

**UNIVERSITY OF DENVER**

**GRADUATE SCHOOL OF PROFESSIONAL PSYCHOLOGY  
INTERNSHIP CONSORTIUM**

<https://psychology.du.edu/training/internship-consortium>

**APA Accredited**

**Internship Training Handbook  
2020 - 2021**

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This training handbook describes the training program at the University of Denver Graduate School of Professional Psychology Internship Consortium. Questions about the program are

encouraged. This information is current and accurate at the time of printing but may be subject to revision.

### **APA ACCREDITED PROGRAM**

(last site visit 2019; next site visit 2029)

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### **NON-DISCRIMINATION STATEMENT**

The University of Denver strives to create and maintain a community in which people are treated with dignity, decency and respect. The environment of the University should be characterized by mutual trust, freedom of inquiry and expression, and the absence of intimidation, oppression and exploitation. People in this community should be able to work and learn in a safe, yet stimulating, atmosphere. The accomplishment of this goal is essential to the academic mission of the University. Therefore, the University will not tolerate unlawful discrimination, harassment, or sexual misconduct of any kind. Matters of this kind may also be prohibited by a variety of federal, state, and local laws. This policy is intended to comply with the prohibitions of all applicable anti-discrimination laws. For further information, see: <http://www.du.edu/deo/EqualOpportunity.html>

### **ACKNOWLEDGEMENTS**

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## OVERVIEW

### INTRODUCTION

The University of Denver (DU) is located in Denver, Colorado, a metropolitan area and the largest city within a 500-mile radius. Founded in 1864, DU is the oldest private university in the Rocky Mountain region and is fully accredited by the North Central Association. Located "a mile high," the University is 10 minutes from downtown Denver, an hour in each direction from Boulder and Colorado Springs, and less than half an hour from the Rocky Mountains.

Denver is quickly becoming one of the most ethnically diverse cities in the U.S. Census data show that the Denver population includes 11.1% Black or African American, 31.7% Hispanic or Latinx, 2.8% Asian and approximately 1% Native American residents. This diverse community encompasses the historic African American neighborhood of Five Points, "Little Saigon" on the Westside, a thriving Latino and Mexican American community on the Eastside, and a vibrant LGBT neighborhood in Capital Hill. Situated in this energetic metropolitan community, the University is strongly committed to building a diverse and inclusive educational environment, which is in full accord with the value that DU places on Inclusive Excellence. Candidates must demonstrate ability to integrate content relating to, and to work effectively with, ethnically/racially diverse populations. The Chancellor's diversity statement can be viewed here: <https://www.du.edu/about/diversity>.

It is the vision of the University of Denver "to be a great private university, dedicated to the public good. In all that we do, we strive for excellence, innovation, engagement, integrity and inclusiveness." More information about the vision, values, mission, and goals at DU may be found at <https://www.du.edu/about/our-leadership/chancellor/university-vision/index.html>

The Doctor of Psychology program in the Graduate School of Professional Psychology (GSPP) was founded in 1976 and received its initial American Psychological Association (APA) accreditation in 1979. The program has a strong foundation in the practitioner/scholar model of training (e.g., Peterson, Peterson, Abrams, Sticker, & Ducheny, 2010). The psychology internship program at the University of Denver Counseling Center was established in 1984 and was granted accreditation by the APA in 1990. In 1998, the internship moved to an exclusively affiliated model with the GSPP and transitioned to a consortium model in 2001. In 2017, The Consortium became partially affiliated, which currently means which means that preference will be given to some qualified DU students. However, we welcome applicants from other programs and are glad to match with them. Typically, about half of each cohort is from DU and half is from other programs. The Consortium has been APA accredited throughout its existence.

The DU GSPP Internship Consortium consists of six sites in the Denver area, operating together under the direction of the Internship Director. The Consortium is partially affiliated with the DU GSPP PsyD program, as described above. Interns in the Consortium spend four days/week at their internship site and one day/week in shared seminars (either on-campus or at the Consortium sites) taught by various GSPP faculty members, adjuncts, supervisors from the different Consortium sites and the Denver community, and occasionally national experts on various topics. The Consortium has won several awards including the APA Board of Educational Affairs Award for Innovative Practices in Graduate Education in Psychology (2010) and the

National Association of Schools and Programs in Professional Psychology Innovation in Professional Psychology Education Award (2010).

The Internship Consortium is dedicated to diversity and inclusion. Our sites work with underserved communities and provide culturally competent care. Several sites have access to interpreters and sign language specialists with others offering bilingual supervision. Interns participate in a year-long Diversity Seminar that focuses on increasing cultural competence through knowledge, skills, and values/attitudes.

## **INTERNSHIP SITES**

### **Colorado Mental Health Institute at Fort Logan**

<https://www.colorado.gov/pacific/cdhs/colorado-mental-health-institute-fort-logan>

#### Description

The Colorado Mental Health Institute at Fort Logan (CMHIFL) is a 94-bed, state-funded inpatient psychiatric hospital designed to serve a diverse population of adults from throughout Colorado who are struggling with severe and persistent mental illness. Our four treatment units are staffed by multidisciplinary teams and provide individual, group, and family therapy and a range of other treatment services including occupational, recreational, and music therapy and spiritual care. Fort Logan is a multidisciplinary training institute that includes trainees from a wide range of healthcare professions.

#### Mission

The vision of CMHIFL is “to be Colorado’s premier treatment center for individuals with serious mental illness.” Our mission is “to support individuals experiencing serious mental health challenges in achieving their recovery goals and reaching their full potential.” CMHIFL values:

- Individual dignity and respect
- Person-centered, evidence-based care
- Trauma-informed recovery
- Multidisciplinary collaboration
- Diversity and inclusion
- Strong family and community partnerships

An important part of the Fort Logan mission is that the multidisciplinary staff provides recovery-oriented treatment with a strong emphasis on trauma-informed care. We seek to provide services to help stabilize individuals with serious and persistent mental illness and help them transition back to the community and less restrictive environments.

#### Population Served

The Institute serves a highly diverse population of adult Colorado residents (18 and older) who have experienced severe and persistent mental illness. Many of the individuals we serve have been treated in the State’s network of outpatient community mental health centers and have had prior psychiatric hospitalizations. The majority of patients served are admitted to the Institute as a result of civil commitment procedures related to being gravely disabled or deemed to be a danger to self or others. Patients at CMHIFL reflect the racial and ethnic diversity of Colorado and include patients with limited English proficiency.

## Intern Positions

Prior to the affiliation with University of Denver Internship Consortium, CMHIFL had supported an APA-accredited internship since the 1960's. The program accepts three interns who have the opportunity to serve in three different four-month rotations throughout the Institute. While training and experiential activities may vary between rotations, most of the activities below will be available at some point during the training year.

All interns will begin with a *Team Rotation*, where they serve on one of our four treatment units providing individual and group (with the possibility of family interventions as available), as well as participating in the multidisciplinary treatment planning process. The Team Rotation gives the intern experience working with civil commitments and learning Colorado's mental health statute, known as CRS 27-65. Additionally, team based psychology interns may have the opportunity to participate in developing individualized behavior plans (IBPs) for challenging clients. They will also have exposure to supervising a doctoral extern at some point during the year.

Training experiences can include the following:

*Individual Therapy:* Interns carry a small caseload of clients admitted to one of the treatment teams. Interns will have the opportunity to develop ongoing therapeutic relationships with clients and employ a variety of evidence-based interventions that have been shown to be effective in treating SPMI.

*Group Therapy:* Interns may conduct several therapy groups per week on treatment teams, either alone or with a supervisor or other trainee. Such groups may be more therapy-oriented or psychoeducational, based on research-informed protocols that have demonstrated evidence of effectiveness. Interns will also have the opportunity to participate in one or two hospital-wide DBT groups per week if they choose. These groups are comprised of clients from throughout the hospital who have been referred by team psychologists. (Please note that these hospital-wide groups are temporarily on hold due to the COVID-19 pandemic).

*Psychological Testing:* Interns will have the opportunity to conduct integrated psychological assessment batteries throughout the year.

*Civil Commitment Process and Certification:* Interns will observe and participate in the assessment of individuals hospitalized as a result of the civil commitment process. This will involve evaluation of clients, thorough chart review and team consultation, drafting of court documents submitted to various jurisdictions throughout Colorado, and review of legal paperwork with clients. This process, along with the opportunity to observe psychologists' or psychiatrists' testimonies in court proceedings, will allow interns to gain insight into ethical and legal issues that affect our mental health system in Colorado.

*Exposure to Forensic Evaluation:* Interns who select a rotation (major or minor) in Forensic Psychology will have the opportunity to participate and observe activities in our Court Services Division, which provides evaluation and treatment services to a forensic population of individuals who are determined to be Not Guilty by Reason of Insanity (NGRI) or Incompetent to Proceed (ITP) to stand trial. There will also be opportunities to work with adolescents in a forensic setting as of December of 2020. (Please see descriptions of "New Additional Rotation Opportunities" below for more information).

*Participation in Clinical Administration Activities:* CMHIFL has a variety of clinical management committees such as Cultural Competency Committee, Quality Council, Seclusion and Restraint Review, Elopement Committee, etc. Interns with the time and interest to gain experience in clinical administrative activities may request to be invited to participate in such meetings.

*Interdisciplinary Relationships:* One of the great strengths of our program is the opportunity for interns to participate and contribute to interdisciplinary teams. As noted above, our treatment teams include professionals from nearly every healthcare discipline. Our multidisciplinary treatment planning process involves a wide range of professionals and allows for great learning opportunities. Interns will play an active role in the formal treatment planning process.

*Research:* As noted, our treatment program is based on science and evidence-based treatments. Interns are encouraged to develop their own research or evaluation project if interested. The Hospital Management Group (HMG) serves as the IRB for the hospital. Interns bring their proposals first to their supervisor and then the HMG.

Two recent projects involving interns include:

*“Effectiveness of Strong Minds Intervention for Clients with Severe and Persistent Mental Illness”*  
*“Bridging the Diagnostic Divide: Is it trauma or psychosis?”*

New Additional Rotatation Opportunities:

In addition to gaining exposure to working on one (or several) treatment team(s) within CMHIFL (a civil hospital), interns may also gain exposure to forensics if they express interest.

The *Forensic Services* major rotation is designed to provide the student intern with knowledge and experience in adjudicative competency, with particular emphasis on competency to stand trial evaluations. The rotation will develop basic skills in conducting clinical interviews and specialized psychological testing to address specific psycholegal questions. In addition, the intern will be trained in competency restoration treatment and maintain a small caseload of competency restoration patients. Interns may be exposed to issues regarding assessment of sanity and may observe one or more examinations of sanity/mental condition. When possible, interns will be provided opportunities to observe assessments in other areas of interest, including violence risk and forensic neuropsychological evaluations. The intern will also be offered opportunities to observe various duties assigned to the Forensic Community Based Services (FCBS) team, which serves Colorado’s Not Guilty by Reason of Insanity (NGRI) acquittee population. When possible, the intern will be invited to observe expert witness testimony. Completion of this rotation does not constitute sufficient training for independent practice in forensic psychology. This rotation provides introductory training in preparation for continued postdoctoral training and supervision in other clinical settings. Training may include shadowing and observation of evaluations and treatments across various settings, literature review and introduction to assessment measures, treatment tools, and trainings; joint evaluation and report writing, restoration sessions; presentation of an approved topic related to forensic psychology to the department; completion of no fewer than 3 competency to stand trial evaluations, and maintenance of no more than 3 competency restoration patients. Interns will be expected to demonstrate forensic-specific interviewing skills, good understanding of specific diagnostic issues, the production of a clearly written report following the accepted outline, an understanding of best practices in this area, and a functional understanding of other forensic psychology topics such as NGRI, Sanity/Mental Condition, Violence Risk, Forensic Neuropsychology, and so on.



The *Division of Youth Services (DYS)* rotation provides exposures to treating adolescents in a forensic environment. This rotation would be primarily off site, at the Mount View Youth Services Center, a multipurpose juvenile corrections facility located in Lakewood, CO. It serves youth at every stage of the commitment process, from detention through assessment and placement. Youth ages 10-21 may be served by the center, however the majority of youth are between the ages of 16 and 18. Mount View serves youth during their assessment process and also offers programming for short-term stabilization, regression, and long-term treatment. Youth are assessed via a thorough clinical interview and diagnostic evaluation which may include neuropsychological testing. Short-term stabilization is offered through the Endeavor Program to help youth develop skills they need to be successful at a lower level of care/security within about 3 months. Youth who were unsuccessful on parole return to Mount View's Next Step Program, focused on examining barriers that prevented them from being successful and further developing the skills needed to overcome such barriers. Some youth may also be referred to long-term treatment at Mount View, often providing interns the opportunity to provide deeper therapeutic work. Mount View is a 24/7 facility so hours of work will be determined in collaboration with the Mount View Clinical Director and the requirements/restrictions of the CMHI-Fort Logan site and DU Consortium based on the needs of the facility and the team. It is sometimes necessary to arrive early or stay late to complete all tasks that must be addressed on a given day. Clear communication is required with the Mount View Clinical Director, the BHS supervisor, and other colleagues, including regarding leave and tasks that still need to be done. Hours of work on site at Mount View will occur in alignment with the training agreement established between the CMHI-Fort Logan site and the DU Consortium.

### Supervision and Training

Each intern receives a minimum of two hours of individual supervision weekly from their rotation's primary supervisor. The primary supervisor maintains responsibility for the interns' clinical work. Given the structure of our program and frequent use of co-therapy, interns have the opportunity for significantly more time with their primary supervisor. Interns also receive two hours of group supervision per week. The first hour is group clinical supervision ("Supervision of Supervision") with the Assistant Director of Internship Training. The final hour focuses on non-clinical competencies such as Ethics, Diversity, Interdisciplinary Relationships, etc., titled "Professional Issues Supervision." This second group supervision will be with one of the other team psychologists. Interns potentially off site on adult or adolescent forensic rotations would likely still return to CMHIFL for these two hours of group supervision per week (unless other arrangements are made through those off site locations)

### Physical Facilities

CMHIFL is spread out across several buildings on the historic campus of Fort Logan in southwest Denver. There are four distinct treatment units, each housing between 21 and 25 patients. The units, referred to as "teams," each offer similar treatment services and philosophy. The campus houses a full-service medical clinic and a separate neuropsychology-rehabilitation building referred to as the "cottage."

