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Denver Health

Doctoral Psychology Internship  
Program

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Brochure and Policies  
December 2017

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

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

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Fully accredited since 1980

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## **INTRODUCTION**

The mission of the Denver Health Doctoral Psychology Internship Program is to produce highly skilled doctoral-level clinicians with a strong professional identity as psychologists. We provide outstanding clinical training and supervision in a non-profit public 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 addition to active learning through a core clinical curriculum that includes psychotherapy, psychological assessment, and acute psychopathology, psychology interns develop an early career area of expertise through participation on a multidisciplinary team of professionals. The internship is highly experiential, with interns immersed as fully functioning clinicians on multidisciplinary 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 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. Interns 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. Interns are encouraged to develop their own clinical approach within this overall framework. Faculty members are practicing clinicians within multidisciplinary 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 knowledge of and respect for diversity, as well as continued learning and growth, as core values of professional identity. Interns bring their own knowledge and skills from a variety of strong doctoral programs. There is an expectation that interns will learn from each other and that the faculty will also benefit and grow professionally. The environment is one of teamwork and professional collaboration.

Assessment and treatment are provided on multidisciplinary teams with psychology using a developmental biopsychosocial model as an overarching framework. Psychology interns have frequent opportunities to interact with medical trainees as well as with trainees in nursing, social work, and other professions. Consideration of psychological and social functioning 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. Life span developmental models as well as applied understanding of cultural and individual diversity also bring valuable perspectives for many patients and populations. The Internship Program provides a core clinical curriculum in assessment and treatment, but can usually be flexible to meet the training needs of individual interns.

## ***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 42% Caucasian, 37% Hispanic, 14% Black, 3% Asian, 1% Native American, and 3% as Other or multi-racial. The population is largely low-income and experiences high rates of poverty-related stress. Denver Health employees receive yearly training on Cultural Diversity, Medical Interpretation and Translation Service, Understanding Sexual Harassment and Domestic Violence and Elder Abuse. Internship seminars also cover 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. At the same time, we remain mindful that while an individual may have membership in certain identified groups, everyone should be approached as an individual who may or may not fit exactly with the “average” characteristics of individuals in these groups.

## ***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 multidisciplinary teams:** Interns 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 Psychiatric Consult-Liaison Service and in the Psychiatric Emergency Service.
3. **Psychological or neuropsychological assessment:** Interns provide testing, scoring, and interpretation of standardized psychological assessments with adult or pediatric patients referred from a variety of services.
4. **Didactic seminars:** Interns participate as a cohort in seminars that include Psychiatric Grand Rounds at the University of Colorado School of Medicine, foundational training in areas such as Psychopharmacology, Working in Medical Settings and Self-Awareness, as well as on going presentations relevant to working with the Denver Health populations and the clinical rotations through which the psychology interns rotate.

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

Denver Health offers clinical focus areas through three internship tracks, each with its own unique match number:

**Adult Psychology (two positions)**

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

**Integrated Care – Women’s Care (one position)**

The **Adult Psychology** track focuses on the provision of psychotherapeutic services across a wide range of psychiatric disorders as part of the Outpatient Adult Mental Health team. The Adult track interns also rotate through the Psychiatric Consult Liaison service and the Adult Inpatient Psychiatric Unit for three months each. Testing experience is acquired with the Neuropsychology Service.

The **Child and Adolescent Psychology** interns 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 interns rotating through both the Inpatient Adolescent Psychiatric Unit, pediatric primary care, and the Psychiatric Emergency Service.

On the **Integrated Care – Women’s Care** track, the intern provides integrated behavioral health care in the Women’s Care OB/GYN Clinic. This position also rotates one day per week through the Psychiatric Consult Liaison Service for one quarter and with the Neuropsychology Services one day per week for six months.

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 diagnosis patients (psychiatric, substance, and medical).

In addition, the internship is usually able to allow time for at least one elective experience during the internship year. Elective options may include Oncology, Assessment for Bariatric Surgery, or in other medical specialty areas, depending on availability and supervision. A research elective is also possible. 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 intern, 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. The intern is considered a developing clinician who brings skills, but can also 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 individual supervisors or through the multidisciplinary team.

Interns are closely supervised at the beginning of clinical rotations, including direct observation of interactions with patients. Interns have increasing autonomy as they demonstrate clinical abilities during the rotation and during the year. Elective experiences also receive clinical supervision. Peer supervision may also be an effective learning tool and interns 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 interns, 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 and outpatient medical clinics, inpatient psychiatric care, outpatient mental health, 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 partial batteries.
6. Participation on multidisciplinary teams including physicians, nurses, and social workers.
7. Clinical work with dual diagnosis patients (i.e. mental health, medical, and/or substance use).
8. Interaction with multi-disciplinary 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 interns work, given the individual intern's experience and training needs.
10. Opportunities to teach and to learn from medical students, interns, and residents, as well as other professional trainees.

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

## ***Goals, Expectations, and Assessment Methodology***

### **Goals:**

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

1. Achieve doctoral-level professionalism as a Psychologist in behavior and comportsment, application of individual and cultural diversity knowledge and skills, application of ethical, legal and professional standards, reflective practice and self-assessment, and interpersonal relationships with clients, colleagues, and co-workers.
2. Achieve doctoral-level competence in effective professional functioning within complex healthcare systems, including interprofessional collaboration, knowledge of systems and other professions, and the provision of consultation services.
3. Achieve doctoral-level competence in the integrated application of clinical expertise, research findings, and relevant issues of cultural and individual diversity to the practice of intervention across a broad range of presenting problems, diagnoses, treatment settings, and levels of acuity.
4. Achieve doctoral-level competence in the integrated application of clinical expertise, research findings, and relevant issues of cultural and individual diversity to the practice of diagnostic assessment and case conceptualization, as well as standardized psychological and cognitive assessment.
5. Achieve intermediate doctoral-level knowledge and a beginning level of clinical expertise in one of the three focus areas of the Denver Health Doctoral Psychology Internship: Integrated Care, Adult Psychology, or Child and Adolescent Psychology.
6. Achieve doctoral-level knowledge of supervision models and practices and demonstrate understanding of how these would be applied independently in appropriate situations.

7. Achieve doctoral-level knowledge of program evaluation models and strategies, as well as research knowledge and methods, and demonstrate understanding of how these would be applied independently in appropriate situations.

### **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 test batteries or the equivalent as agreed on by the faculty.
4. Three seminar presentations, including at least two clinical case presentations and one didactic presentation.
5. Participation in a minimum of 120 hours of didactic training.
6. Final evaluation of “3 = Meets Expectations” or higher on each of the seven goals. The student’s performance meets expectations for his/her level of training.

### **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.
- Intern case conceptualization presentations to the clinical team and to the cohort.
- Formative Review of Goals & Progress completed monthly during supervision.
- 360 degree feedback completed by colleagues and coworkers.

