Denver Health
Doctoral Psychology Internship Program

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

LAURA JACOBS, PSYD
Associate Director of Internship Training

RACHEL KOVENSKY, PHD
Associate Director of Internship Training

CHRISTIAN THURSTONE, MD
Director, Behavioral Health Services

ABRAHAM NUSSBAUM, MD
Chief Education Officer

READ PIERCE, MD
Chief Medical Officer

DONNA LYNNE, DRPH
Chief Executive Officer

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

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CONTACT INFORMATION

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

Internship program website:
https://www.denverhealth.org/for-professionals/clinical-specialties/behavioral-health/psychology-internship

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

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

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INTRODUCTION

The mission of the Denver Health Doctoral Psychology Internship Program is to foster the growth and

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

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

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

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

THE PSYCHOLOGY INTERNSHIP PROGRAM

Philosophical Model

The Denver Health Doctoral Psychology Internship Program is philosophically grounded in the practitioner-scholar model of professional psychology and accepts students from accredited doctoral

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

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

Individual and Community Experiences

Recognition of and respect for individual and community experiences is central to the mission of Denver Health and to the philosophical framework of the internship training program. Those served at Denver Health come from a variety of backgrounds spanning various identities include race, ethnicity, economic status, gender identity and expression, religion, ability status, and more.

The Psychology Internship works closely with educational and supportive resources throughout the organization to provide high quality didactic and clinical training that meets all Profession Wide Competency areas including Individual and Cultural Diversity. In addition to a didactic series dedicated to multicultural topics, topics related to individual and community experiences are integrated throughout seminars. The Psychology Internship also works closely with the Integrated Behavioral Health training program to plan this seminar series which covers a wide range of relevant issues. Consideration of individual lived experiences is an integral part of all of our major rotations and is included as a regular part of supervision. Our faculty approach clinical and professional work with humility, understanding that individual experiences is nuanced and dynamic.

Program Organization

The Denver Health Doctoral Psychology Internship includes a generalist core curriculum component, an early-career area of specialization chosen through the Match process, and the opportunity to choose

elective experiences in various areas of Denver Health's large medical system.

The core curriculum includes:

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

Denver Health Internship Tracks

Denver Health offers clinical focus areas through several internship tracks, each with its own unique match number. The Denver Health Internship has been awarded the HRSA Graduate Psychology Education (GPE) Program training grant. This grant further expands our training program's efforts to address co-occurring substance use and mental health disorders with underserved patient populations as well as provide training working on interdisciplinary teams. For the 2026-2027 training year, this award will support the training for 6 additional residents for a total of 10 residents across 7 tracks.

Denver Health Operationally Funded:
Adult Psychology (2 positions)
Child & Adolescent Psychology (2 positions)

***HRSA Grant-Funded:**
Adult Compassionate Substance Care (1 position)
Family-Oriented Resilience, Growth, and Empowerment (FORGE) (2 positions)
Adult Integrated Primary Care (1 position)
Adult Neuropsychology (1 position)
Adult Spanish Bilingual (1 position)

***HRSA grant-funded positions.**
Applicants may apply to more than one track. If invited for an interview, applicants may or may not be invited to interview for all tracks for which they applied. Often those who apply to either the Adult Psychology track or the Compassionate Substance Care track are considered for both. Similarly, often those who apply to either the Child and Adolescent Psychology track or the FORGE track are considered for both.

Below is a brief review of each track.

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

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

The HRSA grant-funded **Adult Compassionate Substance Care** track resident will gain experience with the assessment and treatment of individuals with substance use and mental health dual diagnoses including posttraumatic stress disorder in interdisciplinary healthcare and primary care. Rotations are those with exposure to substance use and trauma which may include rotations such as the Denver Health Addiction Recovery Center, Integrated Behavioral Health, Correctional Psychology, Psychiatric Emergency Service, or the Consultation-Liaison service. Assessment is completed on either the ADHD Assessment or Neuropsychology Service.

The HRSA grant-funded **Adult Spanish Bilingual** track resident will complete training in providing culturally and linguistically responsive psychological services that meets the needs of the Spanish speaking community. Training with substance use disorders and integrated, interdisciplinary teams also is emphasized. The resident completes rotations with Spanish bilingual psychology supervisors on the Psychiatry Consultation-Liaison service and Adult Mental Health team. Assessment is completed on either the ADHD Assessment or Neuropsychology Service.

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

The HRSA grant-funded **Adult Integrated Primary Care** track resident has a major focus on Integrated Primary Care at one of Denver Health's Federally Qualified Health Centers (FQHCs). The resident works within interdisciplinary care teams in a primary care setting. The resident also has the opportunity to complete minor or elective experiences from a variety of options.

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

minor or elective experience.

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

Adult Psychology	Adult Compassionate Substance Care	Adult Integrated Primary Care
• **Major rotation:** o AMH (year-long) o Psych C/L *OR* Inpatient Psychiatry	• **Major rotation:** o Corrections *OR* Inpatient Psychiatry *OR* Psych CL	• **Major rotation:** o Integrated primary care (year-long)
• **Minor rotations:** o ADHD or Neuropsychology o Elective(s)	• **Minor rotations:** o DHARC (year-long) o Integrated Primary Care o PES *OR* Addiction CL	• **Minor rotations:** o Elective(s)
Neuropsychology	**Adult Spanish Bilingual**	
• **Major rotation:** o Neuropsychology (full-time first semester) o Corrections *OR* Inpatient Psychiatry *OR* Psych CL	• **Major Rotation:** o AMH (year-long) o Psych CL	
• **Minor rotations:** o Integrated Primary Care o Elective	• **Minor rotations:** o Integrated Primary Care o ADHD or Neuropsychology o Elective	
Child and Adolescent	**FORGE**	
• **Major Rotation:** CMH (year-long)	• **Major Rotation:** o FORGE (year-long)	
• **Minor rotations:** o Elective(s)	• **Minor rotations:** o Elective(s) including the option for STEP	
AMH =- Adult Mental Health; CMH = Child Mental Health; C/L = Consultation-Liaison; DHARC = Denver Health Addiction Recover Center; FORGE = Family-Oriented Resilience, Growth, and Empowerment; PES = Psychiatric Emergency Service; STEP = Substance Treatment, Education, and Prevention		

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

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

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

Residents are closely supervised at the beginning of clinical rotations, including direct observation of interactions with patients. Residents have increasing autonomy as they demonstrate clinical abilities during the rotations and during the year. Elective experiences also receive clinical supervision. Peer supervision may also be an effective learning tool and residents are expected to make presentations of selected clinical cases in seminars periodically during the year. Training experiences and supervision can be individualized as is appropriate to meet the specific training needs and goals of residents, within the constraints of the service requirements of the specific rotations and the availability of faculty.

Expected Experiences During the Internship Year:

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

For Sample Schedules, please see Appendix A.

Denver Health Doctoral Psychology Internship Program

Goals

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

1. Demonstrates knowledge of and acts in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct; relevant laws, regulations, rules, and policies governing health service psychology in Colorado, and relevant professional standards and guidelines.
2. Demonstrates the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Must demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities. The Commission on Accreditation (CoA) defines cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status.
3. Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
4. Demonstrates effective and meaningful communication and interpersonal skills with clients, co-workers, team members, and the internal/external community.
5. Demonstrates competence in conducting evidence-based assessment consistent with the scope of Health Service Psychology.
6. Demonstrates competence in interventions derived from a variety of theoretical orientations or approaches.
7. Consultation and interprofessional/interdisciplinary skills are reflected in the intentional collaboration of professionals in health service psychology with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities.
8. Demonstrates knowledge and ability in direct or simulated practice with psychology trainees or other health professionals, including but not limited to, role-played supervision with others and peer supervision with other trainees.
9. Demonstrates knowledge, skills, and competence sufficient to produce new knowledge, to critically evaluate and use existing knowledge to solve problems, and to disseminate research.

For more detailed information about the program goals, objectives, competencies, and expectations, please see Appendix B.

