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# Denver Health

## Doctoral Psychology Internship Program

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**JENNIFER PERAZA, PSYD, ABPP-CN**  
Director of Internship Training

**LAURA JACOBS, PSYD**  
Associate Director of Internship Training

**CHRISTIAN THURSTONE, MD**  
Director, Behavioral Health Services

**ABRAHAM NUSSBAUM, MD**  
Chief Education Officer

**CONNIE PRICE, MD**  
Chief Medical Officer

**DONNA LYNNE, DRPH**  
Chief Executive Officer

## August 2022 2024 Graduating Cohort

Accredited by the American Psychological Association  
Member - Association of Psychology Postdoctoral and Internship Centers

*We respectfully acknowledge the Arapaho, Cheyenne, and Níuu-agma-tuvu-pu (Ute) Nations, on whose traditional territories and ancestral homelands we are grateful to work and live.*

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## CONTACT INFORMATION

Jennifer Peraza, PsyD, ABPP  
Denver Health Medical Center  
Behavioral Health Services  
660 N Bannock Street, MC 4700  
Denver, Colorado 80204-4507  
Phone: 303-602-4837  
Fax: 303-436-5157  
[Jennifer.Peraza@dhha.org](mailto:Jennifer.Peraza@dhha.org)  
[www.denverhealth.org](http://www.denverhealth.org)

Internship program website:

<https://www.denverhealth.org/for-professionals/clinical-specialties/behavioral-health/psychology-internship>

The Denver Health Doctoral Psychology Internship Program is fully accredited by:

Commission on Accreditation  
Office of Program Consultation & Accreditation  
American Psychological Association  
750 First Street, N.E.  
Washington, D.C. 20002-4242  
Telephone: 202-336-5979  
TDD/TTY: 202-336-6123  
Fax: 202-336-5978  
Email: [apaaccred@apa.org](mailto:apaaccred@apa.org)  
<https://www.apa.org/ed/accreditation>

Fully APA-accredited since 1980

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## **INTRODUCTION**

The mission of the Denver Health Doctoral Psychology Internship Program is to foster the growth and development of highly skilled, culturally aware psychologists through a comprehensive and integrated training environment that is committed to positive community impact. Our vision is to be a doctoral psychology internship center of excellence that supports interdisciplinary collaboration, diversity, and innovation in clinical practice, research, and education. Residents will serve the community with compassion, competence, cultural humility, and self-awareness.

We produce highly skilled doctoral-level clinicians with a strong professional identity as psychologists. We provide outstanding clinical training and supervision in a safety net healthcare system. We have a strong track record of consistently producing highly effective health service psychologists who are valued members of health care organizations. In 2007, the official job title was changed from “Psychology Intern” to “Psychology Resident” to promote recognition within a medical setting of the extensive prior clinical training our program participants have had prior to starting at Denver Health. In addition to active learning through a culturally-informed core clinical curriculum that includes psychotherapy, psychological assessment, and acute psychopathology, psychology residents develop an early career area of expertise through participation in collaborative care with other professionals. The internship is highly experiential, with residents immersed as fully functioning clinicians on interdisciplinary teams providing comprehensive care to diverse, traditionally underserved populations. The atmosphere of the internship program and of the overall organization is conducive to training and learning.

The mission and vision of the Psychology Internship Program is facilitated considerably by the rich, vibrant environment provided by Denver Health as a teaching affiliate of the University of Colorado School of Medicine. Denver Health is a large, integrated health care system that is a national model for high-quality efficient care and is Colorado’s largest safety net institution by a wide margin. Denver Health’s long tradition of community involvement, civic responsibility, and professional excellence are reflected in the institution’s mission to:

- *Provide access to the highest quality health care, whether for prevention, or acute and chronic diseases regardless of ability to pay;*
- *Provide life-saving emergency medicine and trauma services to Denver and the Rocky Mountain region;*
- *Fulfill public health functions as dictated by the Denver Charter and the needs of the citizens of Denver;*
- *Provide health education for patients;*
- *Participate in the education of the next generation of health care professionals; and*
- *Engage in research, which enhances our ability to meet the health care needs of Denver Health system patients.*

## **THE PSYCHOLOGY INTERNSHIP PROGRAM**

### ***Philosophical Model***

The Denver Health Doctoral Psychology Internship Program is philosophically grounded in the practitioner-scholar model of professional psychology and accepts students from accredited doctoral programs in clinical or counseling psychology. We follow the Standards of Accreditation in Health

Service Psychology, and program participants must demonstrate knowledge and abilities in each of the nine profession-wide competencies. Residents are expected to utilize critical thinking and analytical skills in applying empirical knowledge and relevant theoretical frameworks to the unique individuals with whom they work. Residents are encouraged to develop their own clinical approach within this overall framework. Faculty members are practicing clinicians within interdisciplinary teams and are well-positioned to provide clinical teaching and to serve as professional role models. The program includes consideration of ethical practice, professional standards, and evidence-based treatment in didactics and in supervision. The program promotes diversity, equity, and inclusion throughout all aspects of the program including clinical and professional training as well as developing a welcoming work environment for trainees, faculty, staff, and clients. Residents bring their own knowledge and skills from a variety of personal and professional experiences including educational experiences from strong doctoral programs. There is an expectation that residents will learn from each other and that the faculty also will benefit and grow professionally by working with residents. The environment is one of teamwork and professional collaboration.

Assessment and treatment are provided on interdisciplinary teams with psychology using a developmental biopsychosocial model as an overarching framework. Consideration of psychological and social factors in addition to biology improves the understanding of health and disease, as well as the ability of the team to align with and assist patients. Awareness and understanding of cultural and individual diversity factors impacting our communities is crucial to the services provided at Denver Health. Life span developmental models also bring valuable perspectives for populations served in our hospital and clinics. The Internship Program provides a core clinical curriculum in assessment and treatment, but can usually be flexible to meet the training needs of individual residents. Psychology residents have frequent opportunities to interact with other professional disciplines including medicine, nursing, social work, and others. There also are opportunities to interact with trainees from other Denver Health programs and disciplines.

## *Diversity*

Recognition of and respect for individual and cultural diversity is central to the mission of Denver Health and to the philosophical framework of the internship training program. A majority of patients at Denver Health are from ethnic minority groups. Overall our population is 47% Hispanic, 30% Caucasian, 14% Black, 4% Asian/Native Hawaiian/Pacific Islander, 1% Native American, and 4% as Other or Unknown. The population is largely low-income and experiences high rates of poverty-related stress. The Denver Health LGBTQ Center of Excellence offers high quality, decentralized patient care integrated throughout our primary care clinics. They also offer education and support to staff and providers. Denver Health has Diversity, Equity, and Inclusion Committee that consults with leadership on ways to reduce health disparities and support a diverse workforce.

The Psychology Internship works closely with Outpatient Behavioral Health Services (OBHS) Equity Council that identifies ways to self-evaluate and improve the diversity climate in OBHS and the Internship. In addition to a didactic series dedicated to multicultural topics, diversity is integrated throughout all seminars. The Diversity Training Committee, a joint committee with the Psychology Internship and the Integrated Behavioral Health training program, plans the multicultural seminar series which covers a wide range of relevant issues, such as sexual identity issues, age, religion, language, and working with refugees. Consideration of diversity issues is an integral part of all of our major rotations and is included as a regular part of supervision. Our faculty approach clinical and professional work with cultural humility, understanding that individual diversity and culture is nuanced and dynamic.

## ***Program Organization***

The Denver Health Doctoral Psychology Internship includes a generalist core curriculum component, an early-career area of specialization chosen through the Match process, and the opportunity to choose elective experiences in various areas of Denver Health's large medical system.

The core curriculum includes:

1. **Psychotherapy and consultation with interdisciplinary teams:** Residents function as professional staff members with supervision and mentoring by skilled and experienced psychologists.
2. **Clinical experience with acute psychopathology:** This occurs through participation on the Adult or Adolescent Psychiatric Units, the Inpatient Consult-Liaison Services, the Psychiatric Emergency Service, and other inpatient or hospital-based services.
3. **Psychological or neuropsychological assessment:** Residents participate in standard administration, scoring, and integration and interpretation of psychological assessments as part of comprehensive evaluations with adult or pediatric patients referred from a variety of services.
4. **Didactic seminars:** Residents participate as a cohort in seminars that include foundational training in areas such as Psychopharmacology, Working in Medical Settings, and introductory psychology topics, as well as on going presentations relevant to working with the Denver Health populations and the clinical rotations through which the psychology residents rotate. Twice a month seminar is split into smaller groups by child and adult tracks to facilitate more in-depth and focused discussions in these topic areas. Psychiatric Grand Rounds at the University of Colorado School of Medicine are offered through video-conferencing as well as other remote web-based seminars through the School of Medicine and other partners.

## ***Denver Health Internship Tracks***

Denver Health offers clinical focus areas through several internship tracks, each with its own unique match number. The Denver Health Internship has been two awarded HRSA training grants including the Behavioral Health Workforce Education and Teaching (BHWET) and the Graduate Psychology Education (GPE). These grants further expand our training program's efforts to address co-occurring substance use and mental health disorders. For the 2022-2023 training year, these awards will support the training for 16 additional residents for a total of 20 residents across 6 tracks.

### **Adult Psychology (2 positions)**

**\*Adult Compassionate Substance Care (7 positions)**

**Child & Adolescent Psychology (2 positions)**

**\*Family-Oriented Resilience, Growth, and Empowerment (FORGE) (7 positions)**

**\*Adult Integrated Primary Care (1 position)**

**\*Adult Neuropsychology (1 position)**

**\*HRSA grant-funded positions.**

Applicants may apply to more than one track. If invited for an interview, applicants may or may not be invited to interview for all tracks for which they applied. On occasion, applicants are invited to interview for a track for which they did not apply, but reviewers believe are a good fit with the applicant's experience and interest.

Below is a brief review of each track.

The **Adult Psychology** track focuses on the provision of psychotherapeutic services across a wide range of psychiatric disorders as part of a year-long experience on the Outpatient Adult Mental Health team. The Adult track residents also rotate through the Psychiatric Consult-Liaison service with additional elective opportunities.

The **Child and Adolescent Psychology** residents have a major focus on provision of psychotherapeutic services with the Outpatient Child and Adolescent Mental Health Team. The Child and Adolescent Psychology track has additional possible rotations including: Inpatient Child and Adolescent Psychiatric Unit, Pediatric Primary Care, Proactive Pediatric Psychology Consult-Liaison (PPPCL), Inpatient Infant Mental Health Service, or Pediatric Urgent Care Clinic (PEDUCC).

The HRSA grant-funded **Adult Compassionate Substance Care** track residents gain experience with the assessment and treatment of individuals with substance use and mental health dual diagnoses including posttraumatic stress disorder in interdisciplinary healthcare and correctional settings. Residents complete rotations through the Outpatient Substance Use Disorders Clinics (with or without the Adult Mental Health clinic) as well as Correctional Psychology. It is possible for a limited number of residents may rotate through Inpatient Psychiatry instead of corrections. Residents also complete a minor rotation in the Psychiatric Emergency Service or the Addiction Consult Liaison Service

As part of the HRSA grant-funded **Family-Oriented Resilience, Growth, and Empowerment (FORGE)** track, residents work with children, adolescents, and families adversely affected by family substance use disorders. Residents on this track work with the Outpatient Child Mental Health and FORGE teams. Some residents will also work with the Substance Treatment, Education, and Prevention (STEP) team either in the outpatient or school setting. Residents may rotate through the Pediatric Emergency Department and Urgent Care Clinic (PEDUCC), Proactive Pediatric Psychology Consult-Liaison (PPPCL), Inpatient Infant Mental Health Service, Pediatric Primary Care or the Child and Adolescent Psychiatric Inpatient Unit.

The HRSA grant-funded **Adult Integrated Primary Care** track resident has a major focus on Integrated Primary Care at Federico Peña Southwest Family Health Center, one of Denver Health's Federally Qualified Health Centers (FQHCs). A majority of the patients seen at the Southwest Clinic identify as Latinx and the clinic prides itself on providing trauma-informed care and being culturally/linguistically responsive. The Southwest Clinic has a well-established MAT program to providing support to patients who have substance use disorders.

The HRSA grant-funded **Adult Neuropsychology** track resident receives training in neuropsychology consistent with the Houston Conference Guidelines and completes a full-time rotation in neuropsychological assessment on the Neuropsychological Service during the first six months of the internship. In the second half of the year, the neuropsychology resident will have the option to complete a major rotation on another service such as the Psychiatric Consult-Liaison Service, the Adult Outpatient or Inpatient Services, or Corrections with options for an additional minor or elective experience.

Below is a table briefly summarizing training experiences associated with each track. Please see Appendix A for sample schedules of each track.

<b>Adult Psychology</b>	<b>Adult Compassionate Substance Care</b>	<b>Adult Integrated Primary Care</b>
<ul style="list-style-type: none"> <li>• <b>Major rotation:</b> <ul style="list-style-type: none"> <li>○ AMH (year-long)</li> <li>○ Psych C/L</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Major rotation:</b> <ul style="list-style-type: none"> <li>○ Corrections <i>OR</i> Inpatient Psychiatry</li> <li>○ Outpatient Substance Use (with or without AMH)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Major rotation:</b> <ul style="list-style-type: none"> <li>○ Integrated Primary care at Federico Pena Southwest Family Health Center (year-long)</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• <b>Minor rotations:</b> <ul style="list-style-type: none"> <li>○ Elective(s)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Minor rotations:</b> <ul style="list-style-type: none"> <li>○ PES <i>OR</i> Addiction CL</li> <li>○ Elective(s)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Minor rotations:</b> <ul style="list-style-type: none"> <li>○ Elective(s)</li> </ul> </li> </ul>
<b>Neuropsychology</b>	<b>Child and Adolescent</b>	<b>FORGE</b>
<ul style="list-style-type: none"> <li>• <b>Major rotation:</b> <ul style="list-style-type: none"> <li>○ Neuropsychology (full-time first semester)</li> <li>○ Outpatient Substance Use/Adult Mental Health, <i>OR</i> Inpatient Psychiatry, Psych C/L, <i>OR</i> Corrections</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Major Rotation:</b> <ul style="list-style-type: none"> <li>○ CMH (year-long)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Major Rotation:</b> <ul style="list-style-type: none"> <li>○ FORGE (year-long)</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• <b>Minor rotations:</b> <ul style="list-style-type: none"> <li>○ Elective</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Minor rotations:</b> <ul style="list-style-type: none"> <li>○ Elective(s)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Minor rotations:</b> <ul style="list-style-type: none"> <li>○ Elective(s) including the option for STEP</li> </ul> </li> </ul>
<p>AMH =- Adult Mental; Health; CMH = Child Mental Health; C/L = Consultation-Liaison; FORGE = Family-Oriented Resilience, Growth, and Empowerment; PES = Psychiatric Emergency Service; STEP = Substance Treatment, Education, and Prevention</p>		

Through these various experiences, all of the Denver Health internship positions provide training in a range of settings and include acquisition of experience with acutely ill and dual or triple diagnosed patients (psychiatric, substance, and medical).

In addition, the internship may include elective experiences during the internship year. The faculty will make every effort to be flexible in order for the internship to accommodate the clinical training and professional growth needs of each resident, depending on the availability of supervisors or mentors.

The Denver Health Doctoral Psychology Internship provides a structured sequence of learning with hands-on supervision by licensed psychologists. Supervision by other appropriately licensed health professionals also is available. The resident is considered a developing clinician who brings skills, but also can benefit from a supervisory relationship with an experienced clinician. Seminars and case conferences cover a variety of topics and clinical training experiences. A minimum of two hours of individual supervision are scheduled each week. Additional supervision and case review of at least two hours per week is provided by supervisors or through the interdisciplinary teams.

Residents are closely supervised at the beginning of clinical rotations, including direct observation of interactions with patients. Residents have increasing autonomy as they demonstrate clinical abilities



during the rotations and during the year. Elective experiences also receive clinical supervision. Peer supervision may also be an effective learning tool and residents are expected to make presentations of selected clinical cases in seminars periodically during the year. Training experiences and supervision can be individualized as is appropriate to meet the specific training needs and goals of residents, within the constraints of the service requirements of the specific rotations and the availability of faculty.

### **Expected Experiences During the Internship Year:**

1. Treatment of patients across a range of problems and pathology.
2. Treatment of patients in several age groups.
3. Treatment of patients in a range of settings and levels of care (inpatient psychiatric/medical care, outpatient mental health, outpatient primary care or school-based medical clinics, correctional care, and acute or emergency service).
4. Treatment of patients who are diverse with respect to racial and ethnic background, social and economic status, age, sexual orientation, religion, and ability status.
5. Assessment and case formulation, including a minimum of three integrated psychological assessment batteries or the equivalent in abbreviated batteries or other approved alternative assessment experience.
6. Participation on interdisciplinary teams including physicians, nurses, and social workers.
7. Clinical work with dual or triple diagnosed patients (i.e., mental health, medical, and/or substance use).
8. Interaction with interdisciplinary teams and/or with community agencies as a consultant or resource.
9. Substantial responsibility for the delivery of professional psychological services on the units and clinics where residents work, given the individual resident's experience and training needs.
10. Opportunities to teach and to learn from medical students, interns, and residents, as well as other professional trainees.
11. Scholarly activity by participating on existing research projects or program evaluation or completion of the dissertation.