Interns spend much of their time working directly on the client teams. There is also a shared intern office with each intern having their own desk and computer work station. The intern office has comfortable seating for breaks as well as a refrigerator and microwave. This allows for frequent intern interaction and mutual support.

CMHIFL has a small medical library that is accessible to interns. Our medical librarian is able to obtain nearly any needed articles or books through interlibrary loan. Free parking is available to interns on campus. Additionally, the Institute is accessible by bus and is close to RTD Light Rail. CMHIFL is accredited by The Joint Commission and meets all standards established by CMS. Facilities are generally ADA compliant, though as a 50+ year old institution, some areas do not meet all current standards for accessibility.

### **Kaiser Permanente Colorado**

<https://www.kaiserpermanente.org/>

#### Description

Kaiser Permanente is an integrated health care delivery system operated by Kaiser Foundation Health Plan of Colorado and the Colorado Permanente Medical Group, P.C., which together have provided comprehensive health care to Kaiser Permanente Colorado members since July 1969. Colorado Permanente Medical Group physicians provide health care for Kaiser Permanente members. Kaiser Permanente is Colorado's oldest and largest group practice health care organization. The Behavioral Health Department meets with approximately 8.2% of Kaiser Permanente members.

#### Mission

The mission of Kaiser Permanente's Behavioral Health department is to provide quality, culturally sensitive, behavioral health services to members. The goal is to provide treatment that is effective, medically necessary, and most beneficial to our members. Although many of the members are treated using a short-term, goal-oriented approach, a variety of approaches and length of stay in treatment are possible, based on the needs of each member. At Kaiser Permanente's Behavioral Health Department, care is delivered through an interdisciplinary team, which include therapists, physicians, nurses, and intensive services, care management, and crisis teams. Treatment strategies target present difficulties, with the goal of members reaching a satisfactory level of functioning and maintaining activities of daily living. A caring professional relationship is an essential treatment ingredient. As part of an integrated care system, an emphasis is placed on communication and collaboration with other treatment providers within the organization.

#### Population served

Kaiser Permanente Colorado currently serves over 644,000 members. The Behavioral Health Department has four clinics with 69 therapist positions and meets with patients who are insured through Kaiser Permanente.

Based on current data, the Behavioral Health Department sees approximately 6,012 patients per month. These are patients who specifically requested psychotherapy services. About 66% are female and 34% are male. The average age for the patients in Behavioral Health is 36.2 years. Within the Behavioral Health Department, there are also services for autism/developmental pediatrics, chemical dependency, geropsychiatry, eating disorders, and psychiatry. If all services within Behavioral Health are included, then current data demonstrate that the Behavioral Health Department meets with an average of 10,030 patients per month.

While the Behavioral Health Department does not collect specific data on race, Kaiser Permanente has patients self-identify their race. Accordingly, 56.9% of patients identify as

White, 8.9% identify as Hispanic or Latinx, 4% as Black or African American, and 3.2% as Asian. Some patients declined to state their race or the race is unknown. Other patients identified as some other race (3.4%) or two or more races (1.9%).

### Intern positions

For 2021-2022, Kaiser Permanente Behavioral Health offers two full time internship positions -- Integrated Care Specialist (Behavioral Medicine Specialist) position and Transgender Mental Health position

The *Integrated Care Specialist* intern position meets with children, adolescents, adults, and families seen within the Primary Care setting. The focus is on short-term, solution focused interventions with patients who have been referred by the Primary Care team or patients may self-refer. Interns are responsible for seeing the entire age range and all presenting issues that enter Primary Care. An integral part of the role is providing consultation as needed to physicians and other primary care staff regarding the behavioral health needs of the patients. In addition, the intern will have the opportunity to facilitate the chronic pain group, and teach patients with chronic pain alternative skills to managing their pain without opioids. The intern does not need any prior experience working with patients with chronic pain.

For the *Transgender Mental Health* intern position, the patient population consists of children, adolescents, and adults. The intern will provide individual and family therapy for transgender and gender non-conforming children, adolescents, and adults. The intern will learn how to assess gender dysphoria and gender non-conformity along with receiving training in assessment for puberty suppression, hormone therapy, and the full range of gender affirming surgeries according to the World Professional Association for Transgender Health Standards of Care. This intern will also have the opportunity to work in one of the general outpatient behavioral health clinics. The intern will meet with patients with a broad range of presenting problems, including depression, anxiety, trauma, bipolar disorder, relationship concerns, characterological issues, and psychosis. The intern is not expected to have any prior experience working with the transgender population.

The internship program at Kaiser Permanente includes a *major rotation* and three to four *minor rotations*. The intern spends 24 hours in his/her/their major rotation setting and eight hours per week for the minor rotation. The standard options for the *minor rotations* include behavioral medicine specialist (two quarters are required), transgender mental health (two quarters are required), chemical dependency treatment services, eating disorders, geropsychiatry, autism and developmental pediatrics program, and intensive outpatient program. In the past, interns have developed their own minor rotations, which have included oncology and reproductive endocrinology.

The *Behavioral Medicine Specialist* rotation allows the intern to work within a primary care setting as a consultant for the providers, which include physicians, nurse practitioners, medical assistants, and physician assistants. In addition, the intern teaches patients evidence based skills to manage their symptoms, which include depression, anxiety, and stress.

For the *Transgender Mental Health Care rotation*, the intern gains foundational knowledge for culturally competent behavioral health services with transgender and gender non-conforming adolescents and adults. Training includes assessment of gender dysphoria and gender non-conformity, and individual and family counseling with transgender clients. The intern will receive training in assessment for puberty suppression, hormone therapy and the full range of

gender affirming surgeries according to the World Professional Association for Transgender Health Standards of Care.

The *Chemical Dependency Treatment Services rotation* gives the intern the opportunity to learn how the chemical dependency team works with members who are struggling with substances along with other mental health illnesses. The psychology intern may conduct intakes and help co-facilitate substance treatment groups.

For the *Eating Disorders rotation*, the intern collaborates with an interdisciplinary team of professionals who help members struggling with anorexia or bulimia nervosa. The intern works with members for individual or family therapy along with the possibility of co-facilitating a group, such as a DBT group for members with eating disorders.

The *Geropsychiatry rotation* allows the intern to observe and participate in memory screenings and evaluations. The intern gains knowledge about the various memory screenings and tests. In addition, the intern observes the feedback session to the patient and family members.

The *Developmental Pediatrics and Autism Spectrum Disorder rotation* provides the intern the opportunity to work with an interdisciplinary team and to observe and participate in neurodevelopmental evaluations along with comprehensive autism spectrum evaluations. The intern observes the team psychologist conduct consultation and complex treatment planning sessions with families who have children diagnosed with an autism spectrum disorder. In addition, the intern conducts psychotherapy with patients who have been diagnosed with high functioning autism spectrum disorder and comorbid mental health concerns. The intern also observes and co-leads parent psychoeducation groups for families with children who have recently been diagnosed with autism spectrum disorder.

With the *Intensive Outpatient Program (IOP)*, the intern observes and co-facilitates this group, which typically has members who have just been released from the hospital, members who are trying to avoid inpatient hospitalization, or members who are unable to function and/or unable to work. The intern collaborates with the IOP therapist on presenting appropriate skills, such as mindfulness, behavioral activation, or challenging cognitive distortions, to the group members.

The interns also complete four psychological assessments and supervise a practicum student.

### Supervision and training

The interns receive at least four hours/week of supervision by licensed psychologists at the site, including two hours of individual supervision and supervision of supervising an extern. If the supervisor is not immediately accessible, the intern can reach out to another licensed psychologist for clinical support. Depending on minor rotations, the intern may receive additional supervision by another licensed psychologist. The interns also receive testing supervision, with hours varying depending on the complexity of the psychological assessment. The interns also provide supervision to one practicum student on an ongoing basis and receive supervision of that supervision. There are various ways that interns have access to his/her/their supervisor, including in-person, telephone, Teams, confidential in-house e-mail, and chart notes.

The integrated care specialist intern participates in a monthly meeting with the entire Integrated Care Specialist Team. The transgender mental health intern meets with the

transgender team monthly. The interns also have access to the crisis team for consultation. The crisis teams assist the intern and other providers with members who are struggling, including safety and hospital evaluations. Other staff therapists, who are all licensed providers, are available to interns for consultation.

In addition, the interns attend weekly Consortium Seminars at the University of Denver. Interns are invited to any training/workshops provided by Kaiser Permanente staff or outside presenters.

#### Physical facilities

Kaiser Permanente Colorado is housed within 30 medical offices in the state. Each clinic is accessible for individuals with disabilities and in compliance with ADA requirements. In addition, each clinic is certified through the fire department, health department, and meets all regulatory standards for Colorado including having gender neutral bathrooms.

#### **Mental Health Center of Denver**

<http://www.mhcd.org/>

#### Description

The Mental Health Center of Denver (MHCD) is the largest community mental health center in the region, serving approximately 18,000 people each year. While private insurance is accepted, most people served at MHCD have Medicaid, Medicare, or are indigent. Most of the people served have SPMI; many live with complex trauma; and some continue to struggle with substance abuse. Clinical work spans the entire lifespan, with programs focusing on infant mental health to programs offered in nursing homes. The people served represent the cultural diversity in Denver County.

MHCD offers a wide variety of services across the lifespan, including outpatient services, rehabilitation and employment services, community-based services, case management services, forensic based services, integrated and primary care, residential day treatment programs, psychiatric medication management, pharmacy services, school-based services, housing services, and psychological assessment. Services are delivered in a collaborative context on multi-disciplinary teams. MHCD employs over 1000 professionals. The site is proud of the many awards they have won, including the top place to work seven years in a row. MHCD is recognized as a national and innovative thought leader in the treatment, support, and implementation of wraparound services for individuals living with mental illness, with a strong focus on the road to recovery.

#### Mission

The mission of the Mental Health Center of Denver (MHCD) is to enrich lives and minds by focusing on strengths and wellbeing. MHCD strives to be a center of excellence in service to those in the County of Denver who have a serious and persistent mental illness, and who are members of the underserved community. Many individuals served are covered by Medicaid, Child Health Plus, or have no insurance; many are homeless and indigent. MHCD's goal is to enrich the lives of these individuals by focusing upon strengths, recovery, resiliency, and wellbeing. This is accomplished, in part, through a trauma-informed, person-centered, recovery-focused approach that uses evidence-based interventions and practices. MHCD also strives to be

a resource to the greater community through various grants and outreach programs, as well as through education and collaboration with other agencies.

### Population served

MHCD serves over 18,000 people each year, most residing in Denver County, typically presenting with SPMI, and part of an underserved community. There is immense diversity in the client base of MHCD; interns have the opportunity to work with a wide variety of racial, ethnic, and religious diversity along with individuals from different SES backgrounds, and a range of mental, cognitive, and physical disabilities. Clinical work spans the entire lifespan, from infant mental health to geriatric populations.

### Intern positions

MHCD offers *three full-time internship positions* each year: one *Child/Family Generalist* track position; one *Child/Family position (Right Start for Infant Mental Health)*, the infant mental health team; and one *Adult Generalist* track position. Applicants must specify which track they are applying to on their application. Those applying to the adult outpatient track cannot apply to any of the child/family tracks. However, those applying to the child/family tracks can apply to one or both of the rotations. Internship includes a *major rotation*, *minor rotation*, and *psychological assessment rotation*.

The *major rotations* are approximately 20 hrs/week for the entire internship year. Major rotation responsibilities include, but are not limited to, carrying a full clinical caseload (composed of individual, group, and/or family therapy), clinical supervision of one extern, attendance of team meetings, and case management duties (as needed).

*The Child/Family Generalist* track intern will be placed at the West Federal Child and Family Center or the Dahlia Campus for Health and Wellbeing. The Child and Family Outpatient Services team provides family, individual, play, and group psychotherapy for children, youth, and their families. The internship position serves children and adolescents ages 5 through 18. The treatment approach emphasizes family strengths and cultural proficiency along with a trauma-informed integrative therapeutic modality. Treatment interventions use individual clinicians' training and expertise in conjunction with cutting edge evidence-based practices to tailor services to best meet the needs of individuals or families. Adjunctive services offered include access to psychiatric care and case management support. Services are available in both English and Spanish.

*The Right Start for Infant Mental Health* intern will be placed at the Dahlia Campus for Health and Wellbeing. The Right Start for Infant Mental Health team is an outpatient program for pregnant women and families with a child ages birth to five years. The focus of treatment is the dyadic relationship between child and caregiver. The team works exclusively with infants, toddlers, and preschoolers and their families. They offer comprehensive, trauma-informed, family-focused interventions including several evidence-based practices: Child Parent Psychotherapy, Parent Child Interaction Therapy, and Trauma Focused Cognitive Behavior Therapy.

*The Adult Generalist* track intern will primarily be placed at the Wellshire Behavioral Services, an outpatient clinic. Wellshire provides outpatient, psychiatric, and case management services. Services are delivered through a person-centered, trauma-informed care lens that focuses on resiliency, well-being, and individual strengths. Individual and group therapy utilize

evidenced based practices to help those we serve work toward recovery. The intern will primarily work with individuals aged 18 and older, most of whom have SPMI.