Mandatory Minimum Expectations:

1. Twelve months of full-time service and 2000 hours as part of the Denver Health Doctoral Psychology Internship. Residents complete a minimum of 500 hours (25%) in direct, face-to-face care.
2. 200 hours of supervision, including 100 hours of individual supervision.
3. Administration, scoring, and writing of three psychological assessment batteries or the equivalent as agreed on by the faculty.
4. Two clinical case presentations (one intervention, one assessment) presented during seminar or other approved setting.

5. One didactic presentation of the Special Projects which may be presented at seminar or another approved setting.
6. Participation in a minimum of 120 hours of resident seminar didactic training.
7. Final evaluation of "3 = Meets Expectations" or higher on each of the nine profession-wide competency areas indicating the trainee's performance meets expectations for the level of training.

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

Assessment of Goals and Progress

Formative Assessment Methodology:

- Direct or video observation of clinical work, with subsequent discussion.
- On-going discussion with and feedback from other professionals.
- Review of written work samples, with feedback.
- Resident case conceptualization presentations to the clinical team and to the cohort.

Summative Assessment Methodology:

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

Psychology Internship Faculty

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

the current psychology internship faculty.

It is notable that many of the current faculty members completed their internship and/or their postdoctoral training at Denver Health.

CLINICAL ROTATION DESCRIPTIONS

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

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

ADULT FOCUSED ROTATIONS

ACUTE Center for Eating Disorders and Severe Malnutrition

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

Addiction Consult-Liaison Service

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

The psychology resident serves as a valuable member of the Addiction Consult-Liaison (C/L) Service team which includes attending physicians (internal medicine or psychiatry), social workers, and a variety of rotating trainees (psychiatry residents, medical residents, physician assistants, medical/PA students, to name a few). Residents may accompany attending physicians for rounds. Consults are then assigned to the resident for a variety of reasons and may be completed individually or in collaboration with other team members. In addition to direct patient interviews, consults often require clarification of referral questions, gathering of collateral information, psychoeducation, and facilitating communication between patients and primary care team members. The resident's role may involve brief intervention (e.g., motivational interviewing, supportive psychotherapy) or introduction/coordination of outpatient referrals/resources. This is available as a minor rotation with preference given to those on the **Adult Compassionate Substance Care** track.

ADHD Assessment Clinic

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

Adult Integrated Behavioral Health

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

Adult Mental Health Outpatient Service

The Outpatient Adult Mental Health Team is an interdisciplinary service that includes psychologists, master's-level therapists, psychiatrists, and master's-level prescribers. The service provides psychotherapy and occasionally assessment services to adults age 18 and up with a wide variety of psychiatric conditions and clinical acuity levels. The patient population is diverse and underserved, mirroring Denver Health's population as a whole. Patients in this clinic frequently also have substance use disorders and/or medical diagnoses that need to be considered when planning treatment. The resident typically carries a large caseload and provides psychotherapeutic services as well as some case management services. Therapists work collaboratively with prescribers to coordinate patient care. Residents may provide conjoint or group therapy but individual treatment constitutes the majority of the clinical work on this rotation. Clinical supervisors' theoretical orientations cover a wide range and supervisors are open to working with different orientations according to the resident's needs. This is available as a major rotation.

Bariatric Evaluations/Clinic

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

Correctional Psychology

For nearly two decades, Denver Health (DH) & the Denver Sheriff Department (DSD) have provided behavioral health services to our incarcerated population at the Denver County jails. Residents on the Correctional Psychology rotation have the opportunity to provide individual and group therapy and work as part of an interdisciplinary team (psychiatric nurses, physician assistants, psychiatrists, psychologists, social workers, and case managers). In all of our treatment programs, residents provide individual and group therapy services, assist in screening and intakes, and help with designing individual treatment plans. Residents also may have the opportunity – depending on assigned work area – to assist with program evaluation and design, conduct staff training, supervise master's level students, work with special projects, gain assessment experience, and get additional experience with risk assessment/crisis response. On occasion, residents on the Correctional Psychology rotation may also participate in the Jail to Community (J2C) program which is a grant-funded program facilitating substance use and behavioral health care of patients transitioning in and out of the correctional system. This is available as a major rotation for residents on the **Adult Compassionate Substance Care** track.

Denver Health Addition Recovery Center

Adult patients seen for substance use treatment in Outpatient Behavioral Health Services (OBHS) have very high rates of co-occurring mental health disorders, often associated with high rates of violence and multiple traumatic events. Residents will focus on the application of assessment and clinical interventions with the strongest empirical support to treat a wide array of presentations, with an emphasis on co-occurring substance use and PTSD with both in-person and telehealth services. Residents will learn about multiple report and tracking mechanisms required working with underserved substance use populations as well as case management skills to engage and maintain patients in treatment. Residents may provide conjoint or group therapy, but individual treatment constitutes the bulk of the clinical work. Many patients are engaged in medication assisted treatment through the Methadone and Suboxone program at OBHS, which allows the residents in this track the ability to work closely with interdisciplinary teams including primary care, psychiatry, nursing, counseling, social work, and community services.

There are multiple substance teams in OBHS with residents primarily rotating through the Denver Health Addiction Recovery Center (DHARC). This clinic is a general substance use clinic and is a common clinic for residents to rotate. Patients with any substance use disorder may be seen through this clinic and often present with co-occurring disorders.

This is a 12-month minor rotation for those on the **Adult Compassionate Substance Care** track. Other adult track, HRSA-funded tracks are given preference.

Inpatient Adult Psychiatry Service

While on the Adult Inpatient Psychiatry rotation, residents work with patients who have major psychiatric

disorders (including bipolar disorder, schizophrenia, and major depression with or without psychosis), neurodevelopmental disorders, organic brain syndromes, and/or substance use disorders. Many patients are admitted with acute psychosis and/or suicidal urges or behavior. The average length of stay is variable, from less than a week to a more extended period, depending on the reason for admission. A subset of the unit population is also legally-involved, as some patients are undergoing restoration to competency to proceed (stand trial).

The psychology resident provides inpatient group psychotherapy (open to all patients) and individual psychotherapy for selected patients. The focus of psychotherapy varies by the patient's needs and length of stay, and evidence-based techniques (such as DBT, CBT, or ACT) are commonly used. Psychological assessment also may be provided to evaluate intellectual functioning, assist in differential diagnosis, or to determine a patient's personality and character structure. Opportunities for more specialized interventions, such as behavioral planning and interventions, are also sometimes available. The psychology resident also helps the team (i.e., attending psychiatrist, psychiatry intern, social worker, nurses, and others) develop treatment and discharge plans, and participates in decisions regarding the need for involuntary treatment.

This service is available as a major rotation.

Integrated Primary Care

Psychology doctoral residents function as Behavioral Health Consultants (BHCs) under the supervision of a Licensed Psychologist. Daily, interns will provide short-term Behavioral Health services (including therapy and brief assessment or evaluation) to patients who have been referred by their primary care providers (PCPs). In addition, the psychology resident will provide consultation services for primary care patients. The major components of Integrated Behavioral Health services include: responsiveness to referral questions, supporting patients through the full spectrum of the biopsychosocial model (with high prevalence of co-occurring chronic medical, mental health conditions, and SUDs), crisis support and safety planning, referrals to community resources and triaging to higher levels of care, and providing culturally responsive care that is sensitive to patients' ethnicity, gender identity, sexual orientation, language, religion and spirituality, socio-economic status, health literacy, and abilities/disabilities. An additional focus for resident training will be effectively integrating into the overall health care team which typically include medical providers, medical residents, pharmacists, medical assistants, social workers, patient navigators, health educators, and patient access specialists.

This rotation is only available to the resident on the **Adult Integrated Primary Care** track who will complete a 1-year experience at one of Denver Health's integrated primary care clinics. For residents on other tracks, there is limited availability to do a minor rotation in one of the integrated primary care clinics.

Neuropsychology

On the neuropsychology rotation, residents will have the opportunity to perform in-depth neurocognitive evaluations with diverse patients having complex histories of neurological disorders, medical conditions, psychiatric disorders, and substance abuse that are affecting their ability to function adequately. Referrals for neuropsychological evaluations come from a variety of sources including primary care, neurosurgery, psychiatry, neurology, rehabilitation, OBHS including substance use treatment teams, medical units within the hospital, and other outpatient medical services. Residents will learn a traditional, comprehensive neuropsychological battery and gain increasing autonomy as they demonstrate mastery over interviewing and test administration.