For Sample Schedules, please see [Appendix A](#).

## ***Denver Health Doctoral Psychology Internship Program***

### **Goals**

The goals of the Denver Health Internship Program follow the nine profession-wide competencies of the Standards of Accreditation in Health Service Psychology. The program provides training and expects residents to demonstrate competency in each of these areas:

1. Demonstrates knowledge of and acts in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct; relevant laws, regulations, rules, and policies governing health service psychology in Colorado, and relevant professional standards and guidelines.
2. Trainees develop the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Must demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities. The Commission on Accreditation (CoA) defines cultural

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

3. Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
4. Demonstrates effective and meaningful communication and interpersonal skills with clients, co-workers, team members, and the internal/external community.
5. Demonstrates competence in conducting evidence-based assessment consistent with the scope of Health Service Psychology.
6. Demonstrates competence in interventions derived from a variety of theoretical orientations or approaches.
7. Consultation and interprofessional/interdisciplinary skills are reflected in the intentional collaboration of professionals in health service psychology with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities.
8. Demonstrates knowledge and ability in direct or simulated practice with psychology trainees or other health professionals, including but not limited to, role-played supervision with others and peer supervision with other trainees.
9. Demonstrates knowledge, skills, and competence sufficient to produce new knowledge, to critically evaluate and use existing knowledge to solve problems, and to disseminate research.

For more detailed information about the program goals, objectives, competencies, and expectations, please see [Appendix B](#).

### **Mandatory Minimum Expectations:**

1. Twelve months of full-time service and 2000 hours as part of the Denver Health Doctoral Psychology Internship.
2. 200 hours of supervision, including 100 hours of individual supervision.
3. Administration, scoring, and writing of three psychological assessment batteries or the equivalent as agreed on by the faculty.
4. Two clinical case presentations (one intervention, one assessment) presented during seminar.
5. One didactic presentation of the Special Projects which may be presented at seminar or another approved setting.
6. Lead one journal club discussion during resident seminar or another approved setting.
7. Participation in a minimum of 120 hours of resident seminar didactic training. Completion of seminar evaluations within one week is required to receive credit.
8. Participation in one DEI Media Project Seminar offered in collaboration with the Integrated Behavioral Health training program. Seminars will be offered throughout the training year.
9. Final evaluation of “3 = Meets Expectations” or higher on each of the nine profession-wide competency areas indicating the trainee’s performance meets expectations for the level of training.

Successful completion of minimum expectations required for graduation from the program is determined by the Training Director and Associate Training Director in collaboration with the Training Faculty. We have the ability to develop additional training plans and activities to ensure residents show successful completion of these expectations.

## Assessment of Goals and Progress

### Formative Assessment Methodology:

- Direct or video observation of clinical work, with subsequent discussion.
- On-going discussion with and feedback from other professionals.
- Review of written work samples, with feedback.
- Resident case conceptualization presentations to the clinical team and to the cohort.
- Professional Development Reviews are completed 6 weeks after starting a new rotation.

### Summative Assessment Methodology:

- Weekly Hours Tracking Report (reviewed with and signed by supervisor and turned in monthly).
- Psychology Resident Profession-Wide Competency Evaluations
  - Completed at three, six, nine, and twelve months
    - Goal 1 (Ethics and Legal Standards)
    - Goal 2 (Individual and Cultural Diversity)
    - Goal 3 (Professional Values and Attitudes)
    - Goal 4 (Communication and Interpersonal Skills)
    - Goal 5 (Assessment, when the trainee is acquiring experience with formal psychological assessment)
    - Goal 6 (Intervention)
    - Goal 7 (Consultation and Interprofessional/Interdisciplinary Skills)
  - Completed at six months and at twelve months
    - Goal 8 (Supervision)
    - Goal 9 (Research/Program Evaluation/Special Projects).

### *Psychology Internship Faculty*

Major rotation supervisors are licensed psychologists who are members of the Denver Health Medical Staff. Other licensed professionals (e.g., physicians, social workers) provide additional supervision on some rotations. Psychologists are licensed by the State of Colorado and are regulated by the Colorado Department of Regulatory Agencies and the Board of Psychologist Examiners. Many Denver Health psychologists have faculty appointments at the University of Colorado through our affiliation with the School of Medicine. Licensed Psychologists are privileged members of the Denver Health Medical Staff through the Denver Health Allied Health Professionals Committee to provide independent psychological services in specific areas of clinical competence and experience. See [Appendix D](#) for a complete list of the current psychology internship faculty.

It is notable that many of the current faculty members completed their internship and/or their postdoctoral training at Denver Health. Opportunities for postdoctoral positions at Denver Health in previous years have generally been *ad hoc* rather than formal postdoctoral fellowships depending on funding. For the training year beginning in August 2022, Denver Health has three postdoctoral fellows in Behavioral Health Services. Also, there are three formal psychology postdoctoral fellowships with the Department of Integrated Behavioral Health.

## **CLINICAL ROTATION DESCRIPTIONS**

Denver Health is a large and diverse medical center with several opportunities for major and minor experiences. Major rotations typically are 2-3 days a week whereas minor rotations are typically 1 day a week with some exceptions. The faculty aims to support the residents in meeting their training objectives and in obtaining specialty training experiences without becoming overextended. Our residents consistently let us know that the clinical opportunities and the flexibility we give our residents in their selections is a notable strength of the Denver Health internship. The availability of electives can vary somewhat from year to year depending on the availability of supervision and cohort interests.

Broadly, the clinical rotations are divided by adult-focused and child-focused clinics or services. Residents on child-focused tracks complete child-focused rotations and adult-focused tracks complete adult-focused rotation. *Rarely*, a resident on a child-track may be approved to complete an adult-focused minor rotation and vice versa.

### ***ADULT FOCUSED ROTATIONS***

#### ***ACUTE Center for Eating Disorders and Severe Malnutrition***

The ACUTE Center for Eating Disorders and Severe Malnutrition is an inpatient unit that specializes in treating individuals needing a high level of medical and behavioral oversight for the physical complications of their eating/feeding disorder/severe malnutrition. The interdisciplinary team is made up of psychologists, psychiatrists, social workers, registered dietitians, nursing staff, attending physicians, physical therapists, and occupational therapists. Additionally, each patient is room-based with a 1:1 certified nurse assistant/behavioral health tech until patients reach a certain degree of physical and psychological stability. A licensed psychologist provides crisis intervention, psychodiagnostic assessment, and specialist supportive psychotherapy. Therapy is provided 3-4 times per week, utilizing evidence-based interventions as appropriate for the individual patient. In this rotation, the resident will shadow each discipline on the unit, help to co-facilitate a psychological group for the patients, engage in 1-on-1 skills-based therapy sessions, participate in team meetings with various disciplines, help with research as needed/desired, engage in individual supervision with a licensed psychologist, and gain exceptional experience delivering care to an extremely unique population. This is offered as a minor rotation.

#### ***Addiction Consult-Liaison Service***

Addiction consult-liaison referrals are made when substance use issues impact patient presentation or management for medical inpatients. Consult requests come from a variety of inpatient services including medicine, surgery, intensive care, rehabilitation, obstetrics, pediatrics, and the correctional care medical facility. For some patients, the addiction consult-liaison works closely with the psychiatric consult-liaison service. A typical consult may address diagnostic evaluation, medication initiation/management, treatment planning/referrals, harm reduction, and brief psychotherapeutic interventions.

The psychology resident serves as a member of the Addiction Consult-Liaison (C/L) Service team which includes attending physicians (internal medicine or psychiatry) and a variety of rotating trainees (psychiatry residents, medical residents, physician assistants, medical/PA students, to name a few). Consults are assigned to the resident for a variety of reasons and may be completed individually or in collaboration with other team members. In addition to direct patient interviews, consults often require clarification of referral questions, gathering of collateral information, psychoeducation, and facilitating

communication between patients and primary care team members. The resident's role may involve brief intervention (e.g., motivational interviewing, supportive psychotherapy) or introduction/coordination of outpatient referrals/resources. This is available as a minor rotation with preference given to those on the **Adult Compassionate Substance Care** track.

### ***ADHD Assessment Clinic***

The ADHD Assessment Clinic is a minor rotation typically paired with the Adult Mental Health or Outpatient Substance Use rotations. Residents complete a clinical interview and psychological assessment for diagnostic clarification of ADHD. Referrals are often complicated by multiple factors including co-morbid psychological, substance use, and/or medical comorbidities. Residents administer and score a battery of tests, write integrated assessment reports, and provide feedback to the patient under the supervision of a licensed neuropsychologist or rehabilitation psychologist. Residents are scheduled one assessment a month, with time allotted the remainder of the month for scoring, report writing, feedback, and supervision.

### ***Adult Integrated Behavioral Health***

Denver Health has a robust Integrated Behavioral Health division including psychologists, social workers, substance use counselors, and psychiatrists. Currently, psychologists are embedded in most of Denver Health's ten Federally Qualified Health Center (FQHC) primary care clinics throughout the Denver metropolitan area. Psychology residents will work on interdisciplinary teams to provide whole person primary care alongside medical providers, nurses, social workers, and substance use counselors. Residents will gain skill in behavioral health consultations, brief diagnostic assessments, health behavior change interventions, and brief therapy. Specific training opportunities and patient populations may differ based on clinic. Availability to rotate in integrated primary care clinics is available as a minor rotation with preference given to residents on the **Adult Compassionate Substance Care** track.

### ***Adult Mental Health Outpatient Service***

The Outpatient Adult Mental Health Team is an interdisciplinary service that includes psychologists, psychiatrists, advanced practice nurses, and clinical social workers. The service provides psychotherapy and occasionally assessment services to adults with a wide variety of psychiatric conditions. The resident typically carries a large caseload and provides psychotherapeutic services as well as some case management services. Patients in this clinic frequently have substance use disorders and/or medical diagnoses that need to be included in the treatment plan. Residents may provide conjoint or group therapy but individual treatment constitutes the majority of the clinical work on this rotation. Residents may continue to treat patients they evaluated at intake, or may assist in referring to other appropriate providers and locations. Psychological evaluations are provided on a consultative basis. Prescribers are available on this team for medication consultation and management, and therapist coordination of services with the prescribers is essential. Clinical supervisors' theoretical orientations cover a wide range and supervisors are open to working with different orientations according to the resident's needs. This is available as a major rotation.

### ***Adult Mental Health and Substance Use Outpatient Service***

Adult patients seen for substance use treatment at the Outpatient Behavioral Health Services (OBHS) clinic have very high rates of co-occurring mental health disorders, often associated with high rates of violence and multiple traumatic events. Residents will focus on the application of assessment and clinical interventions with the strongest empirical support to treat a wide array of presentations, with an emphasis

on co-occurring substance use and PTSD with both in-person and telehealth services. Residents will learn about multiple report and tracking mechanisms required working with underserved substance use populations as well as case management skills to engage and maintain patients in treatment. Residents may provide conjoint or group therapy, but individual treatment constitutes the bulk of the clinical work. Many patients are engaged in medication assisted treatment through the Methadone and Suboxone program at OBHS, which allows the residents in this track the ability to work closely with interdisciplinary teams including primary care, psychiatry, nursing, counseling, social work, and community services.

There are multiple clinics within the Adult Mental Health Substance Use Outpatient Service where residents may participate including the Denver Health Addiction Recovery Center, Jail to Community program, Outpatient Medication Assisted Treatment program, Women and Family Services.

*Denver Health Addiction Recovery Center (DHARC):* This clinic is a general substance use clinic and is a common clinic for residents to rotate. Patients with any substance use disorder may be seen through this clinic and often present with co-occurring disorders.

*Jail to Community (J2C) program:* This is a grant-funded program facilitating substance use and behavioral health care of patients in the correctional system. Residents complete biopsychosocial intake assessments with patients to build and manage a consistent caseload of patients, facilitating therapy sessions to support early recovery and stabilize mental health in preparation for transition to a community provider, such as OBHS.

*Outpatient Medication Assisted Treatment (OMAT) program:* This clinic provides psychiatric and behavioral care to patients with opioid use disorders. All patients receiving methadone treatment are seen through this clinic, though some receiving Suboxone also are seen in OMAT while others may be seen through DHARC. Residents often have the opportunity to participate in milieu treatment and engage patients seeking to re-start care.

*Women and Family Services (WFS):* This clinical service provides substance use care for women and families impacted by substance use. Many patients are legally involved. Residents primarily participate in groups on this service.

This is available as either a major or minor rotation with preference given to those on the **Adult Compassionate Substance Care** track.

### ***Bariatric Evaluations/Clinic***

The psychology resident works with the supervising psychologist to conduct pre-surgical evaluations with patients to determine candidacy for bariatric surgery. The resident may also serve as a consultant one half day per week to the bariatric clinic providing integrated care to patients who are pre or post-bariatric surgery in the form of consultation, brief assessment, interventions, coordination of care, family and patient education and referrals. In prior years, some residents have conducted pre or post-operative bariatric support groups. This is a minor rotation.

### ***Correctional Psychology***

For nearly two decades, Denver Health (DH) & the Denver Sheriff Department (DSD) have provided behavioral health services to our incarcerated population at the Denver County jails. Residents on the Correctional Psychology rotation have the opportunity to provide individual and group therapy, full

assessment batteries, providing services for our competency enhancement and restoration programs, and working as part of an interdisciplinary team (psychiatric nurses, physician assistants, psychiatrists, psychologists, social workers, and case managers). Individuals working in this rotation will have the opportunity to work with our Men's and Women's Transition Units, our Men's and Women's High Acuity Treatment Units (HAT), our competency programs (Competency Enhancement Team and Restoration and Transition Unit [RTU]), our Mental Health Stepdown Unit, our Mental Health Stabilization Unit, and our Medication-Assisted Treatment Unit (MAT program). This is available as either a major or minor rotation, depending on track.

In all of our treatment programs, residents provide individual and group therapy services, assist in screening and intakes, and help with designing individual treatment plans. Residents will also have the opportunity – depending on assigned work area – to assist with program evaluation and design, conduct staff training, work with special projects, gain assessment experience, and get additional experience with risk assessment/crisis response.

On the MAT Unit, residents will provide individual and group therapy services. Substance abuse groups use traditional substance abuse group models and/or the SMART Recovery model. Residents will be involved in screening and intakes for individuals referred for MAT services and will provide case management and transitional services in conjunction with our social workers. This is available as a major rotation for residents on the **Adult Compassionate Substance Care** track.

### ***Health Lifestyle Clinic***

The Healthy Lifestyle Clinic (HLC) is an interdisciplinary team approach to supporting patients in making lifestyle choices that help them manage chronic medical conditions, improve the quality of their life, and reduce their health risks. This is done supporting patients in mindfully enjoying delicious food, moving their bodies in ways that make them happy, and improving their self-confidence, happiness and wellbeing. The Healthy Lifestyle Clinic Adult team consists of a registered dietitian, behavioral health consultant, and medical provider. The Healthy Lifestyle Clinic Pediatric team consists of a registered dietitian, behavioral health consultant, medical provider, and health coach. The HLC team floats to all Denver Health primary care clinics to provide services within the patient centered medical home, however, HLC is mostly telehealth currently. The psychologist role includes providing space to explore the broader context of diet culture, racism, weight stigma and other oppressive forces that shape how we view our bodies. The behavioral health clinician also helps assess and address psychiatric comorbidities that present as barriers to making health behavior changes as well as focusing on eating behaviors, sleep, and stress and exploring patients' relationships with food and their bodies. The supervisor will provide supervision during the HLC session. This is a minor rotation offered to residents with previous experience working in integrated behavioral health or to those who have a strong interest in this type of work. Residents can express interest and discuss with the supervising psychologist to ensure fit between professional goals and rotation mission.

### ***Inpatient Adult Psychiatry Service***

While on the Adult Inpatient Psychiatric part of this rotation, residents work with patients who have major psychiatric disorders (including bipolar disorder, schizophrenia, and major depression with or without psychosis), neurodevelopmental disorders, organic brain syndromes, and/or substance use disorders. Many patients are admitted with acute psychosis and/or suicidal urges or behavior. The average length of stay is variable, sometimes less than a week or a more extended period, depending on the reason for admission. A subset of the unit population is also legally-involved, as some patients are undergoing

restoration to competency to stand trial.

The psychology resident provides inpatient group psychotherapy (open to all patients) and individual psychotherapy for selected patients. The focus of psychotherapy varies by the patient's needs and length of stay, and evidence-based techniques (such as DBT, CBT, or ACT) are commonly used. Psychological assessment also may be provided to evaluate intellectual functioning, assist in differential diagnosis, or to determine a patient's personality and character structure. Opportunities for more specialized interventions, such as behavioral planning and interventions, are also sometimes available.

