr. Austin is a licensed psychologist and has specialty training in addiction treatment, performance psychology, and psychological assessment. As psychologist for CeDAR, Dr. Austin provides psychological testing, group therapy, individual therapy, pain management, and biofeedback. Dr. Austin uses CBT and Mindfulness based approaches in his work with patients. Dr. Austin also serves as an Adjoint Instructor for the University of Colorado School of Medicine, Department of Psychiatry.

**Robyn Hacker, Ph.D.:** Dr. Hacker received her Doctorate of Philosophy in counseling psychology from Arizona State University in 2017 and is a licensed psychologies. Prior to joining CeDAR, she completed pre- and post-doctoral fellowships in Forensic Addiction Medicine at Yale University. She has also worked with youth, adults, and families in residential, intensive outpatient, and standard outpatient settings. Dr. Hacker is particularly interested in the relationship between trauma and addiction and in employing concurrent treatment for these symptomologies. She compliments the multidisciplinary team at CeDAR by providing psychological testing for patients and offering clinical supervision to staff and trainees. Clinically Dr. Hacker employs a strengths-based approach, incorporating interpersonal, cognitive behavioral, and mindfulness-based interventions. She also has advanced training in EMDR.

**JFK Developmental Disabilities**

**University Center of Excellence in Developmental Disabilities Rotation**

JFK Partners is a University Center of Excellence in Developmental Disabilities (UCEDD) for interdisciplinary training in developmental disabilities. 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 family, school and community.

Professional disciplines represented at JFK include developmental pediatrics, child psychiatry, clinical psychology, social work, speech and language pathology, occupational therapy, and special education. JFK is affiliated with Developmental Pediatrics at Children’s Hospital Colorado. JFK is also actively involved with community agencies to address the needs of persons with developmental disabilities. Faculty at JFK hold appointments in the Department of Psychiatry and Pediatrics.

The JFK Autism and Developmental Disabilities Clinic, a component of Developmental Pediatrics/JFK Partners, 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 of the Developmental Disabilities Track**

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 developmental disabilities and their families.

2. Teach trainees a variety of specialized clinical skills for assisting persons with developmental disabilities, 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 developmental disabilities.

5. Introduce trainees to values involving inclusion, family and individually centered care, diversity,

advocacy, and self-determination for persons with developmental disabilities.

**Objectives:**

1. The psychology intern will learn to administer (or gain mastery with) a variety of cognitive, academic

and adaptive assessments for individuals with developmental disabilities, including autism spectrum disorder, across the life span.

2. The psychology intern will learn to administer (or gain mastery with) gold standard autism assessment

measures with individuals across the life span.

3. The psychology intern will learn the basic tenets of positive behavioral interventions and use these strategies (where appropriate) to:

 design teaching and educational strategies for persons with developmental disabilities to develop new skills

 to design positively based interventions to address problem behaviors, based on functional assessment for persons with developmental disabilities.

4. The psychology intern will learn to assess the complex co-occurring psychiatric needs of individuals

with autism spectrum disorder/intellectual disabilities, as well as deliver interventions (individual, group, family, and consultative).

5. The psychology intern will co-facilitate group therapy for children with autism spectrum disorder. The intern will receive training on Facing Your Fears – a group therapy program for managing anxiety in children with ASD.

6. The psychology intern will work together as a team member with members from other disciplines, including pediatrics, social work, occupational therapy, speech/language pathology and child psychiatry to evaluate and treat persons with developmental disabilities, and to provide comprehensive oral and written feedback to family members.

7. The psychology intern will complete a scholarly project in collaboration with a supervisor on a topic related to ASD/developmental disabilities.

**Required Training Activities:**

Facing Your Fears (CBT group intervention for treating anxiety in youth with ASD): The intern will co-

facilitate at least one Facing Your Fears group.

**Optional activities:**

Developmental Pediatrics Research Didactic: The intern may participate in this monthly seminar focused on

conducting research related to developmental disabilities. This group also generates ideas for new research projects and presents findings from ongoing studies of its various members.

**Additional Courses:**

There are a variety of seminars, courses, and lectures provided by the UCEDD as a whole and available to

any of the trainees.

**Theoretical:**

Although there is not a single theoretical approach that is utilized exclusively, a major philosophy of JFK Partners is to promote culturally responsive, family focused interventions in inclusive settings. There is an emphasis on child neuropsychology, as it pertains to autism and other developmental disorders, both in the

research programs and in the clinical practice of the center. Cognitive-behavioral approaches, along with a developmental orientation and family systems perspective are the main ways of understanding persons with

developmental disabilities and their families. Each intern also becomes quite familiar with positive behavioral approaches for behavioral growth and change.

**Types of Clinical Approaches** Interdisciplinary and disciplinary diagnostic services

 School and community consultation

 Positive behavioral methods for skill building and behavior management

 Cognitive/behavioral therapy groups

 Family-centered consultation and advocacy

 Child and adult individual psychotherapy

**Population of Clients**

The people 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 particular focus on the diagnosis and treatment of people with autistic spectrum disorder. JFK Partners serves people with disabilities throughout the Rocky Mountain region, both urban and rural settings, from all ethnic groups and from all income levels.

**Supervision:**

The intern receives supervision for all clinical activities, including psychological assessment,

psychotherapy and consultation. Three psychology faculty members are on site at JFK Partners.

**Assessment supervision** is shared by several primary faculty supervisors. The intern will be supervised for 6 months by two different 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.

**Psychotherapy supervision** is generally provided by one supervisor for the entire year, 1 ½ hours per week. Live supervision and supervision by videotape are also important components of the supervision. Each intern may participate in a psychotherapy group supervision.

**Supervisors :**

[**Audrey Blakeley-Smith, PhD**](http://www.ucdenver.edu/academics/colleges/medicalschool/departments/psychiatry/Faculty/Pages/Blakeley-Smith%2C%20Audrey.aspx) (Clinical Psychology, State University of New York at Stony

Brook, 2005). Areas of expertise/interest: assessment of adults with ASD; school based interventions for children with autism spectrum disorders; and social and psychological functioning in school aged children and adolescents with autism spectrum disorders.

[**Judy Reaven, PhD**](http://www.ucdenver.edu/academics/colleges/medicalschool/departments/psychiatry/Faculty/Pages/Reaven%2C%20Judith.aspx) (Clinical Psychology, University of Missouri-Columbia, 1985). Areas of expertise/interest: the co-occurrence of anxiety symptoms and other mental health conditions in children and adolescents with ASD; cognitive-behavioral interventions with children/adolescents with ASD.

[**Nuri Reyes, PhD**](http://www.ucdenver.edu/academics/colleges/medicalschool/departments/psychiatry/Faculty/Pages/Reaven%2C%20Judith.aspx) (Clinical Psychology, Virginia Tech, 2013). Areas of expertise/interest: young children's social-emotional development, assessment and treatment of young children with developmental psychopathology, parent-based interventions, well-being and resiliency of families of children with ASD, and factors that affect treatment response in ASD.

**Salud Family Health Centers**

**Primary Care Psychology (Bilingual Spanish Required)**

Plan de Salud del Valle, Inc. (Salud) is a federally qualified health center that provides quality, comprehensive primary health services to residents of a defined catchment area in Northeastern Colorado, covering parts of Weld, Boulder, Adams, Larimer, Morgan and Logan Counties. Salud aims to improve the overall health of the communities it serves by reducing barriers to health care, including ability to pay, transportation, and language. Salud provides health care services without regard to age, sex, or disease process. Salud has a firm commitment to provide care to all people, and does not turn patients away based on finances, insurance coverage, or ability to pay. Patients seen include those of all ages and with all presenting problems, including a broad range of psychiatric and medical diagnoses. Salud is committed to an integrated care model including full dental services, placing mental health practitioners in all of the clinics, and utilizing patient educators to support the medical staff with diabetes and weight management (including nutrition) and tobacco cessation.