*Minor rotations.* The interns will be assigned one secondary rotation, usually of their choice but not guaranteed, that will be 8-10 hours per week. The options include:

Right Start Program for Infant Mental Health (if this is NOT the intern's major rotation)

Specialized psychological assessment (Neuropsychological/Neurodevelopmental/Spectrum testing) (this is in addition to the required psychological assessment rotation)

Crisis Walk-In Center (crisis center that is open 24/7 and serves the public)

Emerson Street (unique outpatient clinic serving emerging adults)

Application Development (part of our information systems team, which focuses on development projects in our Electronic Health Record)

Cultural Diversity and Inclusiveness (research and program development opportunities for diversity and inclusiveness work throughout the entire organization)

Home-Based Family Services (provides intensive in-home and community-based mental health services to families)

Research and Development (opportunity to participate in numerous MHCD research projects, develop an individual project, and/or participate in grant writing)

School Based program (work within the Denver County school districts, providing mental health services to students)

*Psychological Assessment rotation. Psychological Assessment rotation.* Interns complete approximately eight hours per week of psychological assessment throughout the year, to include a minimum of four (but more realistically 6-8) full assessment batteries with written integrated reports. The assessment hours involve test administration, scoring, interpretation, report-writing, and feedback for children and adults. The assessment department employs three specialists: Adult Neuropsychologist, Child Neurodevelopmental Psychologist who specializes in spectrum evaluations (and is trained in the ADOS), and a psychologist who specializes in personality assessments. Assessment rotation includes a heavy emphasis on projective and objective assessment measures for both children and adults

#### Supervision and training

Interns receive at least four hours/week of supervision by licensed psychologists at the site. In addition, each intern provides supervision to one practicum student on an ongoing basis. Supervision at this site generally includes one hour/week with their primary supervisor, one hour/week of supervision of supervision, two hours/week of group and/or individual supervision for the psychological assessment rotation, Rorschach-specific supervision, and additional supervision as needed at the secondary rotation. MHCD has a team approach to supervision, so if the primary supervisor is not immediately accessible, the intern can reach out to another supervisor for help and support. Supervision takes on many forms: one-on-one discussion of

clinical cases, didactic approaches, observation through the one-way mirror, review of video and audio recording, and group supervision review and feedback.

Interns also have ample opportunity for collegial interaction with professionals and trainees in other disciplines. Due to the nature of the multidisciplinary approach at MHCD, interns work on teams composed of (but not limited to) psychiatrists, nurse practitioners, case managers, therapists, social workers, psychologists, office coordinators, and so on.

In addition to the weekly Consortium Seminars, interns participate in weekly staff meetings, often related to clinical and case discussions. There is also a monthly assessment seminar that is led Grand Rounds style, in which both staff psychologists and interns present cases. Interns receive a robust generalist training experience at MHCD. Their training includes, but is not limited to individual therapy, group therapy, family therapy, dyadic therapy, psychological assessment, supervision, training on psychiatric medications, risk assessment (suicide and violence), working with multidisciplinary teams, specific evidence-based practices, trauma-informed care, Mental Health First Aid, and training specific to working with SPMI population.

### Physical facilities

MHCD offers services in more than 30 locations throughout Denver, including multiple outpatient sites such as the Adult Recovery Center and Dahlia Campus for Health and Wellbeing, 24/7 Crisis Walk-In Center, integrated care facilities, 23 residential facilities, four community-based agencies serving the homeless, two resource centers, 10+ public schools, and in-home care for families. All sites are in Denver County and primarily serve Denver County residents, and all are ADA compliant.

### **Nicoletti-Flater Associates**

<https://traumathreatandpublicsafetypsychology.com/>  
[www.nicolettiflater.com](http://www.nicolettiflater.com)

### Description

Nicoletti-Flater Associates (NFA) is a private agency specializing in police psychology, trauma, and threat assessment. The site has a 12-person staff that serves police and fire departments in the Denver metropolitan area and also consults nationally on workplace and school/campus violence.

Services provided by NFA also include conducting pre-employment screenings, assisting in hostage negotiations, threat analysis, educating organizations on communication/de-escalation techniques, and consultation in a variety of areas, including bioterrorism.

### Mission

The mission of the site is to serve as authorities to the local, national, and global community in terms of police psychology, violence detection and disruption, as well as trauma/crisis response and recovery.

### Population served

The size and characteristics of the populations served at this site are extremely varied and offer a diverse experience for interns. From law enforcement officers to community leaders to school officials to company heads, interns are exposed to a variety of unique populations on a weekly



basis. NFA works very closely with law enforcement agencies and has contracted with a number of local law enforcement and fire department agencies to provide counseling services to officers, their spouse or partners, and their dependent children. Issues addressed in therapy vary; however, some of the most common themes include depression, grief and loss, divorce, parenting, anxiety, job related stressors, and general relationship issues.

In addition to providing counseling services, NFA engages with law enforcement as well as government agencies, schools, and corporations to provide trainings on a variety of topics including stress management, workplace violence prevention, peer support, and critical incidents. Staff members also conduct trauma interventions following critical incidents such as suicides, workplace or school shootings, etc. Interns are involved in each of these areas of expertise.

### Intern position

NFA offers one full-time intern position. Opportunities include:

*Consultation/Outreach/Public Speaking.* Interns co-present workshops on topics such as Workplace Violence for corporations, and Crisis Intervention Trainings for police officers in areas such as verbal de-escalation, suicide, and working with special populations. Interns are encouraged to conduct outreach/program development in specialty areas of interest. Corporate consultation for high-risk, high-profile cases offers interns expert training in the role of the psychologist in the consultation process. Interns are also encouraged to participate in the advancement of local/national efforts toward Disaster Preparedness (natural disaster, terrorism, influenza outbreaks, etc.).

*Crisis Intervention.* Interns may attend and co-facilitate trauma intervention and trauma screenings. Flexibility working in non-traditional settings during non-traditional hours (i.e., evenings and weekends) maximizes training opportunities in this area.

*Psychotherapy/Counseling.* Interns carry a small number of clinical cases. Clients are referred from Employee Assistance Program (EAP) contracts with local police departments, fire departments, and local/federal governmental agencies. As contracts cover members of the immediate family, a generalist background working with children, adolescents, couples, families, and individuals is beneficial. Interest or a background in trauma is also helpful.

*Assessment.* The majority of assessments (pre-employment screenings and pre-deployment screenings) must be conducted by a doctoral-level psychologist but interns may assist in this process. Threat assessments are generally conducted by the mental health team. As part of this team, interns often conduct collateral interviews, organize collateral data, and participate in case conceptualization and report writing.

### Supervision and training

Interns receive four hours/week of individual supervision by licensed psychologists and may receive additional group supervision with externs. In addition, they supervise a practicum student and receive supervision on that activity. Interns have access to their supervisor during weekly supervision and are also encouraged to seek out consultation and supervision from other staff members. Interns also receive contact information for all supervisors at the site so they may be contacted at any time, and are encouraged to seek consultation and supervision on

areas of expertise relevant to each staff member even when they are not their primary supervisor.

In addition to the weekly Consortium Seminars, interns are also provided with multiple opportunities to cross train (especially with law enforcement) and to attend (and often present during) conferences and trainings (e.g., International Association of Chiefs of Police). Interns also may write on the NFA police psychology blog, as well as for other outlets, such as peer-reviewed journals.

Of note, this is the only accredited internship program that includes a police psychology site in the United States.

### Physical facilities

NFA has two locations including in Lakewood and Aurora. Both locations include office space for the intern, office supplies, necessary paperwork, HIPAA compliant storage space, and wifi access are available at each location needed. Both are ADA compliant. Interns also spend time in other locations, such as schools, law enforcement agencies, and as necessary across the state and nationally in response to crisis situations.

### **Regis University Office of Counseling and Personal Development**

[www.regis.edu/ocpd](http://www.regis.edu/ocpd)

### Description

Regis University is a Catholic private institution whose commitment to the individual student is fostered through the heritage of a values-centered Jesuit education. This educational model challenges students to attain the inner freedom to make intelligent choices, take leadership roles and make a positive impact in a changing society. The university seeks to provide value-centered undergraduate and graduate education, as well as to strengthen commitment to community service, while nurturing the life of the mind and the pursuit of truth within an environment conducive to effective teaching, learning, and personal development. The Office of Counseling and Personal Development (OCPD) is a university counseling center site. The staff consists of six senior staff, 3-4 trainees, a contract psychiatrist, and our administrative assistant. The OCPD functions as a comprehensive mental health agency for the Regis University student community. Students present to the OCPD with issues ranging from developmental stress to more severe psychopathology.

### Mission

In keeping with the Regis University mission, the Office of Counseling and Personal Development (OCPD) strives to foster adaptive personal development and holistic well-being. The purpose of the OCPD is to promote the mental and emotional health of the Regis Community. This is done by providing therapy, education, training, consultation and referral services to support and empower students in leading balanced, purposeful lives and making a positive impact on the greater community.

### Population served

OCPD provides services to students of the traditional undergraduate school, Regis College, as well as students attending the accelerated nursing, CHOICE nursing, master of biomedical

sciences, physical therapy doctoral, occupational therapy doctoral, and pharmacy doctoral programs. These schools and programs are composed of a total of approximately 3,500 students.

### Intern positions

The OCPD offers one full-time internship position. Interns at this site carry caseloads composed of a few brief and multiple longer-term psychotherapy cases. Individual and group psychotherapy opportunities are readily available; couples counseling availability varies but is often available. Interns also provide brief, solution-focused assessment and counseling for mandated alcohol/drug policy offenders. Interns are required to complete the assessment requirement, of which one can be a full battery with a focus on using assessment to facilitate ongoing therapy (e.g., personality, interpersonal functioning). Interns also conduct mandated substance use assessments to complete the requirement. Additional assessment experience is based on intern interest and availability. Other training opportunities and responsibilities include conducting initial intake assessments, supervising and training of a graduate level trainee, and conducting psycho-educational outreach and training to various groups on campus. Program development (in the form of outreach, institutional assessment, etc.) is an option for those interested.

Training objectives include a focus on interns becoming more self-aware and adept in their interactions with clients, supervisees, colleagues and organizational systems; to develop greater appreciation of and respect for human rights, diversity, and the public interest; and to gain a deeper understanding of the professional roles and social responsibilities that accompany the privileges of a career in clinical psychology.

### Supervision and training

Interns receive a minimum of 4 hours/week of supervision by licensed psychologists. This includes 1.5 hours of individual supervision by their primary supervisor (their supervisor also weekly watches 30-60 minutes of recorded sessions outside of the supervision meetings). They also supervise a practicum student (1.5 hours/week) and receive 1.5 hours of supervision of supervision with the Site Liaison to facilitate their development as supervisors. In addition to these routine supervision meetings, they receive one hour/week of individual supervision of their group, assessment, or other work as applicable. There is also an additional one hour/week of group/team supervision with rotating senior staff members to gain broader perspectives on their work.

Regis has an open-door policy in which all trainees are encouraged to reach out to all staff as wanted/needed for clinical needs as well as for collegial connection. Interns are also urged to work with different staff members for group therapy, outreach, and other clinical programming. This allows interns to get perspectives from all staff regardless of who their individual supervisor is at the time. During slower times of the academic year, interns are encouraged to work on their doctoral project or other areas of desired research or development. The university is moving toward more graduate trainees in other departments which should also build more opportunity for engagement with fellow trainees in other disciplines.

In addition to the weekly Consortium Seminars, interns also participate in weekly Training Seminars at the site that include a broad range of topics and presenters related to student services in higher education, clinical practice, diversity/self-reflection, and so on. This one-hour seminar varies with didactic, experiential, case discussion, and general discussion-based

formats. As part of the weekly general training, seminar interns also meet with representatives of other Student Affairs offices to better acquaint themselves with the broader range of professionals on campus who work with students (i.e., career counselors, disability accommodations coordinator, student health providers, Dean of Students, etc.) and gain knowledge of the resource and systemic aspects of UCC work. In addition, a Substance Use/Trauma/Eating Disorders Seminar occurs for one hour every other week. These seminars are facilitated by OCPD staff specialists with a focus on deepening knowledge and understanding of these complex clinical issues prevalent in university counseling center practice. The format includes didactic presentations, article/chapter readings and review, and case discussion.

### Physical facilities

OCPD shares a building with the fitness center and health center. The offices are located on the ground level in a building that has electronic door opening access at both main entrances. Hallways and offices are compliant for access and include an ADA compliant/gender neutral locker room (with shower, toilet, sink), a stand-alone bathroom in the health center, and an accessible stall in the multi-stall bathroom shared by the building. Main signs have Braille to aid in location identification.

### **University of Denver Health and Counseling Center**

<http://www.du.edu/duhealth/counseling/index.html>

### Description

The University of Denver Health and Counseling Center (HCC) is an integrated center with Health Services, Counseling Services, Health Promotion, and a Campus Recovery Community operating together in collaborative settings. HCC Counseling Services staff members consist of nine senior staff psychologists, social workers and counselors, a half-time director of psychiatry, a part-time psychiatrist, one part-time psychiatric resident, two postdoctoral residents, four psychology doctoral interns, and six to eight graduate student trainees/practicum students. Counseling Services has been in existence for over 40 years at the University of Denver, serving undergraduate and graduate students.

### Mission

The HCC supports the larger vision and mission of the University of Denver and the Student Affairs and Inclusive Excellence division. The Mission of the Student Affairs and Inclusive Excellence Division is as follows:

We are committed to providing students with the support and skills needed to become empowered citizens that positively impact the communities they are a part of, now and in the future. We do so by challenging students to: Reflect on their values and identities; Recognize their strengths and acknowledge areas for future growth; Understand the importance of needing support and seeking it; Cultivate their passions; and Foster the Public Good.

The mission of the University of Denver Health & Counseling Center is to enhance overall student well-being and success through inclusive physical and mental healthcare, prevention, education, advocacy, and recovery support services.

As a comprehensive and interdisciplinary facility, HCC Counseling Services follows a developmental model and has a deep appreciation of diversity and a commitment to foster an anti-oppressive work environment.

### Population Served

The student population is composed of approximately 5,500 undergraduates, and 6,000 graduate students; the population is about 23% ethnic minority and 9-10% international students. Approximately 11% of the 11,500 students at DU present to the HCC each year.

### Intern positions

The HCC offers four full-time intern positions within Counseling Services that provide unique training experiences. Core activities include individual, couples, and group counseling; crisis intervention/emergency services; prevention/consultation/outreach/organizational development; assessment/psychological testing; training/supervision; applied research/quality assurance; and psychiatric evaluation and treatment.

The HCC seeks to provide interns with a strong generalist training, with a range of experiences that contribute to the development of a repertoire of well-integrated skills applicable to a variety of professional contexts. All interns have requirements in psychotherapy, psychological assessment, crisis intervention, outreach/prevention/consultation, and supervision (each intern will supervise a practicum student). In addition, interns, with guidance from their supervisor, may select one minor emphasis area to focus on during the internship year. Example emphasis areas include, but are not limited to, sports psychology, substance abuse, eating disorders, behavioral health, couples therapy, psychological assessment, outreach and consultation, suicide prevention, and working with marginalized populations and/or international students.