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

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

Oncology Fellows Clinic

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

Psychiatric Consult-Liaison Service

A behavioral health consult-liaison service evaluates and treats patients who are admitted to an acute care hospital service and who also have psychological or psychiatric needs. Typical consults include assessing patients who are psychiatrically decompensated, evaluations for danger to self or others, determinations of capacity to make informed medical decisions, assessments for diagnostic clarity, assisting with involuntary patients, and recommending the initiation or changes of psychiatric medications. Consult requests come from variety of hospital teams, including Internal Medicine, Trauma and Acute Care Surgery, General Surgery, Pulmonary/Critical Care, Pediatrics, Mom/Baby, and the Correctional Care Medical Facility. The team may also work with other consult services, including Palliative Care, Physical Medicine and Rehabilitation, and Addiction Medicine.

Psychology residents serve as valuable members of our multidisciplinary Psychiatric Consult-Liaison Service (Psych C-l). The team is comprised of psychiatrists, psychologists, social workers, and psych nurses. Other trainees include psychiatry residents and fellows, advance practice provider fellows, medical students, and occasionally resident physicians from family medicine. Psychologists on this service each have areas of emphasis, including assessing patients admitted to the Trauma and Acute Care Surgical Service, Palliative Medicine, Rehabilitation Medicine, and the DART Service (de-escalating agitation response team). The psychology resident is assigned to consults to be performed individually or in collaboration with other team members. In addition to direct patient interviews, consults often require clarification of referral questions, gathering of collateral information, psychoeducation, and facilitating communication between patients and primary care team members. Often, psychology residents are

performing bedside psychotherapy. Residents can also elect to work in a particular faculty member's area of emphasis. This is available as a major or minor rotation.

Psychiatric Emergency Service (PES)

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

The PES provides a rich clinical experience with a wide variety of patients in acute crisis. The resident will learn to perform rapid emergency evaluations and refine their clinical skills and decision-making with high risk and co-morbid patients. Residents will receive close supervision by the attending psychiatrist on shift in PES as well as the licensed psychologist in the Pediatric Emergency Department and Urgent Care Center (PEDUC) who works closely with PES. This is a minor rotation with preference given to those on the **Adult Compassionate Substance Care** track.

CHILD FOCUSED ROTATIONS

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

Child/Adolescent Outpatient Mental Health (CMH)

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

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

Common diagnoses include mood, anxiety, PTSD, ADHD, and disruptive behavior disorders. Case coordination and consultation are provided through communication with physicians, school personnel,

and other individuals involved in the lives of the children. Prescribers are a resource for consultation and medication evaluations. Psychological assessment will be completed as part of the major rotation. This rotation is a major rotation experience for residents who match with the CMH track.

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

Family Oriented Resilience, Growth and Empowerment (FORGE)

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

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

> *Providing Early Access to Services (PEAS) Program (*PEAS) program provides dyadic treatments, developmental evaluations and ongoing perinatal mood support for caregivers of children ages 0-5. FORGE track residents may spend some of their outpatient time in the PEAS program. Residents may also have informal training and support in providing the following services to our PEAS families: developmental evaluations; developmental guidance and parenting support for babies with sleep, feeding and fussiness concerns; caregiver perinatal mood concerns and trauma-focused therapies (e.g., preschool TF-CBT). PEAS experiences may be woven into the resident's overall FORGE rotation.
>
> *Substance Treatment, Education and Prevention* (STEP) is a strength-based program that focuses on acceptance and understanding. Residents on this rotation work with youth ages 10-21 with substance use and mental health disorders as part of the in-clinic STEP teams. The interdisciplinary STEP team includes psychiatry, social work, addiction counselors and behavioral health techs, as well as students from a number of disciplines. The STEP program has a close working relationship with the Addiction Medicine Fellowship program through the University of Colorado School of Medicine. Psychology residents may provide weekly individual, family, and couples therapy as well as parental support through evidence-based practices including Acceptance and Commitment Therapy, Motivational Interviewing and Motivational Enhancement, and Contingency Management. Psychology residents may also participate in the STEP Intensive Outpatient Program through co-facilitating groups (two 3 hour groups per week). There are opportunities for academic as well as clinical roles with the STEP service. This is a minor rotation for up to two FORGE track residents. This is an experience which is considered a part of the FORGE major rotation though it is a separate clinical setting.

Child and Adolescent Inpatient Service

The adolescent unit is presently a 21-bed unit serving youth aged 12-17, who may be admitted for acute behavioral health needs or for a substance use/ withdrawal management focus. Patients present with a complex mix of mood, anxiety, psychotic, and behavioral disorders, substance use disorders, or comorbid mental health and substance use disorders. Some patients presently live at home, while others reside in residential treatment centers, group homes, or detention centers. Many of the patients served have a history of abuse and/or neglect, and many have had multiple past placements. The population is diagnostically interesting and often quite challenging.

Residents are part of the treatment staff, which includes attending psychiatrists, resident psychiatrists, psychiatric nurse practitioners, social workers, psychologists, occupational therapists, and nurses. Patients receive comprehensive care from this integrated multidisciplinary treatment team. Individual and group therapy occurs daily and most patients participate in 2-3 family therapy sessions during their admission. Patients attend school daily with a teacher certified in special education. Patients also participate in daily occupational therapy sessions.

While rotating on the unit, residents provide individual, family, and group therapy to patients on the unit. Residents co-lead groups with the supervising psychologist. Group material must be heavily modified to meet the intellectual and developmental needs of our patient population, and residents are expected to be involved in the modification of material, both in advance of the session and as the session is progressing. Residents also may provide psychological assessment to patients who are referred by their attending psychiatrist. This is a minor rotation.

Pediatric Emergency Department and Urgent Care Center (PEDUC)

Residents on the Pediatric Emergency Department and Urgent Care Center (PEDUC) rotation provide services on an integrated, interdisciplinary team including a licensed psychologist that provides emergency and urgent care services to children and adolescents ages zero to 19 in the main hospital. Emergency presentations include illness and injury as well as primary and co-occurring mental health problems which are frequently encountered in the emergency setting (e.g., traumatic injuries such as motor vehicle collisions, substance use, depression with suicidal ideation, anxiety with panic attacks, behavioral problems, developmental concerns, adjustment to new or chronic medical diagnoses). The resident works alongside medical providers including emergency medicine physicians and pediatricians, medical residents, and nursing staff to provide assessment and diagnostic clarification services, brief psychotherapy, crisis intervention, and serve in a consultation-liaison role. Consultations for primary or co-occurring mental health or substance use problems inform the emergency medicine and pediatrics staff regarding clinical presentation and disposition planning. Additionally, the resident serves as a liaison to Psychiatric Emergency Services (PES) and may conduct PES evaluations in the PEDUC when the PES is at full capacity. The resident (with the licensed psychologist) is viewed as the primary mental health provider in the PEDUC, and therefore provides brief assessment, intervention, and referral to appropriate follow-up care for PEDUC patients and their families. This is a minor rotation.

Pediatric Integrated Behavioral Health (Primary Care setting)

Residents will provide a wide range of behavioral health services in the pediatric primary care clinic, including ‘warm handoffs’ between medical providers and patients, brief assessments, crisis management, brief treatment, parenting education/interventions, and curbside consultation with medical providers regarding challenging patient presentations. Depending on patient needs, residents will provide

a blend of same-day, integrated care visits, scheduled follow-up sessions, and frequent communication with medical providers about their patients' behavioral health needs. The resident will participate in the clinic-wide postpartum depression/anxiety screening and triage process. Residents will have the opportunity to shadow licensed psychologists during their time in the clinic and consult with a variety of interdisciplinary teams embedded within the primary care clinic (e.g., pediatric neurology clinic). This is a minor rotation.