Salud has established that services will be provided:

•To migrant and seasonal farm workers and the poor and near-poor populations as the priority clientele.

•With cultural and linguistic understanding and sensitivity.

•With programs designed to eliminate or reduce the barriers to health care through the establishment of a

network of clinics and provision of outreach and transportation services.

•With financial charges based on ability to pay through the utilization of income and size of family as key

factors in a sliding-fee scale.

•With mechanisms through which quality secondary and tertiary health care can be obtained.

•With the ultimate goal of significantly improving health status of Salud's population.

Given Salud’s population, it is strongly recommended that interns are either fluent or proficient in Spanish.

**Goals of the Training Rotation**

1. To educate trainees about the psychological and medical functioning of patients who are cared for in primary care settings

2. To teach trainees how to conduct health and behavior evaluations within a primary care medical center

3. To teach trainees how to collaborate within a multidisciplinary team

4. To teach collaborative care approaches in primary care

5. To teach psychology interns to provide primary care psychology services to rural, Latino, migrant farm worker, refugee and underserved or disadvantaged populations.

**Objectives:**

1. The psychology trainee will be trained to administer health and behavior evaluations to assess for mental

and behavioral health problems

2. The psychology trainee will participate in weekly interdisciplinary team meetings that include physicians, nurses, and psychologists when/if possible

3. The psychology trainee will provide mental health screenings and arrange for appropriate follow-up care

as needed

4. The psychology trainee will attend monthly case conferences and presentations and will provide one formal case conference OR one presentation during the six months of the rotation if possible

5. The psychology trainee will be trained to provide differential diagnosis to inform medication management and psychotherapeutic treatment.

**Required Training Activities**

Interns will engage in the provision of primary care psychology services in collaboration with physicians,

nurse practitioners, physician assistants, other behavioral health providers, care managers, and clinical pharmacists. These services will include:

• Psychosocial Screenings: Provided universally to patients of all ages, aimed at identifying and addressing

various psychiatric and psychosocial needs.

• Consultation: Consultation services as requested by medical providers, including, but not limited to, providing differential diagnosis, supportive counseling, crisis intervention and safety planning, referrals, and

resources.

• Follow-up during Medical Visits: Appropriate follow-up care provided to identify patients including, but not limited to, psychoeducation, skills building, other brief interventions, motivational interviewing, self-

management skills, and solution-focused therapy.

• Psychotherapy: Brief individual, family, group psychotherapy; approximately 8-12 patients per week.

• Formal Psychological Assessment: Provided as requested by patient and/or treating care team, including

cognitive, personality, ADHD, and neuropsychological screenings, for children and adults, in English and in

Spanish. Interns will master a primary care psychology curriculum through:

• Direct patient care

• Selected readings

• Participation in site-specific monthly didactics/case conference with other members of the psychology training program two times per month specifically on Tuesdays morning

• Weekly individual supervision

• Supervised participation on a primary care team, including a minor rotation at the AF Williams Family

Medicine Center

**Additional Training Opportunities:**

Group psychotherapy: Interns will have opportunities to co-facilitate groups consistent with clinic needs and intern interests.

Testing & Assessment: Interns will have opportunities to provide psychological and intellectual functioning testing batteries.

Additional supervision: Interns with a strong interest can request additional supervision from behavioral health providers with specific expertise in different areas as long it is approved by clinical supervisor

**Theoretical Approach:**

Salud utilizes a biopsychosocial model of treatment for patients. Supervisors are well-versed in evidence- based approaches in primary care and traditional mental health settings. We seek to view the patient’s presenting problems by understanding how medical, psychological, and social problems are interconnected and influence one another.

**Supervision:**

The intern will receive supervision for all aspects of treatment and assessment activities.

**Supervisors:**

**Jonathan Muther, Ph.D.** (Counseling Psychology, University of Denver, 2011). Vice President of Medical Services. Jonathan Muther, Ph.D. Dr. Muther is currently the Vice President of Medical Services at Salud Family Health Centers, a large FQHC system providing behavioral health services in 13 clinics. He is also a Senior Clinical Instructor at the University of Colorado School of Medicine, Department of Family Medicine, and Behavioral Health Clinical Integration Advisor with the Eugene S. Farley Health Policy Center. His specialty area is Integrated Primary Care Psychology and he is involved in direct patient care, training and supervision, program development and evaluation, as well as advocacy for healthcare policy change. His primary areas of interest is working with those traditionally underserved by existing systems

and working with the Spanish-speaking population. He is committed to providing treatment and program

development to address life stress and the full spectrum of mental disorders, behavioral interventions for physical illnesses, and evaluating health outcomes. Additional areas of research and clinical interest include integrated primary care and team-based approaches to care, provision of supervision and training to bilingual psychology trainees, child/adolescent therapy, and acculturation discrepancies within Latina/o families.

**Yaira Oquendo-Figueroa, Ph.D.** (Clinical Psychology, Ponce Health Sciences University, 2014). Director of Training for Behavioral Health. Primary area of interest is providing supervision for native Spanish- speakers students and training in cultural competence. Additional areas of research and clinical interest include primary care psychology, management of chronic conditions, sexuality and aging. The theoretical approach is Cognitive-Behavioral and third generation theoretical orientations.

**Clinical**

**Psychology Internship –**

**Minor Rotations**

**Minor rotations average 12 hours per week. Minor rotations allow interns to acquire additional training in areas of interest to them. Interns in consultation with their advisors typically select two clinical minor rotations. 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.**

Adult Neuropsychology Clinic

Attention, Behavior, and Learning Clinic

Reaching HOPE

[Behavioral Sleep Medicine](http://www.ucdenver.edu/academics/colleges/medicalschool/departments/familymed/education/predocpsych/minor_rotations/Pages/Pediatric-Behavioral-Sleep-Medicine.aspx) - Adult

[Behavioral Sleep Medicine](http://www.ucdenver.edu/academics/colleges/medicalschool/departments/familymed/education/predocpsych/minor_rotations/Pages/Pediatric-Behavioral-Sleep-Medicine.aspx) - Pediatric

Burn Intensive Care Unit

Developmental Neuropsychology Clinic

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[Psychosocial Oncology](http://www.ucdenver.edu/academics/colleges/medicalschool/departments/familymed/education/predocpsych/minor_rotations/Pages/PsychosocialOncology.aspx)

**Adult Neuropsychology Clinic University of Colorado Department of Neurosurgery**

The UCH Neuropsychology Clinic within the Department of Neurosurgery sees a wide variety of patients with acute and chronic medical and neurologic disease. The neuropsychology minor rotation follows the Houston Conference Guidelines for Education and Training in Neuropsychology. As such, the experience is intended to provide the intern with exposure to the field of neuropsychology, building upon the individual’s prior experience and training in neuropsychology. The rotation is not structured to prepare

the intern for independent practice as a neuropsychologist and is not intended to be fellowship training at the internship level.

Individuals interested in the minor rotation will be required to demonstrate basic proficiencies in neuropsychological assessment prior to acceptance into the minor rotation.

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**Goals of the Training Rotation**

o To educate trainees about the cognitive and psychological functioning of patients with chronic medical or neurologic disease.

o To teach trainees the administration and interpretation of a brief neuropsychological assessment battery.

o To teach trainees to communicate neuropsychological test results to patients and referring physicians.