### Supervision and training

Each intern receives a minimum of four supervision hours each week with licensed psychologists. In addition, they each provide supervision to a practicum student. Interns participate in two individual supervision sessions each week with a licensed psychologist. They also participate in a weekly one-hour supervision of supervision with two licensed psychologists. They also receive a 90-minute group supervision of assessment with a licensed psychologist and attend one hour of group treatment supervision each week with a licensed psychologist.

One senior staff member at each location is designated as a back-up to the Counselor of the Day (COD). Interns are encouraged to contact the senior staff COD with any questions that require an immediate answer. If the need is not urgent, interns are encouraged to instant message their supervisor through the electronic medical record with any questions or concerns.

In addition to the weekly Consortium Seminars, interns attend a weekly 90-minute on-site seminar. Once a month this seminar is with a psychiatrist and focuses on psychotropic medication. Two times per month the seminar is led by two licensed mental health providers and focuses on issues of Power and Privilege. The fourth seminar each month provides training in critical areas, such as safety planning and trauma and risk assessment. Interns also attend a multidisciplinary meeting with medical staff twice per month to discuss difficult cases shared by medical and counseling. Interns further receive training by the Alcohol and Other Drug Coordinator on Motivational Interviewing, assessment, and intervention with students with substance use issues. Interns also participate in training with both the Behavioral Health Care Consultant and the Sports and Performance psychologist on staff as requested. Interns may choose to have greater involvement in each of these different services and receive more extensive training. Interns receive additional training from the Staff Psychologist focused on Diversity and Inclusion initiatives and may receive more extensive experience if they so choose.

Interns are part of a training group at the HCC that can include social work graduate trainees, masters level counseling psychology trainees, doctoral level counseling psychology trainees, postdoctoral psychology residents, and psychiatric residents. They are involved in training activities as a trainee cohort. Interns are encouraged to consult with primary care physicians, RNs, NPs and PAs regarding shared clients.

Finally, interns are encouraged to attend free conferences offered onsite at DU. Examples of these conferences include The Diversity Summit (attended by all Consortium interns), the Internationalization Summit, and The Women's Conference (Her DU). Graduate programs in Social Work and Clinical Psychology offer low cost lectures each year.

### Physical facilities

HCC Counseling Services is located in two different ADA compliant buildings on the DU Campus: HCC- Ritchie and HCC-Asbury. HCC-Ritchie has elevator access to each floor and two all gender restrooms. HCC-Asbury is on one level and has two all gender restrooms with lower sinks and towel dispensers for wheelchair-bound students, faculty, and staff. Our Administrative Support Team read forms and information to sight-impaired students, faculty, and staff. The HCC has access to sign language interpretation for hearing-impaired students, faculty, and staff. Interns maintain a primary office at the main/Ritchie center location but may run groups or attend supervision at the Asbury location.

### **TRAINING AIMS**

The overarching aim of the Internship Consortium is to build on the skills developed during the doctoral education and training in order to graduate competent entry-level clinical psychologists who can function in a variety of settings and continue to develop professionally throughout their careers. This aim rests on three tenants:

A practitioner-scholar model (e.g., Peterson et al., 2010)

An emphasis on a consortium approach (shared resources)

A developmental philosophy (training that is sequential, cumulative, and graded in complexity)

The practitioner-scholar model (e.g., Peterson et al, 2010) may be described as near the midpoint of a continuum, with practitioner on one end, and scientist on the other. As practitioner-scholars, we emphasize the integration of practice with scientific inquiry, the use of existing research, the view that psychologists are consumers of research, the value of reflective and critical thinking, and the importance of evidence-based treatments. To those ends, interns devote three hours each week to research. This time may be spent on completing the doctoral paper/dissertation, or it may be used to explore evidence-based therapies, or in other ways in which the intern chooses to integrate research with practice. The use of evidence-based treatments is discussed during a Professional Issues Seminar, and on an ongoing basis in supervision. Interns are also required to attend the Research Seminar in which support is given for interns' doctoral papers/dissertations, and a shared project is written and published. The practitioner-scholar model ensures that training in the Consortium focuses on the fact that psychological practice is based on the science of psychology which, in turn, is influenced by the professional practice of psychology.

The consortium approach means that interns will benefit from shared resources and will be trained in a broad range of fundamental skills, with more specialized areas available at the different sites. Interns will usually train all year at one site, but will benefit from vicarious exposure to other interns, professionals, issues, approaches, and ideas from the other sites on a weekly basis during the Friday seminars. Consortium graduates have taken their broadly-based skills into a wide variety of jobs including private practice, community mental health agencies, university counseling centers, employee assistance programs, managed care groups, teaching, and forensic settings.

The developmental philosophy focuses on the professional growth of our interns over the course of the training year. Interns enter the program with a student status but exit as professional colleagues. At the beginning of the internship program, interns complete an Initial Assessment of Intern Competencies form as a starting point for forming goals and individual training plans for the year. Supervision and Friday training seminars tend to be more structured at the beginning of the year, with an emphasis on strengthening existing skills rather than on developing new ones. However, as the year goes on, the emphasis changes to more advanced skills and by the spring quarter, interns are encouraged to take an active role in choosing topics for seminars. The various sites also take a developmental approach to administrative skills, with interns given more advanced tasks as the year progresses. Thus, the developmental approach ensures that training for practice is sequential, cumulative, and graded in complexity.

### **COMPETENCIES, BEHAVIORAL ELEMENTS, AND TRAINING ACTIVITIES**

The nine Consortium competencies with related behavioral elements, required training activities, outcome measurement, and minimum levels of achievement/exit criteria are based on the APA Standards of Accreditation (APA Office of Program Consultation and Accreditation, 2017). Competencies consist of knowledge, skills, and attitudes/values and generally build on and extend those taught in the doctoral program. It is understood that these competencies are consistent with the professional value of individual and cultural diversity, and the existing and evolving body of general knowledge and methods in the science and practice of psychology. The Consortium aims for level-appropriate training and expectations and develops and implements evaluation methods and minimum levels of achievement that are consistent with the Standards of Accreditation.

#### Competency 1: Research

The Consortium recognizes science as the foundation for Health Service Psychology and requires our graduates to demonstrate knowledge, skills, and values/attitudes sufficient to produce new knowledge, to critically evaluate and use existing knowledge to solve problems and disseminate research. This area of competence requires substantial knowledge of scientific methods, procedures and practices.

#### Behavioral Elements

Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local level (including the host institution), regional, or national level

Routinely applies relevant research literature to clinical decision making

### Required Training Activities

Interns are required to participate in Research Seminar (2 hours every other Friday), with a focus on completing their doctoral paper/dissertation as well as a shared research project which is submitted for publication at the end of the year (typically in the *Psychotherapy Bulletin*, the newsletter for APA Division 29 Psychotherapy). They receive an additional 3 hours/week for research during which they may work on their own project, the shared research project, or other research pertinent to their internship site. In addition, research is considered during supervision (a minimum 4 hours/week of supervision with licensed psychologist/s, of which 2 hours may be group supervision).

### Competency 2: Ethical and Legal Standards

The Consortium recognizes that ethical and legal standards are foundational for Health Service Psychology and requires our graduates to demonstrate knowledge, skills, and values/attitudes sufficient to act in an ethical and legal manner in every professional situation.

#### Behavioral Elements

Demonstrates knowledge of and acts in accordance with the current version of the *APA Ethical Principles of Psychologists and Code of Conduct*

Demonstrates knowledge of and act in accordance with the relevant laws, regulations, rules, and policies governing Health Service Psychology at the organization, local, state, regional, and federal levels

Demonstrates knowledge of and acts in accordance with relevant professional standards and guidelines

Recognizes ethical dilemmas and applies an ethical decision-making process in order to resolve the dilemmas

Conducts oneself in an ethical manner in all professional activities

Applies ethical principles to increasingly complex issues with a greater degree of independence throughout the progression of the internship

### Required Training Activities

Interns receive a minimum 4 hours/week of supervision by licensed psychologist/s (of which 2 hours may be group supervision) that includes a focus on ethical and legal standards. In addition, legal and ethical standards are infused into the weekly Friday Seminars. During most years, interns also participate in a day-long Ethics Workshop sponsored by the Colorado Psychological Association.

### Competency 3: Individual and Cultural Diversity

The Consortium recognizes that effectiveness in Health Service Psychology requires that interns develop the ability to conduct all professional activities with sensitivity to multicultural considerations, including the ability to deliver high quality services to an increasingly diverse population. Therefore, interns must demonstrate knowledge, awareness, sensitivity, and skills



when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics. The Consortium 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. The Consortium understands that development of competence in working with individuals of every variation of cultural or individual difference is not reasonable or feasible.

#### Behavioral Elements

Demonstrates awareness: An understanding of how one's own personal/cultural history, attitudes, and biases may affect how one understands and interacts with people who are different from oneself

Demonstrates knowledge: An understanding of the current theoretical and empirical knowledge base relevant to addressing diversity in all professional activities including research, training, supervision/consultation, and service

Demonstrates skills: The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, service, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with one's own

By the end of internship, interns must demonstrate the ability to independently apply their knowledge and approach in working with the range of diverse individuals and groups encountered during internship

#### Training Activities

Interns are given the opportunity to work with diverse populations at their internship sites. They receive a minimum of 4 hours/week of supervision from licensed psychologist/s (of which 2 hours may be group supervision) that includes a focus on individual and cultural diversity. In addition, they participate in Multicultural Seminar every Friday.

#### Competency 4: Professional Values and Attitudes

The Consortium recognizes the importance of professional values and attitudes in Health Service Psychology and requires our interns to respond professionally in increasingly complex situations with a greater degree of independence over the internship year.

#### Behavioral Elements

Demonstrates behavior that reflects the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others

Engages in self-reflection regarding personal and professional functioning

Actively seeks and demonstrates openness to feedback

Engages in activities to maintain and improve performance, well-being, and professional effectiveness

Responds professionally to increasingly complex situations with a greater degree of independence during the progression of the internship

#### Training Activities

Interns receive a minimum 4 hours/week of supervision by licensed psychologist/s (of which 2 hours may be group supervision) that includes a focus on professional values and attitudes. In addition, interns are required to participate in Professional Issues Seminar (2 hours every other Friday).

### Competency 5: Communication and Interpersonal Skills

The Consortium views communication and interpersonal skills as foundational to education, training, and practice in Health Service Psychology. These skills are considered essential for any service delivery/activity/interaction and are evident across our expected competencies.

#### Behavioral Elements

Develops and maintains effective relationships with a wide range of individuals including colleagues, organizations, supervisors, supervisees, and those receiving professional services

Is able to produce and comprehend verbal, nonverbal, and written communications that are informative and well-integrated; demonstrates a thorough grasp of professional language and concepts

Maintains difficult communication; possesses effective interpersonal skills

Responds professionally to increasingly complex situations involving communication and interpersonal skills with a greater degree of independence throughout the progression of internship

#### Training Activities

Interns are given the opportunity to interact and communicate with a wide variety of individuals and communities throughout internship, including clients, intern colleagues, supervisors, and Friday Seminar leaders. Interns receive a minimum 4 hours/week of supervision by licensed psychologist/s (of which 2 hours may be group supervision) that includes a focus on communication and interpersonal skills. In addition, interns are required to participate in weekly Friday Seminars including Professional Issues Seminar (2 hours every other Friday).

### Competency 6: Assessment

The Consortium recognizes the importance of assessment competence for Health Service Psychology. This includes competence in conducting at least 4 integrated reports using

evidence-based assessments, attending to diversity characteristics, gathering relevant data using multiple sources and methods, conceptualizing assessment findings, and communicating results effectively.

### Behavioral Elements

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 best available empirical literature and that reflect the science of measurement and psychometrics; collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient

Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases and distinguishing the aspects of assessment that are subjective from those that are objective

Communicates verbally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences

Responds professionally in increasingly complex assessment situations with a greater degree of independence throughout the progression of internship

### Training Activities

Assessment is conducted differently at each site within the Consortium, with the minimum requirement of four integrated reports/year (although some sites require far more). Depending on the site, evaluations may include full personality batteries or be focused on eating disorders, substance abuse/dependency, sex offenses, risk assessment, and/or neuropsychological impairments. Interns receive a minimum 4 hours/week of supervision by licensed psychologist/s (of which 2 hours may be group supervision) that includes a focus on assessment. In addition, interns are required to participate in weekly Friday Seminars, including Assessment Seminar (1 hour/week).

### Competency 7: Intervention

The Consortium recognizes the importance of developing and maintaining competence in evidence-based interventions consistent with the scope of Health Service Psychology. Intervention is defined broadly to include but not be limited to psychotherapy. Interventions may be derived from a variety of theoretical orientations or approaches. The level of

intervention includes those directed at an individual, family, group, community, population, or other system

#### Behavioral Elements

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

Demonstrates the ability to apply 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 consistent with ongoing evaluation

Responds professionally to increasingly complex intervention situations with a greater degree of independence throughout the progression of internship

#### Training Activities

As with assessment, intervention is conducted somewhat differently across sites within the Consortium, but each intern has ample opportunity to practice a wide variety of interventions under supervision (a minimum of 4 hours/week of supervision by licensed/psychologist/s of which 2 hours may be group supervision) that includes a focus on evidence-based intervention. In addition, participation in the required Friday Seminars also includes considerable discussion of evidence-based intervention with a variety of populations and within a variety of settings.

#### Competency 8: Supervision

The Consortium views supervision as grounded in science and integral to the activities of Health Service Psychology. 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. Supervisors act as role models and maintain responsibility for the activities they oversee.

#### Behavioral Elements

Demonstrates knowledge of supervision models and research

Applies this knowledge in direct practice with practicum student supervisees

#### Training Activities

Each intern is required to supervise at least one practicum student (at some sites in the Consortium, interns may provide both individual and group supervision to multiple practicum students). Interns are supervised on their supervision by licensed psychologist/s either in individual or group supervision at their site. In addition, each intern is required to present a supervision case during Professional Issues Seminar (held on Fridays), during which interns give and receive feedback about their development as supervisors.