#### **Summative Assessment Methodology:**

- Weekly Hours Tracking Report (reviewed with and signed by supervisor and turned in monthly).
- Psychology Resident Formal Summative Evaluation Forms for Goals 1 (Professionalism), 2 (Interdisciplinary Collaboration), Goal 3 (Intervention), and Goal 5 (Specialty Area) are completed by supervisors at three, six, nine, and twelve months. Forms for Goal 4 (Assessment) are completed only in quarters in which the trainee is acquiring experience with formal psychological assessment. Forms for Goals 6 (Supervision) and 7 (Program Evaluation and Research) are completed at six months and at twelve months.

### ***Psychology Internship Faculty***

Major rotation supervisors are licensed psychologists who are members of the Denver Health Medical Staff. Licensed Physicians 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 both their internship and their postdoctoral year at Denver Health and others did their postdoctoral training year at our institution. Opportunities for postdoctoral positions at Denver Health have generally been *ad hoc* rather than formal postdoctoral fellowships. For several years Denver Health has been a half-time clinical placement for a formal postdoctoral fellowship in integrated primary care offered through the Colorado Health Foundation.

## **CLINICAL ROTATION DESCRIPTIONS**

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

The Outpatient Adult Mental Health Team is a multidisciplinary service that includes psychologists, psychiatrists, advanced practice nurses, and clinical social workers. The service provides assessment and psychotherapy to adults with a wide variety of psychiatric conditions that affect their daily living. The intern typically carries a large caseload and provides psychotherapeutic services as well as case management services. Interns may provide conjoint or group therapy but individual treatment constitutes the bulk of the clinical work. Interns may continue to treat patients they evaluated after the intake or may assist in referring to other appropriate services and locations. Patients also frequently have substance use problems and/or medical diagnoses that need to be included in the treatment plan. Psychological and neuropsychological evaluations are provided on a consultative basis. Prescribers are available for medication consultation and management on this service, and 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 intern's needs.

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

During these rotations, interns will have a split experience, with three months on the Adult Inpatient Psychiatric Unit and three months on the Psychiatric Consult-Liaison Service.

While on the Adult Inpatient Psychiatric part of this rotation, interns work with patients who have major psychiatric disorders (including bipolar disorder, schizophrenia, and major depression with or without psychosis) and/or substance use disorders. Many patients are admitted with psychosis and/or suicidal urges or behavior. The average length of stay is brief, sometimes less than a week.

The psychology intern 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 testing may also be provided to assess intellectual functioning, assist in differential diagnosis, or to determine a patient's personality and character structure.

The intern 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.

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

Psychiatric consult/liaison referrals are made when psychiatric issues affect patient presentation or management for inpatient medical patients. 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 intern 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 intern 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. There are some opportunities for brief psychotherapy. Neuropsychological evaluations are provided by the intern when C/L cases require further objective evaluation. These evaluations will consist of brief screening batteries that can be completed, scored and reported to the medical team on an expedited basis.

### ***Child and Adolescent Outpatient Mental Health Service***

The Outpatient Child and Adolescent team provides psychological evaluation and therapy for children, adolescents, and families. The team consists of psychologists, psychiatrists, a clinical nurse specialist, and social workers in addition to the trainees. The intern is an integral member of the team and is involved in all levels of treatment as well as general team functions. Patients are thoroughly evaluated at intake. The patient is then referred for a medication evaluation as needed and provided with outpatient psychotherapy services as appropriate.

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). Therapy modalities include individual, family, and parenting interventions. 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, Alternatives for Families CBT, and Dialectical Behavior Therapy (DBT).

Interpretation services are available and often utilized. Common diagnoses include mood disorders, anxiety, PTSD, ADHD, and disruptive behaviors. Case coordination and consultation are provided through communication with physicians, school personnel, and other individuals involved in the lives of the children. Psychological testing may be completed as part of the major rotation or as an elective. Prescribers are a resource for consultation and medication evaluations.

### ***Pediatric Integrated Primary Care***

Psychology interns will provide a wide range of behavioral health services at the pediatric primary care clinic, including warm handoffs between medical providers and patients, brief assessment, crisis management, brief treatment, parenting education/interventions, and curbside consultation with medical providers regarding challenging patient presentations. Depending on patient needs, interns 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 intern will participate in the clinic-wide postpartum depression and anxiety screening and triage process. Interns will have the opportunity to shadow licensed psychologists during their time in the clinic and consult with a variety of multidisciplinary teams embedded within the primary care clinic (e.g., pediatric neurology clinic).

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

Interns on the Child & Adolescent Psychology rotation will also provide services on the Adolescent Inpatient Psychiatry Unit. The adolescent unit is presently a 21-bed unit serving youth aged 8-17. 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.

Treatment staff consists of attending psychiatrists, resident psychiatrists, psychiatric nurse practitioners, social workers, psychologists, occupational therapists, and nurses. Patients are provided individual, family, and group therapy. Individual and group therapy occurs daily and most patients participate in 2-3 family therapy sessions during their admission. Patients attend school daily from a teacher certified in special education. Patients also participate in daily occupational therapy sessions. Psychological testing is administered to patients who are referred by their attending psychiatrist.

While rotating on the unit, interns co-lead Dialectical Behavior Therapy (DBT) groups with the supervising psychologist. DBT material must be heavily modified to meet the intellectual and developmental needs of our patient population, and interns are expected to be involved in the modification of material, both in advance of the session and as the session is progressing. Interns also administer psychological testing as directed by the supervisor, and they will score, interpret, and provide testing feedback to the treatment team, patient, and family. Possible referral questions include cognitive functioning, personality structure, general diagnostic clarification, psychosis, and Autism Spectrum Disorders.

## ***Integrated Care – Women’s Care Clinic***

This is a grant funded position through the Walton Family Foundation. The focus is on assessment, intervention and consultation in an integrated primary care/OB-Gyn setting with underserved women under the supervision and mentorship of experienced women’s care psychologists. The position will provide assessment and treatment before, in and after pregnancy, as well as in high risk medical situations of women seeking their care through our Women’s Care Clinic. The position will also assist the psychologist and grant-MD Principal Investigator with patient tracking, data collection and clinical research. Salary and benefits will be consistent with Denver Health’s other internship positions

Sessions are generally conducted in medical treatment rooms. Interns will be taught how to quickly triage for a variety of clinical presentations, provide brief assessment and interventions as able for any presenting condition, handle crises as they arise, and collaborate efficiently with medical providers. Common interventions appropriate for this brief-treatment setting include Supportive Psychotherapy, Cognitive Behavioral Therapy, Motivational Interviewing, Solution-Focused Psychotherapy, etc. Other interventions may be used as appropriate based on intern and/or supervisor experience.