**Objectives of the Training Rotation**

o The psychology trainee will be trained to administer and score a standardized neuropsychological assessment battery that includes measures of intellectual functioning, attention and information processing speed, executive functioning, learning and memory,

language skills, visuospatial skills, and motor functioning. Brief psychological screening measures for depression and anxiety will also be administered.

o The psychology trainee will learn to administer a detailed neuro-medical interview with a specific focus on prior medical and neurologic illness, head injury, medication use, academic functioning and learning difficulties, social and occupational functioning, substance abuse, and psychiatric history.

o The psychology trainee will learn to document and communicate relevant behavioral observations from the neuropsychological assessment.

o The psychology trainee will learn to write a concise interpretative neuropsychological report that includes background information, behavioral observations, neuropsychological and psychological test results, as well as summary and treatment recommendations.

o The psychology trainee will participate in feedback sessions with individual patients regarding neuropsychological test results, including summary and recommendations.

**Required Training Activities**

o **Neuropsychological assessments:** Each intern will receive basic training in the

administration, scoring, interpretation, and reporting of the neuropsychological

assessment. Time devoted to each activity will vary as a function of the intern’s experience, but each intern will be expected to independently complete two full neuropsychological assessments (including administration scoring, interpretation, report writing, and feedback) by the end of the six-month rotation.

**Supervision:** Each intern will be supervised by faculty and staff in the UCH Neuropsychology Clinic in all aspects of their training. Weekly supervision meetings with faculty will serve as a forum to learn about general neuropsychological assessment issues, specific aspects of medical or neurologic illness relevant to patients the intern has seen, interpretation of neuropsychological test data, and communication of test results.

o **Feedback sessions:** The intern will be supervised in the feedback of neuropsychological test results and recommendations to individual patients.

o Theoretical Approaches

o The UCH Neuropsychology Clinic aims to provide assessment of brain function in a diverse

patient population with neurological (e.g., dementia, epilepsy, brain tumor, traumatic brain

injury) disease or injury. Neuropsychological assessment batteries are tailored to the individual needs of the patient and the referral question.

o Population of Clients

o The UCH Neuropsychology Clinic serves adults over the age of 18 with a wide variety of

medical and neurologic illnesses. Referrals are received from throughout the University of

Colorado clinics and University of Colorado Hospital, particularly those in neurosurgery and neurology, as well as community physicians.

**Supervisors**

**Christopher Domen, PhD**

**Michael R. Greher, PhD, ABPP-CN**

**Brian D. Hoyt, PhD, ABPP-CN**

**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 either 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.

**Dr. Nomita Chhabildas is a licensed clinical psychologist and director of the** Attention, Behavior, and Learning Clinic at the University of Colorado, Boulder. She graduated with a PhD in clinical psychology from the University of Denver in 2003 under the mentorship of Dr. Bruce Pennington. She received a 3-year training grant (National Research Service Award Predoctoral Fellowship) through the National Institute of Mental Health for research on Attention Deficit Hyperactivity Disorder. In collaboration with Dr. Erik Willcutt, Dr. Chhabildas was also awarded funding for 11 consecutive years to provide psychoeducational evaluations for low-income families through the Attention, Behavior, and Learning Clinic.

**Reaching HOPE**

This rotation gives interns the opportunity to gain experience conducting therapy with children, teens, parents, and families who have survived complex trauma, such as childhood sexual abuse and domestic violence. Interns will be trained in a phase-based model for treating complex trauma in family systems. Interns will join a dynamic team of psychologists who tackle intergenerational trauma with a team approach—the whole family system is seen by the whole treatment team (everyone with their own individual therapist). Interns will provide individual, family, and group therapy to clients (ages 2-75+). Family and group therapy session are co-led with other team members.

Reaching HOPE is a 501(c)3 non-profit located in Commerce City whose mission is to provide compassionate mental health services that support trauma survivors in ending the intergenerational cycle of violence. Clients are typically referred to Reaching HOPE by police departments, victim advocates, and child advocacy centers after a crime has occurred. Reaching HOPE believes families heal best when they have the support of safe loved ones. As such, the whole family (excluding any offenders) is encouraged to attend the first intake appointment and meet our treatment team to collaborate on services for everyone in the family.

Families are eligible for Crime Victim Compensation, which covers the cost of therapy for approximately 3-9 months (with primary victims receiving longer treatment than secondary victims / family members). Interns may hold a small caseload of secondary victims for individual therapy and co-led family session. Interns will also co-lead various trauma recovery groups; depending upon need, these may include a multi-family group for childhood sexual abuse, age- specific coping skill groups for children and adults, and sexual assault or domestic violence recovery groups.

***Due to billing requirements, interns must hold a Master’s degree.***

Due to the sensitive nature of our client population, interns must also complete an initial screening/interview with site supervisors.

**Goals and Objectives**

The primary objective of this program is to teach interns how to assess and treat complex trauma in family systems by implementing a phase-based approach. At the completion of this rotation, trainees will be able to:

1. Develop family systems and attachment-based conceptualizations of complex trauma
2. Implement a phase-based approach to complex trauma treatment with family systems across different developmental ages utilizing individual, dyadic, and family therapy modalities
3. Provide a model of healthy system functioning to clients by collaborating with treatment team on care for the whole family and co-leading joint sessions with family members
4. Document clinical visits

Through this rotation trainees will have the opportunity to:

1. Attend weekly Didactic
2. Attend staff group supervision on joint family cases for the day
3. Attend clinical trainings and therapist meetings at Ralston House (child advocacy center)
4. Watch a phase-based family systems therapy delivery and then provide this model across different developmental ages
5. Consult, coordinate, and collaborate with members of treatment team on all joint family cases
6. Coordinate with multi-disciplinary collaterals as appropriate (e.g., detectives, GALs, social service workers, district attorneys)

**Specific Training Activities**

1. Intakes: If intakes are scheduled on a day in which interns are present, interns will co-conduct intakes of families with the treatment team. Intakes include screening for appropriate level of care, psychoeducation on Reaching HOPE’s family systems model of treatment, administration and review of symptom questionnaires, and interviewing and assessment of relevant psychosocial, legal, and system factors.
2. Treatment Planning: Interns will complete individualized treatment plans for clients that incorporate symptom questionnaire results and address both individual and family trauma recovery goals.
3. Therapy: Interns will effectively use Reaching HOPE’s model for treatment of complex trauma in family systems, which integrates evidence-based practice for individuals and extends this to a family system.
   1. Interns will carry a small caseload (1-4) of secondary victims for combined individual / family treatment
   2. Interns will co-lead 1-2 therapy groups. Group focus will depend on need, but will likely include a multi-family group therapy for trauma survivors.
4. Documentation: Interns are expected to complete documentation of client visits in electric health record within the same business day.

**Population of Clients**

Reaching HOPE specializes in serving survivors of complex, intergenerational, and relational trauma. The vast majority of clients are survivors of childhood sexual abuse, domestic violence, sexual assault, or homicide. Typically, most families are referred to Reaching HOPE following an outcry of abuse that is reported to police. This police report makes them eligible for Crime Victim Compensation, which covers the cost of therapy. As such, most clients at Reaching HOPE have no out-of-pocket expenses for treatment. There is a small percentage of self-referred and self-pay clients at Reaching HOPE. Occasionally, clients with single-incident trauma such as car accidents, car-jackings, or home-invasions will present for treatment as well. Reaching HOPE also provides 1-2 trauma-informed psychological assessments per year, often for diagnostic clarity on complex cases.

**Theoretical Approach**

Interns will be trained in a specific phase-based approach for treating complex trauma within a family system. Reaching HOPE’s model integrates evidence-based practice for individuals with complex trauma and extends this to a family system. Theoretical orientation integrates Structural Family Therapy, Attachment Theory, and Trauma-Focused Cognitive Behavioral Therapy.