### Competency 9: Consultation and Interprofessional/Interdisciplinary Skills

The Consortium views consultation and interprofessional/interdisciplinary interaction as integral to the activities of Health Service Psychology. 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.

#### Behavioral Elements

Demonstrates knowledge of and respect for the roles and perspectives of other professions

Applies this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior

#### Training Activities

Each intern in the Consortium has opportunities to provide direct (and simulated practice examples) consultation and development of interprofessional/interdisciplinary skills. This includes role-played consultation with other interns, peer consultation with other interns (on site and/or during the weekly Friday Seminars), and actual supervision/consultation to practicum student supervisee/s. As with the other competency areas, each intern receives a minimum 4 hours/week of supervision (of which 2 hours/week may be group supervision) in which consultation and interprofessional/interdisciplinary skills are discussed.

## **OUTCOME MEASUREMENT, AND MINIMUM LEVELS OF ACHIEVEMENT**

### Outcomes

#### Proximal

Outcomes for interns are measured by written evaluations three times/year (completed online by primary supervisors with input from secondary supervisors and Friday Seminar leaders, along with self-evaluations, and separate evaluations that are completed by practicum student supervisee/s).

Outcomes for the program are gathered by the Internship Consortium Director when she meets with the interns individually and as a group three times/year to receive verbal feedback, and during the twice/year Consortium retreats that include site liaisons and supervisors, and Friday seminar leaders. In addition, supervisors are evaluated in writing by interns three times/year.

### Distal

Outcomes for interns on all competency areas are measured by licensure rates and employment data. In addition, interns are expected to complete their doctoral paper/dissertation in a timely manner and to share a publication credit for their shared research project completed during Research Seminar.

Outcomes for the program are measured by anonymous training evaluations given to the interns, site supervisors, and Friday seminar leaders at the end of the training year, and on anonymous training evaluations of alumni before every accreditation site visit.

### Minimal Levels of Achievement/Exit Criteria:

For interns to graduate from the Consortium, they must complete 2080 hours (including leave), and receive a "3" ("demonstrates readiness for entry to practice") on all competency areas on the final written evaluation by their primary supervisor (with input from secondary supervisors and Friday Consortium seminar leaders). In addition, completion of the requirements in any developmental or probation plan must be met prior to graduation.

### **STIPEND AND LEAVE**

Each intern is expected to complete 2080 total hours (a minimum of 45 hours/week). Due to the nature of the internship program, interns are prohibited from any employment during the internship. **PLEASE NOTE THAT INTERNS ARE STUDENTS, NOT EMPLOYEES OF EITHER THE CONSORTIUM OR THE INDIVIDUAL SITES.**

#### Stipend

The stipend for interns is \$32,000.00. Each intern is formally titled "Intern" or "Resident" depending on the site. Positions require a minimum 45 hours per week and include the leave allowances listed below:

#### Leave

*Holidays:* Interns have 9 holidays (following the DU schedule). With permission from their site, they may switch these days if they choose to take them elsewhere in the year.

*Paid Time Off:* Interns are permitted 15 paid time off days, to be used for vacation, sick leave, professional days, or other leave as desired by the intern. Site supervisors must be notified in advance of leave plans. A leave form needs to be submitted to and approved by the primary individual supervisor with a copy given to the Internship Training Director.

*Research:* interns are allowed 3 hours per week for research. These hours may be accrued for no more than one month at a time, and are generally given on Friday afternoons, after Consortium seminars. In addition, interns are required to attend the weekly Research Seminar.

### **HEALTH CARE AND INSURANCE**

*Health Care:* Interns are eligible for medical care through the DU Health and Counseling Center (HCC). The Quarterly Health and Counseling Fee is waived for interns. Benefits include: No charge for unlimited HCC primary care medical office visits. Interns may come in as often as needed to consult with staff physicians or other medical providers. Specialist consultations are also available in gynecology, nutrition, and dermatology according to the benefits provided by the Student Health Insurance Plan (SHIP) (See HCC and SHIP brochures for a full description of the benefits of the Health and Counseling Fee and the SHIP).

*Health Insurance:* Interns are enrolled in the SHIP at no charge through the University of Denver.

## **IDENTIFICATION CARDS**

*Photo ID Cards:* DU Photo ID cards are provided for interns and serve as identification cards along with providing purchasing privileges at the bookstore, cafeterias and for athletic events.

By using their DU photo-ID cards, Consortium interns have unlimited access to DU's 2,000,600 volume (5,400 subscription serials) University Libraries at the Anderson Academic Commons, located in the main campus. They also have borrowing privileges at the Westminster Law Library (350,000 books and 3,000 journals) in the Lowell Thomas Law Building at DU's College of Law. Under a reciprocal borrowing system, trainees have limited borrowing privileges at Denison Library, an 86,000 volume (2,000 journal titles) medical library located near DU at the University of Colorado Health Sciences campus. DU's Ritchie Sport and Wellness facility (including tennis and racquetball courts, weight room, rock climbing wall, ice-skating rink, and natatorium) is available to interns for an additional fee.

## **RECORDS**

The Consortium evaluates interns and supervisors three times/year using an electronic format within the GSPP Students Teachers Alumni Records (STARS) system. Any developmental or probation plans are also filed electronically in STARS. Most interns are also required by their sites to keep a calendar of their meetings with clients, as well as other meetings accessible by their direct supervisor. They also submit monthly logs that document their time. Supervisors keep files that also includes a record of their periodic reviews and weekly supervision notes.

## **FACILITIES**

At most sites, each full-time intern has her/his own office, which is furnished similarly to the offices of professional staff. Offices contain a desk, desk chair, telephone, side chairs, and other typical office accessories. Administrative support services and office supplies are available as needed. Each training site has observational capability and interns have access to computers and the internet.

For further information regarding physical facilities, please refer to the separate sections on each site listed above.

## **HOUSING AND RECREATION INFORMATION**

Reasonably priced housing is available in a variety of locations in the Denver area. Various cultural events are featured by the Colorado Symphony Orchestra, Opera Colorado, and the Denver Performing Arts Complex. Denver is home to the Broncos, Rockies, Nuggets, Explosion,

Rapids, and Avalanche athletic teams. In addition to the Zoo and Botanic Gardens, Denver has many museums and amusement centers. Year-round recreational activities include hiking, fishing, rock-climbing, and cross-country and downhill skiing.

## **TRAINING STAFF**

### Consortium Internship Director and Seminar Leaders

*Jennifer A. Erickson Cornish, Ph.D., ABPP* (Internship Director; Leader, Professional Issues Seminar; Research Seminar Co-Leader)

Professor; Director of Clinical Training and Internship Consortium, DU GSPP

California School of Professional Psychology, Los Angeles, 1982

Theoretical orientation: Psychodynamic, Interpersonal, Integrative

Interests: Training and supervision, ethics, multiculturalism, group modalities

*Lavita Nadkarni, Ph.D.* (Research Seminar Co-Leader)

Associate Dean; Professor; Director of Forensic Studies, DU GSPP

Adelphi University, 1995

Interests: Psychoanalytic psychotherapy; psychological assessment; forensic psychological theory and practice; child custody; separation and divorce; treatment of children from non-intact families; grandparents rights; child abuse and neglect; adolescent truancy; psychologist as expert witness; PTSD, disability and law enforcement assessments; cultural issues in forensic psychology

*Claire Poole, Psy.D.* (Assessment Seminar Co-Leader)

Independent Practice, Denver

University of Denver Graduate School of Professional Psychology, 1981

Theoretical orientation: psychodynamic, attachment, interperson, systems, behavioral analysis

Interests: Psychological assessment, ADHD, attachment issues

*Ashley Sward, Psy.D, IMH-E.* (Assessment Seminar Co-Leader)

Licensed Clinical Psychologist, Flourish Psychology, LLC, and Faculty at CU School of Medicine

University of Denver Graduate School of Professional Psychology, 2014

Theoretical orientation: Interpersonal, Emotion-focused Systems, Trauma-focused CBT

Interests: Children and families, assessment, infant and maternal mental health

*Crosby Troha, Psy.D.* (Multicultural Seminar Co-Leader)

Senior Clinical Instructor, University of Colorado Medical School and Children's Hospital Aurora

University of Denver, 2011

Interests: Diversity and social justice, Latinx psychology, immigration and acculturation, early childhood and infant mental health, perinatal mood and anxiety disorders, integrated pediatric primary care, grief and loss, and training and supervision

### Colorado Mental Health Institute at Fort Logan (CMHIFL) Supervisors

*Diana Luckman, PhD* (Consortium Site Liaison)

Team Psychologist & Assistant Director of Internship Training

University of Northern Colorado, 2014

Theoretical orientation Humanistic (Existential), integrating DBT and ACT in practice

Interests: SPMI and the under-served (specifically homeless and refugee populations), trauma, eating disorders, DBT and Borderline Personality Disorder



*Janet Dodd, PhD*

Team Psychologist

University of Mississippi, 1982

Theoretical orientation: Cognitive-Behavioral, eclectic orientation

Interests: Dissociative disorders, SPMI, trauma

*Angela R. Gutjahr, PsyD*

Team Psychologist

Spalding University, 2007

Theoretical orientation: Interpersonal/Existential/Cognitive Behavioral

Interests: SPMI population, DBT, Borderline Personality Disorder, Trauma Recovery

*Laurie Risley, PsyD*

Team Psychologist

Nova Southeastern University, 1998

Theoretical orientation: Cognitive-Behavioral

Interests: Psychiatric Rehabilitation/Recovery, Motivational Interviewing, Mindfulness practices

*Ashley Gunterman, PsyD*

*Forensic Psychologist*

Director of Jail Based Competency Restoration

University of Denver, 2015

Theoretical Orientation: Psychodynamic

Interests: Competency evaluation, competency restoration, violence and sexual violence risk assessment, expert witness testimony, and personality assessment.

#### Kaiser Permanente Colorado Supervisors

*Luisa Bryce, Psy.D.*

Psychologist and Lead Therapist, Kaiser Permanente Colorado

Argosy University/Phoenix, 2009

Theoretical orientation: Cognitive Behavioral

Interests: Psychological assessment, evaluation and treatment of neurodevelopmental disorders (specifically autism spectrum disorder in females), family systems work, and dialectical behavioral therapy as a dyadic approach (teen and caregiver)

*Amanda Bye, Psy.D.*

Psychologist, Kaiser Permanente Colorado

University of Denver, Graduate School of Professional Psychology, 2005

Theoretical orientation: CBT

Interests: Health psychology, high risk adolescents, assessment

*Jodi Cummins, Ph.D.*

Clinical Psychologist, Kaiser Permanente

University of Denver, Graduate School of Professional Psychology, 1998

Theoretical orientation: Cognitive-Behavioral

Interests: Acute exacerbations of chronic mental health conditions, inpatient treatment

*Christina Fixari, LCSW*

Behavioral Health Operations Director, Integrated Services, Kaiser Permanente

University of Denver, 2000

Theoretical orientation: Family systems and CBT

Interests: Child and Adolescent Mental Health, Substance Abuse, Interdisciplinary Care

*Carrie Howard, LCSW*

Clinical Social Worker, Kaiser Permanente

University of Chicago, 2002

Theoretical orientation: Cognitive-integrative, Person-centered, Solution focused incorporating third generation psychotherapies

Interests: Treatment of eating disorders, partial hospitalization, intensive outpatient, and outpatient settings

*Aaron Ketchum, Psy.D.*

Psychologist, Kaiser Permanente Colorado

University of Denver, 2004

Theoretical orientation: Behavioral

Interests: Anxiety disorders, exposure therapy, motivational interviewing, psychosocial recovery, mindfulness, acceptance and commitment therapy

*Julie E. Kobayashi-Newberg, Ph.D. (Consortium Site Liaison)*

Clinical Psychologist and Lead Therapist, Kaiser Permanente

California School of Professional Psychology, Alameda, 1993

Theoretical orientation: CBT, Solution-focused, DBT

Interests: Mentoring/supervising students, elderly, couples, and creating psycho-educational programs

*Sally Kwitkowski, LCSW, LAC*

Chemical Dependency Therapist, Kaiser Permanente

University of Denver, 2011

Theoretical orientation: Cognitive behavioral therapy, Motivational Enhancement Therapy, Trauma focused chemical dependency treatment (seeking safety)

Interests: Substance use disorders, co-occurring disorders, particularly the intersection of trauma and addiction

*Cindy Lee-Lopez, Ph.D.*

Behavioral Medicine Specialist, Kaiser Permanente Colorado

California School of Professional Psychology, Fresno, 1998

Theoretical orientation: CBT, Solution-focused, Family Systems

Interests: Integrated care, medical issues, anxiety, aging

*Carrie Lyons, LMFT, LAC*

Therapist, Kaiser Permanente

Oklahoma State University, 1997

Theoretical orientation: Systems

Interests: Substance abuse, couples and family therapy, working with adolescents

*Sara M. May, Psy.D.*

Psychologist, Kaiser Permanente Colorado

University of Denver, Graduate School of Professional Psychology, 1998

Theoretical orientation: Integrative

Interests: General mental health, eating disorders, trauma, EMDR, DBT, and working with Spanish-speaking patients

*Abbie Miller, Psy.D.*

Psychologist, Kaiser Permanente

University of Denver Graduate School of Professional Psychology, 2003

Theoretical orientation: Cognitive behavioral and dialectical behavioral therapies

Interests: Child and family evaluation and treatment, early childhood development, and treatment of anxiety disorders

*Darla Oglevie, LPC, MA, LAC*

Mental Health Therapist, Kaiser Permanente

University of Northern Colorado, 2001

Theoretical orientation: Integrative

Interests: CDTs

*Joy Parrish, M.A., LPC*

Manager, Kaiser Permanente Colorado

University of Denver, 2003

Theoretical orientation: Cognitive Behavioral, Solution-focused

Interests: Family systems work, adolescent/child psychology, EMDR/trauma work, DBT, couples counseling, animal-assisted therapy

*David Peterson, LPC*

Intensive Outpatient Therapist

Regis University, 2012

Theoretical orientation: Integrated Humanistic/CBT/Narrative and trauma informed/EMDR trained

Interests: DBT (especially mindfulness), trauma treatment, EMDR, psychodynamic/family of origin work

*Rachel St. Claire, Ph.D.*

Staff Psychologist, Kaiser Permanente Colorado

Wright State University, School of Professional Psychology, 1988

Theoretical orientation: Behavioral with emphasis on Acceptance and Commitment Therapy interventions

Interests: Gender non-confirming children, adolescents and adults; clinical consultation to primary care/endocrinology/surgery departments; transgender clinical case issues; training mental health and medical staff in transgender cultural and clinical care

*Ethan Selvig, LCSW*

Intensive Outpatient Therapist

University of Denver, 2008

Theoretical orientation: Third wave Cognitive Behavioral Therapy, Trauma informed therapy, Gestalt psychology

Interests: Acute populations and trauma recovery

*Cindy Silvis, Ph.D.*

Psychologist, Kaiser Permanente

University of Northern Colorado, 1998

Theoretical Orientation: Solution focused; Cognitive Behavioral

Interests: Eating disorders; women's issues; family therapy; supervision of clinicians

*Michael Tobin, Ph.D.*

Psychologist, Kaiser Permanente

Hofstra University, 1996

Theoretical Orientation: Cognitive-Behavioral

Interests: Treatment of individuals with anger concerns and related disorders, treatment of individuals with chronic mental illness, and anxiety disorders.