The psychology resident helps the team (i.e., attending psychiatrist, psychiatry intern, social worker, and nurses) develop treatment and discharge plans, and participates in decisions regarding the need for involuntary treatment. A psychiatric resident provides psychopharmacologic treatments and coordinates medical care under the supervision of the attending psychiatrist.

This service is available as a major rotation.

### ***Federico Pena Southwest Family Health Center***

The Southwest Clinic primary care for many of the residents of Ruby Hill and neighboring communities. Many of the patients seen at the Southwest Clinic identify as Latinx. The Southwest Clinic has a well-established MAT program to provide increased support to patients who have substance use disorders. Psychology doctoral interns at the Southwest Clinic will function as Behavioral Health Consultants (BHCs) under the supervision of a Licensed Psychologist. On a daily basis, interns will provide short term Behavioral Health services (including therapy and brief assessment or evaluation) to patients who have been referred by their primary care providers (PCPs). At the same time, they will be on-call for consultations with PCPs and their patients. Major components of Behavioral Health services at the Southwest Clinic include: responsiveness to PCPs' referral questions, supporting patients through the full spectrum of the biopsychosocial model (with high prevalence of co-occurring chronic medical, mental health conditions, and SUDs), appropriately referring patients to community resources and triaging to higher levels of care, and providing culturally competent care that is sensitive to patients' ethnicity, gender identity, sexual orientation, first language, religion and spirituality, socio-economic status, health literacy, and abilities/disabilities. Interns at the Southwest Clinic will develop competence in working with patients who are Latinx, which includes sensitivity to country of origin, generational differences in acculturation, and sociopolitical context, as well as proficiency with providing therapy either in Spanish (depending on the intern's language competency) or through an interpretation service. An additional focus for intern training will be effectively integrating into the overall health care team at the Southwest Clinic, which includes medical doctors, med-ped residents, advanced practice providers (nurse practitioners and physician assistants), pharmacists, medical assistants, a social worker, patient navigator, health educators, and clerical staff.

This rotation is only available to the resident on the **Adult Integrated Primary Care** track who will complete a 1-year experience at the Southwest Clinic.

### ***Neuropsychology***

On the neuropsychology rotation, residents will have the opportunity to perform in-depth neurocognitive evaluations with diverse patients having complex histories of neurological disorders, medical conditions, psychiatric disorders, and substance abuse that are affecting their ability to function adequately. Referrals for neuropsychological evaluations come from a variety of sources including primary care, neurosurgery,



psychiatry, neurology, rehabilitation, OBHS including substance use treatment teams, medical units within the hospital, and other outpatient medical services. Residents will learn a traditional, comprehensive neuropsychological battery and gain increasing autonomy as they demonstrate mastery over interviewing and test administration.

The resident on the **Adult Neuropsychology** track completes a full-time experience in neuropsychology during the first 6 months of internship (i.e., 50% of total clinical hours on the neuropsychology service). The Neuropsychology track resident also has the opportunity to participate in geriatric and pre-surgical epilepsy evaluations as well as supervision of a doctoral level neuropsychology practicum student. Additional didactic and seminar opportunities are integrated into the Neuropsychology track resident's curriculum (e.g., case conference, mock fact-finding oral exams, monthly team research meetings, journal club, neurology rounds, epilepsy conference, etc.). The neuropsychology training for Adult Neuropsychology track residents is consistent with Houston Conference Guidelines, with the goal of preparing the resident to continue on to postdoctoral training and board certification in neuropsychology.

Residents not on the Neuropsychology track may complete a minor rotation in neuropsychology during the second semester. These residents complete comprehensive evaluations with our general adult referral battery. Objectives for the minor rotation include becoming better consumers of neuropsychology including greater understanding of the details of a neuropsychological evaluation and knowing when to refer. Residents will further develop their skills in case conceptualization and report writing that can be generalized to other psychological assessment settings through collaboration with the supervising neuropsychologist.

### ***Oncology Fellows Clinic***

In the Oncology Fellows Clinic as well as in the Breast Clinic, the psychology resident serves as a consultant for one half day per week providing integrated care to hematology/oncology patients as well as palliative care patients in the form of consultation, brief assessment, interventions, coordination of care, family and patient education and referrals. The multi-disciplinary team includes medical oncology fellows, physician attendings, nursing, and social work. This is a minor rotation.

### ***Psychiatric Consult-Liaison Service***

Psychiatric consult-liaison referrals are made when psychiatric issues affect patient presentation or management for medical inpatients. A typical consult may address issues such as capacity to participate in treatment decisions, assessment of danger to self or others, treatment compliance, differential diagnosis, certification status, or medication recommendations. Consult requests come from a variety of inpatient services including medicine, surgery, intensive care, rehabilitation, dialysis, obstetrics, pediatrics, and the correctional care medical facility.

The psychology residents serves as a member of the Psychiatric Consult-Liaison (C/L) Service team which includes attending psychiatrists, psychiatry residents or interns, psychiatric nurse practitioners, and medical students. The psychology resident is assigned consults to be performed individually or in collaboration with other team members. In addition to direct patient interviews, consults often require clarification of referral questions, gathering of collateral information, psychoeducation, and facilitating communication between patients and primary care team members. Often, psychology residents are performing bedside psychotherapy. Neuropsychological evaluations are provided by the resident when C/L cases require further objective evaluation usually regarding decisional capacity. These evaluations

will consist of brief screening batteries that can be completed, scored, and reported to the medical team on an expedited basis. This is available as a major or minor rotation.

### ***Psychiatric Emergency Service (PES)***

Some residents will rotate through Psychiatric Emergency Services (PES) during the internship year. The PES is a dedicated unit co-located with Denver Health's Emergency Department (ED) and Level I Trauma Center. The PES includes a self-contained and also provides consults services throughout the ED. Residents commit to a full day in the PES. The psychology resident works in an integrated multidisciplinary setting among psychiatrists, psychiatry and medical residents, nurses, and psychologists. Residents will evaluate cases, provide crisis interventions, and determine disposition. The resident also will participate in admission of patients to the adolescent and/or adult inpatient units.

The PES provides a rich clinical experience with a wide variety of patients in acute crisis. The resident will learn to perform rapid emergency evaluations and refine their clinical skills and decision-making with high risk and co-morbid patients. Residents will receive close supervision by the attending psychiatrist, with a licensed psychologist available when needed. This is a minor rotation with preference given to those on the **Adult Compassionate Substance Care** track.

### ***CHILD FOCUSED ROTATIONS***

Denver Health offers two child-focused internship tracks. The Child and Adolescent Psychology Track existed first and was designed for residents to gain a breadth of experience with common presenting problems of children seen in a safety-net setting. The Family-Oriented Resilience, Growth, and Empowerment (FORGE) Track was born from the Child and Adolescent Psychology Track in 2017, with a focus on serving children, adolescents, and families affected by parental substance misuse. Residents in both tracks complete a major rotation, in an outpatient behavioral health clinic, receive training in emergency, inpatient, and/or integrated care settings, and are provided the same general internship experiences. All residents have access to minor rotations and electives, but certain opportunities are prioritized for residents on each track, though cross training is offered if available.

### ***Child/Adolescent Outpatient Mental Health (CMH)***

Residents on the CMH team provide psychological evaluation and therapy for children, adolescents, and families. The interdisciplinary team consists of psychologists, psychiatrists, a psychiatric nurse practitioner, and social workers in addition to the trainees. Residents are an integral member of the team and are involved in all levels of treatment. Residents complete thorough intakes, take on outpatient therapy cases, and refer patients to medication evaluations as needed.

The children seen have a wide variety of behavioral and emotional disorders, ranging in severity from adjustment disorders to major mental illnesses. Many of our patients have experienced traumas, come from low-income communities, and/or present from culturally diverse backgrounds (e.g., Latino, African American, and immigrants from around the world). Interpretation services are available and often utilized. This clinic also serves many adolescents who identify as LGBTQA+. Therapy modalities include individual, family, and parenting interventions.

Common diagnoses include mood, anxiety, PTSD, ADHD, and disruptive behavior disorders. Case coordination and consultation are provided through communication with physicians, school personnel, and other individuals involved in the lives of the children. Prescribers are a resource for consultation and medication evaluations. Psychological assessment will be completed as part of the major rotation. This

rotation is a major rotation experience for residents who match with the CMH track.

Evidence-based practices are incorporated into treatment with children and families. These may include, but are not limited to, Cognitive Behavioral Therapy (CBT), Trauma-Focused CBT (TF-CBT), Alternatives for Families CBT (AF-CBT), Acceptance and Commitment Therapy (ACT), Parent Child Interaction Therapy (PCIT) and Dialectical Behavior Therapy (DBT). Certification in Parent Child Interaction Therapy (PCIT) and Alternatives for Families – A Cognitive Behavioral Therapy (AF-CBT) may be available, though it is prioritized for FORGE track residents. CMH is a major rotation.

### ***Family Oriented Resilience, Growth and Empowerment (FORGE)***

In the FORGE program, children, adolescents, and their caregivers have been impacted by familial substance misuse, intimate partner violence, homelessness, and parental incarceration. Families can be referred from Denver Health's substance treatment clinics, pediatric or primary care clinics, or Department of Human Services. Caregivers may be enrolled in Opioid Medication Assisted Treatment or with the non-opiate Substance Use Disorders team. FORGE residents are also prioritized for training in infant mental health (Promoting Early Access to Services; PEAS), Parent-Child Interaction Therapy (PCIT) certification, and Alternatives for Families: A Cognitive Behavioral Therapy (AF-CBT) certification. **FORGE applicants do not need prior training in substance misuse.**

Residents on the FORGE track will provide consultations, intakes, evidence-based assessment and intervention in our clinic. FORGE residents and supervisors provide intervention through individual, family, and group modalities. Residents may be trained to certification in Alternatives for Families - Cognitive Behavioral Therapy (AF-CBT). Program development and research opportunities are available for psychology residents as part of both the FORGE and PEAS programs. There are several specialty service lines within the FORGE rotation, including PEAS, STEP and school based STEP. FORGE is a major rotation.

*Providing Early Access to Services (PEAS) Program* (PEAS) program provides dyadic treatments, developmental evaluations and ongoing perinatal mood support for caregivers of children ages 0-5. FORGE track residents may spend some of their outpatient time in the PEAS program. These residents have priority for certification in Parent-Child Interaction Therapy (PCIT). Residents may also have informal training and support in providing the following services to our PEAS families: developmental evaluations; developmental guidance and parenting support for babies with sleep, feeding and fussiness concerns; caregiver perinatal mood concerns and trauma-focused therapies (e.g., preschool TF-CBT). This is an elective experience.

*Substance Treatment, Education and Prevention (STEP)* is a strength-based program that focuses on acceptance and understanding. Residents on this rotation work with youth ages 10-21 with substance use and mental health disorders as part of the in-clinic STEP teams. The interdisciplinary STEP team includes psychiatry, social work, addiction counselors and behavioral health techs, as well as students from a number of disciplines. The STEP program has a close working relationship with the Addiction Medicine Fellowship program through the University of Colorado School of Medicine. Psychology residents provide weekly individual, family, and couples therapy as well as parental support through evidence-based practices including Acceptance and Commitment Therapy, Motivational Interviewing and Motivational Enhancement, and Contingency Management. There are opportunities for academic as well as clinical roles with the STEP service. This is a minor rotation for up to two FORGE track residents.

*School based STEP* is a strength-based program that focuses on acceptance and understanding within the DPS schools. Denver Health has 19 school-based clinics and STEP therapists are in 8 of those clinics while mental health therapists are in the rest of the clinics. Residents on this rotation work with youth ages 10-21 with substance use and mental health disorders as part of the school-based STEP program. The interdisciplinary STEP team includes school social workers, school psychologists, school counselors, psychiatry, therapists, health educators, NP/PA, medical assistants, clerks and enrollment specialists. Residents provide weekly individual, family, and couples therapy as well as parental support through evidence-based practices including but not limited to Acceptance and Commitment Therapy, Motivational Interviewing, Emotionally Focused Family Therapy, EMDR, Cognitive Behavioral Therapy, Dialectical Behavioral Therapy and Contingency Management. Additionally, school-based STEP therapists are equipped with Narcan distribution, fentanyl testing strips distribution, optional urine drug tests, provide education on safe substance use and harm reduction practices. This is a minor rotation available for up to two FORGE residents.

### ***Child and Adolescent Inpatient Service***

The adolescent unit is presently a 21-bed unit serving youth aged 12-21. Patients present with a complex mix of mood, anxiety, psychotic, and behavioral disorders. Some patients presently live at home, while others reside in residential treatment centers, group homes, or detention centers. Many of the patients served have a history of abuse and/or neglect, and many have had multiple past placements. The population is diagnostically interesting and often quite challenging.

Residents are part of the treatment staff, which includes attending psychiatrists, resident psychiatrists, psychiatric nurse practitioners, social workers, psychologists, occupational therapists, and nurses. Residents provide individual, family, and group therapy to patients on the unit. Individual and group therapy occurs daily and most patients participate in 2-3 family therapy sessions during their admission. Patients attend school daily with a teacher certified in special education. Patients also participate in daily occupational therapy sessions. Residents also provide psychological assessment to patients who are referred by their attending psychiatrist.

While rotating on the unit, residents co-lead groups with the supervising psychologist. Group material must be heavily modified to meet the intellectual and developmental needs of our patient population, and residents are expected to be involved in the modification of material, both in advance of the session and as the session is progressing. This is a minor rotation.

### ***Inpatient Infant Mental Health***

Residents on Inpatient IMH service provide proactive and reactive psychological services to patients (ages 0-5) and their families during medical hospitalization. Overall, Inpatient IMH aims to support the child's socioemotional development during hospitalization. Interventions are delivered in the context of parent/caregiver/family relationships. Inpatient IMH often intervenes to increase patient and family regulation for adequate coping. The service provides interventions to support caregiver-child attachment. Inpatient IMH also offers early identification/intervention for a) caregiver psychopathology affecting the child and b) early developmental delays/risks.

IMH collaborates with the medical team and with other systems impacting the child during hospitalization. Operating from a consultation-liaison framework, Inpatient IMH serves the Neonatal

Intensive Care Unit (NICU), Labor/Delivery and Mom/Baby units, and Pediatrics/Pediatric Intensive Care Unit (PICU). Inpatient IMH collaborates closely with medical teams, nursing, case management/social work, child life services on the inpatient multidisciplinary team. Residents will provide intervention services independently and with the licensed psychologist on the unit. Residents will regularly attend and participate in multidisciplinary medical rounds. This is a minor rotation.

### ***Pediatric Emergency Department and Urgent Care Center (PEDUCC)***

Residents on the PEDUCC rotation provide services on an integrated, interdisciplinary team including a licensed psychologist that provides emergency and urgent care services to children and adolescents in the main hospital. Emergency presentations include illness and injury as well as primary and co-occurring mental health problems which are frequently encountered in the emergency setting. The resident works alongside medical providers including emergency medicine physicians and nursing staff to provide brief psychotherapy and serve in a consultation-liaison role. Consultations for primary or co-occurring mental health or substance misuse problems inform the emergency medicine staff regarding clinical presentation and disposition. Additionally, the resident serves as a liaison to Psychiatric Emergency Services (PES) and may conduct PES evaluations in the PEDUCC when the PES is at full capacity. The resident (with the psychologist) is viewed as the primary mental health provider in the PEDUCC, and therefore provides brief assessment, intervention, and referral to appropriate follow-up care for PEDUCC patients and their families. This is a minor rotation.

### ***Pediatric Integrated Behavioral Health (Primary Care setting)***

Residents will provide a wide range of behavioral health services in the pediatric primary care clinic, including ‘warm handoffs’ between medical providers and patients, brief assessments, crisis management, brief treatment, parenting education/interventions, and curbside consultation with medical providers regarding challenging patient presentations. Depending on patient needs, residents will provide a blend of same-day, integrated care visits, scheduled follow-up sessions, and frequent communication with medical providers about their patients’ behavioral health needs. The resident will participate in the clinic-wide postpartum depression/anxiety screening and triage process. Residents will have the opportunity to shadow licensed psychologists during their time in the clinic and consult with a variety of interdisciplinary teams embedded within the primary care clinic (e.g., pediatric neurology clinic). This is a minor rotation.

### ***Proactive Pediatric Psychology Consult-Liaison (PPPCL)***

Residents on PPPCL provide services on the pediatric inpatient unit to help support children/adolescents and their families during admission and to provide education to inpatient providers. PPPCL is not designed to replace the reactive behavioral health consult/liaison team who is commonly consulted in cases involving self-harm, mental health holds, agitation, delirium, need for psychiatric medications, etc. Nor is PPPCL to be duplicating the services provided by child-life and social work. Instead, PPPCL utilizes psychological interventions to help parents and patients cope with admission (brief psychotherapy, parent education). PPPCL residents may be called upon to work with the reactive CL service when consults are called to the PEDS unit or PICU. PPPCL residents will communicate frequently with medical staff, provide the psychological viewpoint, and possibly provide education to medical providers on psychological topics. This is a minor rotation.