**Supervision**

Interns will receive supervision with a Licensed Psychologist for at least one hour every week. Individual supervision will alternate weekly with Dr. Austin who supervises adult cases, and Dr. Born who supervises child cases. In addition, interns will receive group supervision on joint family cases for 30 minutes per day. Informal supervision also occurs throughout the day with the open-door policy of all 4 staff psychologists and debriefing on joint sessions.

**Supervisors**

**Aubrey A. Austin, PhD**, is a licensed psychologist whose primary clinical and research interests have focused on intergenerational victimization, parent-child attachment, and domestic violence. Dr. Austin earned her PhD in Counseling Psychology with a specialization in marriage and family from an APA-accredited program at the University of North Texas. Dr. Austin is the co-founder of Reaching HOPE and Director of Adult Psychological Services where she sees and supervises adult cases, including survivors of sexual assault, domestic violence, and parents seeking support for their child’s victimization. Dr. Austin’s work with trauma survivors includes providing psychotherapy, serving as first-responder at emergency rooms providing crisis counseling to those recently victimized, and testifying as an expert witness in domestic violence in Colorado Courts. Dr. Austin has also taught doctoral courses in counseling psychology and provided trainings on trauma-informed care for police departments, victim advocates, CASA workers, social services, psychologists, and other professionals.

**Ambra R. Born, PsyD**, is a licensed psychologist who specializes in working with children, adolescents and families who have experienced trauma. This specialization includes working with children in the foster care system and those who have been adopted domestically or internationally. Dr. Born earned her PsyD in Clinical Psychology from an APA-accredited program at the Chicago School of Professional Psychology, with a focus in Children and Adolescents. Dr. Born is the co-founder of Reaching HOPE and Director of Child Psychological Services where she sees and supervises child cases, including survivors of child sexual assault and incest, domestic violence, physical abuse and neglect. Dr. Born’s work with trauma survivors includes providing psychotherapy and crisis response in situations of natural disaster, suicide, homicide, death by natural causes, and after interpersonal violence. Dr. Born has also taught graduate level courses in counseling programs and provided trainings on trauma-informed care for police departments, victim advocates, CASA workers, social services, psychologists, and other professionals.

**Behavioral Sleep Medicine – Adult**

National Jewish

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 under the supervision of a licensed clinical psychologist, Jack Edinger, Ph.D., C.B.S.M.

**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 Mondays at the main campus of National Jewish Health and on Wednesdays at the Highlands Ranch location. On a typical day, 2-4 new patient evaluations are completed and 8-10 follow-up patients are seen.
* Interns will see patients jointly with Dr. Edinger to evaluate and diagnose patient’s sleep complaints. Interns are responsible 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.

**Optional Training**

* If the intern has an interest and time available, there is opportunity to get involved in insomnia research being conducted by Dr. Edinger.

**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. Edinger provides interns one-on-one discussion to aid them in their case conceptualization and treatment planning abilities. Much of the experience involves modeling as interns will have ample opportunity to observe Dr. Edinger performing assessment interviews and therapeutic interventions with various patient types.

**Supervisor**

**Dr. Edinger** is a licensed clinical psychologist who is certified in behavioral sleep medicine by the American Board of Sleep Medicine. He has been involved in the field of sleep medicine since 1982 and had published some of the first case series studies of what has become current day cognitive behavioral insomnia therapy. He has research and clinical interests in the nature, classification and management of insomnia disorders. His basic research interest pertains to developing understanding of the causative and perpetuating mechanisms involved in insomnia as well as ascertaining effective methods for documenting the daytime impairments associated with this condition. He also has interest in ascertaining new methods for classifying or subtyping insomnia and identifying reliable insomnia phenotypes. Finally he has interest in developing and improving our current insomnia management strategies. His research has been supported by grant funding from the National Institutes of Health, the Department of Veterans Affairs and Industry.

**Behavioral Sleep Medicine - Pediatric**

National Jewish

The Pediatric Behavioral Sleep Medicine minor rotation provides interns the opportunity to gain knowledge of and skills in the diagnosis and treatment of both physiological and behavioral sleep disorders. Interns will evaluate and treat patients ages 6 months through college age with a variety of presenting sleep complaints. This includes difficulties falling asleep, multiple nighttime awakenings, poor or unrefreshing sleep, a delayed or shifted sleep schedule, and/or unexplained daytime sleepiness

Patients seen in the Pediatric Behavioral Sleep Clinic also commonly have co-morbid medical (e.g., atopic dermatitis, asthma) or psychiatric (e.g., autism spectrum disorder, anxiety) disorders. Interns are responsible interviewing patients, formulating diagnoses, creating treatment plans, and providing follow-up care. In addition, interns will have the opportunity to participate in a professional project related to pediatric sleep.

**Goals/Objectives of the Training Program**

The Pediatric Behavioral Sleep Medicine minor rotation is offered through the Department of Pediatrics and Division of Pediatric Behavioral Health at National Jewish Health. The primary objective of this program is to teach interns how to evaluate, diagnose, and treat pediatric sleep disorders. At the completion of this rotation, trainees will be able to:

1. Conduct a developmentally appropriate sleep evaluation, focusing on a child’s sleep, medical, and developmental history
2. Formulate differential diagnoses based on presenting concerns and history
3. Develop and implement behavioral treatment plans for the most common presenting pediatric behavioral sleep issues (e.g., bedtime problems and night wakings, insomnia)

Through this rotation trainees will have the opportunity to participate in:

1. Professional pediatric psychosocial meetings and case presentations within the Division of Pediatric Behavioral Health (Wednesdays)
2. Division of Sleep Medicine weekly didactic lectures, as well as monthly case conference and monthly journal club
3. Reviewing the primary research literature demonstrating the validity and application of behavioral interventions for common pediatric sleep disorders
4. Clinical research opportunities

**Specific Training Activities**

Required Activities

This rotation occurs on Wednesdays or Thursdays from 9 a.m. to 5 p.m. at National Jewish Health.

**Pediatric Behavioral Sleep Clinic**: Interns will attend the Pediatric Behavioral Sleep Clinic on Wednesdays from 8:00-5:00. Interns will see a mix of new and follow-up patients each week. After an initial training/observation period, interns will be responsible for conducting the clinical intake interview. Differential diagnoses and treatment recommendations will be determined together with the supervisor (who will be present during the clinic).

**Parent Sleep Group**: Interns will attend and co-lead a parent sleep group (every other Wednesday from 11:00 a.m. to 12:00 p.m.) for parents of children with severe asthma and atopic dermatitis participating in the day hospital program at NJH. The group provides families information about normal sleep, healthy sleep habits, and common pediatric sleep disorders.

**Professional Meetings:** On Wednesdays, interns will attend the weekly Division of Pediatric Behavioral Health meeting where professional issues (e.g., patient care, billing, scheduling) are discussed (9-10 a.m.). As members of the division give regular case presentations, the intern will have the opportunity to give one case presentation at the end of the rotation.

**Professional Project**: Interns will choose a clinically based project to work on each week while at National Jewish Health (Wednesday or Thursday mornings). Although the time spent on this project is limited to the training time at NJH, it is expected that the trainee will have a completed project at the end of the rotation (e.g., be prepared to present a poster at a professional meeting, or be an author on a case report, review chapter, or original research article).

**Follow-Up Patient Care**: Interns will be given an active confidential voice mail number where patients can call in with an update in between follow-up visits. Interns will be responsible for checking this voice mail daily and returning patient calls within 24 hours.

**Documentation**: Interns will create structured notes in the electronic medical record. These notes will need to be completed prior to the intern leaving on Wednesdays.