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

Some residents will rotate through the Psychiatric Emergency Service (PES) during the internship year. The PES is a self-contained unit adjacent to the Denver Health Medical Emergency Room. Interns commit to a full day in the PES which includes the psychiatric/Alcohol/Drug Emergency Services and the Mobile Crisis Team. The psychology intern will work with professional staff (psychiatrists, medical interns, nurses, and psychologists), will evaluate cases, provide crisis interventions and arrange dispositions. The intern will also 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 intern will learn how to do rapid emergency evaluations and refine their clinical decision making skills.

Intern will receive close supervision by the attending psychiatrist, with a licensed psychologist available when needed.

## ***Neuropsychology***

On the neuropsychology rotation, interns will have the opportunity to perform in-depth neurocognitive evaluations with 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 (inpatient and outpatient), neurology, rehabilitation, Denver CARES (substance abuse treatment), medical units within the hospital, and other outpatient medical services. Interns will learn a traditional, comprehensive neuropsychological battery and gain increasing autonomy as they demonstrate mastery over interviewing and test administration. Interns will further develop their skills in case conceptualization and report writing through collaboration with the supervising neuropsychologist.

## **ELECTIVE EXPERIENCES**

Denver Health is a large and diverse medical center with several opportunities for elective experiences. The faculty aims to support the interns in meeting their training objectives and in obtaining specialty training experiences without becoming overextended. Our interns consistently let us know that the elective opportunities and the flexibility we give our interns in their elective selections is a notable strength of the Denver Health internship. Although the availability of electives can vary somewhat from year to year depending on the availability of supervision, interns can usually choose from the following electives:

### ***Health Psychology Electives***

#### ***Oncology Fellows Clinic/Oncology Breast Clinic***

In the Oncology Fellows Clinic as well as in the Breast Clinic, the psychology intern serves as a consultant for one half day per week providing integrated care to hematology/oncology 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.

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

The psychology intern works with the supervising psychologist to conduct pre-surgical evaluations with patients to determine candidacy for bariatric surgery. The intern 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 interns have conducted pre or post-operative bariatric support groups.

## ***Research Elective***

Although supervised clinical experience is the primary focus of the Denver Health Internship, participation in research can possibly be supported for interested program participants. Interns in recent cohorts have joined existing research teams at Denver Health and have established successful collaborative research relationships. Several peer reviewed publications have been generated and have been helpful in obtaining postdoctoral fellowships with a strong research component. There are active pediatric research groups in adolescent substance use. There is also a research initiative for diabetes prevention. Research teams are multidisciplinary and may be led by a physician.

Requests for a research elective should be submitted in writing to the Training Director and should include the nature of the project, the mentor and the time requested (generally between four and eight hours per week). The Training Director will present this plan to the psychology faculty for approval. Please note that interns generally are not able to use the Denver Health population to recruit participants for their own research studies or for their dissertation.

## **DIDACTIC TRAINING**

One half-day per week is reserved for didactics and a wide range of learning experiences is provided. 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 closed circuit TV, 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.

Denver Health psychologists provide presentations on evidence-based interventions, health psychology, psychological and neuropsychological assessment, adult and child psychology, diversity and supervision. There are presentations about Colorado regulations and legal procedures, and there are also two to three presentations per year about ethical issues. Finally, the interns themselves are expected to contribute clinical case presentations as well as didactic presentations to their fellow interns and to interested faculty members.

## **SUPERVISION**

Each intern 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 multidisciplinary team 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 intern is working. A physician or licensed mental health practitioner might provide onsite supervision on some days in particular rotations (e.g. the Psychiatric Emergency Service and the Psychiatric Consult-Liaison Service). In this case, a psychologist is also assigned as a supervisor for issues that warrant input. The interns also meet "as needed" or "curbside" with their supervisors, and the Training Director is also available for consultation regarding issues or cases. Supervisors are always available by cell phone or by pager.

## SALARIES AND BENEFITS

Five intern positions are currently budgeted according to specific tracks as noted above. The institution has nondiscriminatory policies and practices in recruitment and retention of interns and staff. Diversity consistent with the population served at Denver Health is valued. Denver Health generally receives about forty completed applications per position annually, from which about seven or eight per position are selected to attend on-site interviews with the faculty and current interns.

On-site interviews allow the applicant to tour the facility and to meet the Chief/Training Director as well as the other faculty members. The interviews give our faculty the opportunity to observe responses to our questions and interpersonal interactions.

The intern salary is currently \$25,292.80. As an employee of Denver Health there are also first-rate benefits, which include the following:

- **7 Paid Holidays:** New Year's Day, Martin Luther King Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.
- **Paid Time Off (PTO):** These include 160 hours of 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. PTO may also be restricted at change of rotation time or in the last two weeks of the internship year. Any time off is subject to the prior approval of the clinical supervisor, the unit manager, and the Training Director. The program requires one year of full-time employment for graduation; any unused PTO is paid out at the end of the internship year. Three days of administrative leave to attend graduation, dissertation defense, or conferences are available.
- **Medical, Dental & Insurance Programs:** Health, vision, and dental insurance coverage is provided at competitive rates, with family coverage available. Life insurance and disability coverage are provided at no cost to the intern. Professional liability coverage is provided and paid for by Denver Health.
- **Flexible Spending Accounts:** A benefit-eligible employee may use pre-tax dollars to pay for dependent care expenses, certain parking and transportation expenses, and uninsured medical/dental/vision expenses.
- **401(a) Retirement Plan (Mandatory):** Instead of paying into Social Security, Denver Health has created this self-directed retirement plan which deducts, pre-tax, 6.2% of your earnings automatically (up to annual IRS Limits) and you may invest these dollars into a variety of Fidelity funds. **Denver Health Basic Contribution** contributes 3% of earnings (up to Social Security limits) into your plan.
- **401(a) DH Enhanced Contribution:** DH provides an additional 3% contribution to the mandatory 401(a) plan for employees who are benefit-eligible (0.5 FTE or greater). These contributions are 100% vested with 3 years of employment with DH, for employees hired after August 22, 2015.
- **457(b) Deferred Compensation Plan (Optional):** Denver Health also offers this voluntary supplemental retirement plan, which allows employees to invest more pre-tax dollars, up to \$17,500. Other percentage limits of compensation will apply. Refer to the plan document for actual limits. A variety of Fidelity funds are available to meet your investment needs.

- **RTD Eco Pass:** Denver Health benefit-eligible employees working on the main DHHA campus, Denver CARES, 938 Bannock and at 990 Bannock are eligible to enroll in RTD's Eco Pass program.
- **Box Office & Discounts:** Discounted prices on entertainment, sporting events, restaurants, hotels, athletic clubs/spas, cell phones, Dell PC's, Microsoft software, WaterWorld, Elitch Gardens, Renaissance Festival, auto maintenance, etc. Box Office located on the Pulse under Employee Benefits.