## OTHER TRAINING OPPORTUNITIES

### *Special Projects*

Although supervised clinical experience is the **primary** focus of the Denver Health Internship, residents are required to demonstrate competence in Research/Program Evaluation consistent with the profession-wide competencies. Projects in program development and evaluation under the supervision of a faculty member that can be continued by future cohorts are especially encouraged. Participation in research can possibly be supported for interested program participants. Residents in recent cohorts have joined existing research teams at Denver Health and have established successful collaborative research relationships. Several peer reviewed publications and regional poster presentations have been generated and have been helpful in obtaining postdoctoral fellowships with a strong research component. There is active research on a variety of topics throughout the hospital including pediatric and adolescent substance use, diabetes prevention, and psychiatric emergency services. There also is opportunity to collaborate with local researchers in the community such as at the University of Colorado, with approval from the Training Director and Faculty. Research teams are interdisciplinary and may be led by a physician. Typically, the Special Projects rotation is four hours a week. Please note that residents may be able to use Special Projects rotation to complete their dissertation; however, generally residents are not able to use the Denver Health population to recruit participants for their dissertation or for their own, unmentored research studies. Residents are given four hours a week in their rotation schedule for Special Projects, though this may be extended to eight hours on a case-by-case basis.

### *Didactic Training*

One half-day per week is reserved for didactics and a wide range of learning experiences is provided. Denver Health psychologists provide presentations on evidence-based interventions, health psychology, substance use disorders and treatment, psychological and neuropsychological assessment, diversity, supervision, and program evaluation and research. The first and third seminar each month is split into child and adult focused tracks to gain more in-depth learning on adult and child psychology topics. There are presentations about Colorado regulations and legal procedures during orientation, and there are also two to three presentations per year about ethical and professional issues. Finally, the residents themselves are expected to contribute clinical case presentations as well as didactic presentations and journal club discussions to their fellow residents and to interested faculty members.

There are numerous additional didactic training opportunities. Psychiatry Grand Rounds from the University of Colorado School of Medicine features local speakers as well as nationally prominent physicians and psychologists to speak on a variety of topics of current professional interest. Grand Rounds are available by video conferencing, or the cohort might occasionally attend in person at the Anschutz medical campus. There are often other learning opportunities at Denver Health or in collaboration with other area internship programs.

## SUPERVISION

Each resident receives at a minimum two hours of scheduled individual supervision and four hours per week total supervision time. In addition, group supervision and case review through the multi- and interdisciplinary teams occurs on a regular basis (on some teams several times per month, on some teams daily). On site supervision is provided by the staff psychologists assigned to the clinical service on which the resident is working. A physician or licensed mental health practitioner might provide on-site supervision on some days in particular rotations (e.g., the Psychiatric Emergency Service, Consult-Liaison Service). In this case, a psychologist also is assigned as a supervisor for issues that warrant input.

Additionally, there is an Integrated Medical Group Supervision meeting for residents on hospital-based rotations (i.e., Consult-Liaison Services, Pediatric Urgent Care Clinic, Psychiatric Emergency Service) The residents also meet “as needed” or “curbside” with their supervisors, and the Training Directors also are available for consultation regarding issues or cases. Supervisors are always available by cell phone or by pager.

## **SALARIES AND BENEFITS**

Denver Health recognizes the value of internship level psychology trainees. All Denver Health psychology residents are employees of Denver Health and Hospital Authority, with a job title of Psychology Resident, and a salary of \$19.25 per hour, or \$40,000 per year. Excellent employee benefits include seven paid holidays and twenty days per year of paid time off (PTO) used for both vacation and sick leave. **PTO may be restricted in the first ninety days (leave time is generally granted for Thanksgiving), and may only be used as it is accrued.** Taking leave without pay is strongly discouraged and can lead to possible extension of the internship. Use of PTO is contingent on supervisor and Training Director approval and may be denied depending on expectations of the rotation and the resident's ability to meet training requirements. **PTO also may be restricted in the final two weeks of internship.** Those granted PTO in the final two weeks will be expected to complete end of year tasks without protected time. Any unused PTO is paid out to residents in their final paychecks.

Other benefits include several medical health insurance coverage options at competitive rates, with family coverage available. Dental coverage and a range of other benefits (including a free pass for the public transportation system) are also provided. Professional liability coverage is provided under an organizational self-insurance plan paid for by Denver Health. The Psychology Resident position is classified as a non-exempt position. The organization and the psychology internship faculty support a healthy work-life balance, and residents can expect that their job responsibilities can generally be accomplished in 40-45 hours per week.

The Denver Health Psychology Internship supports psychology residents' participation in scholarly and professional activities including those that occur outside of the regular training schedule. As such, psychology residents are granted time off, in addition to their standard PTO, for educational and administrative leave. Each resident may use 40 work hours for travel and attendance to professional conferences, dissertation defense/graduation, and/or postdoctoral/employment interviews. If a resident requests additional time off for educational and/or professional activities beyond this allotment, then they may use accrued PTO, if approved. Additional administrative leave may be approved without using PTO for travel and attendance to professional conferences for which the resident is a presenter. Similarly, professional activities outside of those outlined above may be approved for administrative leave time on a case-by-case basis.

## **ADMINISTRATIVE AND TECHNICAL SUPPORT**

Administrative support for residents and for the internship is provided by Denver Health and by Behavioral Health Services. Human Resources works with residents after the APPIC Match to guide new residents through the Denver Health employment system and to complete background checks and health screens so that all residents can begin their internship in a timely manner. An administrative assistant supports the Internship Training Director in obtaining necessary access to Denver Health systems and other resources, including phones, pagers, keys, and professional provider numbers. The administrative assistant also supports the residents throughout the year if any additional administrative issues arise.

All residents are provided with workspace that includes storage space and access to a computer and telephone. Denver Health has a number of software applications that are part of the healthcare system. There is an electronic medical record system that assists in the provision of integrated services throughout Denver Health. Residents are provided with individual accounts to access and utilize these systems, as well as more standard computer systems, such as internet access and email capability. Denver Health



provides IT support as needed to address any difficulties in information technology. The Denver Health Office of Education also is a valuable resource for consultation needs outside of the Psychology Internship.

## **BRIEF HISTORY OF THE INTERNSHIP PROGRAM**

The Denver Health Doctoral Psychology Internship Program was initiated in 1968 with two interns. The development and expansion of the program was facilitated by grants from the National Institute of Mental Health from 1969 until 1976, and from the City and County of Denver beginning in 1973. Four positions are supported through operational funding from the Department of Behavioral Health Services. Since 2019, the program has been highly successful at securing Health Resources and Services Administration (HRSA) training grants including the Behavioral Health Workforce Education and Training (BHWET), Opioid Workforce Expansion Program (OWEP), and Graduate Psychology Education (GPE) Program grants to fund additional positions. Due to the support provided by these grants, we are recruiting for 20 internship positions for the 2023-24 training year.

The program received provisional accreditation from the American Psychological Association in 1978 and has been fully accredited since 1980. The program had a site visit in 2018 and was awarded 10 years full APA-accreditation with the next site visit planned for 2028. In 2007, the official job title was changed from “Psychology Intern” to “Psychology Resident” to promote recognition within a medical setting of the extensive prior clinical training our program participants have had prior to starting at Denver Health.

The Internship Program is represented within the Behavioral Health operating budget and is under the direction of the Training Director and Associate Training Director supported by the Chief Psychologist and the other members of the Psychology Internship Faculty.

## APPLICATION INFORMATION & INSTRUCTIONS

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The Denver Health Doctoral Psychology Internship Program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and will be participating in the APPIC Internship Matching Program through National Matching Services, Inc. (NMS) for the February 2023 match. Denver Health adheres to the APPIC policies for matching and acceptance (see the APPIC web site at <http://www.appic.org>) and follows the ranking instructions and deadlines as defined by APPIC and NMS, Inc. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any internship applicant.

### Our NMS, Inc. Program Code Numbers are:

**117313 Adult Psychology (2 positions)**

**117311 Adult Compassionate Substance Care (7 positions)\***

**117314 Child & Adolescent Psychology (2 positions)**

**117320 Family-Oriented Resilience, Growth, and Empowerment (7 positions)\***

**117316 Adult Integrated Primary Care (1 position)\***

**117317 Adult Neuropsychology (1 position)\***

\*For HRSA grant funded positions (Adult Compassionate Substance Care, Family-Oriented Resilience, Growth, and Empowerment, Adult Integrated Primary Care, Adult Neuropsychology) we are restricted to students who are “in an APA accredited program, a citizen of the United States, a noncitizen national of the United States, or a foreign national who possesses a visa permitting permanent residence in the United States. Individuals on temporary or student visas are not eligible participants.” Applicants with student visas are encouraged to apply to the operationally funded positions (117313 Adult Psychology and 117314 Child & Adolescent Psychology tracks).

Applicants may apply to more than one track. If invited for an interview, applicants may or may not be invited to interview for all tracks for which they applied. On occasion, applicants are invited to interview for a track for which they did not apply, but reviewers believe are a good fit with the applicant’s experience and interest.

<p><b>For the 2022-2023 year, the Rank Order List Submission Deadline for Phase I is February 3, 2023. Match results will be released February 17, 2023.</b></p>
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The Denver Health Doctoral Psychology Internship Program is full-time, completed in no less than twelve months, beginning August 7, 2023 and ending August 2, 2024. **Please anticipate and plan ahead to the end of the internship year regarding your university or program graduation plans and post-internship placement plans. PTO may be restricted in the final two weeks.** If you successfully complete all internship program requirements, a letter will be sent to your program by August 9, 2024.

### *Selection Criteria and Application Process*

We understand the Covid-19 Pandemic has had a unique impact on the training for those applying to internship. We have revised our minimum hours and assessment report requirements with this in mind. Although we may be willing to consider an applicant who does not meet these requirements, most competitive applicants typically well exceed these minimums. Any concern about the impact of Covid-19

on training should be discussed in the Cover Letter as well as ways that the applicant has supplemented their training (e.g., increased scholarly dissemination, leadership roles, etc.).

At the time of application, a minimum of 500 hours of face-to-face combined intervention and assessment training hours (at least 30 hours must be assessment hours) is required. The desired ratio of intervention to assessment hours may vary by track. We also require applicants have completed a minimum of four integrated reports by application submission. The AAPI defines an integrated report as “a report that includes a review of history, results of an interview and at least two psychological tests from one or more of the following categories: personality measures, intellectual tests, cognitive tests, and neuropsychological tests.” Please be aware that symptom inventories or checklists (e.g., BDI-II, PHQ-9) are not considered a psychological test. Denver Health Faculty review the AAPI, a letter of interest from the applicant, transcripts, and three letters of recommendation. **No supplemental materials are reviewed.** Research and community/leadership experience relevant to Denver Health is given credit. Bilingual skills are a plus, especially Spanish. Preference is given to applicants with clinical experience in the following areas:

Advanced awareness and experiences related to equity, diversity, and inclusion  
Medical systems  
Low-income and/or under-resourced populations  
Ethnically diverse populations  
Serious mental illness  
Substance use disorders

Equal opportunity is a fundamental principle of Denver Health and of the Psychology Internship Program. We are committed to recruit, hire, promote, and administer all human resource actions in a nondiscriminatory manner.

We strive to ensure that applicants and resident-employees are treated without regard to age, sexual orientation, race, color, religion, sex, national origin, marital status, physical or mental handicap, or veteran status (except for veteran's preference). This includes, but is not limited to: employment, performance evaluation, promotion, demotion, transfer, recruitment, layoff, terminations, compensation actions, and all other decisions and actions by the internship faculty, the Training Director, or Employee Services and Resources.

Denver Health typically receives over twenty-five applications per position. Applications are screened according to the criteria noted above as well as for the quality of written communication. Applications that pass the initial screen are examined in depth by members of the selection committee. Six to eight applicants per position are invited to participate in interviews based on the in-depth reviews.

We will be conducting virtual, half-day interviews. We make every attempt to notify applications of an invitation to interview by December 15th. Interviews will be held in January (1/4/2023, 1/5/2023, 1/9/2023, 1/10/2023, 1/17/2023, 1/19/2023) and consist of half day morning or afternoon blocks (8am-12pm or 1pm-5pm, MST). Please be aware that interview date availability varies by track. The following are the anticipated interview dates by track, though it is possible these may change:

- Adult Psychology and Adult Compassionate Substance Care Tracks
  - Wednesday 1/4/2023 morning
  - Thursday 1/5/2023 morning
  - Monday 1/9/2023 afternoon

- Tuesday 1/17/2023 afternoon
- Thursday 1/19/2023 afternoon (overflow)
- Child & Adolescent Psychology and FORGE Tracks
  - Wednesday 1/4/2023 morning
  - Thursday 1/5/2023 afternoon
  - Tuesday 1/10/23 afternoon,
  - Thursday 1/19/2023 morning
- Adult Integrated Primary Care and Adult Neuropsychology Tracks
  - Thursday 1/5/2023 morning
  - Monday 1/9/2023 afternoon
  - Tuesday 1/17/2023 afternoon

Access to a password-protected video reviewing the clinical rotation experiences will be provided to applicants invited to interview. Virtual interviews will include a group presentation of the internship with the opportunity to ask questions, individual interviews with faculty and current residents, and small group time with current residents.

**Deadline: All application materials must be available for review via the on-line APPIC system by November 1, 2022 11:59pm Eastern Time.**

As noted, psychology residents at Denver Health are full-time employees and are expected to be compliant with Denver Health policies just like any other employee. As with all Denver Health employees, being hired is contingent upon the applicant satisfying certain other eligibility requirements. These include a recent/current TB test, a physical exam, and current immunizations (these are usually done at Denver Health). Denver Health also completes a consumer background, child abuse database and criminal investigative report. Denver Health is a Drug and Alcohol-Free Workplace (PolicyStat ID: 9589338). “Despite State laws that allow medical and recreational use of marijuana, the drug remains unlawful per federal law and accordingly it is an illegal drug that is prohibited under this P&P.” Each applicant needs to be aware of these policies and procedures prior to submitting an application to us. **Once matched with us, you will be asked to satisfy these and any remaining eligibility requirements and complete the hiring process. If you “fail” the consumer or criminal investigative background check, or fail the TB test, physical exam, or immunizations, you may not be permitted to do your internship with us, even though matched to our program, and might also therefore be excluded from the possibility of going elsewhere for the year.**

All Denver Health staff, including psychology residents, are required to complete the COVID-19 vaccine and annual flu vaccine. Medical and sincerely held religious belief exemptions are available and reviewed for approval by appropriate administration leaders.

**In addition, any misrepresentation, misstatement, omission or distortion about your credentials, readiness for internship, professional competence, character, legal, or ethical history may be cause for immediate de-selection, dismissal, or termination from this program.**

Consistent with Denver Health and Hospital Authority (DHHA; Equal Employment Opportunity, PolicyStat ID: 5018837) it is the policy of the Denver Health Doctoral Psychology Internship Program to provide equal treatment and equal employment opportunities to all applicants and employees with respect to any employment decision, including recruiting, hiring, transfers, layoffs, termination, discipline, testing, training, promotion, job assignment, compensation, fringe benefits, retirement plans, and all other

terms and conditions of employment. We maintain a work environment free of unlawful discrimination, harassment, and retaliation. All employment decisions are based upon organizational needs, job requirements and individual qualifications without regard to age, race, color, national origin, genetic information, religion, sex, pregnancy, disability, sexual orientation, gender identity, transgender status, gender expression, marital status, or veteran status and any other basis protected under Federal, State or local law (collectively “protected status”). In accordance with Federal, State and local law, our program will make good faith efforts to recruit, hire, retain, and advance in employment qualified minorities, women, individuals with disabilities and protected veterans.