Optional Activities

**Sleep Medicine Journal Club:** This monthly journal club, sponsored by the Division of Sleep Medicine at National Jewish Health, meets on the first Tuesday of the month from 12:30-1:30 p.m. to review recently published articles in the field of sleep medicine. Interns have the option of attending and/or presenting at journal club.

**Sleep Medicine Grand Rounds**: This weekly didactic, sponsored by the Division of Sleep Medicine at National Jewish Health, covers clinical and research topics on physiological and behavioral sleep issues. Grand rounds are Tuesdays from 1:00-2:00 p.m.

**Adult Behavioral Sleep Medicine Clinic**: Interns may have the opportunity to observe this clinic which focuses on the diagnosis and treatment of primary and co-morbid insomnia in adults (clinic sessions on Mondays and Wednesdays).

**Parent Sleep Group**: Interns have the opportunity to attend and co-lead a parent sleep support group (every other Thursday from 11 a.m. to 12 p.m.) for parents of children with severe asthma and atopic dermatitis participating in the day hospital program at NJH.

**Theoretical Approaches**

The primary theoretical treatment approach utilized in the Pediatric Behavioral Sleep Clinic is behavioral. There are a number of well-validated and efficacious behavioral interventions for pediatric sleep, in particular for bedtime problems and night wakings. Interventions are typically brief (1-2 follow-up visits with an additional 1-2 brief phone calls) and problem focused.

Evaluations are also approached from a systemic perspective, as a significant portion of pediatric behavioral sleep issues are related to interactions with the child’s environment (e.g., parenting practices, school anxiety). Finally, because sleep changes significantly over development, a developmental framework is also applied to the presenting issues and treatment approaches.

**Types of Clinical Approaches**

Clinical activities include diagnostic interviews, as well as the development and implementation of brief interventions.

**Population of Clients**

Patients seen in the Pediatric Behavioral Sleep Clinic range in age from 6 months to college age. Patients are referred by community primary care providers, National Jewish pediatricians, and National Jewish sleep physicians. A significant number of patients also self-refer. The majority of patients seen have private insurance, although Medicaid patients are also seen.

**Supervision**

Interns will receive regular supervision for at least one hour every week. This includes live supervision during patient evaluations, as well as before and after the clinic to help formulate clinical hypotheses and treatment plans for new patients, and discuss next steps for follow-up and ongoing patients. In addition, professional development and project supervision will be provided as needed.

**Lisa J. Meltzer, Ph.D.** is the supervisor for this rotation. Dr. Meltzer is an Associate Professor of Pediatrics at National Jewish Health and Family Medicine at the University of Colorado School of Medicine. She is board certified in Behavioral Sleep Medicine by the American Academy of Sleep Medicine and is a Diplomate in Behavioral Sleep Medicine. She received her B.A. from Pomona College, and her M.S. and Ph.D. from the University of Florida’s Clinical and Health Psychology program. She completed her internship in Pediatric Psychology and her fellowship in Pediatric Behavioral Sleep Medicine at the Children’s Hospital of Philadelphia.

**Burn Intensive Care Unit**

**University of Colorado Hospital**

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. A licensed psychologist is a member of this team and is designated to the Burn Intensive Care Unit (BICU) and Transplant Center. Typically, patients are admitted to the hospital for treatment of medical conditions requiring burn specialty care and may have co-occurring psychiatric concerns that affect their medical care. These psychiatric concerns may be present prior to the patient’s admission to the hospital or may arise during the patient’s stay. The consult team consists of a rotating group of department of psychiatry faculty, or attendings, as well as medical students, psychiatry residents, and psychiatry fellows. The patient’s medical team requests the services of the consult team 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.

**Goals of the Training Rotation**

 Experience in the role of a psychologist on a multidisciplinary medical team

 Collaborate and liaison with multidisciplinary team

 Gain knowledge about burn care, trauma evaluations, and early intervention

 Develop treatment plans appropriate for inpatient medical settings

**Objectives of the Training Rotation**

 Interns will learn consultation and liaison skills for working with a multidisciplinary

 Gain competence in completing psychosomatic assessments and develop treatment plans

 Use appropriate, evidence-based interventions for patients in intensive care

 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

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

 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**

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 long-term psychotherapy

 Adult individual psychotherapy

 Couples & Family psychotherapy

 Psychoeducation and Multidisciplinary

**Population of Clients**

Patients on the BICU represent a diverse group of adult patients that may include those with

addiction, experiencing homelessness, and generally are representative of the Denver population.

**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 scheduled supervision is provided weekly to discuss cases and process one’s experiences.

**Supervisors:**

**Steven Huett Ph.D.** (Fuller Graduate School of Psychology) is a psychologist on the Burn Unit whose expertise is in the area of consultation-liaison, psychodiagnostic assessment, and brief and long-term therapy. He serves as the primary supervisor.

**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.

**Supervisors:**

**Dr. Laura Santerre-Lemmon is** Clinic Director of the Developmental Neuropsychology Clinic in the Department of Psychology at the University of Denver. She received her Ph.D. in Clinical Child Psychology with a specialization in Developmental Cognitive Neuroscience from the University of Denver, under the mentorship of Dr. Bruce Pennington. She completed her clinical internship with an emphasis in pediatric neuropsychology at Phoenix Children’s Hospital and worked on a multidisciplinary evaluation team in the Department of Rehabilitation at Children’s Hospital Colorado prior to directing the Clinic. In addition to providing supervision to trainees and working with families in the Developmental Neuropsychology Clinic, Dr. Santerre-Lemmon also maintains a private practice in the Denver area. Her primary interests are in the assessment of learning disabilities, ADHD, and other neurodevelopmental disorders.

**University Family Medicine Boulder**

**Integrated Behavioral Health and Primary Care: Boulder**

The Integrated Behavioral Health and Primary Care minor rotation at the University Family Medicine Boulder (UFMB) Clinic 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. UFMB is a Level III NCQA Patient Centered Medical Home that serves patients of all ages, including infants,

children, adolescents, adults, pregnant women and seniors.

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 (15-45 minutes) consultations and short-term episodes of psychotherapy (5-6 visits). Focusing on brief consultation and psychotherapy allows BHPs to be available for other important administrative tasks (e.g., developing registries, implementing quality improvement and research initiatives, and working with clinic leadership to obtain federal and local reimbursement designations) and clinical functions (e.g., precepting, point-of-care interventions, and conducting shared medical appointments with PCPs). Though it can be tempting to function as the “in-house psychotherapist” due to the high need for mental and behavioral health interventions, providing brief episodes of care allows BHPs to function as an integral member of the primary care team as opposed to a “co-located” therapist (i.e., co-location involves providing psychotherapy only in the same location, but with little engagement within the clinic otherwise).

**Goals/Objectives of the Training Program**

The UFMB 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 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 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 UFMB.

**Specific Training Activities**

Required Activities

This rotation may occur Tuesday, Wednesday, Thursday or Friday from 9 a.m. to 5 p.m. at the UFMB clinic.

**Behavioral Health Clinic**: Interns will see a mix of new and follow-up patients each week. After an initial training/observation period (2-4 weeks), 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).

**Professional Meetings:** On the 3rd Thursday, interns will attend the monthly Behavioral Health Taskforce Meeting where professional issues (e.g., patient care, billing, scheduling) are discussed (2-3 p.m.). As members of the division give regular case presentations, the intern will also be required to give one case presentation at the end of the rotation.