## **ADMINISTRATIVE AND TECHNICAL SUPPORT**

Administrative support for interns and for the internship is provided by Denver Health and by Behavioral Health Services. Human Resources works with interns after the APPIC Match to guide new interns through the Denver Health employment system and to complete background checks and health screens so that all interns 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 interns throughout the year if any additional administrative issues arise.

All interns are provided with work space 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. Interns 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.

## **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. There are currently five internship positions, four funded through the Department of Behavioral Health Services and an additional position funded through a grant from the Walton Family Foundation that supports integrated psychology training in the Women's Care Clinic

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 and was awarded seven years full accreditation in 2011. 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 administered by the Chief Psychologist and Training Director together with 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 2018 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 intern applicant.

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

**117311 Integrated Care – Women’s Care (one position)**

**117313 Adult Psychology (two positions)**

**117314 Child/Adolescent Psychology (two positions)**

**Please note:** Applicants should apply to one and only one of these internship match programs.

<p><b>For the 2018-2019 year, the Rank Order List Submission Deadline for Phase I is February 7, 2018. Match results will be released February 23, 2018.</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 13, 2018 and ending August 9, 2019. **Please anticipate and plan ahead to the end of the internship year regarding your university or program graduation plans.** If you successfully complete all internship program requirements, a letter will be sent to your program by August 14, 2019.

### *Selection Criteria and Application Process*

A minimum of 600 hours of completed practicum training (at least 50 assessment hours) and four completed testing batteries are required by application submission. Research 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:

- Medical systems
- Low income populations
- Ethnically diverse populations
- Serious mental illness

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 intern-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 two members of the selection committee. Six to eight applicants per position are invited to attend an on-site interview based on the in-depth reviews.

The on-site interview is strongly encouraged. Applicants will be notified if they are invited to interview by December 15th. Interviews will be held late in December or in January. Interviews last about five hours, and typically include a tour, a meeting with the all of the faculty, individual interviews, and time with current residents.

**Deadline: All application materials must be available for review via the on-line APPIC system by November 1, 2017.**

Psychology residents at DHMC are full-time employees. Employment at DHMC is contingent upon the applicant satisfying certain other eligibility requirements. An applicant for employment, prior to beginning employment, must have a recent/current TB test, pass a physical exam, and show that all immunizations are current. Also, the applicant is asked to give authorization for DHMC to complete a consumer background and criminal investigative report. To do all of this BEFORE the match on would be logistically and cost prohibitive, and could not be done in time to submit rankings. Thus, 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.***

**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; PolicyStat ID: 2120619) 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 2009-2018

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)

## DENVER HEALTH 2015 FACTS & FIGURES

Founded on the banks of Cherry Creek in 1860, Denver Health reflects the historical mission of our nation's public safety net hospitals.

Denver Health integrates acute hospital and emergency care with public and community health to deliver preventive, primary and acute care services. This integration promotes continuity of care for each patient. Integration also assures health care that is delivered in the most efficient, cost-effective setting. Denver Health cares for almost one-third of Denver County's population annually, and treats 66,000 children each year.

Denver Health cares for:

- The special health needs of the entire population with services ranging from trauma care to the Rocky Mountain Poison and Drug Center;
- The needs of special populations such as the poor, uninsured, pregnant teens, persons addicted to alcohol and other substances, victims of violence, the homeless, and those with AIDS.

### Denver Health Medical Center

Denver Health Medical Center (DHMC) is Denver Health's acute care hospital. With 525-licensed beds, DHMC is one of the state's busiest hospitals with more than 25,000 admissions annually.

### Rocky Mountain Regional Trauma Center

Denver Health Medical Center is home to the Rocky Mountain Regional Trauma Center (RMRTC), 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 2015, Denver Health paramedics responded to more than 100,000 calls for emergency medical assistance and transported more than 70,000 patients to 12 area hospitals.

### Community Health Services

Denver Health's Community Health Services managed 477,271 visits in 2015.

**Family Health Centers** — 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.

### 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. In addition, the Center's staff of toxicologists cares for seriously ill patients in the hospital. RMPDC answered 158,862 calls in 2015

Through Denver Health's 24-hour NurseLine, more than 170,000 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 28,000 detoxifying episodes in 2015.

### 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 Medical Center**

Total Inpatient Admissions.....	25,532
Total Babies Delivered.....	3,413
Total Inpatient Surgeries.....	4,127
Total Outpatient Surgeries.....	6,924

**Emergency Medical Services**

Responded to 911 Medical Emergency Calls....	104,524
Patients Transported to Area Hospitals (12).....	70,734
Emergency Department Encounters.....	59,406
Denver Emergency Center for Children Visits...	26,712
Adult Urgent Care Clinic Visits.....	38,864
Total Emergency/Urgent Care Visits.....	124,982

**Rocky Mountain Regional Trauma Center**

Pediatric Trauma .....	170
Adult Trauma .....	2,240
Total Trauma Admissions .....	2,410

**Behavioral Health Services**

Adults .....	1,212
Pediatrics .....	613
Total Admissions .....	1,825

**Occupational Health and Safety**

Worker's Compensation .....	5,572
Non-worker's Compensation .....	20,129
Total Patient Visits .....	25,701

**Rocky Mountain Poison and Drug Center**

Total Human Exposures .....	93,258
Human Exposures Involving Children	
Age 19 and Under .....	51,012
Human Exposures Involving Children	
Age 5 and Under.....	38,949
Human Exposures Managed	
Onsite/Non-health Care Facility .....	63,086
Total Calls .....	158,862

**Denver Health Nurseline**

Total Calls .....	171,101
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**Community Health Services**

Clinic Visits .....	391,761
Dental Services .....	47,611
Mental Health .....	32,438
Case Management/Community Education.....	5,461
Total Patient Visits .....	477,271

**Specialty Care Clinics**

Medical Specialty Division .....	19,584
Surgery Clinic .....	10,591
Orthopedic Clinic .....	19,453
Urology Clinic.....	3,066
Eye Clinic .....	20,769
Ear, Nose and Throat Clinic .....	5,254
Total Denver Health Specialty Care Patient	
Visits.....	78,717
Physical Therapy Encounters .....	118,345
Nutrition and WIC Visits .....	60,868

**Denver Public Health Clinics**

Immunization and Travel Clinic .....	10,908
Infectious Disease/AIDS Clinic.....	16,875
Metro Health (STD) Clinic .....	15,515
Tuberculosis Clinic .....	21,754
Total Patient Visits .....	65,052

**Denver CARES Community Detoxification**

Detoxification Episodes .....	28,403
DUI Episodes .....	813
Total Encounters .....	29,216

**Additional Denver Health Figures**

Birth Certificate Copies Issued .....	28,367
Death Certificate Copies Issued .....	33,365
Inpatient Meals Served .....	629,800
Laboratory Tests Performed .....	1,727,332
Medical Imaging Diagnostic Exams (X-rays) ...	190,176
Outpatient Prescriptions Filled .....	790,231
Pounds of Laundry Processed .....	3,751,579
Volunteer Hours .....	28,394

## **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 Denver metro area has grown rapidly in recent years, with an estimated 2016 population of 3,470,235. 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 sixth 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, including the Superbowl XXXII and XXXIII Champion Denver Broncos in football and the 2001 & 1996 Stanley Cup Champion Colorado Avalanche in hockey. 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.*

### ***Population***

The City and County of Denver had over 680,000 people as of July 2015. The metro area has high rates of high school and college graduates, and 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 the City and County of Denver is quite diverse: 11.1 % African American, 31.7% Hispanic, 2.8% Asian American, and 1.3% Native American.