Proactive Pediatric Psychology Consult-Liaison (PPPCL)

The Proactive Pediatric Psychology Consult – Liaison (PPPCL) service embeds psychology residents in physician teams who treat children and adolescents (0-19) who are admitted to Pediatrics or the Pediatric Intensive Care Unit (PICU). PPPCL proactively identifies patients and families who would benefit from psychological interventions to help cope with their hospital stay and responds to requests from treatment teams to help with a particular patient or family. PPPCL residents communicate frequently with inpatient treatment teams, providing a psychological viewpoint about patient presentations, and occasionally provide education to pediatric resident physicians on psychological topics. Often, the PPPCL resident is called upon to help the Psych C-L service to help assess and treat patients admitted to Peds/PICU who may have attempted suicide, have suicidal ideation, are living with decompensated mental illness, are experiencing a severe trauma response, or have behavior leading to a hospital admission. We believe that this service reduces inequity in accessing mental health care by making behavioral health specialists available to patients who otherwise would not be able to access such care. This is a minor rotation.

OTHER TRAINING OPPORTUNITIES

Special Projects

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

Didactic Training

One half-day per week is reserved for didactics and a wide range of learning experiences is provided. Denver Health psychologists provide presentations on evidence-based interventions, health psychology, substance use disorders and treatment, psychological and neuropsychological assessment, diversity, supervision, and program evaluation and research. The first and third seminar each month is split into

child and adult focused tracks to gain more in-depth learning on adult and child psychology topics. There are presentations about Colorado regulations and legal procedures during orientation, and there are also two to three presentations per year about ethical and professional issues. Finally, the residents themselves are expected to contribute clinical case presentations as well as didactic presentations and journal club discussions to their fellow residents and to interested faculty members.

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

SUPERVISION

Each resident receives at a minimum two hours of scheduled individual supervision with a licensed psychologist and four hours per week total supervision time. In addition, group supervision and case review through the multi- and interdisciplinary teams occurs on a regular basis (on some teams several times per month, on some teams daily). On site supervision is provided by the staff psychologists assigned to the clinical service on which the resident is working. A physician or licensed mental health practitioner might provide on-site supervision on some days in particular rotations (e.g., the Psychiatric Emergency Service, Consult-Liaison Service). In this case, a psychologist also is assigned as a supervisor for issues that warrant input. Additionally, there is an Integrated Medical Group Supervision meeting for residents on hospital-based rotations (i.e., Consult-Liaison Services, Pediatric Urgent Care Clinic, Psychiatric Emergency Service) The residents also meet “as needed" or “curbside” with their supervisors, and the Training Directors also are available for consultation regarding issues or cases. Supervisors are always available by cell phone or by pager.

SALARIES AND BENEFITS

Denver Health recognizes the value of internship level psychology trainees. All Denver Health psychology residents are employees of Denver Health and Hospital Authority, with a job title of Psychology Resident, and annual salary of $41,600 per year. Excellent employee benefits include twenty days (160 hours) per year of paid time off (PTO) used for vacation, sick leave, and holidays. Residents receive all 20 PTO days at the beginning of internship; however, **PTO may be restricted in the first ninety days (leave time is generally granted for Thanksgiving), and only available leave may be used.** Taking leave without pay is strongly discouraged and can lead to possible extension of the internship training. Use of PTO is contingent on supervisor and Training Director approval and may be denied depending on expectations of the rotation and the resident’s ability to meet training requirements. As such, it is uncommon for consecutive leave requests of longer than a week at a time to be approved. **PTO also may be restricted in the final two weeks of internship.** Those granted PTO in the final two weeks will be expected to complete end of year tasks without protected time.

Other benefits include several medical health insurance coverage options at competitive rates, with family coverage available. Dental coverage and a range of other benefits (including a free pass for the public

transportation system) are also provided. Professional liability coverage is provided under an organizational self-insurance plan paid for by Denver Health. The organization and the psychology internship faculty support a healthy work-life balance, and residents can expect that their job responsibilities can generally be accomplished in 40-45 hours per week.

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

ADMINISTRATIVE AND TECHNICAL SUPPORT

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

All residents are provided with workspace that includes storage space and access to a computer and telephone. Denver Health has a number of software applications that are part of the healthcare system. There is an electronic medical record system that assists in the provision of integrated services throughout Denver Health. Residents are provided with individual accounts to access and utilize these systems, as well as more standard computer systems, such as internet access and email capability. Denver Health provides IT support as needed to address any difficulties in information technology. The Denver Health Office of Education also is a valuable resource for consultation needs outside of the Psychology Internship.

BRIEF HISTORY OF THE INTERNSHIP PROGRAM

The Denver Health Doctoral Psychology Internship Program was initiated in 1968 with two interns. The development and expansion of the program was facilitated by grants from the National Institute of Mental Health from 1969 until 1976, and from the City and County of Denver beginning in 1973. Four positions are supported through operational funding from the Department of Behavioral Health Services. Since 2019, the program has been highly successful at securing Health Resources and Services Administration (HRSA) training grants including the Behavioral Health Workforce Education and Training (BHWET), Opioid Workforce Expansion Program (OWEP), and Graduate Psychology Education (GPE) Program grants to fund additional positions. Due to the support provided by these grants, we are recruiting for 20 internship positions for the 2024-25 training year.

The program received provisional accreditation from the American Psychological Association in 1978 and has been fully accredited since 1980. The program had a site visit in 2018 and was awarded 10 years

full APA-accreditation with the next site visit planned for 2028. In 2007, the official job title was changed from “Psychology Intern” to “Psychology Resident” to promote recognition within a medical setting of the extensive prior clinical training our program participants have had prior to starting at Denver Health.

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

APPLICATION INFORMATION & INSTRUCTIONS

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). Denver Health adheres to the APPIC policies for matching and acceptance (see the APPIC web site at http://www.appic.org) and follows the ranking instructions and deadlines as defined by APPIC and NMS, Inc. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any internship applicant.

Our NMS, Inc. Program Code Numbers are:

117313 Adult Psychology (2 positions)
117311 Adult Compassionate Substance Care (1 positions)*
117314 Child & Adolescent Psychology (2 positions)
117320 Family-Oriented Resilience, Growth, and Empowerment (2 positions)*
117316 Adult Integrated Primary Care (1 position)*
117317 Adult Neuropsychology (1 position)*
117312 Adult Spanish Bilingual (1 position)

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

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

For the 2025-2026 year, the Rank Order List Submission Deadline for Phase I is February 6, 2026. Match results will be released February 20, 2026.

The Denver Health Doctoral Psychology Internship Program is full-time, completed in no less than twelve months, beginning July 27, 2026 and ending July 23, 2027. **Please anticipate and plan ahead to the end of the internship year regarding your university or program graduation plans and post-internship placement plans. PTO may be restricted in the final two weeks.** If you successfully complete all internship program requirements, a letter will be sent to your program by July 30, 2027.

Selection Criteria and Application Process

A minimum of 500 hours of face-to-face combined intervention and assessment training hours (at least 30 hours must be assessment hours) is required. The desired ratio of intervention to assessment hours may vary by track. We also require applicants have completed a minimum of four integrated reports by application submission. The AAPI defines an integrated report as "a report that includes a review of

history, results of an interview and at least two psychological tests from one or more of the following categories: personality measures, intellectual tests, cognitive tests, and neuropsychological tests." **Please be aware that symptom inventories or checklists (e.g., BDI-II, PHQ-9) are not considered psychological tests.** Denver Health Faculty review the AAPI, a letter of interest from the applicant, transcripts, one deidentified integrated assessment report, and three letters of recommendation. Research and community/leadership experience relevant to Denver Health is given credit. Bilingual skills are a plus, especially Spanish. Preference is given to applicants with clinical experiences that prepare them to work in similar settings as Denver Health.

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

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

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

We will be conducting virtual, half-day interviews. We make every attempt to notify applications of an invitation to interview by December 15th. Interviews will be held in January and consist of half day morning or afternoon blocks (8am-12pm or 1pm-5pm, MST). Please be aware that interview date availability varies by track. An optional faculty open house for applicants invited to interview also will be held to offer time for applicants to hear more about various clinical rotations.

Deadline: All application materials must be available for review via the on-line APPIC system by November 1, 2025 11:59pm Eastern Time.