**Professional Project**: Interns will choose a clinically-based, quality improvement project to work on each week while at UFMB. Projects will be informed by a needs assessment with UFMB leadership and in collaboration with the site supervisor. Although the time spent on this project is limited to the training time at UFMB, it is expected that the trainee will have a completed project at the end of the rotation. Potential projects include establishing or maintaining a registry, implementing universal screening protocols, developing self-help materials for a defined population, implementing a new clinical service, strengthening community ties with local outpatient providers, data evaluation, developing interprofessional education itiatives, etc.

**Documentation**: Interns are expected to complete their clinic notes prior to leaving UFMB. Extensions are granted under extenuating circumstances and with advanced notice and must be completed by the end of the week at the absolute latest.

**Theoretical Approaches**

The primary theoretical treatment approach at the UFMB is eclectic with an emphasis on Cognitive

Behavior Therapy, Behavioral Activation (BA), Motivational Interviewing, Mindfulness-Based Cognitive

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**

Patients at the UFMB Clinic most commonly present with depression, anxiety, PTSD, adjustment disorder, marital dissatisfaction, parenting difficulties, substance use, weight loss, and management of chronic pain

and other chronic diseases. A large proportion of patients are affiliated with the University of Colorado

Boulder as students, staff, and faculty or have employee-sponsored or private health insurance.

**Supervision**

Interns receive regular supervision for at least one hour every week. This includes live supervision during

patient consultations, as well as before and after the clinic to help formulate clinical hypotheses and treatment plans for new patients, and discuss next steps for follow-up and ongoing patients. Interns will also receive a minimum of 2 formal clinical evaluations, once at the beginning of the rotation and once halfway.

**Supervisor:**

**Vanessa Rollins, Ph.D.** is the supervisor for this rotation. Dr. Rollins is an Assistant Professor of Family Medicine at the University of Colorado School of Medicine. She received a B.S. from University of Colorado, Boulder, M.A. from University of Colorado, Denver, and Ph.D. from University of Denver. She completed internship in clinical psychology at University of Texas Health Science Center, San Antonio. She has a background in inpatient psychiatry, integrated primary care, and medical residency education, and has supervised psychology learners at all levels of training. She has an interest in practice-based research and social determinants of health, and is the behavioral health section editor for FPIN’s *Evidence Based Practice* publication.

**Integrated Behavioral Health:**

**Westminster Location**

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.

**Supervisor:**

**Lauren W. Tolle, Ph.D.** (University of Nevada, Reno – 2010). Dr. Tolle is a clinical psychologist and Senior Instructor with the University Of Colorado School Of Medicine, Department of Family Medicine. Dr. Tolle received her B.A. from Creighton University, a M.A. in Applied Health Psychology from Northern Arizona University, and an M.A. and Ph.D. in Clinical Psychology from the University of Nevada, Reno. Dr. Tolle completed her pre-doctoral internship and postdoctoral fellowship at the University Of Colorado School Of Medicine. Dr. Tolle’s clinical background is in third-wave behavioral therapies, behavioral, and cognitive behavioral therapy. Dr. Tolle’s research background is in primary care psychology, development and program evaluation of integrated primary care programs and services.

**Integrated Behavioral Health:**

**The Women’s Integrated Services in Health (WISH)**

This rotation gives interns the opportunity to develop skill in integrated healthcare practice with a specialty population. Interns will be providing services to women, ages 13-end of life in a dynamic, fast-paced, and energetic setting. Interns will provide assessments, triage patients to long-term care, and provide brief, focused treatment to women addressing a variety of concerns such as: depression, anxiety, eating disorders, trauma, difficulty with adherence to medical treatment, substance use disorder, grief, and pain.

The Women’s Integrated Services in Health (WISH) clinic is housed in the University of Colorado Hospital,

Anschutz Outpatient pavilion. All patients of integrated care services are primary care patients of the WISH clinic. The WISH clinic providers are a diverse, multidisciplinary team comprised of seven physicians, one nurse practitioner, two nurses, one pharmacologist, 11 medical assistants, and one psychologist. Patients are referred to integrated care services by their physician, who initiates the referral and engages the psychologist. Electronic health records (EPIC) are used within the clinic and greater hospital system.

**Learning Objectives:**

The primary objective of this program is to teach interns how to assess, triage, and treat women through integrated healthcare treatment in primary care. At the end of the rotation, interns will have honed their skill in:

1. Providing warm hand-offs and co-consults with physicians

2. Brief assessment of mental health disorders

3. Patient triage to long-term behavioral healthcare treatment

4. Behavioral health consultation in primary care

5. Use of modalities of brief psychotherapy

6. Education around integrated healthcare for other healthcare professionals

**Through this rotation, interns will have the opportunity to:**

1. Attend WISH rounds

2. Attend WISH staff and faculty meetings (clinical)

3. Consult with multidisciplinary team members

4. Provide education for other healthcare professionals

**Specific Training Activities:**

1. Initial Assessment: Interns will meet with patients through warm hand-offs and co-consults to

provide brief assessments of mental health pathology and functioning. Assessments include: PHQ9, GAD7, PC-PTSD, MoCA, and others.

2. Triage: After assessing the patient’s pathology/functioning, interns will learn to triage patients effectively. Determining the appropriate level of behavioral healthcare care for patients, finding adequate referral sources, and initiating continuation of care are skills the intern will build.

3. Behavioral health consultation in primary care: Interns will also learn the structure, focus, and implementation of effective consultation in primary care.

4. Effective use of evidence-based brief treatment modalities: Interns will learn to use ACT, CBT, MI, behavioral activation, and mindfulness interventions in primary care.

5. Education around integrated healthcare for other professionals: This is a new placement, and the intern will have many opportunities to educate physicians, nurses, medical assistants, and other healthcare professionals around mental health and integrated care workflows.

**Types of Patients and Cases:**

All-female patient population who are generally struggling with depression (including postpartum

depression), anxiety (including postpartum anxiety), trauma-related disorders, drug and alcohol use, weight loss, parenting difficulties, and chronic pain. Many of the women who attend this clinic are students, staff and faculty of the University of Colorado at Anschutz/University of Colorado Hospital/Children's Hospital and have private health insurance

**Theoretical Orientation:**

The primary theoretical orientation at WISH focuses on empirically-based interventions for integrated

healthcare treatment, such as ACT, CBT, motivational interviewing, behavioral activation, and mindfulness interventions.

**Supervision:**

Interns will receive precepting supervision as well as one hour per week of face-to-face supervision with Dr.Rebecca Richey. When consulting with a patient, the intern will be asked to perform an assessment of the patient’s mental health pathology and functioning, and to deduce a plan to address the prominent concerns. The intern will then meet with Dr. Richey to present the findings and the plan. Dr. Richey will then accompany the intern into the room with the patient (providing precepting supervision) as the plan is carried out. Finally, Dr. Richey and the intern will debrief after each patient. The intern will also receive one hour per week of dedicated face-to-face supervision time.

**Supervisor:**

**Dr. Rebecca Richey** is a Licensed Clinical Psychologist, a Licensed Clinical Social Worker, and a Certified Addiction’s Counselor as well as an Accredited Clinical Supervisor. She received her doctorate in Psychology from the University of Indianapolis, and moved to Colorado for her postdoctoral fellowship at the University of Colorado at Anschutz’s Wellness Leadership Institute. She has expertise in psychological assessment, women’s wellness, and health psychology. She is the current President of the Colorado Psychological Association.

**Johnson Depression Center**

**Anxiety Specific Rotation**

This rotation allows for interns to gain experience conducting outpatient psychotherapy focused on anxiety disorders across the developmental spectrum (ages 3 to 93). Interns will be trained in an anxiety specific model and learn how to apply that model across the developmental spectrum. Interns will also learn how to provide this model across different modalities including individual therapy, group therapy, couples therapy, tele-health, family therapy, and intensive 3 day Bootcamps.