### ***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. Denver really is exactly one mile high. The fifteenth step on the west side of the State Capitol is 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. The sun shines about 300 days a year -- far more annual hours than San Diego or Miami Beach. The metro area receives only 15 inches of precipitation a year -- about the same as Los Angeles. 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 Indian summer 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 throughout the area. 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 <http://www.denver.org/visitors/index.asp> for additional information.

**APPENDIX A. MAJOR ROTATION & ELECTIVE HOURS SAMPLES**

<b>Adult Psychology: Resident #1</b>			
<i>Quarter 1</i>	<i>Quarter 2</i>	<i>Quarter 3</i>	<i>Quarter 4</i>
24 Outpatient Adult MH 8 Neuropsychology 4 Special Projects 4 Didactics	24 Outpatient Adult MH 8 Neuropsychology 4 Special Projects 4 Didactics	20 Inpatient Adult Psych 8 Outpatient Adult MH 4 Special Projects 4 Elective 4 Didactics	28 Consult Liaison Psych 8 Outpatient Adult MH 4 Didactics

<b>Adult Psychology: Resident #2</b>			
<i>Quarter 1</i>	<i>Quarter 2</i>	<i>Quarter 3</i>	<i>Quarter 4</i>
24 Inpatient Adult Psych 8 Outpatient Adult MH 4 Special Projects 4 Didactics	28 Consult Liaison Psych 8 Outpatient Adult MH 4 Didactics	24 Outpatient Adult MH 8 Neuropsychology 4 Special Projects 4 Didactics	20 Outpatient Adult MH 8 Neuropsychology 4 Special Projects 4 Elective 4 Didactics

<b>Child &amp; Adolescent Psychology: Resident #1</b>			
<i>Quarter 1</i>	<i>Quarter 2</i>	<i>Quarter 3</i>	<i>Quarter 4</i>
20 Outpatient Child MH 8 Inpatient Adolescent 8 PES 4 Didactics	20 Outpatient Child MH 8 Inpatient Adolescent 8 Special Projects 4 Didactics	20 Outpatient Child MH 8 Peds Primary Care 8 Special Projects 4 Didactics	12 Outpatient Child MH 8 Peds Primary Care 8 Special Projects 8 Elective 4 Didactics

<b>Child &amp; Adolescent Psychology: Resident #2</b>			
<i>Quarter 1</i>	<i>Quarter 2</i>	<i>Quarter 3</i>	<i>Quarter 4</i>
20 Outpatient Child MH 8 Peds Primary Care 8 Special Projects 4 Didactics	20 Outpatient Child MH 8 Peds Primary Care 8 Special Projects 4 Didactics	20 Outpatient Child MH 8 Inpatient Adolescent 8 Special Projects 4 Didactics	12 Outpatient Child MH 8 PES 8 Elective 8 TBD 4 Didactics

<b>Women's Care Clinic Resident</b>			
<b><i>Quarter 1</i></b>	<b><i>Quarter 2</i></b>	<b><i>Quarter 3</i></b>	<b><i>Quarter 4</i></b>
24 Women's Care Clinic 8 Neuropsychology 4 Research 4 Didactics	24 Women's Care Clinic 8 Neuropsychology 4 Research 4 Didactics	24 Women's Care Clinic 8 Consult Liaison or PES 4 Research 4 Didactics	24 Women's Care Clinic 8 Elective 4 Research 4 Didactics

## APPENDIX B. PROGRAM GOALS, OBJECTIVES, COMPETENCIES, AND EXPECTATIONS

- I. Goals 1 – 5 of the Formal Summative Evaluation are to be completed every quarter of the internship rotation: November, February, May, and August (except where noted).
- II. Supervisors are responsible for the following goals:
  - A. **Goals #1 and #2 (Professionalism & Interdisciplinary Collaboration)**: Completed by all clinical supervisors.
  - B. **Goal #3 (Intervention)**: Completed by one supervisor for each clinical intervention rotation.
  - C. **Goal #4 (Assessment)**: Completed by one supervisor on every clinical assessment rotation.
  - D. **Goal #5 (Specialty)**: Completed by primary supervisor for identified area of focus (Health, Adult, or Child).
    1. Comments can be included in either Goal #3 or Goal #5 evaluation.
  - E. **Goal #6 (Supervision)**: Completed by Supervision Seminar Leader.
    1. Goal #6 is only completed twice during the rotation year, at 6 months and 12 months (February and August).
  - F. **Goal #7 (Research)**: Completed by Training Director or Training Committee appointee.
    1. Goal #7 is only completed twice during the rotation year, at 6 months and 12 months (February and August).
- III. Each **Goal** should be rated according to the following scale:
  - A. **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.
  - B. **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.
  - C. **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.
  - D. **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.
  - E. **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.
- IV. Each **Objective and Competency** should be rated according to the following scale:
  - A. 1 = Problematic
  - B. 2 = Partially Demonstrates
  - C. 3 = Demonstrates
  - D. If you have not had the opportunity to observe a behavior in question, please indicate this by selecting “No Opportunity to Observe” [N/O].

### **Goal 1: Professionalism and Identification as a Psychologist**

Achieve doctoral-level professionalism as a Psychologist in behavior and comportsment, application of individual and cultural diversity knowledge and skills, application of ethical, legal and professional standards, reflective practice and self-assessment, and interpersonal relationships with clients, colleagues, and co-workers.

### **Objectives**

- ***Integrity and Deportment***: Conducts self in a professional manner across settings and situations.

- ***Individual and Cultural Diversity:*** Demonstrates awareness, sensitivity, and skills in working professionally with diverse individuals, groups, and communities, who represent various cultural and personal backgrounds and characteristics defined broadly and consistent with APA policy.
- ***Ethical Legal Standards and Policy:*** Applies ethical concepts and awareness of legal issues regarding professional activities with clients, co-workers, team members, and the internal/external Denver Health community.
- ***Reflective Practice, Self-Assessment and Self-Care:*** Demonstrates personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.
- ***Relationships:*** Relates effectively and meaningfully with clients, co-workers, team members, and the internal/external Denver Health community.