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

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

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

Consistent with Denver Health and Hospital Authority (DHHA; Equal Employment Opportunity, PolicyStat ID: 5018837) it is the policy of the Denver Health Doctoral Psychology Internship Program to provide equal treatment and equal employment opportunities to all applicants and employees with respect to any employment decision, including recruiting, hiring, transfers, layoffs, termination, discipline, testing, training, promotion, job assignment, compensation, fringe benefits, retirement plans, and all other terms and conditions of employment. We maintain a work environment free of unlawful discrimination, harassment, and retaliation. All employment decisions are based upon organizational needs, job requirements and individual qualifications without regard to age, race, color, national origin, genetic information, religion, sex, pregnancy, disability, sexual orientation, gender identity, transgender status, gender expression, marital status, or veteran status and any other basis protected under Federal, State or local law (collectively "protected status"). In accordance with Federal, State and local law, our program will make good faith efforts to recruit, hire, retain, and advance in employment qualified minorities, women, individuals with disabilities and protected veterans.

DENVER HEALTH RESIDENTS 2009-2024

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

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

2021-2022	Nuha Alshabani	University of Akron (Counseling)
	Eileen Chen	University of Hartford (Clinical)
	Sunia Choudhury	Georgia Southern University (Clinical)
	Sydney Cople	University of Northern Colorado (Counseling)
	Jared Hammond	Kean University (Combined)
	Kyle Haws	University of Nebraska – Lincoln (Clinical)
	Matthew Kramer	University of Central Florida (Clinical)
	Kelsey Kuperman	University of Oregon (Counseling)
	Valeria Labrador	Carlos Albizu University-San Juan Campus (Clinical)
	Gabriel Maletta	University of Denver (Clinical)
	Claire Milligan	George Mason University (Clinical)
	Amrita Mitchell-Krishnan	New York University (Counseling)
	Sarah Morales	Carlos Albizu University-San Juan Campus (Clinical)
	Whitney Nasse	Florida School of Professional Psychology (Clinical)
	Emili Pickenpaugh	University of Northern Colorado (Counseling)
	Roberto Renteria	Arizona State University (Counseling)
	Kaitlin Ross	University of Denver (Counseling)
	Mariah Stickley	Texas A&M University (Counseling)
	Taylor Weststrate	Western Michigan University (Clinical)
	Naomi Wright	University of Denver (Clinical)
2022-2023	Bethelhem Belachew	Western Michigan University (Clinical)
	Jaclyn Bowes	Central Michigan University (Clinical)
	Katrina Daigle	Suffolk University (Clinical)
	Delaney Dunn	Oklahoma State University (Clinical)
	Brianna Duval	William James College (Clinical)
	Amanda Etienne	Wright Institute (Clinical)
	Abbigail Gutierrez	Baylor University (Clinical)
	McKayla Harrison	University of Northern Colorado (Counseling)
	Kalyn Holmes	University of Hawaii (Clinical)
	Barunie Kim	George Washington University (Clinical)
	Roselee Ledesma	University of Arkansas - Fayetteville (Clinical)
	Adriana Martinez	Carlos Albizu University-Miami Campus (Clinical)
	Maura McGlynn	Divine Mercy University (Clinical)
	Krystal Moroney	Wichita State University (Clinical)
	Brian Peacock	Wright Institute (Clinical)
	Preeti Pental	Pacific University (Clinical)
	Karla Rivera Figueroa	University of Connecticut (Clinical)
	Bethany Sauer	Georgia Southern University (Clinical)
	Judah Serrano	University of Wyoming (Clinical)
	Patricia Sparks	University of Northern Colorado (Counseling)
	Aishwarya Thakur	Palo Alto University (Clinical)
	Jessica Totsky	University of Utah (Counseling)
	Cassidy Van Trease	Palo Alto University (Clinical)
2023-2024	Matthew Balaguer	George Washington University (Clinical)
	Kara Belfer	Midwestern University (Clinical)
	Alena Borgatti	University of Alabama at Birmingham (Clinical)
	Ashley Bryan	Roosevelt University (Clinical)

	Emi Caprio	University of San Francisco (Clinical)
	Alison Conner	University of Denver (Clinical)
	Natalie Finn	Virginia Commonwealth University (Clinical)
	Erin Flanagan	University of Denver (Clinical)
	Lauren Fournier	University of South Florida (Clinical)
	Thomas Geist	University of Vermont (Clinical)
	Johni Mitchell	University of Northern Colorado (Counseling)
	Desheane Newman	Palo Alto University (Clinical)
	Anna Marie Nguyen	University of Arkansas – Fayetteville (Clinical)
	Tiffany Phu	University of Denver (Clinical)
	Janeliz Santos-Lopez	Carlos Albizu University-San Juan Campus (Clinical)
	Hayley Seely	University of Louisville (Counseling)
	Nisha Singh	Nova Southeastern University (Clinical)
	Mitchell Spezzaferri	Fuller Theological Seminary (Clinical)
	Lauren Stone	Wheaton College (Clinical)
	Emily Weinberger	Fordham University (Rosehill)
2024-2025	Emena Belt	University of Denver (Clinical)
	Kirsten Bootes	University of Utah (Clinical)
	Hannah Marie Coffey	University of Nebraska - Lincoln (Clinical)
	Tanya Diaz	Loma Linda University (Clinical)
	Hannah Elias	West Virginia University (Clinical)
	Anne Fritzson	University of Colorado-Boulder (Clinical)
	Arielle Kahana	University of Denver (Clinical)
	Shari Lieblich	St. John's University (Clinical)
	Elizabeth Lucci-Rimer	Colorado State University (Counseling)
	Kennedy McCarver	University of Denver (Clinical)
	Meghan Morrison	Baylor University (Clinical)
	Kavya Mudiam	University of Oregon (Clinical)
	Lillianna Sheppard	Nova Southeastern University (Clinical)
	Lisa Shimomaeda	University of Washington (Clinical)
	Hailey Jo Taylor	University of Kansas (Clinical)
	Mary Elizabeth Troxel	University of Massachusetts - Boston (Clinical)
	Rana Uhlman	Arizona State University (Clinical)
	Alexandra Vazquez	Michigan State University (Clinical)
	Sage Ann Volk	University of Nebraska - Lincoln (Clinical)
	Nelson Weaver	George Fox University (Clinical)

DENVER HEALTH FACTS

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

vibrant community, and Denver Health has been treating and healing the people of Denver for over 150 years.

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

- Twenty-five percent of Denver's population annually.
- One in three Denver-area children each year.
- The needs of special populations such as the poor, uninsured, pregnant teens, persons addicted to alcohol and other substances, victims of violence, and the homeless.

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

911 Emergency Response
Denver Health operates Denver's 911 medical emergency response system. In 2024, Denver Health paramedics responded to more than 133,000 calls for emergency medical assistance.

Community Health Services
Denver Health's Community Health Services managed 777,901 visits in 2024. Ten family health centers located throughout Denver neighborhoods provide convenient primary care services.

School-based Health Centers
School-based Health Centers in Denver Public Schools offer on-site medical and behavioral health 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. 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.

LGBTQ+ Health Services
Established to serve the LGBTQ+ community with a mission is to create a decentralized model of care for our patients – such that any patient seeking any primary care or specialty service is able to find exceptional care at any of our facilities.

Rocky Mountain Poison and Drug Center
The Rocky Mountain Poison and Drug Center (RMPDC) handles many minor poisoning emergencies by telephone. RMPDC answered 37,019 calls in 2024.

Denver CARES
Behavioral Health Services manages Denver CARES, a 100-bed, non-medical facility, which provided a safe setting for more than an average 63 detoxifying episodes a day in 2024.

Report to the City
Learn more about Denver Health services in the 2024 Report to the City

DENVER AT A GLANCE

Founded as a gold mining camp in 1858, Denver has grown from one boom to another into the second largest city in the mountain west. The metro area has grown rapidly in recent years, with a population over 3 million. Denver has one of the largest city park systems in the nation and the nation's second largest performing arts center. The international airport is geographically the largest and one of the busiest in the United States. One of the nation's premier stock shows and rodeos is held in January. Denver is Colorado's capital and is home

to pro teams in all major sports. The Denver Art Museum and the Denver Museum of Nature and Science are noteworthy representatives of a vigorous cultural community. There are many venues for live music of various genres. There are numerous festivals and multicultural celebrations year-round.