Of note, Bootcamps and groups typically happen after hours or on weekends so if you are interested in this rotation please note that there will be a need to work some night hours and weekends to learn this model across different modalities.

This rotation is housed in the Johnson Depression Center (JDC), a specialty center for mood and anxiety disorders. The intern will be part of the FAMILY team and have additional opportunities to interact and shadow psychiatrists, other psychologists, and LCSW’s who focus their work on children, youth, and families.

**Goals and Objectives**

The anxiety specific minor rotation is offered through the University of Colorado School of

Medicine in the Johnson Depression Center. The primary objective of this program is to teach interns how to evaluate, diagnose, and treat anxiety disorders, and implement a CBT / exposure based model for anxiety related issues. At the completion of this rotation, trainees will be able to:

1. Conduct anxiety specific diagnostic evaluations of psychological conditions taking into account psychosocial and medical factors
2. Develop exposure based conceptualizations
3. Implement an evidence-based psychotherapy for anxiety disorders across different contexts and developmental ages
4. Document clinical visits

Through this rotation trainees will have the opportunity to:

1. Attend JDC Monthly Didactic
2. Attend FAMILY specific meetings focused on children, youth, and families
3. Attend JDC Weekly Team Meetings
4. Consult with multidisciplinary members of care team
5. Watch anxiety specific therapy delivery and then to provide this model across different developmental ages

**Initial Evaluations**

Interns will be responsible for conducting clinic intakes, which includes a review of intake

questionnaires, diagnostic interviewing and assessment of relevant psychosocial and medical factors. They will learn anxiety specific measures by different ages and how to quickly incorporate into larger clinical evaluations

**Outpatient**

Interns will carry a caseload of 4-6 individual anxiety specific cases. Client visits are typically 50-

60 minutes. Interns will also be requested to join anxiety groups and boot camps when possible.

**Documentation**

Interns are expected to complete documentation for initial evaluations within 1 week and all other

documentation within 48 hours of client visits.

**Theoretical Approach**

Interns will get trained in a specific CBT approach with a focus on developing appropriate

exposures around anxiety

**Population of Clients**

Clients seen at the JDC range from early childhood to older adults. Due to the clinic specialization

in mood and anxiety disorders, the JDC attracts many clients with treatment-resistant mood and anxiety difficulties. Although some clients use private insurance or Medicare, many clients pay for their JDC treatment out-of-pocket. Due to logistical issues with insurance billing, Interns will only see self-pay patients.

Supervision

Interns will receive supervision with a Licensed Psychologist for at least one hour every week. 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.

**Supervisors**

**Scott Cypers, PhD**, is a licensed psychologist whose primary clinical and research interests focus on anxiety and stress related issues. Dr Cypers has worked in various clinical roles including as the Director of Anxiety and Stress Programs at Children’s Hospital Colorado, Psychologist working with active duty military at Buckley Mental Health, as well as working for many universities in student health services in various roles. At each place he has worked, Dr. Cypers has built innovative programs to address the range of mental health issues, most notably in the areas of stress, anxiety, and promoting help seeking behaviors.

**Johnson Depression Center**

**Outpatient Psychotherapy**

This rotation allows for interns to gain experience conducting outpatient psychotherapy. Interns will conduct intake evaluations, develop case conceptualizations and treatment plans and implement evidence-based psychotherapies. Most psychotherapy will be individual but the possibility for assisting with groups may be available.

This rotation is housed in the Johnson Depression Center (JDC), a specialty center for mood and anxiety disorders. Thus, many JDC clients are experiencing symptoms of depression, Bipolar Disorder, trauma and/or anxiety disorders. However, other presenting issues may include eating disorder symptoms, grief and adjustment difficulties. The JDC includes an active telehealth program and so opportunities to see clients via secure video conferencing may be available. In addition, the JDC staff includes Psychiatrists and Psychiatric Nurse Practitioners. Thus, Interns have the opportunity to observe and consult regarding psychiatric medication evaluations and management, if interested.

*Goals and Objectives of the Training Program:* The outpatient psychotherapy minor rotation is offered through the University of Colorado School of Medicine in the Johnson Depression Center.  The primary objective of this program is to teach interns how to evaluate, diagnose, and treat psychological disorders, form case conceptualizations and implement evidence-based psychotherapies with adults.  At the completion of this rotation, trainees will be able to:

1. Conduct diagnostic evaluations of psychological conditions taking into account psychosocial and medical factors
2. Develop psychotherapy case conceptualizations
3. Implement evidence-based psychotherapies for mood and anxiety disorders
4. Document clinical visits

Through this rotation trainees will have the opportunity to:

1. Attend JDC Monthly Didactic
2. Attend JDC Weekly Team Meetings
3. Consult with multidisciplinary members of care team

*Specific Training Activities:*

Initial Evaluations: Interns will be responsible for conducting clinic intakes, which includes a review of intake questionnaires, diagnostic interviewing and assessment of relevant psychosocial and medical factors.

Outpatient Therapy: Interns will carry a caseload of 4-6 individual outpatient psychotherapy cases.  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. Telehealth psychotherapy may be an option for patients in some cases.

Documentation: Interns are expected to complete documentation for initial evaluations within 1 week and all other documentation within 48 hours of client visits.

*Theoretical Approaches*:

Evidence-based psychotherapies are emphasized in the JDC. Depending on a client’s presenting concern and diagnosis and the Intern’s interest, approaches may include elements of Cognitive-Behavioral Therapy, Behavioral Activation, Acceptance and Commitment Therapy, Dialectical Behavior Therapy, Motivational Interviewing and Family Focused Therapy for Bipolar Disorder. The use of psychosocial and CBT-based case conceptualization is used to integrate components of these various evidence-based treatments into a treatment plan.

*Types of Clinical Approaches:*

Clinical activities include diagnostic interviews, standardized screenings for depression, and conducting evidence-based psychotherapies individually and in groups.

*Population of Clients:*

Clients seen at the JDC range from early childhood to older adults. Due to the clinic specialization in mood and anxiety disorders, the JDC attracts many clients with treatment-resistant mood and anxiety difficulties. Although some clients use private insurance or Medicare, many clients pay for their JDC treatment out-of-pocket. Due to logistical issues with insurance billing, Interns will only see self-pay patients.

*Supervision:*

Interns will receive supervision with a Licensed Psychologist for at least one hour every week. Supervision will typically focus o 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.

*Supervisors:*

**Dana Steidtmann, PhD** is a supervisor for this rotation.  Dr. Steidtmann is a clinical psychologist and Senior Instructor in the Department of Family Medicine at the University of Colorado School of Medicine.  She uses evidence-based psychotherapies to work with adults experiencing depression, anxiety, stress and related difficulties. Dr. Steidtmann also provides psychotherapy for couples. Her research interests focus on strategies for making mental health treatments more effective, accessible and affordable.

Dr. Steidtmann received an undergraduate degree from the University of Wyoming and a PhD from the University of Kansas. She completed fellowship training at Stanford University where her research focused on enhancing the effectiveness of treatment for chronic depression and improving health care affordability.

**Psychosocial Oncology**

**The University of Colorado Hospital (UCH)**

 Support to family members and caregivers and co-lead support groups, as appropriate. Psychotherapy will be provided in outpatient and inpatient settings, as needed.

 Educational activities: The intern will participate in weekly inpatient or outpatient multidisciplinary meetings. The intern will attend weekly supervision sessions. The intern will attend weekly educational seminars offered on Tuesdays or Fridays. During the rotation, the intern will present an in- service to the medical staff and/or patients on a topic of interest.

 Additional Opportunities: Interns are encouraged to identify additional goals of their training.