### **Competencies**

- Displays honesty, personal responsibility, and adherence to professional values.
- Applies knowledge, skills, and attitudes regarding dimensions of diversity to professional work.
- Demonstrates advanced knowledge and application of the APA Ethical Principles and Code of Conduct and other relevant ethical, legal, and professional standards and guidelines in the State of Colorado.
- Monitors and evaluates attitudes, values, and beliefs towards diverse others; systematically and effectively monitors and adjusts professional performance as situation requires.
- Anticipates and self-identifies disruptions in personal functioning. Seeks supervision when personal problem may interfere with professional functioning.
- Seeks supervision when working with client problems for which s/he has limited experience to ensure competence of services.
- Develops and maintains effective relationships with a wide range of clients, colleagues, organizations, and communities.
- Verbal, nonverbal, and written communications are informative, articulate, succinct, sophisticated, and well-integrated; demonstrates thorough grasp of professional language and concepts.

### **Goal 2: Interdisciplinary Systems and Multidisciplinary Collaboration**

Achieve doctoral-level competence in effective professional functioning within complex healthcare systems, including interprofessional collaboration, knowledge of systems and other professions, and the provision of consultation services.

### **Objectives**

- ***Effective Multidisciplinary Healthcare Team Functioning:*** Knowledge of key issues and concepts in related healthcare disciplines. Able to identify and interact with professionals in multiple disciplines.
- ***Knowledge of Healthcare Systems:*** Achieve basic knowledge of systems issues in healthcare.
- ***Role of Consultant:*** Provides expert guidance or professional assistance in response to a consultation request.

### **Competencies**

- Demonstrates intermediate level knowledge of common and distinctive roles of other professionals.
- Demonstrates awareness of differing worldviews, roles, and professional standards in healthcare professions.
- Demonstrates ability to work effectively as an interdisciplinary team member.

- Articulates basic knowledge of current healthcare systems issues and how these are relevant to Health Service Psychology.
- Determines situations that require different consultative role functions and shifts roles accordingly.
- Provides verbal feedback to consultee of results and offers appropriate recommendations.

### **Goal 3: Intervention Planning, Implementation and Evaluation**

Achieve doctoral-level competence in the integrated application of clinical expertise, research findings, and relevant issues of cultural and individual diversity to the practice of intervention across a broad range of presenting problems, diagnoses, treatment settings, and levels of acuity.

#### **Objectives**

- ***Intervention Planning:*** Independently plans interventions; case conceptualizations and intervention plans are specific to case and context.
- ***Intervention Skills:*** Displays clinical skills with a wide variety of clients and uses good judgment even in unexpected or difficult situations.
- ***Intervention Implementation:*** Implements evidence-based interventions with fidelity to models and with the flexibility to adapt where appropriate.
- ***Progress Evaluation:*** Independently evaluates treatment progress and modifies planning as indicated, even in the absence of established outcome measures.
- ***Crisis Management:*** Demonstrates ability to assess, diagnose, and manage acute psychiatric presentations.

#### **Competencies**

- Selects interventions appropriate for the presenting issues.
- Intervention work takes into account the larger life context, including diversity issues.
- Manages crises effectively, uses supervision, and able to confront difficult situations.
- Effectively implements a typical range of intervention strategies appropriate to practice setting.
- Collaborates effectively with other treating providers.
- Critically evaluates own performance in the treatment role.
- Effectively and proactively uses supervision; seeks consultation when necessary.

### **Goal 4: Diagnostic and Psychological Assessment, Case Conceptualization and Recommendations**

Achieve doctoral-level competence in the integrated application of clinical expertise, research findings, and relevant issues of cultural and individual diversity to the practice of diagnostic assessment and case conceptualization, as well as standardized psychological and cognitive assessment.

#### **Objectives**

- ***Application of Assessment Methods:*** Selects a variety of assessment tools and administers according to standardized protocols.
- ***Interpretation of Assessment Results:*** Independently integrates results to accurately evaluate presenting question.
- ***Conceptualization and Recommendations:*** Independently and accurately conceptualizes the multiple dimensions of the case based on the results of assessment.
- ***Communication of Assessment Findings:*** Communicates results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner.

### **Competencies**

- Independently and accurately selects, administers, scores, and interprets assessment tools with clinical populations.
- Completes timely and effective documentation of assessment results.
- Assessment includes diagnosis and developmentally appropriate case conceptualization.
- An appropriate treatment plan is developed based on the assessment.

### **Goal 5: Clinical Expertise**

Achieve intermediate doctoral-level knowledge and a beginning level of clinical expertise in one of the three focus areas of the Denver Health Doctoral Psychology Internship: Integrated Care, Adult Psychology, or Child and Adolescent Psychology.

### **Objectives**

- ***Knowledge of Presenting Problems and Diagnoses:*** Participation in assessment work with population for the majority of the internship year.
- ***Knowledge of Scientific and Epidemiological Literature with Population:*** Exposure to relevant literature provided through supervisor and participation with the multidisciplinary team.
- ***Knowledge, Skills, and Abilities in Evidence-Based Interventions:*** Learning and application of interventions relevant with this population.
- ***Knowledge of Empirical Intervention Literature with Population:*** Exposure to relevant literature provided through supervisor and participation with the multidisciplinary team.
- ***Knowledge of Cultural and Individual Diversity Issues in Population:*** Learning and application of diversity knowledge relevant with this population.

### **Competencies**

- Demonstrates knowledge of presenting problems and diagnoses both verbally and in writing.
- Articulates knowledge of scientific and epidemiological literature with this population.
- Demonstrates application of specific intervention skills with this population.
- Articulates knowledge of empirical intervention literature with this population.
- Articulates knowledge of cultural and individual diversity issues in this population.
- Demonstrates advanced case presentation abilities with this population.
- Provides teaching about this population for other professionals or professional trainees.

### **Goal 6: Knowledge of Supervision**

Achieve doctoral-level knowledge of supervision models and practices and demonstrate understanding of how these would be applied independently in appropriate situations.

### **Objectives**

- ***Supervision Expectations and Roles:*** Understands the ethical, legal, and contextual issues of the supervisor role.
- ***Supervision Skills Development:*** Demonstrates knowledge and skills about supervisory role through discussion and practice.

### **Competencies**

- 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.
- Actively engages in discussion about one's clinical relationships with supervisees, as well as supervisees' relationships with their clients.
- Actively engages in opportunities to practice supervisory skills.

### **Goal 7: Knowledge of Program Evaluation and Research**

Achieve doctoral-level knowledge of program evaluation models and strategies, as well as research knowledge and methods, and demonstrate understanding of how these would be applied independently in appropriate situations.

### **Objectives**

- ***Program Evaluation Knowledge***: Demonstrates introductory knowledge of program evaluation in behavioral health and in healthcare systems.
- ***Research Knowledge and Methods***: Understands the relevance of research, research methodology, techniques of data collection and analysis; respect for scientifically derived knowledge.

### **Competencies**

- Actively participates in discussion about program evaluation in behavioral health and in healthcare systems.
- Actively engages in discussion about the biological bases of behavior, the cognitive-affective bases of behavior, and development across the lifespan.