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

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

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

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

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

APPENDIX A. MAJOR ROTATION & ELECTIVE HOURS SAMPLES

These are *samples* meant to illustrate possible rotation schedules. Actual schedules may vary depending in resident interest, rotation availability, and clinical opportunities for the resident to complete graduating requirements (e.g., assessment opportunities).

Adult Psychology	
Semester 1	***Semester 2***
Outpatient AMH – 16 ADHD Assessment – 8	Outpatient AMH – 16 Psych CL – 16 Special Projects – 4

ACUTE - 8 Special Projects – 4 Didactics – 4	Didactics – 4

Adult Compassionate Substance Care	
Semester 1	***Semester 2***
DHARC – 8 ADHD Assessment – 8 Psychiatry CL - 16 Special Projects – 4 Didactics – 4	DHARC – 8 Integrated Primary Care – 8 Corrections – 16 Special Projects – 4 Didactics – 4

Adult Integrated Primary Care	
Semester 1	***Semester 2***
Integrated Primary Care Clinic – 16 Addiction/Psych CL – 16 Special Projects – 4 Didactics – 4	Integrated Primary Care Clinic – 16 Neuropsychology – 8 PES - 8 Special Projects – 8 Didactics – 4

Adult Neuropsychology	
Semester 1	***Semester 2***
Neuropsychology– 32 Special Projects – 4 Didactics – 4	Consult Liaison-Psych – 24 Integrated Primary Care – 8 Special Projects – 4 Didactics – 4

Child & Adolescent Psychology	
Semester 1	***Semester 2***
Outpatient CMH – 16 Inpatient Adolescent or PPPCL – 16 Special Projects – 4 Didactics – 4	Outpatient CMH – 24 Peds Primary Care or PEDUCC – 8 Special Projects – 4 Didactics – 4

Family Oriented Resilience Growth and Empowerment	
Semester 1	***Semester 2***

FORGE – 8 or 16 (non-STEP) STEP Clinic – 8 (1 resident only) Inpatient Adolescent or PPPCL - 16 Special Projects – 4 Didactics – 4	FORGE – 16 or 24 (non-STEP) STEP Clinic – 8 (1 resident only) PEDUCC or Peds Primary Care - 8 Special Projects – 4 Didactics – 4

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

APPENDIX B. PROFESSION-WIDE COMPETENCIES

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

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

Each Competency should be rated according to the following scale:

- **Marginal (1)**: The student's performance is at the *marginal* level of skill expected at this level of training and is in need of additional training and/or maturation in order to be effective. An action plan is required for targeted skill growth.

- **Below Average (2)**: The student's performance is at the *below average* skill level and further supervision and experience are needed to assist in developing this skill. Routine, but intensive, supervision is needed and an action plan may be necessary.

- **Meets Expectations (3)**: The student's performance *meets expectations* for his/her level of training. This is a common rating throughout internship. Activities require routine supervision.

- **Above Average (4)**: The student's performance is *above average* and he/she can function well independently. This is a frequent rating at completion of internship with competency attained in all but non-routine cases. Depth of supervision varies as clinical needs warrant.

- **Highly Developed (5)**: The student's performance is *highly developed* and he/she has attained competency at full psychology staff privilege level; however, as an unlicensed trainee, supervision is required while in training status. This rating is expected at completion of postdoctoral training.

Competency I: Ethical and Legal Standards

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

Competency II: Individual and Cultural Diversity

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

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

Competency III: Professional Values and Attitudes

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

Competency IV: Communication and Interpersonal Skills

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

Competency V: Assessment

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

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

Competency VI: Intervention

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

Competency VII: Consultation and Interprofessional/Interdisciplinary Skills

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

Competency VIII: Supervision

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

Competency IX: Research/Special Projects

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

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

APPENDIX C. MAINTENANCE OF RECORDS POLICY

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

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

APPENDIX D. TRAINING FACULTY

Psychology Faculty

Lisa Asbill, PhD is a licensed clinical psychologist on the Child & Adolescent Outpatient Behavioral Health Services with the FORGE team.

Aryeh Barris, PsyD is a licensed clinical psychologist who serves as an internship supervisor at the Denver Health Addiction Recovery Center (DHARC). Dr. Barris completed his doctoral degree in clinical psychology at Long Island University Post, followed by a clinical internship at The University of Colorado School of Medicine's Department of Family Medicine. Dr. Barris completed his postdoctoral training at Wholeview Wellness, an outpatient substance addiction treatment center in NYC, where he subsequently worked as a staff psychologist. In 2023, Dr. Barris began his position at Denver Health, where he continues to focus on his clinical expertise in substance addiction treatment. In his free time, Dr. Barris enjoys skiing, hiking, attending music shows, and playing sports.

Shelby Burton, PhD is a licensed clinical psychologist on the STEP team.

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

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

Sydney Cople, PhD, is a clinician and researcher with the FORGE team and one of the psychology attendings for the PPPCL service. Dr. Cople is a licensed psychologist and completed her doctoral degree in counseling psychology at the University of Northern Colorado. She completed her internship in the FORGE child and family track at Denver Health and did her post-doctoral fellowship with the FORGE and PPPCL services at Denver Health. Dr. Cople conducts outpatient child and family therapy, specializing in working with family systems impacted by substance use and trauma. On the medical inpatient units, she specializes in treating the mental health concerns of pediatric patients with traumatic injuries and acute and chronic health concerns.

Pamela Cornejo, PhD is a licensed psychologist on the Integrated Behavioral Health team.

Britni Dawson-Giles, PhD is a licensed clinical psychologist on the Child & Adolescent Inpatient team.

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 works intermittently at Denver Health. Research interests include eating disorders that result in malnutrition, but do not have body image disruption (ARFID, orthorexia nervosa).

Stephanie Evans, PhD is a licensed psychologist on ACUTE.

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.

Amanda Fisher, PhD is a licensed clinical psychologist with the Adult Mental Health (AMH) team. Dr. Fisher completed her doctoral degree in clinical psychology at St. John's University. She completed her internship at the Hudson Valley VA Healthcare system and a post-doctoral fellowship at Rocky Mountain Regional VA Medical Center, where she gained experience with SMI and psychosocial rehabilitation and recovery, outpatient mental health, and couples therapy. Her areas of treatment interest include PTSD, personality disorders, and anxiety and mood disorders. She provides interventions using a number of evidence-based practices including: CBT, DBT, and CPT.

Jennifer Gafford, PhD is the Director of Behavioral Health for the City and County Jails and a licensed psychologist. She joined the Denver Health team in December after teaching in the Counseling Psychology department at the University of Denver for five years. Prior to that, she was a staff psychologist and later Lead Psychologist for the Denver jails as a Denver Sheriff Department employee. She completed her doctoral degree at the University of Denver in Counseling Psychology and her predoctoral internship at Sharp Health Care in Sharp Mesa Vista psychiatric hospital in San Diego, California. Dr. Gafford's clinical interests are in correctional psychology, suicidology, and clinical supervision.

Sean Hatch, PhD is a clinical psychologist on the Child & Adolescent Outpatient Behavioral Health Services team. Dr. Hatch received his doctorate from Palo Alto University and completed his pre-doctoral internship and post-doctoral fellowship at Denver Health Medical Center with the Family-Oriented Resilience, Growth, and Empowerment (FORGE) program. His clinical interests include working with children, adolescents, and families who have experienced trauma, co-occurring substance misuse, strength-based care, trauma-informed care, and self-injurious behavior and suicidality. Dr. Hatch's research interests include adolescent and transition-age youth substance use, scale development, and the development/evaluation of services to improve access to care for underserved populations.

Meghan Hogan, PhD is licensed clinical psychologist working with the Denver Sherrif's Department.