## DENVER HEALTH RESIDENTS 2009-2021

YEAR	NAME	DEGREE
2009-2010	Susan Bennett Rhonda Casillas Megan Twomey Mary Quinn Juli Vierthaler Yuko Yamato	University of Denver (Counseling) Arizona State University (Counseling) Colorado State University (Counseling) Antioch University New England (Clinical) Chicago School of Professional Psychology (Clinical) University of Denver GSPP (Clinical)
2010-2011	Irina Banfi-Mare Nathaniel Burt Jennifer L. Grote Jessica Young Pae Natalie Dawn Ritchie Lindsay C. Sharp	American School of Professional Psychology (Clinical) Indiana State University (Counseling) University of Denver (Counseling) Wheaton College (Clinical) University of Illinois at Chicago (Clinical) Colorado State University (Counseling)
2011-2012	Kathryn DeLonga Kenneth Gladstone Daubney Harper Catherine Munns Eric Neumaier Gillian Taylor	PGSP-Stanford Consortium (Clinical) PGSP-Stanford Consortium (Clinical) New Mexico State University at Las Cruces (Counseling) James Madison University (Clinical) University of Wisconsin at Madison (Counseling) University of Denver (Clinical)
2012-2013	Katherine Belendiuk Tyler Barratt Bries Deerrose Laura Cote Gonzalez Elaine Allison Hess Julie Marie Kaprelian	University of Pittsburgh (Clinical) Arizona State University (Counseling) PGSP-Stanford Consortium (Clinical) New Mexico State University (Counseling) University of Texas at Austin (Counseling) The Chicago School of Professional Psychology (Clinical)
2013-2014	Darryl Etter Sarah Kelly Gwendoline Lander Lilia Luna Sheri Nsamenang Megan Petrik	PGSP-Stanford Consortium (Clinical) Wheaton College (Clinical) University of Buffalo/North (Counseling) George Fox University (Clinical) East Tennessee State University (Clinical) Marquette University (Clinical)
2014-2015	Ava Drennen Adriana Nevado Leslie Minna Jill Hersch Pamela Hamer Brian Goetsch Kim (Turek) Sheffield Amy Starosta	University of Colorado, Denver (Clinical) PGSP-Stanford Consortium (Clinical) University of Denver (Clinical) Immaculata University (Clinical) University of Denver (Clinical) George Fox University (Clinical) Louisiana State University (Clinical) University at Albany, SUNY (Clinical)
2015-2016	Beatriz Mann Brinda Prabhakar Caroline Scheiber Casey Cavanagh Jacqueline Hidalgo Joan Jou Robert Matthew Tolliver Yuliana Noniyeva	University of Texas at Austin (Clinical) University of Denver (Counseling) Alliant International University (Clinical) West Virginia University (Clinical) Carlos Albizu University (Clinical) PGSP-Palo Alto University (Clinical) East Tennessee State University (Clinical) PGSP-Palo Alto University (Clinical)

2016-2017	Alexandra Branagan Ivelisse Barreiro Rosado Jacob Lowen Jesse Wynn Kaitlin Venema Kerry Cannity	Florida State University (Counseling) Carlos Abizu University (Clinical) George Fox University (Clinical) University of Denver (Counseling) PGSP-Palo Alto University (Clinical) University of Tennessee-Knoxville (Clinical)
2017-2018	Kasturi Bhattacharjee Jessica Farrar Kerry Gagnon J. Quyen Nichols Britney Tibbits	Regent University (Clinical) University of Oregon (Counseling) University of Denver (Clinical) University of Vermont (Clinical) University of Denver (Counseling)
2018-2019	Christopher Akins Maria Boero-Legge Gabriel Casher Matthias Darricarrere Christian Goans Tess Kilwein Jeremy Kozak Rachel Narr Evelyn Plumb Lucia Walsh Iwei Wang	Fielding Graduate University (Clinical) Tennessee State University (Counseling) Southern Illinois University (Clinical) University of Denver (Clinical) University of Northern Texas (Clinical) University of Wyoming (Clinical) Palo Alto University (Clinical) University of Virginia (Clinical) University of California-Santa Barbara (Combined) University of Miami (Clinical) University of Denver (Clinical)
2019-2020	Jessica Alpizar Holly Batchelder Elizabeth Demeusy Stefanie Griglak Neilou Heidari Shaza Karam Leigh Kunkle Diane Lee Kate Zachary Ivori Zvorsky	Carlos Albizu University (Clinical) Palo Alto University (Clinical) University of Rochester (Clinical) University of Denver (Clinical) University of Denver (Clinical) George Fox University (Clinical) University of Denver (Clinical) University of Denver (Clinical) Chicago School of Professional Psychology (Clinical) University of Vermont (Clinical)
2020-2021	Craig Anderson Mallory Bolenbaugh Autumn Marie Chilcote Jeremy Coleman Eleanore Hall Sean Hatch Jacqueline Kantor Shane Kentopp Rachel Kovensky Steve Livingston Tiffany Lyon Stephanie Mojena Alexandra Nicoletta Roni Rubins Erin Soares Naomi Spilka Kelli Tahaney Wren Yoder	Georgia Southern University (Clinical) University of Iowa (Counseling) Duquesne University (Clinical) University of Denver (Counseling) Rutgers University (Clinical) Palo Alto University (Clinical) Palo Alto University (Clinical) Colorado State University (Counseling) University of Oregon (Counseling) University of Oregon (Counseling) Carlos Albizu University-Miami Campus (Clinical) William James College (Clinical) East Carolina University (Clinical) William James College (Clinical) Palo Alto University (Clinical) University of Denver (Clinical) Boston University (Clinical) Illinois Institute of Technology (Clinical)

2021-2022	<p>Nuha Alshabani Eileen Chen Sunia Choudhury Sydney Cople Jared Hammond Kyle Haws Matthew Kramer Kelsey Kuperman Valeria Labrador Gabriel Maletta Claire Milligan Amrita Mitchell-Krishnan Sarah Morales Whitney Nasse Emili Pickenpaugh Roberto Renteria Kaitlin Ross Mariah Stickley Taylor Weststrate Naomi Wright</p>	<p>University of Akron (Counseling) University of Hartford (Clinical) Georgia Southern University (Clinical) University of Northern Colorado (Counseling) Kean University (Combined) University of Nebraska – Lincoln (Clinical) University of Central Florida (Clinical) University of Oregon (Counseling) Carlos Albizu University-San Juan Campus (Clinical) University of Denver (Clinical) George Mason University (Clinical) New York University (Counseling)</p> <p>Carlos Albizu University-San Juan Campus (Clinical) Florida School of Professional Psychology (Clinical) University of Northern Colorado (Counseling) Arizona State University (Counseling) University of Denver (Counseling) Texas A&amp;M University (Counseling) Western Michigan University (Clinical) University of Denver (Clinical)</p>
2022-2023	<p>Bethelhem Belachew Jaclyn Bowes Katrina Daigle Delaney Dunn Brianna Duval Amanda Etienne Abbigail Gutierrez McKayla Harrison Kalyn Holmes Barunie Kim Roselee Ledesma Adriana Martinez Maura McGlynn Krystal Moroney Brian Peacock Preeti Pental Karla Rivera Figueroa Bethany Sauer Judah Serrano Tierra Shumpert Patricia Sparks Aishwarya Thakur Jessica Totsky Cassidy Van Trease</p>	<p>Western Michigan University (Clinical) Central Michigan University (Clinical) Suffolk University (Clinical) Oklahoma State University (Clinical) William James College (Clinical) Wright Institute (Clinical) Baylor University (Clinical) University of Northern Colorado (Counseling) University of Hawaii (Clinical) George Washington University (Clinical) University of Arkansas - Fayetteville (Clinical) Carlos Albizu University-Miami Campus (Clinical) Divine Mercy University (Clinical) Wichita State University (Clinical) Wright Institute (Clinical) Pacific University (Clinical) University of Connecticut (Clinical) Georgia Southern University (Clinical) University of Wyoming (Clinical) PGSP-Stanford Consortium (Clinical) University of Northern Colorado (Counseling) Palo Alto University (Clinical) University of Utah (Counseling) Palo Alto University (Clinical)</p>



## DENVER HEALTH 2019 FACTS

Denver Health was founded as City Hospital in 1860 to serve the health care needs of the rapidly developing city of Denver. We have grown alongside the community to become a complete health care system, proudly providing care for all residents - at every point in their lives. We believe healthy people are the foundation of a vibrant community, and Denver Health has been treating and healing the people of Denver for over 150 years.

Today, Denver Health delivers preventative, primary, and acute care services. We are committed to making our community a healthy place to live, work, and raise a family. You'll see that commitment in the programs we offer, through the care we provide and in our determination to achieve continuous improvement so our community always has the best care available.

We care for:

- Thirty-three percent of Denver's population annually; Denver Health sees nearly 930,000 total patient visits annually.
- One in three Denver-area children each year.
- The needs of special populations such as the poor, uninsured, pregnant teens, persons addicted to alcohol and other substances, victims of violence, and the homeless.

### **Ernest E. Moore Shock Trauma Center**

Denver Health Medical Center is home to the Ernest E. Moore Shock Trauma Center, the region's only ACS certified Adult Level I and Pediatric Level II trauma center. It is highly regarded as one of the best trauma centers in the nation.

### **911 Emergency Response**

Denver Health operates Denver's 911 medical emergency response system. In 2019, Denver Health paramedics responded to more than 118,000 calls for emergency medical assistance and transported more than 75,000 patients to 12 area hospitals.

### **Community Health Services**

Denver Health's Community Health Services managed 603,321 visits in 2019. Nine family health centers located throughout Denver neighborhoods provide convenient primary care services.

**School-based Health Centers** — Seventeen School-

based Health Centers in Denver Public Schools offer on-site medical care to elementary, middle, and high school students.

### **Public Health**

Denver Public Health (DPH) serves as the center for communicable disease reporting, surveillance, investigation, and control for the City and County of Denver. An integral part of Denver Health, infectious disease physicians from DPH work with hospital physicians on disease prevention and treatment throughout the hospital and family health centers. Through numerous grant-funded programs, DPH conducts important research on infectious diseases including hepatitis surveillance, tuberculosis clinical trials, HIV/AIDS prevention, counseling, testing and treatment, and vaccine trials.

### **The LGBT Center of Excellence**

Established so every LGBT person in the region can come to Denver Health for treatment, the center's vision is to establish Denver Health as the source of health care for the LGBT community.

### **Rocky Mountain Poison and Drug Center**

Denver Health offers many alternatives to expensive emergency room visits and/or hospitalization. The Rocky Mountain Poison and Drug Center (RMPDC) handles many minor poisoning emergencies by telephone. RMPDC answered 121,692 calls in 2019.

Through Denver Health's 24-hour NurseLine, more than 227,000 patients get free and confidential answers to health-related questions, to avoid costly emergency room visits.

### **Denver CARES**

Behavioral Health Services manages Denver CARES, a 100-bed, non-medical facility, which provided a safe setting for more than 34,000 detoxifying episodes in 2019.

### **Quality**

Among 121 leading academic hospitals in the US (University HealthSystem Consortium), Denver Health has ranked in the best ten percent for inpatient survival for seven consecutive years and has received a 4 or 5 star ranking in overall quality for 10 consecutive years.

## DENVER HEALTH 2019 FIGURES

### Denver Health Medical Center

Total Inpatient Admissions.....	24,252
Total Inpatient Surgeries.....	4,206
Total Outpatient Surgeries.....	9,174

### Emergency Medical Services

Responded to 911 Medical Emergency Calls....	118,839
Patients Transported to Area Hospitals (12).....	75,246
Emergency Department Encounters.....	60,089
Denver Emergency Center for Children Visits...	26,492
Adult Urgent Care Clinic Visits.....	38,443
Federico F. Peña Southwest Urgent Care.....	25,918
Downtown Urgent Care Clinic.....	850
Winter Park Medical Center Urgent Care.....	1,487
Total Emergency/Urgent Care Visits.....	153,279

### Ernest E. Moore Shock Trauma Center

Pediatric Trauma.....	164
Adult Trauma.....	2,897
Total Trauma Admissions .....	2,427

### Behavioral Health Services

Adults (inpatient).....	1,761
Pediatrics (inpatient).....	773
Total Inpatient Admissions.....	2,453
Adults (outpatient) mental health admissions.....	770
Adults (outpatient) substance treatment admissions.....	1,213
Child (outpatient) mental health admissions.....	457
Child (outpatient) substance treatment admissions.....	124
Total Outpatient Admissions.....	2,564
Total doses of MAT (Methadone and Suboxone) dispensed through Narcotic Treatment Program.....	206,172

### Denver Health Nurseline

Total Calls .....	227,972
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### Rocky Mountain Poison and Drug Center

Total Human Exposures.....	92,754
Total Calls .....	121,692

### Community Health Services

Clinic Visits .....	503,661
Dental Services .....	53,393
Mental Health .....	40,921
Case Management/Community Education.....	3,346
Total Patient Visits.....	603,321

### Specialty Care Clinics

Medical Specialty Division .....	27,166
Surgery Clinic .....	14,676
Orthopedic Clinic .....	25,954
Urology Clinic.....	4,007
Eye Clinic .....	27,876
Ear, Nose and Throat Clinic .....	5,883
Total Specialty Care Patient Visits.....	105,562
Physical Therapy Encounters .....	146,606
Women's Care Visits .....	61,649

### Denver Public Health Clinics

Immunization and Travel Clinic.....	10,565
Infectious Disease/AIDS Clinic.....	12,094
Metro Health (STD) Clinic .....	15,206
Tuberculosis Clinic .....	18,659
Vital Records.....	4,654
Total Patient Visits .....	56,524

### Denver CARES Community Detoxification

Detoxification Episodes .....	34,927
DUI Episodes .....	289
Total Encounters .....	35,216

## **DENVER AT A GLANCE**

*Founded as a gold mining camp in 1858, Denver has grown from one boom to another into the second largest city in the mountain west. The metro area has grown rapidly in recent years, with a population over 3 million. Denver has one of the largest city park systems in the nation and the nation's second largest performing arts center. The international airport is geographically the largest and is the fifth busiest in the United States. One of the nation's premier stock shows and rodeos is held in January. Denver is Colorado's capital and is home to pro teams in all major sports. The Denver Art Museum and the Denver Museum of Nature and Science are noteworthy representatives of a vigorous cultural community. There are many venues for live music of various genres. There are numerous festivals and multicultural celebrations year-round.*

### ***Population***

The City and County of Denver had over 716,000 people as of July 2018. There are high rates of high school and college graduates, and it is relatively young in age. The great weather and abundance of recreational opportunities contribute to Denver being the “thinnest” city in America. The population of Denver is quite diverse: 9.9 % African American, 29.9% Hispanic, 4% Asian American, 1.8% Native American, and 3.2% Multi-Racial.

### ***Location***

Geographically, Denver is not actually in the west – it is in the middle of the country, just 340 miles from the geographical center of the United States. Nor is it in the mountains – the city sits on high, flat plains 12 miles east of the Rockies. One hour west of Denver, you can drive 14,240 feet above sea level on the highest auto road in North America, but the city itself is flatter than Manhattan. The fifteenth step on the west side of the State Capitol is exactly one mile high at 5,280 feet above sea level. Most people don't feel the altitude in Denver, but some feel it in the mountain resorts, which are 8,000 to 10,000 feet above sea level.

### ***Climate***

Denver has a fairly mild, semi-arid climate area. The sun shines about 300 days a year – far more than San Diego or Miami Beach. Denver offers the pleasures of four distinct and spectacular seasons. Spring includes snow that usually melts quickly alternating with beautiful sunny days and colorful cherry trees and flowers. Summer means warm sunny days but generally cool evenings, perfect for outdoor activities. Fall is one of Denver's most delightful seasons, with colorful aspen leaves in the mountains and extended warm days down on the plains. Winter in Denver means bright days and surprisingly comfortable temperatures. Denver's average daily high in February is 45 degrees – warmer than New York, Chicago, Philadelphia, Boston or St. Louis.

### ***Housing***

Housing rates in Denver are moderate to high, with somewhat lower prices available in the suburbs.

### ***Transportation***

The Regional Transportation District (RTD) has good bus and light rail routes, including the A-line to the Denver International Airport. Public transportation passes are available at a reduced rate to Denver Health employees. Denver is also “bike-friendly” with accessible bicycle lanes and trails, as well as a bike-share program. Parking at Denver Health is offered at no-cost to residents.

See Denver Metro Convention and Visitors Bureau at <https://www.denver.org/> for additional information.

## APPENDIX A. MAJOR ROTATION & ELECTIVE HOURS SAMPLES

These are samples meant to illustrate possible rotation schedules. Actual schedules may vary depending in resident interest, rotation availability, and clinical opportunities for the resident to complete graduating requirements (e.g., assessment opportunities). Rotations in *italics* are electives typically assigned based on individual resident interests and goals.