## **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;
- Summative Evaluations; and
- Certificates of internship completion

## APPENDIX D. PSYCHOLOGY FACULTY

**Jodie Benabe, PsyD** is a licensed clinical psychologist at the ACUTE Center for Eating Disorders. Dr. Benabe received her undergraduate degree from Occidental College and her doctorate from Phillips Graduate Institute, which emphasized Multicultural Psychology. She completed her internship at Utah State University and post-doctoral training at Metropolitan State University of Denver, where she founded the annual Higher Education Diversity Summit. She has worked in a variety of settings, including universities, community mental health, residential eating disorder treatment, and with law enforcement. In addition to eating disorders, her clinical interests include trauma, OCD and repetitive body-focused behaviors, and addiction. Her research interests include understanding the role of harm avoidance and reward dependency in eating disorders. Dr. Benabe is also a Child and Family Investigator (CFI) for the Colorado 1st Judicial District.

**Sharnay Brown, PsyD** is a licensed clinical psychologist on Adult Outpatient Behavioral Health Services (OBHS – Adult). Dr. Brown’s professional interests include the treatment of depression, anxiety, Post-Traumatic Stress Disorders, and other trauma-related disorders. Her background includes working with combat trauma, complex trauma, adult survivors of prolonged childhood abuse, and co-occurring substance disorders. 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. She has had experience working in a variety of settings including forensic, outpatient clinics, private practice, inpatient, residential dual diagnosis facilities, and VA hospitals.

**Caroline W. Corrigan, PhD** is a licensed clinical psychologist in the Integrated Primary Care Department. Dr. Corrigan provides a mixture of co-located mental health and integrated primary care at the Level One Physicians Clinic on the main campus. Dr. Corrigan’s interests and expertise include individual and couples psychotherapy, parenting and family relationships, health behavior change, provider self-care and career longevity, and supervision. She facilitates the Resident Cohort Development Group and served as a clinical supervisor for several years.

**Laura M. Cote Gonzalez, PhD** is a licensed clinical psychologist in the Integrated Behavioral Health Department. Dr. Cote Gonzalez provides clinical services at the Southwest Primary Care Clinic and in the Women’s Care Clinic through the Gestational Diabetes Program. Her professional interests include the treatment of depressive, anxiety, and traumatic stress disorders; health behavior change and wellness; culturally-responsive prevention; and bilingual and multicultural training. Dr. Cote Gonzalez collaborates in the development and facilitation of the diversity seminar series for psychology residents. She currently serves as co-chair of the Special Interest Group on Bilingual Issues in Latina/o Mental Health for the National Latina/o Psychological Association (NLPA).

**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.

**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.

**Caitlin Hernandez, PhD** is a licensed clinical psychologist and behavioral health consultant in the Westside Pediatric Primary Care Clinic. She currently leads the Pediatric Consultation Group for the Integrated Behavioral Health team and pursues trainings in the birth to three and perinatal populations. Dr. Hernandez is an Instructor at the University of Colorado School of Medicine, Department of Psychiatry.

**Steven Huett, PhD** is a licensed clinical psychologist on Adult Outpatient Behavioral Health Services (OBHS – Adult). Dr. Huett received his Ph.D. from the School of Psychology at Fuller Theological Seminary in Pasadena, California. Dr. Huett provides psychotherapy services to culturally and diagnostically diverse range of patients. Additionally, Dr. Huett supervises residents and serves on the Assessment Committee. Dr. Huett’s interests include the impact of economics and legislative policy on delivery of care, assessment and inclusion of spiritual, existential and religious variables in therapy, psychodiagnostic evaluations, contemporary psychoanalytic models, and the interfacing of psychology theory with philosophy. Dr. Huett is an Instructor at the University of Colorado School of Medicine, Department of Psychiatry.

**Laura Jacobs, PsyD** is a licensed clinical psychologist and Team Lead on Child & Adolescent Outpatient Behavioral Health Services (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.

**Gillian Lashen, PsyD** is a licensed clinical psychologist and Team Lead at the ACUTE Center for Eating Disorders. Dr. Lashen provides clinical services for patients with severe and life-threatening eating disorders on ACUTE, an inpatient medical unit. Her clinical interests include eating disorders, health and wellness, integrated care, and medical education. Dr. Lashen completed her doctoral internship at Denver Health and earned her PsyD from the University of Denver.

**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.

**Abigail Lockhart, PsyD** is a licensed clinical psychologist in the Integrated Behavioral Health Department. Dr. Lockhart started working at Denver Health in September of 2013 as a Postdoctoral Fellow in Integrated Primary Care Psychology. During this year-long fellowship, she worked at Denver Health’s Lowry Family Health Center, where she was able to focus on providing integrated care to a diverse refugee population, as well as at the Swedish Family Medicine Residency program in Littleton,

CO. Dr. Lockhart then became a full-time Staff Psychologist at the La Casa/Quigg Newton Family Health Center where she provides integrated behavioral health clinical services and supervision for psychology externs and residents.

**KC Lomonaco, PsyD** is a licensed clinical psychologist who specializes in Issues of Social Justice and Diversity, Integrated Primary Care, and Women's Health Issues, including chronic disease management, adjustment to chronic disease, perinatal and postpartum mood disorders, trauma, and health behavior change. She received her doctorate from the University of Denver Graduate School of Professional Psychology in 2008 and has practiced in multiple FQHC clinics and taught both psychology and medical residents as well as in the University of Colorado Medical School since that time.

**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.

**Laura Lovato, PhD** is a licensed clinical psychologist on Adult Outpatient Behavioral Health Services (OBHS-Adult). Dr. Lovato received her degree in Clinical Health Psychology from UNC Charlotte and is credentialed as a National Register Health Service Psychologist. Her professional interests include the treatment of mood disorders, anxiety disorders, relationship concerns, substance disorders, trauma, and loss. She has also had specialized training in management of chronic health conditions, such as diabetes, pain, and degenerative diseases with a focus on the mind-body connection. She has worked in a variety of settings including community health centers, university counseling centers, behavioral health hospitals, and primary care settings.

**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.

**Samantha Monson, PsyD** is a licensed clinical psychologist in the Integrated Behavioral Health Department. Dr. Monson provides clinical and consultative services at Lowry Family Health Center, specializing in refugee mental health. She is on faculty with the psychology residency, supervises a post-doctoral fellow in integrated primary care psychology, and teaches in the family medicine residency. She is also project lead for the Integrated Behavioral Health Academy. Dr. Monson is a Senior Clinical Instructor with the University of Colorado School of Medicine, Department of Family Medicine.

**Jennifer Peraza, PsyD** is a licensed clinical psychologist in neuropsychology at Denver Health and 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.