Kalyn Holmes, PhD is a clinician and researcher with the FORGE team. She completed her doctoral degree in clinical psychology at the University of Hawaii. She completed her internship in the FORGE child and family track at Denver Health and did her post-doctoral fellowship with the FORGE team at Denver Health.

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

Joseph Jerez PhD is a licensed clinical psychologist in the Integrated Behavioral Health Department and the Training Director for the Integrated Behavioral Health Training Program. Dr. Jerez 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. Jerez conducts and has published research in the area of diversity competency and is an adjunct faculty at the University of Denver.

Rachel Kovensky, Ph.D. is a licensed psychologist on the adult inpatient psychiatry unit. Dr. Kovensky completed her doctoral degree in counseling psychology at the University of Oregon. She completed her internship at Denver Health Medical Center on the adult psychology track and her post-doctoral fellowship at Reaching HOPE, a community-based organization that specializes in evidence-based trauma treatment and assessment services. Dr. Kovensky specializes in working with SPMI (serious and persistent mental illness) populations and providing trauma-informed care. Her clinical interests include complex trauma, grief, first-break psychosis, and culturally responsive approaches to care.

Kelsey Kuperman, PhD, LP completed her graduate training in Counseling Psychology with a specialization in Spanish Language Psychological Services and Research at the University of Oregon. She then completed her internship in the adult psychology track at Denver Health, followed by a post-doctoral fellowship in specialized complex trauma treatment. As a bilingual Consultation-Liaison Psychologist, Dr. Kuperman is dedicated to providing culturally responsive, trauma-informed, and evidence-based mental health services to historically underserved communities. Her clinical work focuses on serving Spanish-speaking patients, individuals with disabilities and co-occurring medical conditions, and palliative medicine patients. Dr. Kuperman also facilitates a Spanish Supervision and Consultation group for bilingual (Spanish/English) Psychology Residents at Denver Health and is an Affiliate Instructor at the University of Colorado School of Medicine.

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.

KC Lomonaco, Psy.D., PMHNP is a Clinical psychologist and Psychiatric Nurse Practitioner who has worked at Denver Health for over 13 years. She has worked in Integrated Primary Care and Adult Mental Health completing her psychology training in 2008. She thrives in working to treat and understand the intersection of mental and physical health. Her career has focused on a diverse urban underserved, un/underinsured population in family and internal medicine and her research and interests center on perinatal mood and anxiety disorders and general OB/GYN concerns including the lifespan of womxn's health issues. She is fluent in Spanish and performs all her duties in both English and Spanish. Her clinical interests include: Multicultural approaches in Primary and Mental Health Care, Multicultural teaching, multicultural consultation in medical practice, perinatal and postpartum mood and anxiety disorders, trauma recovery, integrated primary care policy and implementation, and medical and psychology education. Dr. Lomonaco has researched the treatment of perinatal and postpartum depression in the integrated care model. She has experience teaching and supervising medical and psychology residents and fellows and loves to work in an interdisciplinary setting while getting to interact and learn from many different specialties. Dr. Lomonaco began a 10 year long journey to pursue a Psychiatric Nurse Practitioner degree and graduated in Spring of 2023. She is thrilled to now provide the breadth of psychiatric care to the patients at Denver Health.

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

McKayla Harrison, PhD is a clinician and researcher with the FORGE team and one of the trainers for PCIT resident clinic. Dr. Harrison is a licensed psychologist and completed her doctoral degree in counseling psychology at the University of Northern Colorado. She completed her internship in the FORGE child and family track at Denver Health and did her post-doctoral fellowship with the FORGE team at Denver Health. Dr. Harrison conducts outpatient child and family therapy, specializing in working with family systems impacted by substance use and trauma. She also specializes in treatment of ages 0-5 with and psychological evaluation.

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.

Larissa Miller, PhD is a licensed clinical psychologist on the Infant Mental Health team.

Blair Nyline, PhD is a staff psychologist with Denver Health's Denver Sheriff Department Behavioral Services team. She is the program director for the High Acuity Treatment Unit (HAT) at the Downtown

Detention Center (DDC). She has been part of the DDC's behavioral health team since 2018 and graduated from the University of Northern Colorado in 2016. She specializes in providing behavioral health services in forensic settings and has worked for the Department of Corrections, the Minnesota State Forensic Hospital, and mandated outpatient therapy services. She has two publications focused on sexual trauma and domestic violence. She currently oversees the HAT program, provides group and individual therapy, crisis intervention, conducts competency evaluations, and provides mental health training for the Denver Sheriff Department and community organizations.

Daniel O'Donnell, PhD is a licensed clinical psychologist on Adult Outpatient Behavioral Health Services (OBHS – AMH team). He received his undergraduate degree at the University of Wisconsin – Green Bay and his Master's in Community Agency Counseling and Doctorate in Urban Education: Counseling Psychology at Cleveland State University. Dr. O'Donnell's interests include substance use disorders, group psychotherapy, and clinical supervision. His clinical interventions are focused on patient empowerment and self-efficacy using experiential, ACT, cognitive, and feminist frameworks. Outside of professional time, Dr. O'Donnell enjoys biking, hiking, yoga, and time with his partner and their Mini-Aussie, Cedar.

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

Emili Pickenpaugh, PhD is a licensed psychologist. She is one of the psychology attendings on the Psychiatry Consult Liaison service providing care to patients medically admitted to the hospital. Additionally, she runs the adult proactive psychology liaison (APPL) service providing chart screens for risk of developing PTSD and trauma informed intervention. Dr. Pickenpaugh supervises residents on Psych CL and addiction CL. She assists with special projects and conducts ongoing research. She is an adjunct Instructor with the University of Colorado School of Medicine's Department of Psychiatry. Dr. Pickenpaugh completed her doctoral degree in counseling psychology at the University of Northern Colorado. She completed both her internship and postdoctoral fellowship at Denver Health. Dr. Pickenpaugh specializes in providing trauma informed care to patients in the medically setting.

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

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

Gippert is an Instructor at the University of Colorado School of Medicine, Department of Psychiatry.

Benjamin Ratcliff, PhD is a clinician in the Adult Outpatient Mental Health clinic and serves as a co-leader of the resident seminar series. He completed his doctoral degree in counseling psychology at the University of Utah and his clinical internship in addictions and recovery at the Edith Nourse Rogers Memorial VA Hospital in Bedford, MA. He will complete his postdoctoral fellowship here at Denver Health in September 2024! He specializes in trauma processing and exposure-based interventions, grief facilitation, and relapse prevention.

Daniel S. Schoenwald, PhD is a licensed clinical psychologist on Adult Outpatient Behavioral Health Services (OBHS – AMH team). 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.

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

Erin Soares, PhD is a licensed clinical psychologist and leads the Pediatric Emergency Department and Urgent Care Center (PEDUC) integrated behavioral health service. She also supports psychology residents rotating in Psychiatric Emergency Services (PES). She is an Instructor with the University of Colorado School of Medicine's Department of Psychiatry. Dr. Soares completed her doctoral degree in clinical psychology with an emphasis in child and family studies at Palo Alto University. She completed her internship in the Child Mental Health (CMH) track at Denver Health and an infant mental health-focused post-doctoral fellowship at Denver Health in the primary care setting. Dr. Soares specializes in pediatric psychology, medical comorbidities, and crisis intervention with a focus on prevention and increasing access to care for under-resourced populations.

Zachary Spearman, Psy.D. is clinical supervisor, behavioral health consultant, and a licensed clinical psychologist. Dr. Spearman completed his doctoral degree in clinical psychology at Nova Southeastern University. He completed his internship at Broward Health Medical Center as part of the South Florida Consortium Internship Program and completed his post-doctoral fellowship at Denver Health in Integrated Behavioral Health. Dr. Spearman's clinical interests include promoting wellness in medical settings, as well as addressing anxiety, grief, and chronic pain.

Madison Strauss, PsyD is a licensed clinical psychologist on the Child Mental Health team. She completed her doctoral degree in clinical psychology at Nova Southeastern University and her internship at the Youth Services Department in West Palm Beach Florida. Dr. Strauss then completed her postdoctoral fellowship at Denver Health with outpatient behavioral health services. On the Child Mental Health team, Dr. Strauss focuses on working with children and families and providing psychological

assessment, and she has training in trauma-focused therapy and working with families to manage difficult behaviors in young children.