<b>Adult Psychology</b>	
<i>Semester 1</i>	<i>Semester 2</i>
Psych C/L – 16 Outpatient AMH – 16 Special Projects – 4 Didactics – 4	Outpatient AMH with ADHD Assessment Clinic – 24 <i>ACUTE</i> - 8 Special Projects – 4 Didactics – 4
Outpatient AMH with ADHD Assessment Clinic – 28 <i>Oncology</i> - 4 Special Projects – 4 Didactics – 4	Psych C/L – 16 Outpatient AMH – 16 Special Projects – 4 Didactics – 4

<b>Adult Compassionate Substance Care</b>	
<i>Semester 1</i>	<i>Semester 2</i>
Outpatient Substance Use – 24 Consult-Liaison-Addiction – 8 Special Projects – 4 Didactics – 4	Corrections – 24 <i>IBH Primary Care</i> – 8 Special Projects – 4 Didactics – 4
Inpatient Psychiatry – 24 <i>IBH Primary Care</i> – 8 Special Projects – 4 Didactics – 4	Outpatient Substance Use and ADHD Assessment Clinic – 24 PES – 8 Special Projects – 4 Didactics – 4

<b>Adult Integrated Primary Care</b>	
<i>Semester 1</i>	<i>Semester 2</i>
Southwest Clinic – 20 <i>Psych C/L</i> – 12 Special Projects – 4 Didactics – 4	Southwest Clinic – 20 <i>Neuropsychology</i> – 8 Special Projects – 8 Didactics – 4

<b>Adult Neuropsychology</b>	
<i>Semester 1</i>	<i>Semester 2</i>
Neuropsychology – 32 Special Projects – 4 Didactics – 4	Consult Liaison-Psych – 24 <i>Bariatrics</i> – 8 Special Projects – 4 Didactics – 4

<b>Child &amp; Adolescent Psychology</b>	
<i>Semester 1</i>	<i>Semester 2</i>
Outpatient CMH – 16 <i>Inpatient Adolescent or PPPCL</i> – 16 Special Projects – 4 Didactics – 4	Outpatient CMH – 24 <i>Peds Primary Care or PEDUCC</i> – 8 Special Projects – 4 Didactics – 4

<b>Family Oriented Resilience Growth and Empowerment</b>	
<i>Semester 1</i>	<i>Semester 2</i>
FORGE – 8 or 16 (non-STEP) STEP Clinic – 8 (1 resident only) <i>Inpatient Adolescent or PPPCL</i> - 16 Special Projects – 4 Didactics – 4	FORGE – 16 or 24 (non-STEP) STEP Clinic – 8 (1 resident only) <i>PEDUCC or Peds Primary Care</i> - 8 Special Projects – 4 Didactics – 4

ACUTE = ACUTE Eating Disorders  
 AMH = Adult Mental Health  
 CMH = Child Mental Health  
 FORGE = Family Oriented Recovery Growth and Empowerment  
 HLC = Healthy Lifestyles Clinic  
 IBH = Integrated Behavioral Health  
 PEDUCC – Pediatric Urgent Care Clinic  
 PES = Psychiatric Emergency Service  
 PPPCL = Proactive Pediatric Psychology Consult Liaison  
 STEP = Substance Treatment, Education, and Prevention  
 SUDS – Substance Use Disorders

## APPENDIX B. PROFESSION-WIDE COMPETENCIES

The Denver Health Doctoral Psychology Internship Program adheres to the following overall training requirements as set forth by the Commission on Accreditation (CoA) of the American Psychological Association (APA):

- *Consistency with the professional value of individual and cultural diversity.*
- *Consistency with the existing and evolving body of general knowledge and methods in the science and practice of psychology.*
- *Broad and general preparation for entry-level independent practice and licensure.*
- *Evaluation as an integral part of the curriculum based in part on direct observation.*

### **Each Competency should be rated according to the following scale:**

- **Marginal (1):** The student's performance is at the *marginal* level of skill expected at this level of training and is in need of additional training and/or maturation in order to be effective. An action plan is required for targeted skill growth.
- **Below Average (2):** The student's performance is at the *below average* skill level and further supervision and experience are needed to assist in developing this skill. Routine, but intensive, supervision is needed and an action plan may be necessary.
- **Meets Expectations (3):** The student's performance *meets expectations* for his/her level of training. This is a common rating throughout internship. Activities require routine supervision.
- **Above Average (4):** The student's performance is *above average* and he/she can function well independently. This is a frequent rating at completion of internship with competency attained in all but non-routine cases. Depth of supervision varies as clinical needs warrant.
- **Highly Developed (5):** The student's performance is *highly developed* and he/she has attained competency at full psychology staff privilege level; however, as an unlicensed trainee, supervision is required while in training status. This rating is expected at completion of postdoctoral training.

### ***Competency I: Ethical and Legal Standards***

- Demonstrates knowledge of and acts in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct; relevant laws, regulations, rules, and policies governing health service psychology in Colorado, and relevant professional standards and guidelines.
- Recognizes ethical dilemmas as they arise, and applies ethical decision-making processes.
- Conducts self in an ethical manner in all professional activities.

### ***Competency II: Individual and Cultural Diversity***

- Trainees develop the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Must demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities. The CoA defines cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status.
- Demonstrates understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.

- Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities.
- Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles.
- Demonstrates the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.
- Demonstrates the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered.
- Demonstrates the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

### ***Competency III: Professional Values and Attitudes***

- Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
- Demonstrates personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.
- Actively seeks and demonstrates openness and responsiveness to feedback and supervision.
- Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

### ***Competency IV: Communication and Interpersonal Skills***

- The CoA views communication and interpersonal skills as foundational to education, training, and practice in health service psychology.
- Relates effectively and meaningfully with clients, co-workers, team members, and the internal/external Denver Health community.
- Verbal, nonverbal, and written communications are informative, articulate, succinct, sophisticated, and well-integrated; demonstrates thorough grasp of professional language and concepts.
- Demonstrates the ability to manage difficult communication well.

### ***Competency V: Assessment***

- Trainees demonstrate competence in conducting evidence-based assessment consistent with the scope of Health Service Psychology.
- Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
- Demonstrates understanding of human behavior within its context (e.g., family, social, societal, and cultural).
- Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.
- Selects and applies assessment methods that draw from the current empirical literature and that reflect the science of measurement and psychometrics with relevant and appropriate methods and procedures for service recipients.
- Interprets assessment results following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.

- Communicates orally and in written documentation the findings and implications of the assessment.

### ***Competency VI: Intervention***

- Intervention includes but is not limited to psychotherapy. Interventions may be derived from a variety of theoretical orientations or approaches.
- Establishes and maintains effective relationships with the recipients of psychological services.
- Develops evidence-based intervention plans specific to the service delivery goals.
- Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- Applies the relevant research literature to clinical decision making.
- Modifies and adapts evidence-based approaches effectively when a clear evidence base is lacking.
- Evaluates intervention effectiveness and adapts intervention goals and methods as is appropriate.
- Demonstrates ability to assess, diagnose, and manage acute psychiatric presentations.

### ***Competency VII: Consultation and Interprofessional/Interdisciplinary Skills***

- Consultation and interprofessional/interdisciplinary skills are reflected in the intentional collaboration of professionals in health service psychology with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities.
- Demonstrates knowledge and respect for the roles and perspectives of other professions.
- Applies knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior, including but not limited to, role-played consultation with others, peer consultation, and provision of consultation to other trainees.
- Knowledge of key issues and concepts in related healthcare disciplines. Able to identify and interact with professionals in multiple disciplines.
- Provides expert guidance or professional assistance in response to a consultation request.
- Demonstrates ability to work effectively as an interdisciplinary team member.
- Determines situations that require different consultative role functions and shifts roles accordingly.

### ***Competency VIII: Supervision***

- Supervision involves the mentoring and monitoring of trainees and others in the development of competence and skill in professional practice and the effective evaluation of those skills.
- Demonstrates knowledge and ability in direct or simulated practice with psychology trainees or other health professionals, including but not limited to, role-played supervision with others and peer supervision with other trainees.
- Understands the ethical, legal, and contextual issues of the supervisor role.
- Articulates a model of supervision; integrates contextual, legal, and ethical perspectives in supervision.
- Demonstrates knowledge of supervisory contract that accurately reflects roles and expectations of supervisor and supervisee.

### ***Competency IX: Research/Special Projects***

- Demonstrates knowledge, skills, and competence sufficient to produce new knowledge, to critically evaluate and use existing knowledge to solve problems, and to disseminate research.



- Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g. case conferences, presentation, publications).

## **APPENDIX C. MAINTENANCE OF RECORDS POLICY**

It is the policy of the Denver Health Doctoral Psychology Internship to retain permanent records of all participants in our training program. These records will include:

- Documentation of rotations and supervisors
- Total hours worked as well as total hours of direct clinical work, supervision and didactic training
- Evaluations
- Letters of acceptance and completion
- Certificates of internship completion

## APPENDIX D. TRAINING FACULTY

### *Psychology Faculty*

**June Ashley, PhD** is a licensed clinical psychologist in the Integrated Behavioral Health Department. Dr. Ashley provides behavioral health consultation, short-term therapy, and brief evaluation to a diverse population of patients in both the Lowry and La Casa/Quigg Newton Family Health Centers. She started at Denver Health during a postdoctoral fellowship in integrated primary care through the Colorado Health Foundation, during which she trained at both Lowry Family Health Center and the Swedish Family Medicine Residency. She returned to Denver Health as a full-time Staff Psychologist following fellowship. Previous experiences include VA hospitals (for pre-doctoral internship and for a doctoral research practicum), a neuro-rehabilitation hospital, a university counseling center, and an additional family medicine residency. Dr. Ashley's clinical interests include chronic pain, posttraumatic stress and posttraumatic growth, and suicidality.

**Maria Boero-Legge, PhD** is a native of Argentina and is fully bilingual in Spanish and English. She is a licensed counseling psychologist who received her M.A. from Trevecca Nazreen College and Ph.D. from the Tennessee State University and completed her doctoral and post-doctoral training at Denver Health Hospital Authority, within the integrated behavioral health division. She is a generalist, treating people across the life span. In her training and clinical work, she has worked with diverse populations, including individuals who have been diagnosed with mood disorders, anxiety, depression, as well as victims of various types of trauma.

**Kamila Cass, PhD** is a licensed clinical psychologist at the ACUTE Center for Eating Disorders. Dr. Cass received her undergraduate degree from Skidmore College and her Master's and Doctorate from the University of Missouri-Columbia. Dr. Cass completed her internship at Wardenburg Health Center, Psychological Health and Psychiatry, at the University of Colorado-Boulder. Dr. Cass specialized in eating disorders throughout her training and has explored the impact of pro-anorexia websites. Dr. Cass has worked in a variety of settings, including private practice, community mental health centers, forensic state hospitals, universities, as well as integrated medical settings. Prior to working at ACUTE, Dr. Cass worked as a bariatric psychologist on a surgical team, assessing and treating patients in the bariatric surgery process. In addition to eating disorders, Dr. Cass's clinical interests include trauma, OCD, anxiety, and depression. Dr. Cass is a Diplomate of the Academy of Cognitive Therapy.

**Sarah Cleary, PhD** is a licensed clinical psychologist on the Child & Adolescent Outpatient Behavioral Health Services team. She received her doctoral degree from the University of Denver. She completed an APA-Accredited internship and postdoctoral fellowship in Child & Family Psychology through the Department of Psychiatry at Geisel School of Medicine at Dartmouth and Dartmouth-Hitchcock Medical Center. Dr. Cleary specializes in working with children, adolescents and families who have experienced trauma, and has extensive training and experience in this area. She is certified in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Alternatives for Families: A Cognitive Behavioral Therapy (AF-CBT). Dr. Cleary is an Instructor at the University of Colorado School of Medicine, Department of Psychiatry.

**Lauren Dent, PsyD** is licensed clinical psychologist working at the Denver Detention Center. She received her undergraduate degree at Calvin College and her doctorate at the University of Denver where she specialized in couples counseling. She currently works as generalist at the jail providing clinical services to incarcerated patients as well as supervision to students. She works closely with patients who

identify as transgender and patients who have been sexually victimized while in correctional custody. Her areas of interest include transgender care, complex trauma, multicultural competency within supervision, and severe and persistent mental illness.

**Thom Dunn, PhD** supervises residents who spend time on the Consult – Liaison team. The team advises physicians about their patients who are admitted anywhere in the hospital except to inpatient psychiatry. The C/L team is commonly brought into cases where a patient is psychiatrically decompensated, status post suicide attempt, when there are questions of safety, and to assess decision making capacity. Patients may be admitted to a variety of services, including medicine, surgery, pediatrics, mom/baby, and the correctional care unit. Dr. Dunn also serves on the hospital's ethics committee and advises the Denver Paramedics peer support team. He is a professor of psychological sciences at the University of Northern Colorado and is works intermittently at Denver Health. Research interests include eating disorders that result in malnutrition, but do not have body image disruption (ARFID, orthorexia nervosa).

**Colleen Fischer, PhD** is a licensed clinical psychologist on Child & Adolescent Outpatient Behavioral Health Services (OBHS – Child). Dr. Fischer currently provides clinical services on the Outpatient Child and Adolescent team and in the Webb Pediatric Primary Care clinic. She is an investigator for a HRSA grant to increase psychology training in integrated primary care with high-need pediatric clinics. Dr. Fischer's clinical interests include trauma-informed care and adolescent self-injury and suicidality. Dr. Fischer is an Instructor at the University of Colorado School of Medicine, Department of Psychiatry.

**Megan Frazier, PsyD** is a licensed psychologist at the ACUTE Center for Eating Disorders and Severe Malnutrition. Dr. Frazier specializes in the treatment of eating disorders and complex trauma and has extensive experience in the assessment and treatment of adolescents and adults with severe presentations across multiple levels of care. Dr. Frazier earned her doctorate from Pepperdine University, where she studied use of expressive arts therapy for trauma. She also earned her master's degree in Marriage and Family Therapy from University of Southern California and undergraduate degree from UCLA. Dr. Frazier completed her clinical fellowship in the treatment and research of eating disorders at UCSD Eating Disorders Center in San Diego, California. While at UCSD she was trained in Family Based Treatment (FBT) and Dialectical Behavior Therapy (DBT) for eating disorders, as well as Cognitive Processing Therapy (CPT) for PTSD. Prior to working at ACUTE, Dr. Frazier practiced as a clinical supervisor at a trauma-informed residential program for adolescents, as well as a psychologist in private practice.

**Kerry Gagnon, PhD** is a licensed clinical psychologist in the Integrated Behavioral Health Department. Dr. Gagnon provides clinical services at the Webb Pediatric Primary Care Clinic. Her professional interests include providing accessible, trauma-informed, evidence-based treatment to children, adolescents, and families. Dr. Gagnon is an Instructor at the University of Colorado School of Medicine, Department of Psychiatry.

**Jennifer Grote, PhD** is a licensed clinical psychologist and Director of the Integrated Behavioral Health Department. In addition to her administrative roles, Dr. Grote currently provides clinical services at Westwood Family Health Center and at Eastside OB/GYN clinic.

**Sean Hatch, PhD** is a clinical psychologist on the Child & Adolescent Outpatient Behavioral Health Services team. Dr. Hatch received his doctorate from Palo Alto University and completed his pre-doctoral internship and post-doctoral fellowship at Denver Health Medical Center with the Family-Oriented Resilience, Growth, and Empowerment (FORGE) program. His clinical interests include working with

children, adolescents, and families who have experienced trauma, co-occurring substance misuse, strength-based care, trauma-informed care, and self-injurious behavior and suicidality. Dr. Hatch's research interests include adolescent and transition-age youth substance use, scale development, and the development/evaluation of services to improve access to care for underserved populations.

**Laura Jacobs, PsyD** is the Associate Director of Internship Training, a licensed clinical psychologist and Team Lead on Child & Adolescent Outpatient Mental Health Services team (OBHS – Child). Dr. Jacobs' clinical interests include trauma-informed care, psychotherapy with young children, and adolescent self-injury/suicidality. Dr. Jacobs is an Instructor at the University of Colorado School of Medicine, Department of Psychiatry.

**Cheryl Kornfeld, PsyD** is a licensed clinical psychologist at the ACUTE Center for Eating Disorders at Denver Health, the country's center of excellence for those with the most extreme forms of eating disorders and malnutrition. She received her undergraduate degree from Washington University in St. Louis and her doctorate in Clinical Psychology from Nova Southeastern University in Fort Lauderdale, Florida. Dr. Kornfeld has published many book chapters covering the importance of suicide prevention and intervention in the school system and her passion for working with individuals with eating disorders started in graduate school through her practicum placement and pre-doctoral internship at The Renfrew Center in Florida. Outside of eating disorders, her interests include depression, suicide prevention, trauma, identity formation, and LGBTQ issues.

**Alison Lieberman, PsyD** is a licensed clinical psychologist specializing in integrated care. She presently provides clinical services to the Women's Care, Bariatric, Oncology, and Geriatric Primary Care teams and supervises residents on these rotations. Dr. Lieberman is an Instructor at the University of Colorado School of Medicine, Department of Psychiatry.

**Joseph Longo, PhD** is a licensed clinical psychologist in the Integrated Behavioral Health Department. Dr. Longo provides diagnostic evaluation, brief intervention, and psychology consultation within the primary care setting. In addition, he serves as the principal psychologist in the Early Intervention HIV Primary Care Clinic, a co-located model of treatment. Previous experiences include federally qualified community health center, Denver County Jail, and college counseling centers. Dr. Longo conducts and has published research in the area of diversity competency and is an adjunct faculty at the University of Denver.