 Opportunities exist to participate in a small research study; shadow the Palliative Care team;

shadow an oncology social worker, nurse, or nurse practitioner; and program development and evaluation.

**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.

**Supervisors:**

**Rebecca Hunter, Ph.D.**

**Ben Brewer, Psy.D.** (University of Denver, 2008) is the director of clinical psychology services for the department of hematology and investigator at the University of Colorado Cancer Center. Dr. Brewer has expertise in team based care, evidence-based assessment, and psychological intervention (e.g., CBT, existential and meaning making techniques) for patients with cancer.

**Elissa Kolva, Ph.D.** (Fordham University Graduate School of Arts and Sciences, 2014) is a licensed psychologist and Assistant Professor in the Division of Medical Oncology. She is a clinical provider in the Medical Oncology Psychology Clinic. Dr. Kolva’s clinical interests include the provision of empirically supported psychotherapy to reduce distress and improve quality of life for patients with cancer. Her research interests include the assessment of psychological distress, medical decision-making capacity, and psychological issues in advanced cancer. She is an active member of the University of Colorado Cancer Center and the Colorado Clinical and Translational Sciences Institute.

**University of Colorado, School of Medicine**

**Department of Family Medicine, Psychology Internship**

**Didactics:**

**Dr. Rebecca Richey**

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 such as:

Outcomes Oriented Psychotherapy  
Motivational Interviewing  
Dialectical Behavior Therapy Skills  
Multiculturalism  
Pediatric Behavioral Health  
Mental Health and the Law   
Professional Development  
Life After Internship and Career Trajectories   
Ethics  
Cultural Aspects of Case Studies  
Integrated Primary Care  
Substance Use Disorders  
Latino Populations and Primary Care  
Spiritual/Existential Approaches to End of Life

**Please refer to the website for the Specialized Professional Development series involving Psychologist as Educator and Psychologist as Leader.**



**School of Medicine**

**Policy and Procedures**

University information on harassment: <https://www.cu.edu/ope/aps/5014>

Sexual misconduct: <https://www.cu.edu/sexual-misconduct>

University code of conduct: <https://www.cu.edu/sites/default/files/2027.pdf>

Professional risk management: 303-724-7575

**University of Colorado School of Medicine Department of Family Medicine Psychology Internship Program**

**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.

o 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.

o 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.

o 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.

o 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:

o 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.

o 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.

o Issue a written “Warning Notice” stating that if the problem behavior does not change, the intern will not meet criteria for internship graduation.

o 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 itsown 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.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2018 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** | **Development lags expectations, remedial action required** | | | | | | | | | |  |
|  | 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** | **Development lags expectations, address within supervision** | | | | |  |  |  |  |  |  |
|  | 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** | **Developing as expected towards basic competency; requires regular supervision** | | | | | | | | | |  |
|  | 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** | **Achieved basic competency; supervision is needed only for non-routine cases** | | | | | | |  |  |  |  |
|  | 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** | **Achieved advanced competency; comparable to independent practice** | | | | | | | | | |  |
|  | 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 | | | | | |  |  |  |  |  |
|  | **Average** | | | | | |  |  |  |  |  |
|  |  | | | | | |  |  |  |  |  |
| **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** | | | | | | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Please provide a summary of the intern’s strengths and weaknesses. In particular, please address all ratings of 2 or lower.** | | | | | | | | | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | | | | | | |  |
|  | ***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 |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
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***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

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.



**Holiday Schedule 2020-21**

You will be granted 10 university holidays. Speak to your supervisor about which 10 you will select.

|  |  |
| --- | --- |
| **University of Colorado Anschutz Holiday Calendar** | **2020-2021** |
| **\*\*New Year’s Eve** | Tuesday: December 31, 2020 |
| **New Year’s Day** | Wednesday: Jan 1, 2021 |
| **\*Martin Luther King Jr Day** | Monday: January 18, 2021 |
| **President's Day** | Monday: February 15, 2021 |
| **Memorial Day** | Monday: May 31, 2021 |
| **Independence Day** | Friday: July 3, 2020 |
| **Labor Day** | Monday: September 7, 2020 |
| **Thanksgiving** | Thursday: November 26, 2020 |
| **\*Friday after Thanksgiving** | Friday: November 27, 2020 |
| **\*Christmas Eve** | Thursday: December 24, 2020 |
| **Christmas Day** | Friday: December 25, 2020 |

**Helpful links**

Administrative offices: <http://www.ucdenver.edu/about/contact/Pages/Admin-offices.aspx>

Directory: <https://directory.ucdenver.edu/>

Office of Professionalism:

[http://www.ucdenver.edu/academics/colleges/medicalschool/facultyAffairs/Pages/FacultyProfessionalism.aspx](http://www.ucdenver.edu/academics/colleges/medicalschool/education/graduatemedicaleducation/gme_programdirectors_programcoordinators/Pages/PoliciesandProcedures.aspx)

[IT Help Desk: http://www.ucdenver.edu/about/departments/ITS/C](http://www.ucdenver.edu/academics/colleges/medicalschool/education/graduatemedicaleducation/gme_programdirectors_programcoordinators/Pages/PoliciesandProcedures.aspx)ustomerCare/Pages/HelpDesk.aspx

[Library- Health Sciences: http://hslibrary.ucdenver.edu/](http://www.ucdenver.edu/academics/colleges/medicalschool/facultyAffairs/Pages/FacultyProfessionalism.aspx)

Map of A[MC Campus: http://www.ucdenver.edu/anschutz/about/Documents/maps/anschutzguide.pdf](http://www.ucdenver.edu/about/departments/ITS/CustomerCare/Pages/HelpDesk.aspx)

Ombuds Office: [http://ww](http://ww/)[w.ucdenver.edu/about/depart](http://hslibrary.ucdenver.edu/)ments/OmbudsOffice/Pages/OmbudsOffice.aspx

School of Medicine: ht[tp://www.ucdenver.edu/academics/colleges/medicalschool/Pages/somWelcom](http://www.ucdenver.edu/anschutz/about/Documents/maps/anschutzguide.pdf)e.aspx

**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 10 university holidays and 10 days for paid vacation. Interns are expected to use vacation leave for interviews. Leave should be scheduled as far in advance as possible to maintain compliance with duty hours and clinic schedules. Before starting leave, an intern must have completed all patient medical records in the hospitals and clinics.

**EXPENSE REIMBURSEMENT**

Setting up your profile online for the Concur Travel & Expense system. The instructions follow below:

You will need to set up your Concur Travel & Expense profile. This will allow you to enter all of your information once (including frequent flyer and hotel traveler programs), which will eliminate the need to provide it every time you travel. In addition, it will allow you to delegate a travel arranger, who will be able to book trips for you. To set up your Concur travel profile, navigate to the Concur Travel system:

1. Log in to the myCU portal

(<https://portal.prod.cu.edu/UCDAccessFedAuthLogin.html>)

2. Click on the “Quick links” orange circle icon on the right

3. Click on the “Concur Travel & Expense” to open the Concur system

4. Click on the “Profile” upper right corner then the “Profile Settings”

5. Fill out as much as possible. The following is what is required to allow you to book travel:

a. Name as it appears on government-issued ID

b. Employee ID, supervisor, email address c. One contact phone number

d. Gender

e. Date of birth

6. Left side panel under Expense Settings, select “Expense Delegates”

a. Click “Add an Assistant”.

b. Click “Add” type Lyon and search for Jesse S Lyon (might be under Jessica S Lyon) then select add.

c. Make sure Jesse “Can Prepare” and “Can Review Receipts”

d. Most important part hit “SAVE”

Once all this has been completed, you are ready to go.