#### Mental Health Center of Denver Supervisors

*Shannon Bekman, Ph.D.*

Psychologist, Mental Health Center of Denver

Arizona State University, 2009

Theoretical orientation: Integrative with roots in attachment and psychodynamic theories

Interests: Infant mental health, early childhood trauma, child abuse/neglect, dyadic infant-parent psychotherapy, parent-infant attachment, foster care in early childhood

*Jamie Brenner, Psy.D.*

Psychologist, Mental Health Center of Denver

University of Denver GSP

Theoretical orientation: Eclectic with cognitive-behavioral and intersubjective underpinnings.

Interests: Child and adolescent psychotherapy and assessment, therapeutic assessment, developmental disabilities, psychological trauma, and immigration evaluation.

*Kathryn Dunham Coughlin, PsyD, ABPP (Clinical Neuropsychology)*

Clinical Neuropsychologist/Neuropsychology Assessment Coordinator, Mental Health Center of Denver

Forest Institute, October, 2014

Theoretical orientation: Biopsychosocial

Interests: Epilepsy/Psychogenic spells, Aging/Neurodegenerative Disorders, Neurocognitive implications of trauma, Performance Validity

*Lindsey Marcus, Psy.D.*

Assistant Program Manager and Licensed Psychologist, Mental Health Center of Denver

University of Denver, Graduate School of Professional Psychology, 2013

Theoretical orientation: Integrative/psychodynamic/humanistic psychology

Interests: Strength-based therapy related to non-suicidal self-injury, trauma, identity and life transition, mood and anxiety disorders; psychological assessment (personality testing, career/vocational, cognitive/memory functioning, LD Testing); training/teaching

*Odessia Knowles, PhD*

Licensed Psychologist, Child and Family Outpatient Services

Utah State University

Feminist-Multicultural Approach

Trauma, couple and family systems, veterans, mentoring and supervision, cultural knowledge

*Samantha McBride, Psy.D.*

Lifespan Psychologist – Child & Family Outpatient Services, Mental Health Center of Denver

Pacific University School of Professional Psychology, 2013

Theoretical orientation: Cognitive-behavioral

Interests: EMDR therapy; animal-assisted therapy; forensic psychology; trauma and anxiety; working with children and adolescents

*C.J. McKinney, Ph.D.*

Director of Information Services, Mental Health Center of Colorado  
University of Northern Colorado, 2011

Theoretical orientation: N/A

Interests: Applied statistics

*Linda Montagna, PsyD*

Licensed Clinical Psychologist, Clinical Supervisor, Adult Psychological Assessment Services  
Coordinator, Mental Health Center of Denver  
Divine Mercy University, 2013

Theoretical orientation: Psychodynamic/Attachment- and Trauma-Informed/Interpersonal

Interests: Therapeutic and psychological assessment with children and adults (e.g., personality assessment, cognitive functioning, neurodevelopmental assessment (e.g., autism, ADHD, IDD, etc.), LD); adult individual and couples psychotherapy utilizing various methodologies (e.g., Accelerated Experiential Dynamic Psychotherapy (AEDP), Emotion-Focused Therapy (EFT) for Couples; Interpersonal Psychotherapy; Acceptance and Commitment (ACT) and other mindfulness-based approaches, etc.); Trauma Therapy for Complex PTSD and Dissociative Disorders; Positive Psychology and Strengths-Based Assessment, Psychotherapy, and Clinical Supervision.

*Scott Nebel, Psy.D.*

Psychologist, Mental Health Center of Denver  
University of Denver Graduate School of Professional Psychology, 2008

Theoretical Orientation: Humanistic/existential

Interests: Children and families, emerging adults, community mental health, deaf and hard of hearing services, culture & diversity, substance abuse, juvenile justice, supervision, program development, resilience

*Kimberly Pfaff, Psy.D. (Consortium Site Liaison)*

Director, Psychology Training Services, Mental Health Center of Denver  
University of Denver Graduate School of Professional Psychology, 2009

Theoretical orientation: Psychodynamic/self-psychology/positive and relational psychology

Interests: Therapeutic and psychological assessment (personality testing, cognitive/memory functioning, LD, ADHD Testing); risk assessment; suicide and violence prevention; training/teaching/supervision and professional development; mindfulness psychology; therapy related to women's issues, trauma, struggles related to life transitions, and development of sense of self

*Margaret (Meg) E. Picard, Psy.D*

Licensed Psychologist/Bilingual Therapist, Mental Health Center of Denver

University of Denver, Graduate School of Professional Psychology, 2012

Theoretical orientation: Psychodynamic and Family Systems (Infant Mental Health)

Interests: Infant and early childhood mental health (caregiver-child relationships and attachment), Spanish-speaking clinical services and population, effects of immigrant status on families, grief and loss (specifically during pregnancy and newborn period), child development, postpartum depression and anxiety, trauma, young children in foster or kinship care, women parenting in recovery (substance abuse), Child Parent and Infant Parent Psychotherapy (EBP)

*Michelle Roy, Ph.D.*

Psychologist, Mental Health Center of Denver

University of South Dakota, 2010

Theoretical orientation: Integrative: trauma informed, family systems, psychodynamic

Interests: Infant mental health, trauma in young children, teenage parenting

*Leslye C. Steptoe, Ph.D.*

Vice President of Diversity and Inclusiveness, Mental Health Center of Colorado

University of Colorado, 2011

Theoretical orientation: N/A

Interests: Diversity, multiculturalism, educational foundations, policy, and practice

*Marissa VanDover, M.A.*

Program Manager, Mental Health Center of Denver

University of Central Florida, 2009

Theoretical orientation: Person Centered/CBT/Solution Focused

Interests: Crisis intervention and stabilization, suicide prevention, individual and family therapy and women's health

*Meghan Wilde, Psy.D*

Licensed Psychologist, Mental Health Center of Denver

Alliant International University, California School of Professional Psychology, 2010

Theoretical orientation: Cognitive Behavioral Therapy

Interests: Gerontology, co-occurring disorders, life transitional issues across the life span

Nicoletti-Flater Associates Supervisors*Evan Axelrod, Psy.D., ABPP*

Police/Clinical Psychologist, Nicoletti-Flater Associates

University of Denver Graduate School of Professional Psychology, 2002

Theoretical orientation: Behavioral

Interests: Police and Public Safety/forensic psychology, trauma, violence, threat assessment, pre-employment screening, fitness-for-duty evaluation

*Mariya Dvoskina, Psy.D.*

Psychologist, Nicoletti-Flater Associates

University of Denver, 2016

Theoretical orientation: Integrative

Interests: Threat assessment, trauma and crisis intervention, peer support team supervision, communication and de-escalation, training

*Jaclyn Miller, Psy.D.*

Psychologist, Nicoletti-Flater Associates  
Massachusetts School of Professional Psychology, 2009  
Theoretical orientation: Emotion-focused

Interests: Forensic and police psychology, violence risk assessment, psychological assessment, trauma, adult and child psychopathology, substance use disorders, and severe mental illness

*John Nicoletti, Ph.D., ABPP (Consortium Site Liaison)*

Director, Nicoletti-Flater Associates  
Colorado State University, 1972

Theoretical orientation: Cognitive behavioral

Interests: Threat assessment, violence interruption, police psychology, trauma, pre-employment screening for high stress occupations and environments, bioterrorism

*Rachel Nielsen, PsyD*

Psychological Services Staff, Nicoletti-Flater Associates  
University of Denver GSPP, 2018

Theoretical orientation: Behaviorism

Interests: Threat assessment, police psychology, trauma, the prevention and intervention of targeted violence (For example, school shootings, identity-based violence, domestic terrorism), forensic issues, and behavioral assessment and intervention

*Debra Tasci, Psy.D.*

Police Psychologist, Nicoletti-Flater Associates  
University of Northern Colorado - Greeley, 1998

Theoretical Orientation: Psychoanalytic, attachment, & systems

Professional Interests: Certified EMDR therapist; advanced level of Emotionally Focused Therapy for couples; AEDP – Level I & enrolled for Level II; aviation psychology/medicine; substance abuse professional for DOT

#### Regis University Office of Counseling and Personal Development Supervisors

*Melissa Auringer, Psy.D. (Consortium Site Liaison)*

Interim Director, Regis University Office of Counseling and Personal Development  
Baylor University, 2010

Theoretical orientation: Integrative (Interpersonal, feminist, multicultural, DBT/CBT), empowerment model

Interests: Women's issues, trauma, diversity, training/supervision

*Gina Carlson, Psy.D.*

Staff Psychologist, Office of Counseling and Personal Development, Regis University  
University of Denver, Graduate School of Professional Psychology, 2011

Theoretical Orientation: Psychodynamic

Interests: Generalist, depression/anxiety/trauma, relationship issues

*Amy Ginsberg, Psy.D.*

Staff Psychologist, Regis University Office of Counseling and Personal Development  
University of Denver GSPP, 2012

Theoretical orientation: Modern-day psychodynamic (particularly self-psychology)

Interests: LGBTQ issues, young adults, eating disorders, and times of adjustment/transition

*Rebekkah Goodman-Williams, MSW, LCSW*

Staff Counselor, Office of Counseling and Personal Development, Regis University  
University of Denver, Graduate School of Social Work, 2013

Theoretical Orientation: Interpersonal psychotherapy and Humanistic psychotherapy (also Dialectical Behavioral Therapy in skills based work)

Interests: Eating disorders, Trauma/EMDR, Attachment/Family of origin work, Anxiety, Self-esteem, Relationships issues

*Marsha Tafoya, Ph.D.*

Staff Counselor, Regis University Office of Counseling and Personal Development  
Utah State University, 2016

Theoretical Orientation: Multicultural/Feminist Theoretical orientation with a Holistic approach

Interests: Diversity/Multiculturalism, Social Justice Issues, Acculturative Stress, Low Income/First Gen College Students, Identity Development, Outreach, Supervision and Training, Complex Trauma

*Laura Thompson, Ph.D., LPC*

Staff Counselor, Regis University Office of Counseling and Personal Development  
Syracuse University, 2015

Theoretical Orientation: Humanistic, Integrative

Professional Interests: Substance abuse (Certified Addiction Counselor), college student mental health, mindfulness, and intercultural adjustment

#### University of Denver Health and Counseling Center Supervisors

*Nahed Barakat, Psy.D.*

Staff Psychologist/Coordinator of Diversity and Inclusion Initiatives, University of Denver Health and Counseling Center

University of Denver Graduate School of Professional Psychology, 2014

Theoretical Orientation: Behavioral (incorporating ACT, Humanistic/Existential theory, and CBT)

Interests: College students, anxiety, depression, OCD, grief & loss, health psychology

*Chaney Cook, Psy.D. (Consortium Site Liaison)*

Associate Director of Counseling Services, University of Denver Health and Counseling Center  
University of Denver Graduate School of Professional Psychology, 2001

Theoretical orientation: Family systems/psychodynamic

Interests: Self-mutilating behaviors, personality disorders, relationship issues

*Anand Desai, Psy.D.*

Staff Psychologist/Group Therapy and Outreach Coordinator, University of Denver Health and Counseling Center

University of St. Thomas, Minneapolis, MN, 2012

Theoretical orientation: Integrative (modern relationally psychodynamic, interpersonal process, multicultural, Emotion-focused, Attachment theory, some ACT principles)

Interests: College counseling, group therapy, couples therapy, grief/loss concerns, relational trauma, experiences of oppression/discrimination, sexual assault/dating violence, family of origin concerns, disordered eating, relationship concerns, identity concerns



*Briana M. Johnson, M.A., N.C.C., L.P.C., L.A.C*

Staff Counselor/Coordinator of Alcohol and Other Drug Support Services, University of Denver Health and Counseling Center

Denver Seminar, 1988

Theoretical orientation: Behavioral

Interests: Substance use disorders prevention and treatment; gender identity issues

*Marjorie Lavin, M.D.*

Psychiatrist, University of Denver Health and Counseling Center

Cornell University, 1979

Theoretical orientation: Biopsychosocial

Interests: Psychopharmacology, alternative therapies

*Annie Leibovitz, Psy.D.*

Sports and Performance Psychologist, University of Denver Health and Counseling Center

Pacific Graduate School of Psychology - Stanford School of Medicine Consortium

Theoretical Orientation: Cognitive Behavioral

Interests: Sports and performance psychology, rehabilitation, PTSD, health psychology, addiction, neuropsychological assessment

*Wendy Morrison, Ph.D.*

Assessment Coordinator and Staff Psychologist, University of Denver Health and Counseling Center

University of California, Santa Barbara

Theoretical Orientation: Integrative / third wave behavioral and interpersonal

Interests: Therapeutic Assessment, Behavioral Health, Depression, Latino Culture

*Carolee Nimmer, Ph.D.*

Staff Psychologist, University of Denver Health and Counseling Center

Virginia Polytechnic Institute and State University, 1987

Theoretical orientation: Social learning theory

Interests: Eating disorders, personality disorders, chronically suicidal, and PTSD

*Jacaranda Palmateer, Psy.D.*

Director of Counseling Services, University of Denver Health and Counseling Center

University of Denver, Graduate School of Professional Psychology, 2005

Theoretical Orientation: Psychodynamic/integrative

Professional Interests: College counseling, treatment of trauma and sexual assault, grief counseling, couple's therapy, learning disabilities and giftedness, eating disorders, group treatment

*Kayla Rodriguez, LCSW*

Coordinator of CAPE Advocacy Services, University of Denver Health and Counseling Center

University of Denver Graduate School of Social Work

Theoretical Orientation: Trans theoretical, with orientations in: Ecological Systems Theory, Feminist Theory, and Psychodynamic Theory

Professional Interests: Client-centered, strengths-based, trauma-informed, and mindfulness-based approaches. Trained in EMDR, ACT, DBT, mind-body interventions, and animal assisted interventions. Specific areas of interest include: trauma, interpersonal violence, depression, anxiety, grief, identity development, interpersonal issues, and animal assisted social work.