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

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.

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

Affiliate Faculty

Audra LeBlanc, MSW, LCSW, LAC
Liz Lowdermilk, MD
Rachel Mondragon, MA, NCC, LPC
Ken Novoa, MD
Mindy Paddock, LCSW
Julie Taub, MD
Dale Terasaki, MD
Chris Thurstone, MD

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

I. PURPOSE

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

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

II. POLICY

A. Discrimination is specifically prohibited regarding a person's age, race, color, sex, religion, national origin, ancestry, marital status, sexual orientation, veteran status, genetic information, disability, pregnancy, gender identity, or gender expression. The Denver Health Doctoral Psychology Internship Program prohibits discrimination based on any protected status in regard to any program decision including recruiting, selection, supervision, termination, discipline, testing, training, rotation assignment, compensation, fringe benefits, retirement plans, and all other terms and conditions of program participation. All internship program practices shall be conducted without regard to a person's protected status.

B. The program avoids any actions that would restrict program access on grounds that are irrelevant to success by utilizing screening and evaluation procedures that are the same for all applicants and that consider specific information across all applicants that are relevant to success at this internship program.

C. The program prohibits all forms of sexual harassment. Unwelcome sexual advances, requests for sexual favors, and other physical, verbal, or non-verbal conduct of a sexual nature constitute sexual harassment when:

1. submission to the conduct is an implicit or explicit term or condition of participation in program activities;

2. submission to or rejection of the conduct is used as the basis for a program decision;

3. the conduct has the purpose or effect of unreasonably interfering with a resident’s performance or creates an intimidating, hostile or offensive program environment.

D. All faculty and residents in the training program are expected to conduct themselves in a professional manner at all times. Inappropriate sexual conduct is expressly prohibited by this policy. Such conduct includes, but is not limited to, sexually implicit or explicit communications whether in:

1. Written form, such as cartoons, posters, calendars, notes, letters, e-mail.

2. Verbal form, such as comments, jokes, foul or obscene language of a sexual nature, gossiping or questions about another's sex life, or repeated unwanted requests for dates.

3. Physical gestures and other nonverbal behavior, such as unwelcome touching, grabbing, fondling, kissing, massaging, and brushing up against another's body.

E. Harassment on the basis of any other protected status is also strictly prohibited. This includes verbal, written or physical conduct that degrades or shows hostility or aversion toward an individual because of his or her protected status and that:

1. has the purpose or effect of creating an intimidating, hostile or offensive program environment,

2. has the purpose of effect of unreasonably interfering with an individual's performance, or

3. otherwise adversely affects an individual's internship opportunities.

F. Harassing conduct includes epithets, slurs or negative stereotyping; threatening, intimidating or hostile acts; jokes and written or graphic material that degrades or shows hostility or aversion toward an individual or group based on his or her protected status.

G. Discrimination and harassment training is mandatory for all residents at the start of the program and annually for all internship faculty.

III. PROCEDURES

A. Reporting Harassment, Discrimination and Retaliation

1. Any resident who believes they have been subjected to, witnessed, or has any knowledge of unlawful harassment, discrimination, or retaliation in the internship program shall report the misconduct to the Training Director or to the Training Director’s supervisor. The Training Director will work with the Denver Health and Hospital Authority (DHHA) Administration to promptly investigate and correct any behavior which may be in violation of this policy.

2. Failure to report harassment, discrimination or retaliation could result in discipline up to and including termination from the Program.

3. All complaints will be kept as confidential as practicable.

4. If the Training Director and/or DHHA Administration determines that a resident or faculty has violated this policy, appropriate disciplinary action will be taken against the offending individual up to and including termination from the program.

B. Non-Retaliation Statement

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

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

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

I. PURPOSE

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

II. POLICY

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

III. PROCEDURES

A. Introduction

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

B. Definition of Unsatisfactory Performance and Problematic Behaviors

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

1. An inability or unwillingness to acquire and integrate professional standards into their repertoire of professional behavior.

2. An inability or unwillingness to acquire professional skills in order to reach an acceptable level of competency.

3. An inability or unwillingness to control personal stress, psychological disturbance, and/or excessive emotional reactions which interfere with professional functioning.

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

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

C. Procedures for Responding to Problematic Behaviors and Unsatisfactory Performance

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

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

D. Remediation Alternatives

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

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

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

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

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

E. Resident Due Process and Appeal Procedures

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

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

2. Within seven working days of receipt of the written appeal, the Internship Director, who chairs the Panel, will work with the resident who is making the appeal to appoint an Appellate Review Panel. The Panel will consist of the Chair, two psychology internship faculty selected by the Chair, and two psychology faculty members selected by the resident. If the complaint is against the Training Director, the Training Director's supervisor will appoint a psychology faculty member as Chair. The Denver Health Psychology Internship Faculty is defined as all psychologists who were included in the most recent APA Commission on Accreditation Annual Online Report as Training Supervisors.

3. The Chair is empowered to secure any and all materials and documents related to decision/event/action under appeal and to question persons who may have information helpful to Panel deliberations. A simple majority will decide all appeal decisions. The Chair will cast a vote only in the case of a tie. In addition to the written appeal, the resident may make a personal appearance before the Appellate Review Panel to present oral and/or written testimony or may choose to submit written testimony in lieu of personal appearance.

4. Within seven working days of the adjournment of the Panel the Chair will present the findings and recommendations of the Appellate Review Panel in writing to the Psychology Internship Faculty as a whole and to the Training Director's supervisor. Decisions by the Panel except for termination or suspension are final. For decisions that include termination or suspension the Training Director's supervisor will communicate in writing acceptance of the decision, or may request additional information from the Training Director or from the Appellate Review Panel.

APPENDIX G. POLICY ON COMPLAINTS AND GRIEVANCES

I. PURPOSE

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

II. POLICY

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

III. PROCEDURE

A. Concern and Complaint Procedures for Residents

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

B. Grievances

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

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

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

APPENDIX H. INTERNSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA

Updated August 2024

Program Disclosures

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?	__X___ **Yes** _____ **No**
If yes, provide website link (or content from brochure) where this specific information is presented:	
Please see the ***Application Information & Instructions*** section in the program brochure for details. Briefly, as with all Denver Health employees, being hired is contingent upon the applicant satisfying certain other eligibility requirements. These include a recent/current TB test, a physical exam, and current immunizations (these are usually done at Denver Health). Denver Health also completes a drug screen and consumer background, child abuse database, and criminal investigative report. **In addition, any misrepresentation, misstatement, omission or distortion about your credentials, readiness for internship, professional competence, character, legal, or ethical history may be cause for immediate de-selection, dismissal, or termination from this program.**	

Internship Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:
Denver Health considers applicants from accredited programs in clinical or counseling psychology. Preference is given to applicants with clinical experiences that prepare them to work in similar settings as Denver Health. Our site typically receives over 25 applications per position.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:			
Total Direct Contact Intervention Hours	N	**Yes**	Amount: 500*
Total Direct Contact Assessment Hours	N	**Yes**	Amount: 30

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

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	$41,600	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for intern?	**Yes**	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	**Yes**	No
Coverage of family member(s) available?	**Yes**	No
Coverage of legally married partner available?	**Yes**	No
Coverage of domestic partner available?	**Yes**	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	160	
Hours of Annual Paid Sick Leave	N/A	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	**Yes**	No
Other Benefits (please describe): Psychology interns receive 160 hours of PTO in their bank at the start of internship that is available to use for vacation, sick, and holiday leave. Interns are employees of Denver Health with a range of benefits. See brochure for details.		

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

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2021-20234	
Total # of interns who were in the 3 cohorts	63	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	1	
	PD	**EP**
Academic teaching	4	0
Community mental health center	2	0
Consortium	0	0
University Counseling Center	1	0
Hospital/Medical Center	32	1
Veterans Affairs Health Care System	1	0
Psychiatric facility	2	0
Correctional facility	3	0
Health maintenance organization	0	0
School district/system	0	0
Independent practice setting	8	5
Other	2	1

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