**Jamie Manwaring, PhD** is a licensed clinical psychologist at the ACUTE Center for the Eating Disorders. She began her clinical research in eating and weight disorders after she graduated with her degree in psychology from UCLA, and this continued during graduate school at Washington University in St. Louis. She spent her predoctoral and postdoctoral internship at the Veterans Affairs Medical Center in St. Louis prior to practicing in the student clinic of Loyola Marymount University. From 2011-2021 she served as a therapist, codeveloper/leader of parent education, and clinical manager in the child and adolescent program at Eating Recovery Center in Denver. Dr. Manwaring is an assistant professor at the University of Colorado School of Medicine, Department of Psychiatry.

**Karlee McCoy, PsyD** currently works in the inpatient medical setting with children, families, and birthing parents. She is a licensed clinical psychologist specializing in pediatric psychology and infant mental health. Dr. McCoy completed her graduate training at Pacific University in Oregon, with specialty in child/adolescent/family clinical psychology. Her internship was in integrated pediatric primary care at Cherokee Health System in Tennessee, and she participated a pediatric psychology postdoctoral

fellowship at Marshfield Children's Hospital in Wisconsin. Dr. McCoy is the Neonatal Intensive Care Unit (NICU) psychologist at Denver Health. She provides infant mental health consultant-liaison services to families and multidisciplinary teams across the hospital. In addition to her clinical work, Dr. McCoy does program development and quality improvement in the NICU. In these roles, she also provides training/education for health professionals interfacing with families. Dr. McCoy supervises psychology residents on the infant mental health and proactive pediatric psychology (PPPCL) teams. Dr. McCoy's clinical interests include developmental psychopathology, prevention/early intervention, trauma, health psychology, integrated behavioral health, parenting, and early childhood development. Dr. McCoy's theoretical/clinical orientation is humanistic and integrative. It is heavily influenced by: trauma-informed care, cognitive-behavioral therapies, interpersonal psychotherapy, feminist theory, behaviorism, and attachment theory.

**Bradley McMillan, PhD** is the lead psychologist for Denver Health's Behavioral Health Services Team. He graduated with his PhD in Clinical Psychology from the University of Rhode Island in 1999. He has been working in private practice in Denver since 2001 and at the Denver County Jail since 2004. He specializes in trauma-related disorders and is a member of APA, APA's Division 29, and EMDRIA. As part of Denver Health and the Denver Sheriff Department, he oversees the psychologists, social workers, and case managers for Behavioral Health. He provides individual and group counseling, is involved with crisis management and consultation, coordinates with DSD's executive staff and works with the Sheriff's Department and Denver Health on training initiatives. He is trained in EMDR (level II certification), CISM/CISD and many other therapeutic techniques. In addition, Dr. McMillan has a background in community and health psychology and organizational consultation. He has been published in the field and has done work with several organizations, including: The North Denver Fire Protection District, Coca-Cola, the City of Aurora, the City of Denver, Forrest General Hospital, the University of Southern Mississippi, Butler Hospital, and Brown University, amongst others.

**Haley Medlin, PsyD** is a licensed clinical psychologist on the Adult Inpatient Psychiatry unit. Dr. Medlin received her undergraduate degree from the University of Georgia and her doctorate degree from the University of Indianapolis's School of Psychological Sciences. In addition to spearheading and supporting program development on the adult inpatient unit, Dr. Medlin provides evaluation, consultation, and individual and group therapy to adult inpatients at Denver Health. Clinical and research interests include serious mental illness, mood and anxiety disorders, acute/brief treatment, and trauma-informed care. She utilizes evidence-based approaches and techniques, including Dialectical Behavior Therapy, Cognitive-Behavior Therapy, and Acceptance and Commitment Therapy.

**Blair Nyline, PhD** is a staff psychologist with Denver Health's Denver Sheriff Department Behavioral Services team. She is the program director for the High Acuity Treatment Unit (HAT) at the Downtown Detention Center (DDC). She has been part of the DDC's behavioral health team since 2018 and graduated from the University of Northern Colorado in 2016. She specializes in providing behavioral health services in forensic settings and has worked for the Department of Corrections, the Minnesota State Forensic Hospital, and mandated outpatient therapy services. She has two publications focused on sexual trauma and domestic violence. She currently oversees the HAT program, provides group and individual therapy, crisis intervention, conducts competency evaluations, and provides mental health training for the Denver Sheriff Department and community organizations.

**Daniel O'Donnell, PhD** is a licensed clinical psychologist on Adult Outpatient Behavioral Health Services (OBHS – AMH). He received his undergraduate degree at the University of Wisconsin – Green Bay and his Master's in Community Agency Counseling and Doctorate in Urban Education: Counseling

Psychology at Cleveland State University. Dr. O'Donnell's interests include substance use disorders, group psychotherapy, and clinical supervision. His clinical interventions are focused on patient empowerment and self-efficacy using experiential, ACT, cognitive, and feminist frameworks. Outside of professional time, Dr. O'Donnell enjoys biking, hiking, yoga, and time with his partner and their Mini-Aussie, Cedar.

**Jennifer Peraza, PsyD, ABPP-CN** is the Psychology Internship Training Director and a licensed clinical psychologist, Board Certified in Clinical Neuropsychology. She is an adjunct Instructor with the University of Colorado School of Medicine's Department of Psychiatry. Dr. Peraza completed her doctoral degree in clinical psychology in the neuropsychology track at Pacific University. She completed her internship in the neuropsychology track at Central Arkansas VA Healthcare System and a two-year clinical neuropsychology post-doctoral fellowship at New Mexico VA Health Care System. Dr. Peraza specializes in adult and geriatric outpatient and inpatient neuropsychological assessment with interests in human diversity.

**Christopher Pierce, PhD** is a licensed clinical psychologist and the Director of Neuropsychology. Dr. Pierce is also an Associate Professor in the Department of Psychiatry at the University of Colorado School of Medicine. He received his doctoral degree in Medical (Clinical) Psychology from the University of Alabama at Birmingham, with a neuropsychology internship at the University of Washington School of Medicine. He completed his Residency in Neuropsychology and Rehabilitation Psychology at the Rehabilitation Institute of Michigan. He specializes in outpatient and inpatient neuropsychological assessment of adult and geriatric patients.

**Brinda Prabhakar-Gippert, PhD** is a licensed clinical psychologist in the Integrated Behavioral Health Department. Dr. Prabhakar-Gippert provides clinical services at the Healthy Lifestyle Clinic and runs the Tele-Counseling Program. Her professional interests include health behavior change and wellness, obesity management, and self-compassion. She has her certification in nutritional psychology. Dr. Prabhakar-Gippert is an Instructor at the University of Colorado School of Medicine, Department of Psychiatry.

**Natalie Ritchie, PhD** is a licensed clinical health psychologist at Denver Health Managed Care, where she enjoys providing supervision for the Health Coaching rotation. At Denver Health since 2010, she has served in a variety of health psychology roles and currently directs multiple grants on diabetes prevention and management. Dr. Ritchie's clinical and research interests are in health behavior change, including for weight and diabetes management in underserved populations. Dr. Ritchie is a Visiting Instructor at the University of Colorado School of Medicine's Department of Psychiatry.

**Daniel S. Schoenwald, PhD** is a licensed clinical psychologist on Adult Outpatient Behavioral Health Services (OBHS – Adult) and at Level One Physicians Clinic. In addition to treating patients on these services, he has also supervised residents on rotation with the adult team. His clinical interests include psychopathology, psychotherapy with men, psychopharmacology, and group therapy. Previously, he maintained a full-time private practice and was also an adjunct professor, teaching Adult Psychopathology and Group Therapy and Process.

**Trina Seefeldt, PhD** is a licensed clinical psychologist and Team Lead on Adult Outpatient Behavioral Health Services (OBHS – Adult). She received her undergraduate degree in psychology from Loyola University Chicago and her PhD in clinical psychology from the University of Utah. She provides clinical services for patients and clinical supervision for psychology residents and post-doctoral fellows. She holds an instructorship with the University of Colorado School of Medicine's Department of

Psychiatry, and is an affiliate professor with Metropolitan State University of Denver's Department of Psychology. Dr. Seefeldt has worked for over a decade with underserved populations, including individuals experiencing homelessness and incarcerated individuals. Her areas of treatment interest include complex trauma; personality disorders; parenting issues; couples and family therapy; and depressive and anxiety disorders.

**J. Christopher Sheldon, PhD** is the Chief Psychologist. He is also an Associate Professor of Psychiatry at the University of Colorado School of Medicine. He received his undergraduate degree from the University of Texas at Austin and his Doctorate in Clinical Psychology at the University of Texas Southwestern Medical Center. Dr. Sheldon's interests include psychology training, mood disorders and self-injurious behavior in youth. The primary theoretical orientations Dr. Sheldon works from are Cognitive Behavioral, Developmental and Psychodynamic.

**Gina Signoracci, PhD** is a Rehabilitation Psychologist with the Adult Mental Health (AMH) team and provides intervention using a number of evidence-based practices including: CBT, CPT, DBT, ACT, EMDR, mindfulness-based practices and EFT. She specializes in assisting patients in the process of adjusting to/living with chronic conditions and catastrophic injury (i.e., TBI, SCI, amputation, etc.) and also conducts psychological and neuropsychological assessment. She has published research in the areas of TBI and co-occurring mental health conditions and HIV/AIDS. Dr. Signoracci is involved with local (Colorado Neuropsychological Society) and national (American Psychological Association, Division 22-Rehabilitation Psychology) organizations.

**Nathanael Taylor, PhD** is a licensed clinical psychologist on the Adult Inpatient Psychiatry unit. Dr. Taylor received his undergraduate degree at Benedictine College and his doctoral degree from Texas Tech University. Dr. Taylor's clinical interests include empirically supported treatments and assessment of serious mental illness (SMI) populations and suicidal patients. He utilizes a variety of evidenced-based treatments including Cognitive-Behavioral Therapy, third-wave interventions, and Interpersonal Psychotherapy. His research interests include suicide risk in SMI populations and psychodiagnostic assessment methods. In his free time, Dr. Taylor loves watching sports (NHL, NCAA basketball, NFL), fishing, and spending time with his Scottish Terrier, Quincy.

**Britney Tibbits, PhD** is a licensed clinical psychologist in the Integrated Behavioral Health Department. Britney provides clinical services at the Healthy Lifestyles Clinic and in Pavilion C (OB/GYN care). Her professional interests include OB/GYN care, health behavior change, disordered eating, and self-compassion. She is always striving to provide care with cultural humility and working collaboratively alongside other disciplines. She completed her residency and postdoctoral fellowship on the IBH team.

**Tatiana Turo-Handy, PsyD** is a licensed clinical psychologist in the Integrated Behavioral Health Department. Dr. Turo provides behavioral health consultation, short-term therapy and diagnostic evaluations at the Westside Adult Clinic. Previous experiences include residential addiction treatment center, federally qualified community health center, and private practice. Her professional interests include treatment of mood disorders, health behavior change and bilingual and multicultural training.

**Megan Twomey, PhD** is a licensed clinical psychologist on the Adolescent Inpatient Psychiatry Unit. She provides individual, family, and group therapy as well as psychological assessment services. Her areas of clinical and research interest include autism spectrum disorder, mood disorders, anxiety disorders, attachment, and self-injurious behavior. Dr. Twomey has served as an instructor at the University of Colorado School of Medicine.



**Denise Vargas, PhD** is a clinical psychologist who specializes in the treatment of addictive behaviors. She has a Bachelor's in Psychology from the University of Colorado at Denver, her Master's and Doctorate in Clinical Psychology from Argosy University in San Francisco. Dr. Vargas has been in the field of Psychology since 1995 and has worked with a variety of clients ranging from addiction to developmentally disabled adults. She uses a combination of Narrative Therapy and Cognitive Behavioral techniques using alternative ideas designed by Dr. Horvath the founder of Practical Recovery in San Diego, California and President of SMART Recovery, where Dr. Vargas studied addiction recovery and practiced treatment. Currently, Dr. Vargas leads the Women's Transitional Unit at the Denver County Jail. In the transitional unit inmates are provided individual and group therapy, case management and medication management. A variety of groups are offered that range from Addiction, PTSD, Anger Management and Psychological Education.

**Jeremy Vogt, PhD** is a licensed clinical psychologist and behavioral health consultant with the Integrated Behavioral Health Department. Dr. Vogt received his doctorate degree from the University of South Dakota in 2011. He completed his predoctoral internship at the University of Colorado –Denver School of Medicine with an emphasis in primary care psychology and a post-doctoral fellowship with the Western Interstate Commission for Higher Education (WICHE) Mental Health Program in administrative and public health psychology. His professional interests include suicide prevention in primary care and the training of medical providers in behavioral sciences. Dr. Vogt currently provides clinical services at Denver Health's Family and Internal Medicine Clinic (FIM) and the Intensive Outpatient Clinic (IOC), where he also provides clinical supervision to the psychology resident.

**Lucia Walsh Pedersen, PhD** is a licensed child clinical psychologist on the Child Mental Health team. Dr. Walsh received her doctorate from University of Miami – Coral Gables and completed her predoctoral internship and post-doctoral fellowship at Denver Health Medical Center through a HRSA-funded grant. Dr. Walsh leads the Family-Oriented Resilience, Growth, and Empowerment (FORGE) program and the PCIT training clinic. Clinically, Dr. Walsh loves working with young children and their parents and patients with OCD, Eating Disorders, and/or Substance Misuse. She utilizes empirically-supported treatments such as ERP, ACT, CBT-E, and AF-CBT/TF-CBT, and evidence-based progress monitoring. Her research interests revolve around pragmatic research methods to improve access to care and treatment delivery for children exposed to substance misuse, domestic violence, and homelessness. Dr. Walsh is an Instructor at the University of Colorado School of Medicine's Department of Psychiatry.

**IWei Wang, PsyD** is a licensed clinical psychologist at Adult Outpatient Behavioral Health Substance Use Disorders Clinic at Denver Health. Dr. Wang integrates evidenced-based interventions with an interpersonal/Functional Analytical approach to co-occurrence disorders treatment. She has a Master's in Psychology from the University of Colorado at Denver. She received her doctorate in Clinical Psychology from the University of Denver. In the past eight years, she worked with underserved populations and provided a range of services from addiction, trauma related disorders, anger management, and crisis intervention. Dr. Wang currently provides clinical services at the Addiction Clinic Outpatient Behavioral Health Department. She works within multidisciplinary medical teams in the assessment and treatment of co-occurring disorders, trauma and stress related issues, and management of chronic pain and TBI related issues. She also provides couple's therapy for individuals with substance use disorders. Her clinical interests include co-occurring disorders, insomnia, chronic pain, and lifelong emotional intimacy and sexual passion.

**Katherine Washington, PhD** is a licensed clinical psychologist on Child & Adolescent Outpatient Behavioral Health Services (OBHS – Child). Dr. Washington provides clinical services on the Outpatient Child and Adolescent team. Her clinical interests include psychological evaluations, play therapy, and trauma treatment. Dr. Washington is a member of American Psychological Association and Colorado Psychological Association. Previously, she was instructor of Adolescent Psychology at Washburn University in Topeka, Kansas.

**Emily White, PsyD** is a licensed clinical psychologist on the Adolescent Inpatient Psychiatry Unit. She received her undergraduate degree at the University of Colorado at Colorado Springs and her masters and doctoral degrees from the Arizona School of Professional Psychology at Argosy University. Dr. White completed her pre-doctoral internship and post-doctoral fellowship at the Travis County Juvenile Probation Department in Austin, Texas. Her training was heavily focused on issues related to justice involved adolescents and forensic psychology. Her areas of clinical interest include trauma-informed care, emotion-focused family therapy, motivational interviewing, cognitive behavioral therapies, mood disorders, anxiety disorders, substance use disorders, conduct disorders, and adolescent self-injury and suicidality. On the inpatient adolescent unit she provides individual, group, and family therapy as well as psychological assessment services.

### ***Affiliate Faculty***

Nichole Cochran, LCSW  
Ally Coleman, LCSW  
Jonathon Hawkins, LPC  
KC Lomonaco, PsyD, RN  
Liz Lowdermilk, MD  
Ken Novoa, MD  
Kristin Modin, PhD  
Mindy Paddock, LCSW  
Scott Simpson, MD  
Julie Taub, MD  
Dale Terasaki, MD  
Chris Thurstone, MD

## **APPENDIX E. POLICY ON NONDISCRIMINATION AND PROHIBITION OF HARASSMENT AND RETALIATION**

### **I. PURPOSE**

The Denver Health Doctoral Psychology Internship Program is committed to providing equal opportunities to all persons regardless of age, race, color, national origin, ancestry, genetic information, religion, sex, pregnancy, disability, sexual orientation, gender identity, gender expression, marital status or veteran status (collectively "protected status"). The program is committed to avoiding any actions that would restrict program access on grounds that are irrelevant to success.

This policy applies to all residents and faculty involved in the training program. Conduct prohibited by this policy is unacceptable in the program environment and in any program-related setting outside the workplace, such as program-related meetings, professional conferences and program-related social events.