*Jennifer Schroeder, LCSW*

Behavioral Health Consultant, University of Denver Health and Counseling Center

University of Denver Graduate School of Social Work

Theoretical orientation: Systems and CBT

Interests: Behavioral health care; crisis services

## SELECTION

### SELECTION CRITERIA

#### Overall criteria for the Consortium

*Academic Record:* Preference for 3.5 GPA and above

*Clinical/Counseling Experience:* Preference for 800+ advanced practicum hours (prefer to have at least some hours in a relevant site; 2+ integrated assessment reports). Minimum requirements include 400 intervention hours, 30 assessment hours, and minimum 3 years in graduate program prior to internship

*Scholarship:* Fit with practitioner-scholar model; doctoral paper/dissertation proposal must be accepted prior to the internship

*Diversity/Multicultural interest/experience:* If a DU GSPP student must have completed the year-long diversity sequence at the GSPP (4 courses); preference for students with strong interest in diversity

*Match with site:* Must show evidence of desire to train with site (not just a need to be in Denver); preference for previous related experience; preference for desire to work in a related setting

*Writing skills:* Preference for evidence of good writing skills (professional, organized, articulate) as shown in application materials

*Letters of recommendation:* Must have three letters of recommendation (at least one from a professor or instructor and at least one from a field supervisor); prefer candidates who are "recommended highly without any reservations"

*Intangibles:* Prefer students who are flexible, team players, mature, and open to feedback. Students who can speak a second language, have won special awards and honors, and/or who show apparent personality strengths are also preferred in the selection process

#### Consortium site criteria

##### *Colorado Mental Health Institute at Fort Logan*

Preference is given to applicants with a demonstrated history of interest and experience in working in the public sector with adult clients experiencing serious and persistent mental illness (SPMI). Experience working in a community mental health center, psychiatric hospital, forensic setting, or Veteran's Administration Hospital would be good preparation for this site, *though it isn't required*. We have limited capacity to train students in the administration of standard psychological assessment techniques so we strongly prefer students who have had at least 100 hours of assessment experiences and administered at least five integrated testing reports,

including using the WAIS, MMPI, etc. Experience with projective testing is not required, though interns will have the opportunity to administer a Rorschach (if they have been previously trained).

#### *Kaiser Permanente Colorado*

Kaiser prefers candidates with interest in working in a solution-focused manner and using evidence based interventions. In addition, completion of a psychopharmacology class is preferred. Ideal interns are highly motivated, self-initiating and demonstrate good self-awareness. Please note that Kaiser requires candidates to be a US citizen or permanent resident.

#### *Mental Health Center of Denver*

MHCD takes up to three interns per year. It is a highly competitive training site. Applicants for the adult track must have sound clinical experience with individual adult and group therapy and must have some experience working with individuals with a serious and persistent mental illness. Candidates for the infant and general child track must have sound clinical skills working with children, families, and adolescents who have economic and multiple systems issues in addition to severe mental health issues.

Overall, it is desirable to the site when interns have strong projective, cognitive, and personality assessment skills and (if a GSPP student) to have taken all the cognitive, projective, and personality assessment classes offered at the GSPP (including Rorschach experience). Experience working with people who have experienced trauma is highly beneficial. It is also helpful for applicants to have knowledge and/or training of evidence-based practices, including trauma-informed and person-centered approaches. Applicants who have been the most successful are highly motivated, flexible, self-starters who work well independently and with teams, professional, self-aware and insightful, eager to learn, able to work in fast-paced environments, and open to challenges.

#### *Nicoletti-Flater Associates*

Professional experience with law enforcement is a plus but not required. Previous trauma work is also encouraged. Experience and comfort with public speaking is strongly recommended. Applicants who would likely succeed at this site are flexible, self-motivated, and have a sense of humor. Those who need a lot of direction and/or want a firm schedule each week would likely struggle. This site is often called to critical incidents, which can certainly never be planned; therefore, the intern must be flexible and willing to assist the team in whatever manner is most needed, whether that is covering a training or being sent to the scene.

#### *Regis University Office of Counseling and Personal Development*

Internship applicants are encouraged to have an interest in and experience working with late adolescents and young adults. Experience working in a college counseling center is a definite benefit but not a requirement. Interns who are successful at Regis and tend to gain the most from the experience are self-starters who have a solid grasp of the fundamentals of mental health issues and therapeutic interventions while looking to gain experience in a variety of areas, including crisis management, outreach presentations, and consultation with faculty and staff, as well as a professional identity as a therapist. The successful candidate will be self-aware and eager to explore what she/he/they bring(s) to the therapist role.

#### *University of Denver Health and Counseling Center*

Applicants are required to have an adequate number of hours with adult clients (600+ is best) and previous experience with college-aged student is a plus. Previous assessment experience is required with a minimum of two adult integrated test reports. Group, crisis, and outreach

experience is desirable. The DU HCC looks for students who have generalist skills as well as the ability to work in a fast-paced and busy environment, and specific areas of interests that are applicable to the college population.

## **SELECTION PROCEDURES**

### Overall selection procedures for the Consortium

The DUGSPP Internship Consortium participates in the Association of Psychology Postdoctoral and Internship Centers (APPIC) national match (using National Matching Services). All selection procedures will be conducted within the guidelines of APPIC. If matched with a site, the candidate must intern at that site. Applications must include:

Completed APPIC Application for Psychology Internship (AAPI) available online at <http://www.appic.org>. This application includes:

A cover letter outlining your interest in the internship. The letter should be addressed to Dr. Jenny Cornish, Internship Consortium Director, and within the letter, the names of the sites desired should be indicated (as many or as few sites as desired). Please note that for the MHCD site only, applicants may apply to the child tracks OR the adult track, but not to both, so the desired track/s should be included in the cover letter

At least three APPIC Standardized Reference Forms from persons with direct knowledge of the candidate's academic work and supervised field experience and/or related work experience

In addition, a copy of a psychological assessment report (with confidential information deleted) is required to be submitted as supplemental material

The selection committee consists of the senior staff at each site. Sites interview all candidates who appear to be a fit for their program. Interview times, format, and questions will be determined by each site. Candidates will also be encouraged to talk with current interns about their training experiences on an "off the record" basis. Current interns will not be part of the selection committee and will have no selection authority. When interviews are concluded, site supervisors will submit confidential rank order lists to the Internship Consortium Director who will input them into the National Matching Services computer system.

The Internship Consortium will make consistent and sincere efforts to recruit, select, and retain diverse intern candidates. The training program will contact diverse students at the GSPP on a regular basis to solicit their opinions on ways the internship consortium could be more attractive to them. In all selection activities, attempts will be made to support the principles of diversity.

The Consortium will avoid recruiting or selecting intern candidates who might have problematic multiple role relationships with the site staff where conflicts of interests are to the detriment of the student. The internship is committed to upholding the *APA Ethical Principles and Code of Conduct*.

The Consortium follows all APPIC procedures. We will not solicit or use first choice statements.

The University of Denver participates in affirmative action programs to which GSPP and the Internship Consortium enthusiastically adheres. People with diverse backgrounds are especially encouraged to apply.

The internship lasts a full calendar year, beginning in late July or early August, and ending in August approximately a week before DU commencement.

#### Consortium site selection procedures

##### *Colorado Mental Health Institute at Fort Logan*

All applications received are reviewed by a team of psychologists. Each reviewer rates an application on a 1-5 scale, with 5 being the highest rating. The categories rated are:

- Clinical experience
- Assessment experience
- Assessment summary
- Academic, research, and professional activities
- Diversity
- Goals and objectives
- Professional characteristics

From the pool of applicants, CMHIFL typically invites up to 25 candidates for in-person interviews. In-person interviews are preferred, though we recognize the financial burden of traveling to Denver for out-of-area candidates and we can arrange Skype interviews as needed. Whether in person or via Skype, candidates generally have two separate interviews with different members of the psychology staff and are rated on a 5-point scale on the following dimensions:

- General preparation for the interview
- Interpersonal skills
- Clinical knowledge and experience
- Fit

Following the interview process, the entire psychology staff ranks the candidates for the APPIC match.

##### *Kaiser Permanente Colorado*

The site liaison reviews all written application materials to decide which candidates qualify and are a good fit with an internship at Kaiser Permanente Colorado Behavioral Health. Each application is rated based on the following: theoretical orientation, experience, assessment, letters of recommendation, and professionalism. Each category is rated on a scale of 1 to 3, with 3 being excellent, 2 being average, and 1 being below average. The top candidates are then invited for a 20-minute telephone interview with a member of the training team. Based on the written application and the telephone interview, the top 15-20 candidates are invited for an in-person interview. The in-person interviews are half days and involve meeting with the training team. In addition, Kaiser Permanente provides lunch and has a lunch panel highlighting the training opportunities at Kaiser Permanente. The current intern also meets with the applicants to share his/her training experiences at Kaiser. The training team discusses the applicants and they are rank ordered by the training team.

##### *Mental Health Center of Denver*

A standardized approach to review of applications is used in which applicants are awarded points based on certain benchmarks for parts of the application (e.g., 2 points if more than 5 integrated assessment reports, 1 point for 1-4 reports, 0 points for no reports). The point system includes multiple aspects of clinical, research, and scholarly activities that applicants include in their standardized application. The point system is combined to a total score, which represents Tier 1 of the application review process.

The intern applicants who pass Tier 1 (minimum of 500 therapy hours, 100 assessment hours, and 8 integrated assessment reports) are then thoroughly reviewed by a group of MHCD psychologists and ranked for goodness of fit based upon a student's skill set, life experience, cover letters, letters of recommendation, and interest and experience in working with individuals who present in a community mental health setting. Applicants who meet MHCD criteria are offered interviews, usually in December and early January. One day is dedicated to child and family positions; the other day to the adult position. The intern applicants are asked to dedicate an entire day for the interview process: an overview presentation to all applicants in the morning, a panel with secondary rotation supervisors (allowing for Q&A), group psychological assessment interview, and individual interviews for primary rotations in the afternoon. The applicants are also encouraged to meet with and talk to current interns over the lunch break, which is provided by MHCD. The applicants are interviewed by two psychologists during individual interviews. A standardized list of interview questions (and associated scoring system) are asked of all applicants. The applicants are then rank ordered by the interview team, integrating feedback from panel members, other presenters, and the scores from the group assessment interview.

#### *Nicoletti-Flater Associates*

Applicants will be required to attend a group interview, which will most likely take place in December. There may be a second round of individual interviews as well for top candidates.

#### *Regis University Office of Counseling and Personal Development*

Following selection of final candidates (via AAPI application review), students are invited in for a half-day (approximately four hours) on-site individual interview. This consists of an individual interview with senior staff, an individual interview with the training coordinator, an opportunity to meet with the current intern to ask questions in a confidential setting, and a group lunch with senior staff.

#### *University of Denver Health and Counseling Center*

After an initial review of APPIC applications, selected candidates are invited for a half day visit (approximately 3 hours) and participate in an individual interview, an information session, an information session with the current interns, and a Counseling Services lunch. Intern applicants are generally interviewed in mid-December.

### **DISCLOSURE STATEMENT/BACKGROUND CHECKS**

Internship applications may be discussed among the GSPP faculty and staff as well as various staff members at the member sites. If selected into this program, internship files (including application, written evaluations, and so on) will be shared with APA site visitors during any accreditation visits.

Interns selected at the CMHIFL, Kaiser, MHCD, and DUHCC sites will be required to submit background checks prior to beginning training. These checks may include (but are not be limited to): social security number verification, felony and misdemeanor (primary and secondary court

search), seven-year residency history based on given addresses and others found from the Social Security verification (including all names), sex offender – national, national criminal record file – adjudicated, and federal criminal record.

In addition, at the Kaiser site, interns must submit the following 4 weeks prior to the internship start date: proof of negative TB test or negative chest x-ray within the last year or a negative chest x-ray within the year if unable to be skin tested for TB; proof of 1 Measles, Mumps, Rubella immunizations or Titer test; proof of Chicken Pox vaccination/physician's documentation of disease or Varicella Titer; a minimum of the first and second in three Hepatitis B series; Confidentiality Agreement; learn kp.org training completion document (when applicable), HIPAA attestation form (signed); eligibility to work in the U.S. (United States citizen or Permanent Resident); date of birth and full social security number. Interns at Kaiser will be required to have the flu shot unless the intern has a documented medical reason.

At the DU HCC site, interns will need to provide MMR documents, Hep B documents, History of Varicella, and a recent TB test. Failure to pass background checks and/or provide necessary documentation may result in revocation of internship offer.

CMHIFL is a state-operated facility that requires a national criminal background check and drug screening. All candidates who match will still need to clear both processes before beginning internship. According to State policy, any individual convicted of a criminal offense involving violence, domestic violence, sexual behavior, child abuse, third degree assault, or assault on a child by a psychotherapist will be excluded from internship. Further, any individual who screens positive for any illicit substances or benzodiazepines/opiates/amphetamines without a valid prescription will be excluded from internship. PLEASE NOTE: Although recreational marijuana is legal in Colorado, it is still illegal under federal law. As such, applicants who test positive for marijuana, with or without a prescription, will be ineligible, and won't be able to begin the internship. CMHIFL also requires an annual flu shot. The only exception is either a written medical exemption from a physician explaining the medical contraindication or a signed religious exemption request that is reviewed by the CDHS Center for Equal Opportunity and Risk Management.