**Brittany Remmert, PsyD** is a licensed clinical and forensic psychologist on the Adult Inpatient Psychiatry Unit and the Forensic Psychiatry Services at Denver Health. She received her doctorate from the PGSP-Stanford PsyD Consortium with a predoctoral internship at Vanderbilt University and a forensic fellowship at Emory University. Dr. Remmert provides psychological evaluations, consultation, and individual and group therapy to inpatient adults. In addition, she conducts forensic evaluations for the city and county of Denver and is working with the city of Denver to develop a jail-based competency restoration program.

**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 and Psychology Internship Training Director. 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.

**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.

**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.

**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.

## **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 interns 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 an intern's performance or creates an intimidating, hostile or offensive program environment.
- D. All faculty and interns 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 interns at the start of the program and annually for all internship faculty.

### III. PROCEDURES

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

1. Any intern who believes he or she has 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 an intern 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 an intern for reporting, participating in, or assisting with the investigation of a complaint under this policy. Any intern 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 interns 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 intern due process and appeals of decisions about their training as well as procedures for interns 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 interns accepted into our program. The faculty recognizes that the internship year can be stressful and that interns 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 intern to remediate the issue or issues unless illegal or grossly unethical behavior has occurred. However, the program may terminate an intern 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 is also present when there is interference in professional functioning such that the intern 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 intern 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 intern'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 intern performance in weekly supervision, in monthly completion of Formative Reviews, or in quarterly Summative 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 intern 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 be 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 intern about the problematic behavior.
3. The primary supervisor(s) and the Training Director will write and present to the intern a remediation plan to address the problematic behavior(s).
4. The intern 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 intern's graduate program will be provided with written notification.
5. The intern 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 intern 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 intern, supervisor(s) and the Training Director.

The Director of Clinical Training at the intern'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 intern's clinical responsibilities.
6. Recommendation of personal psychotherapy, with the understanding that the intern'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.

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

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

1. Interns may make a formal appeal 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 intern receiving the decision, evaluation or remediation plan. The appeal should include a statement of the reasons the intern is filing the appeal and proposed resolution(s). The intern 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 intern in the appeal process, he or she 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 intern 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 intern. 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 intern 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. 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 intern 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.
5. 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 interns 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 intern complainant is not satisfied with attempts at informal resolution, the complainant may utilize formal grievance procedures. This policy provides procedures for processing intern grievances and to enhance the training environment at Denver Health.

### **III. PROCEDURE**

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

If an intern has a concern or complaint about a general policy or practice in the internship training program that directly impacts the intern's training, he/she should first address this with the immediate supervisor or bring the matter to the attention of the Internship Training Director. Interns 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 an intern is uncomfortable employing informal resolution, the intern 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 intern and two of whom are appointed by the Chair. This Committee will, in a timely fashion, gather information regarding the grievance, inform the intern 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 intern 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 intern 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.

## APPENDIX H. HRSA-FUNDED POSITIONS

In September 2017, the Denver Health Doctoral Psychology Internship was awarded a four-year grant through the Health Services and Resources Administration (HRSA) Bureau of Health Workforce Education and Training (BHWET) Program. This grant provides funding for six additional psychology interns for the next four years, starting with the current APPIC application cycle. Similar to Denver Health's other psychology interns, HRSA-funded interns will receive comprehensive clinical and didactic training across a spectrum of settings, including outpatient behavioral health, integrated care, and acute care. The new area of focus is help for adults and their children who are adversely affected by the opiate epidemic. Four of the six project interns and their supervising psychologists will focus on work with adults and will contribute through evidence-based treatments for co-occurring mental health disorders. Two project interns and their supervisors will provide much needed evidence-based psychological services for dependent children of these afflicted adults, providing child and adolescent psychotherapy, as well as parent management training to promote healthy child development.

This is an exciting opportunity to develop and apply assessment and intervention protocols for a population that currently has very limited access to psychotherapeutic services. The HRSA-funded interns will participate in quality improvement and/or research initiatives related to this expansion of services to a high-need population that represents a critical national health care imperative. The core curriculum, expected experiences during the internship year, goals, mandatory minimum expectations, and the formal and summative assessment methodology will be the same for the HRSA-funded interns as for the non-HRSA positions. Please see these sections of the brochure for detailed information.

Compensation for these HRSA-funded internship positions is \$28,352.00 per year. HRSA psychology interns are also budgeted for \$1,000.00 for conference and travel expenses (unlike our other internship positions). However, since compensation for these positions is provided by stipend rather than salary (per grant requirements), they are not eligible for employee benefits.

Once matched at our site, HRSA-funded interns will be required to sign an Internship Confirmation and Acceptance form (modified from the standard form that has been used by the internship program for several years) by which the intern attests to their commitment to work with vulnerable and underserved persons after graduation.

**In order to be considered, applications must be completed via the APPIC submission portal by Wednesday, November 8, 2017. Applicants should apply to one Denver Health internship track (as was indicated in the brochure instructions).**

Application requirements and preferences are the same as is indicated in the Denver Health brochure, with an additional preference for these positions being given to applicants with prior experience with populations with co-occurring substance use and mental health disorders, or (for the child and family track) with children from these families.

**Per HRSA Policy: Students receiving a stipend in the BHWET Program must be 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 to participate.**

**HRSA Adult Track (four positions)**

*NMS, Inc. Program Code Number: 117312*

Adult patients seen for substance abuse 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. Interns with the Adults in Recovering Families Track 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 abuse and Post-Traumatic Stress Disorder (PTSD). Interns 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 interns in this track the ability to work closely with multidisciplinary teams including primary care, psychiatry, nursing, counseling, and social work. Additional competencies will also be attained in assessment and brief intervention of patients with co-occurring disorders in acute care settings, such as the Psychiatric Emergency Service and the Consult Liaison Psychiatry Service. Interns on this track will also have rotations in integrated primary care.

**HRSA Child and Family Track (Two positions)**

*NMS, Inc. Program Code Number: 117315*

Interns on the **HRSA Child and Family Track** will have a rotation providing assessment and psychotherapy for the children and adolescents in our **Families in Recovery: Support and Therapy for Youth** service. These are kids whose parents are enrolled in substance use disorders treatment at Outpatient Behavioral Health Services or in primary care. Parents may receive treatment with the Opioid Medication-Assisted Treatment or the non-opiate Substance Use Disorders team, and many parents are engaged in treatment with the Women and Family Services team. Interns and supervisors will provide behavioral and parent management therapy, as well as child and family skills training for younger children. Teenagers will be provided with individual or family psychotherapy as is appropriate for the clinical presentation. Trauma-focused cognitive behavioral therapy, as well as other evidence-based and empirically supported treatments, will be taught and practiced by interns.

As with the non-HRSA Child and Adolescent Psychology track positions, the Kids in Recovering Families positions will have clinical rotations on the Inpatient Adolescent Psychiatric Unit, the Psychiatric Emergency Service, and in Integrated Care in one of the school-based Denver Health medical clinics.