### **II. POLICY**

- A. Discrimination is specifically prohibited regarding a person's age, race, color, sex, religion, national origin, ancestry, marital status, sexual orientation, veteran status, genetic information, disability, pregnancy, gender identity, or gender expression. The Denver Health Doctoral Psychology Internship Program prohibits discrimination based on any protected status in regard to any program decision including recruiting, selection, supervision, termination, discipline, testing, training, rotation assignment, compensation, fringe benefits, retirement plans, and all other terms and conditions of program participation. All internship program practices shall be conducted without regard to a person's protected status.
- B. The program avoids any actions that would restrict program access on grounds that are irrelevant to success by utilizing screening and evaluation procedures that are the same for all applicants and that consider specific information across all applicants that are relevant to success at this internship program.
- C. The program prohibits all forms of sexual harassment. Unwelcome sexual advances, requests for sexual favors, and other physical, verbal, or non-verbal conduct of a sexual nature constitute sexual harassment when:
  1. submission to the conduct is an implicit or explicit term or condition of participation in program activities;
  2. submission to or rejection of the conduct is used as the basis for a program decision;
  3. the conduct has the purpose or effect of unreasonably interfering with a resident's performance or creates an intimidating, hostile or offensive program environment.
- D. All faculty and residents in the training program are expected to conduct themselves in a professional manner at all times. Inappropriate sexual conduct is expressly prohibited by this policy. Such conduct includes, but is not limited to, sexually implicit or explicit communications whether in:

1. Written form, such as cartoons, posters, calendars, notes, letters, e-mail.
  2. Verbal form, such as comments, jokes, foul or obscene language of a sexual nature, gossiping or questions about another's sex life, or repeated unwanted requests for dates.
  3. Physical gestures and other nonverbal behavior, such as unwelcome touching, grabbing, fondling, kissing, massaging, and brushing up against another's body.
- E. Harassment on the basis of any other protected status is also strictly prohibited. This includes verbal, written or physical conduct that degrades or shows hostility or aversion toward an individual because of his or her protected status and that:
1. has the purpose or effect of creating an intimidating, hostile or offensive program environment,
  2. has the purpose or effect of unreasonably interfering with an individual's performance, or
  3. otherwise adversely affects an individual's internship opportunities.
- F. Harassing conduct includes epithets, slurs or negative stereotyping; threatening, intimidating or hostile acts; jokes and written or graphic material that degrades or shows hostility or aversion toward an individual or group based on his or her protected status.
- G. Discrimination and harassment training is mandatory for all residents at the start of the program and annually for all internship faculty.

### III. PROCEDURES

#### A. Reporting Harassment, Discrimination and Retaliation

1. Any resident who believes they have been subjected to, witnessed, or has any knowledge of unlawful harassment, discrimination, or retaliation in the internship program shall report the misconduct to the Training Director or to the Training Director's supervisor. The Training Director will work with the Denver Health and Hospital Authority (DHHA) Administration to promptly investigate and correct any behavior which may be in violation of this policy.
2. Failure to report harassment, discrimination or retaliation could result in discipline up to and including termination from the Program.
3. All complaints will be kept as confidential as practicable.
4. If the Training Director and/or DHHA Administration determines that a resident or faculty has violated this policy, appropriate disciplinary action will be taken against the offending individual up to and including termination from the program.

#### B. Non-Retaliation Statement

1. The Program prohibits retaliation against a resident for reporting, participating in, or assisting with the investigation of a complaint under this policy. Any resident or

faculty that engages in retaliation in violation of this policy will be subject to disciplinary action up to and including termination from the program.

## **APPENDIX F. POLICY ON UNSATISFACTORY PERFORMANCE, DUE PROCESS, AND APPEALS**

### **I. PURPOSE**

To provide policies and procedures for fair and ethical responses to problematic performance on the part of internship participants as well as to concerns on the part of residents about the training program or other aspects of their supervision or treatment at Denver Health. These will include steps to remediate problematic performance, provisions for resident due process and appeals of decisions about their training as well as procedures for residents to obtain responses to grievances.

### **II. POLICY**

It is the policy of the Denver Health Doctoral Psychology Internship Program to respond to problematic learning or behavior in an open, fair and ethical way and to provide support and remediation consistent with norms in doctoral psychology internship training. The Program is also responsible for upholding standards of training for health service psychology and for protecting the public, and will act accordingly if problematic performance on the part of program participants is identified.

### **III. PROCEDURES**

#### **A. Introduction**

The Denver Health Psychology Internship is highly invested in the successful completion of internship for all residents accepted into our program. The faculty recognizes that the internship year can be stressful and that residents are in the process of acquiring the knowledge and skills expected for independent practice and licensure. The faculty is committed to making every reasonable effort to assist program participants. When problematic behavior or failure to progress occurs, the program will generally attempt to work with the resident to remediate the issue or issues unless illegal or grossly unethical behavior has occurred. However, the program may terminate a resident who exhibits inappropriate behavior or who fails to make satisfactory progress in the development of the skills, knowledge, and competencies expected by the program.

#### **B. Definition of Unsatisfactory Performance and Problematic Behaviors**

Any behavior that is illegal or grossly unethical is unsatisfactory performance and may be cause for immediate termination from the program. Unsatisfactory performance also is present when there is interference in professional functioning such that the resident demonstrates:

1. An inability or unwillingness to acquire and integrate professional standards into their repertoire of professional behavior.
2. An inability or unwillingness to acquire professional skills in order to reach an acceptable level of competency.
3. An inability or unwillingness to control personal stress, psychological disturbance, and/or excessive emotional reactions which interfere with professional functioning.

Unsatisfactory performance generally includes one or more of the following problematic behaviors:

1. The resident does not acknowledge, understand, or address the problem when it is identified.
2. The problem is a skill or competency deficit of significant quantity or quality.
3. The quality of clinical services is significantly affected.
4. A disproportionate amount of time and/or attention by supervisors and/or other personnel is required.
5. The resident's behavior does not change as a function of feedback, remediation efforts, and/or time.

#### C. Procedures for Responding to Problematic Behaviors and Unsatisfactory Performance

Triggers for identifying unsatisfactory learning or behavior include reviews of resident performance in weekly supervision, Professional Development Reviews, and in completion of Profession-Wide Competency Evaluations. Issues may be brought to the attention of the supervisor or Training Director by other staff at Denver Health, or by patients and family members with whom the resident is working. Grossly unethical or illegal behaviors will be addressed by the Training Director in consultation with Denver Health Employee Services, the Legal Department and Risk Management. Problematic behaviors and unsatisfactory performance will generally be addressed by the immediate clinical supervisor. Issues that are not deemed to have responded will be addressed by the Training Director and by the Psychology Internship Faculty. With the advice and consent of the Faculty, one of the following will occur:

1. After discussion, no further action is judged to be needed.
2. The primary supervisor(s) and/or the Training Director will provide verbal feedback to the resident about the problematic behavior.
3. The primary supervisor(s) and the Training Director will write and present to the resident a remediation plan to address the problematic behavior(s).
4. The resident will be placed on probation. The specific problematic behaviors leading to this will be documented, as well as any prior attempts to address and remediate the problematic behavior(s). The resident's graduate program will be provided with written notification.
5. The resident will be terminated from the program. This step will only occur if
  - a. Illegal or grossly unethical behavior has occurred.
  - b. Steps 3 and/or 4 have previously occurred and have not led to satisfactory remediation of the problematic behaviors.

#### D. Remediation Alternatives

It is an important responsibility of an internship program to have adequate methods to decrease unskilled and problematic behaviors to further resident growth. An internship program also has an obligation to the profession of psychology and to the public to ensure that graduates of the internship have adequate professional competencies. Remediation plans will include:

1. A description of the specific problems and/or concerns.
2. The action steps and supervisors included in the plan to address the concerns.
3. Time frames for review and for expected completion of remediation.
4. Consequences for failure to remediate.
5. Signatures of the resident, supervisor(s), and the Training Director.

The Director of Clinical Training at the resident's educational institution will be notified and will be provided with a signed copy of the remediation plan. When a remediation plan for problematic behavior(s) is needed it may include:

1. The assignment of extra reading.
2. The provision of extra seminars or didactic experiences.
3. A change in the emphasis, format, or focus of supervision.
4. An increased quantity of supervision or change of supervisor.
5. Change in the quantity or nature of the resident's clinical responsibilities.
6. Recommendation of personal psychotherapy, with the understanding that the resident's professional behavior, not the attendance in psychotherapy, will be utilized as the criterion for evaluating internship performance.
7. When appropriate, recommendation of a leave of absence or second internship. Extension of internship also may be considered with approval from the Training Program and Denver Health administration.

If at any point during review of a resident's performance it is determined that the welfare of the resident and/or any client has been jeopardized, the resident's case privileges will either be significantly reduced or removed for a specified period of time. At the end of the specified time, the resident's primary supervisor, in consultation with the unit clinical staff and the Training Director, will assess the resident's capacity for effective functioning and determine if the resident's case privileges can be reinstated or if the reduction/removal should continue for another specified period.

#### E. Resident Due Process and Appeal Procedures

1. Residents may make a formal appeal of any decision, written evaluation, or remediation plan that is directly related to their psychology internship expectation or requirements to the Training Director and/or the Training Committee. Appeals must be in writing and must be submitted within ten working days of the resident receiving the



decision, evaluation, or remediation plan. The appeal should include a statement of the reasons the resident is filing the appeal and proposed resolution(s). The resident should provide appropriate documentation regarding the decision/event/action given by the supervisor or Training Committee for its decisions or actions, and why the decisions or actions should be reconsidered or withdrawn. To aid the resident in the appeal process, they will be provided access to all documentation used by the supervisor or Training Committee in deriving its conclusions.

2. Within seven working days of receipt of the written appeal, the Internship Director, who chairs the Panel, will work with the resident who is making the appeal to appoint an Appellate Review Panel. The Panel will consist of the Chair, two psychology internship faculty selected by the Chair, and two psychology faculty members selected by the resident. If the complaint is against the Training Director, the Training Director's supervisor will appoint a psychology faculty member as Chair. The Denver Health Psychology Internship Faculty is defined as all psychologists who were included in the most recent APA Commission on Accreditation Annual Online Report as Training Supervisors.
3. The Chair is empowered to secure any and all materials and documents related to decision/event/action under appeal and to question persons who may have information helpful to Panel deliberations. A simple majority will decide all appeal decisions. The Chair will cast a vote only in the case of a tie. In addition to the written appeal, the resident may make a personal appearance before the Appellate Review Panel to present oral and/or written testimony or may choose to submit written testimony in lieu of personal appearance.
4. Within seven working days of the adjournment of the Panel the Chair will present the findings and recommendations of the Appellate Review Panel in writing to the Psychology Internship Faculty as a whole and to the Training Director's supervisor. Decisions by the Panel except for termination or suspension are final. For decisions that include termination or suspension the Training Director's supervisor will communicate in writing acceptance of the decision, or may request additional information from the Training Director or from the Appellate Review Panel.

## **APPENDIX G. POLICY ON COMPLAINTS AND GRIEVANCES**

### **I. PURPOSE**

The purpose of this policy is to provide residents with procedures to report concerns, complaints, or grievances they may have about the training program, supervisors, other persons involved in the training program, or other matters associated with their psychology internship training experience at Denver Health.

### **II. POLICY**

It is the goal of the Denver Health doctoral Psychology Internship Program to address and resolve concerns and complaints promptly in an informal manner if possible. If the resident complainant is not satisfied with attempts at informal resolution, the complainant may utilize formal grievance procedures. This policy provides procedures for processing resident grievances and to enhance the training environment at Denver Health.

### **III. PROCEDURE**

#### **A. Concern and Complaint Procedures for Residents**

If a resident has a concern or complaint about a general policy or practice in the internship training program that directly impacts the resident's training, he/she should first address this with the immediate supervisor or bring the matter to the attention of the Internship Training Director. Residents may consult with their internship supervisor or the Internship Training Director on avenues for informal resolution. Typically, complainants should first take their concerns to the person(s)/body with whom they take issue and attempt an informal resolution. If this is not feasible or if the complainant is not satisfied with the resolution, he/she should enlist the assistance of the Psychology Internship Training Director or another supervisor in facilitating informal discussion and conflict resolution. If the matter remains unresolved or if a resident is uncomfortable employing informal resolution, the resident may file a formal grievance.

#### **B. Grievances**

Formal grievances should be submitted in writing to the Internship Training Director or, if the grievance involves the Training Director, to the Training Director's supervisor. The Training Director or another psychology supervisor appointed by the Training Director's supervisor will serve as Chair of the Grievance Committee and will assemble a three-person committee in seven business days of the grievance being filed. The Committee will be composed of members from the Psychology Internship Faculty, one of whom is chosen by the resident and two of whom are appointed by the Chair. This Committee will, in a timely fashion, gather information regarding the grievance, inform the resident of its findings, and offer recommendations to the Internship Training Director (or, if the complaint involves the Internship Training director, to that person's supervisor) and to the Psychology Internship Faculty. Should the resident contest this decision, s/he can state in writing the issues with which s/he does not agree and any suggestions for resolution. The suggested resolutions will be voted on the Psychology Internship Faculty, with a simple majority of a quorum (defined as 60% of the total faculty) deciding the issue. The decision of the internship faculty is final, to the extent that the staff and resources needed for resolution are part of the internship program.

Resolution of grievances requiring staff or resources outside of the internship program will be reviewed with the Medical Director of Behavioral Health Services and with Denver Health administration. For issues regarding staff or resources outside of the internship program the Medical Director of Behavioral Health Services and Denver Health administration will review the information in consultation with the Training Director and will render a final decision and communicate this decision in writing to the resident and to other persons or bodies responsible for executing any resolution.

Grievances are filed in a Grievance Log by the Training Director electronically in the Psychology Administration confidential folder and are also retained in a locked file cabinet. The file includes the written grievance, documentation of the Grievance Committee proceedings and meeting minutes, along with date/times of meetings, people in attendance, Grievance Committee recommendations, and any votes or actions by the Psychology Internship Faculty in response to the recommendations. Follow up notes by the Training Director will include results of the recommendations, solutions tried, and results of the solutions.

INTERNSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA

Updated August 2022

**Program Disclosures**

<p><b>Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution’s affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?</b></p>	<p style="text-align: right;"> <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No                 </p>
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**If yes, provide website link (or content from brochure) where this specific information is presented:**

Please see the *Application Information & Instructions* section in the program brochure for details. Briefly, as with all Denver Health employees, being hired is contingent upon the applicant satisfying certain other eligibility requirements. These include a recent/current TB test, a physical exam, and current immunizations (these are usually done at Denver Health). Denver Health also completes a drug screen and consumer background, child abuse database, and criminal investigative report. COVID-19 and flu vaccinations are required (medical and religious exemptions are available).

**In addition, any misrepresentation, misstatement, omission or distortion about your credentials, readiness for internship, professional competence, character, legal, or ethical history may be cause for immediate de-selection, dismissal, or termination from this program.**

**Internship Program Admissions**

**Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program’s policies on intern selection and practicum and academic preparation requirements:**

Denver Health considers applicants from accredited programs in clinical or counseling psychology. Preference is given to applicants with clinical experience in medical systems, with low-income populations, with ethnically diverse populations, with serious mental illness, and with individuals or families with substance use disorders. Our site typically receives over 25 applications per position; overall quality of written communication is considered.

**Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:**

Total Direct Contact Intervention Hours	N	Yes	Amount: 500*
Total Direct Contact Assessment Hours	N	Yes	Amount: 30

**Describe any other required minimum criteria used to screen applicants:**

\*A total of 500 combined face-to-face intervention and assessment hours, which must include a minimum of 30 assessment hours. Also, four completed integrated assessment batteries and reports are required at time of application. The desired ratio of intervention to assessment hours may vary based on track.

**Financial and Other Benefit Support for Upcoming Training Year\***

Annual Stipend/Salary for Full-time Interns	\$40,000	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for intern?	<b>Yes</b>	No
<b>If access to medical insurance is provided:</b>		
Trainee contribution to cost required?	<b>Yes</b>	No
Coverage of family member(s) available?	<b>Yes</b>	No
Coverage of legally married partner available?	<b>Yes</b>	No
Coverage of domestic partner available?	<b>Yes</b>	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	160 (available as accrued)	
Hours of Annual Paid Sick Leave	N/A	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	<b>Yes</b>	No
<b>Other Benefits (please describe):</b> Psychology interns are employees of Denver Health with a range of benefits. See brochure for details.		

\*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

## Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	<b>2018-2021</b>	
Total # of interns who were in the 3 cohorts	39	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	1	
	<b>PD</b>	<b>EP</b>
Academic teaching	0	2
Community mental health center	2	2
Consortium	0	0
University Counseling Center	1	0
Hospital/Medical Center	16	0
Veterans Affairs Health Care System	3	0
Psychiatric facility	1	0
Correctional facility	1	1
Health maintenance organization	0	0
School district/system	0	0
Independent practice setting	3	3
Other	3	0

Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.