## **COMMUNICATION WITH ACADEMIC PROGRAMS**

During the intern selection process, verification of intern candidates' readiness for internship is required on the AAPI from the Director of Clinical Training consistent with APPIC guidelines.

Following a candidate's match with the Consortium, the Consortium Internship Training Director writes a formal letter of acceptance, with a copy to the site liaison (and a copy to the academic Director of Clinical Training if not a GSPP student) which is placed in the intern's electronic file. This letter outlines formal procedures for apprising the GSPP of the student's progress with the internship site.

During the internship, the Internship Training Director is in regular contact with the Consortium sites, the Consortium Seminar leaders, the GSPP PsyD academic program director, and other Directors of Clinical Training for students not from the GSPP as needed. The DU GSPP Student Advocate is always available to interns on a confidential basis. Please see Due Process and Grievance Procedures section of this Handbook for further information.

Copies of every all written evaluations are kept online. Copies of written evaluations are sent to outside Directors of Clinical Training for students who are not from the GSPP.

## **TRAINING AND SUPERVISION**

### **ORIENTATION**

Each site is responsible for orienting its interns within the first month of the training year. In addition, the Internship Training Director organizes a one-day orientation attended by all interns as well as the Consortium Seminar leaders and other relevant DU staff members (e.g., the student health insurance coordinator).

### **SUPERVISION**

The DU GSPP Psychology Internship Consortium takes a developmental approach to training and supervision. Interns are viewed as colleagues-in-training, with consideration for each intern's individual needs and skill level. The internship year is viewed as a transitional one in which interns move from the role of student to that of a professional. Faculty and staff members are committed to helping that transition be as stress-free as possible. Interns are encouraged to use the internship year to challenge themselves in the supportive environment of the training program.

The Consortium supports a variety of therapeutic approaches within a framework that maintains the therapist-client relationship as central to effective intervention. Similarly, the supervisor-intern relationship is central to effective supervision. If the intern and the supervisor are to grow professionally and personally, this relationship must be one of mutual trust, respect, honesty, and commitment to sustaining the relationship.

The primary supervisor for each intern is a licensed psychologist who carries clinical responsibility for the intern's cases. One major training role of the primary supervisor is to insure quality of care in service delivery. The primary supervisor provides at least two hours of supervision per week. All areas of the interns' work are discussed in supervision, including intakes, counseling/psychotherapy, consultation/outreach, crisis intervention/emergency coverage, psychodiagnostic assessment and testing, ethics, work with diverse populations, applied research, and paperwork. The supervisor also serves as advocate and consultant and assists the intern in decisions related to professional development.

Interns receive a minimum 4 hours of supervision/week. This includes at least 2 hours per week of individual supervision from a licensed senior staff psychologist at their internship site. Interns are matched with individual supervisors at the beginning of the training year based on site and rotation or concentration areas. In addition to individual supervision, interns receive an additional 2 hours of individual or group supervision each week at their internship site.

Interns are observed directly by their supervisors on a regular basis. This may include videotaping, observation behind a two-way mirror, and/or co-leading psychotherapy (e.g., group therapy).

It is also expected that interns will interact with the other training staff members at their site on a regular basis. For instance, interns may co-lead a therapy group with another staff member. Faculty and staff present to the Professional Issues Seminar. Interns are exposed on a regular basis to a range of role models and theoretical orientations. This encourages interns to expand their perspectives and to better define the conceptualizations that fit for them. Faculty and



staff members are encouraged to challenge interns' assumptions, promote experimentation and creativity and provide the enrichment of new perspectives.

It is recognized that interns experience new stressors as they cope with transitions in their professional lives. The training staff seeks to be supportive of interns during this process. Recommended reading for all staff include articles related to the developmental stresses of internship training (Kaslow & Rice, 1985; Lamb et. al. 1983).

Interns also provide 1-2 hours per week of supervision to practicum students. Since many practicum students at the Consortium sites are from the same academic programs as the GSPP interns, particular attention is given to potentially problematic dual roles. It is preferred that GSPP interns not supervise practicum students from the PsyD program at the DU GSPP, but rather students from other programs (e.g., the DU Counseling Psychology program, the DU Graduate School of Social Work, the DU GSPP MA in Forensic Psychology program, or non-DU programs altogether). In any case, interns may not supervise practicum students with whom they have had or are likely to have any personal or social relationship.

For more specific information about how supervision is conducted at each Consortium site, please refer to their sections in this Handbook listed above.

### Supervisory Checklist

When the following items have been covered in supervision, the intern is ready to receive case assignments:

DSM and ICD review

Review of all forms (depending on site) including: receipts, scheduling, leave request, intake forms, consultation packets, progress notes, psychiatric referral forms, emergency forms, termination summary, release of information forms, etc.

Intake procedures: Interns should observe a training staff member (live or on tape), and then tape an intake session (or audio or role-play) for their supervisor to observe. Supervisees should discuss disclosure, fees, groups, confidentiality, therapy model, etc.

Assessment of Competencies Forms should be filled out online

Discussion of multicultural issues in supervision needs to be completed (See Multicultural Supervision Guidelines, in this Handbook).

Completion of disclosure statement with the following information:

Heading: Disclosure Statement

Name

Title

Education

Licenses (if any)

Experience (brief description)

Name and license number of supervisor

### Ongoing Supervisory Responsibilities

Monitor scheduling on a weekly basis.

Co-sign all chart notes, intake evaluations, case closing summaries, psychological testing reports, etc.

Review audio and/or videotapes, and/or participate in live observation or co-therapy (at least twice/month).

Supervise all clinical and nonclinical work.

Monitor use of PTO (with copies of all leave forms to the Internship Consortium Director or a staff member as designated).

Ensure that all evaluations are completed in a timely manner.

### Multicultural Supervision Guidelines (Developed by Terri Davis, Ph.D.)

Questions you as a supervisor may ask yourself before discussing multicultural (MC) issues with your supervisee:

What are the facets of my own worldview?

What is my allegiance to the culture of psychology, which is based on White, middle-class values? See Katz (1985) article.

Review your history as an intern under supervision. Recall how each supervisor was similar and different from you in terms of visible demographics. Were there any conversations about these similarities/differences? If so, were the discussions pleasant, proactive, and early in the relationship or reactive and tense after something negative had occurred? What were the immediate effects on you? What were the long-term effects?

As you review your history as an intern, do you bring any active and pertinent attitudes toward any groups, which might impact your current role as supervisor?

Review your history with clients. Do you remember any of them specifically because of a particular characteristic and/or difference between the two of you? What transference/countertransference issues were raised? Were they disclosed and discussed in supervision?

As you review your history as a counselor, do you bring any active and pertinent attitudes toward any group(s) that might impact the clinical supervision of your supervisee's client load? Assess which group(s) of MC clients would be easiest for you to supervise, which group(s) would be hardest, and if necessary, which group(s) you believe you should not supervise at this time.

Review your history as a supervisor. What type of supervisee would be new to you and how would you acknowledge and discuss the newness of the situation?

Regardless of your supervisee, are there any personal cultural features you think will be important to discuss?

Do you understand how MC issues are addressed (or not addressed) by your theoretical orientation? Could you recall specific ways in which you have dealt with clients different from yourself or clients with clinical issues that were culturally specific? Could you explain your stance on addressing MC clients and MC-specific issues to your supervisee? Do you know enough about the MC stance taken by other theoretical orientations to understand your supervisee's stance/experience?

If your supervisee has the same visible characteristics as you (i.e., the same ethnicity, gender, age range), will you be able to acknowledge the similarities and discuss the possibility of over-identification? Will you also be able to explore other relevant differences -visible and invisible - that might impact the supervisory relationship?

If your supervisee is visibly different from you, will you be comfortable enough to acknowledge the differences early in the relationship and discuss personal/professional history (yours and his/hers) that might impact the relationship?

Review any class notes you have about MC counseling considerations and supervision.

Questions you as a supervisee may ask yourself before discussing multicultural issues with your supervisor:

Review any class notes you have about MC counseling considerations and supervision.

What are your own cultural features that you feel comfortable discussing and believe would be relevant to the supervisory relationship and in your client work?

Review your history as a supervised intern. Recall how each supervisor was similar and different from you in terms of visible and invisible demographics. Were there any conversations about these similarities/differences? If so, were the conversations pleasant, proactive, and early in the relationship or reactive, tense, and after something negative had occurred? What were the immediate and long-term effects on you?

As you review your history as an intern, do you bring any active and pertinent attitudes toward any group(s)/issues which might impact your current role as a counselor?

Review your history with clients. Do you remember any of them specifically because of a particular characteristic and/or differences between the two of you? What transference/countertransference issues were raised? Were they disclosed and discussed in supervision?

As you review your history as a counselor, do you bring any active and pertinent attitudes toward any group(s)? Assess which group(s) of MC clients and/or specific issues would be easiest to work with, which group(s) issues would be hardest, and if necessary, which group(s)/issues you believe you should not work with at this time.

Do you understand how MC issues are addressed (or not addressed) by your theoretical orientation? Could you recall specific ways in which you have dealt with clients different from yourself or clients with clinical issues that were culturally specific? Could you explain

your stance on addressing MC clients and MC-specific issues to your supervisor? Do you know enough about the MC stance taken by other theoretical orientations to understand your supervisor's stance/experience?

Suggested points of discussion before supervisee sees first client:

Discuss MC similarities and differences between supervisor and supervisee.

Discuss the nature of supervision and how MC issues will be addressed between supervisor/supervisee and supervisee/client.

Discuss the supervisee's history with MC clients and issues. Make decisions based on comfort and competence of both your supervisee and the supervisor, regarding which clients the supervisee can work with early in the year and which clients need to wait until later in the year, and which clients should not be seen at all.

Explain the supervisor's role in balancing clinical knowledge/development and culture-specific knowledge.

Explain the necessity of exploring MC issues within supervision (between supervisor/supervisee and supervisee/client) and how openness can be facilitated. Explore ways clinical conceptualizations, treatment plans, and the therapeutic process can be discussed, without a supervisee's competence being questioned (unless necessary). Discuss the need of supervisee to express discomfort when necessary.

For graduate student interns with an intern supervisor, review that their clinical work (which may include MC issues) will be shared with the Internship Training Director and other interns.

Discuss ways the supervisor can be supportive of the supervisee's culturally specific personal concerns (holidays observed by supervisee, communication patterns, etc.).

Discuss supervisee's desire for additional mentoring and support (i.e., suggest professional organizations, journals, campus activities, site staff and activities, etc.).

Throughout the year:

Discuss supervisee's perception of supervisor's support of MC issues - within supervision and with clients. Evaluate balance between supervisor being sensitive to, but not overemphasizing, MC issues.

Discuss counselor values as they relate to and/or impact clients' values.

Explore need for any consultation with the Multicultural Director and/or other consultants, if necessary.

## **CONSORTIUM TRAINING SEMINARS**

Professional Issues Seminar meets for two hours every other week (alternating with Research Seminar) and is led by a variety of speakers from the GSPP, the Consortium sites, and other local and national psychologists. Topics covered include: licensure, ethics, job-search strategies,

evidence-based practice, private practice considerations, supervision, and so on. Dr. Jenny Cornish (Internship Consortium Director) coordinates this seminar.

Research Seminar is co-led by Drs. Jenny Cornish and Lavita Nadkarni (GSPP faculty members), is held two hours every other week (alternating with Professional Issues Seminar) and emphasizes support for doctoral papers as well as a yearly group project. Recent group projects have included papers published in the *Psychotherapy Bulletin* on a variety of topics including supervision during internship, student loan debt, and career considerations.

Multicultural Seminar meets for 1.5 hours per week and is co-led by psychologists with multicultural expertise. The purpose of this seminar is to informally explore personal and professional issues pertaining to multiculturalism, mainly using experiential exercises such as target journeys. Another focus area is on multicultural competency in treating diverse clients. The seminar is co-led by Drs. Fernand Lubuguin (GSPP faculty) and Crosby Troha (psychologist at the University of Colorado medical School and Children's Hospital Colorado).

Assessment Seminar is held one hour every week and includes training in clinical interviewing and all aspects of psychological testing (e.g., administration, scoring, interpretation, and written and oral reports). Students will be expected to present one case and one assessment topic over the course of the year and participate in discussions and case consultations. This seminar will cover various types of psychological testing including personality, cognitive, forensic (civil and criminal), and neuropsychological. This seminar is co-led by Drs. Claire Poole (Independent Practice) and Ashley Sward (Independent Practice and CU Med School) and may include expert guest speakers from the community.

Intern Lunch is held one hour each week. The interns meet with each other for lunch and bonding purposes.

DU colloquia and seminars sponsored by the Graduate School of Professional Psychology, the Counseling Psychology Program, and the Graduate School of Social Work are generally open to interns. Interns are also invited to University-wide lecture series and are required to attend the annual DU Diversity Summit.

PITDOC workshops sponsored by the Psychology Internship Training Directors of Colorado include a symposium on postdoctoral fellowships.

### **CASE PRESENTATION GUIDELINES**

These guidelines are for formal case presentations (e.g., during Professional Issues Seminars). Maintaining confidentiality is required for all case presentations.

Supervision case presentation guidelines:

- Questions for participants
- Brief description of supervisee (age, year in school, academic program, prior experience doing psychotherapy, etc)
- Brief description of supervisor's experience doing supervision
- Identified goals for supervision
- Theory of supervision (mini lit review)
- Supervisory relationship
- Multicultural issues

Ethical concerns  
 Show tape  
 Discussion: integration of theory, research, practice

#### Clinical case presentation guidelines:

Questions for participants  
 Demographic data (pseudonym, age, race, marital status, sex, housing, parental status, etc)  
 Presenting problem(s) (include symptoms, precipitating factors)  
 Mental status (appearance, affect, behavior, speech, cognition, memory)  
 Suicide/homicide/lethality risks  
 Brief history  
 Medical conditions and drug/alcohol concerns  
 Cultural issues  
 Support system  
 Strengths  
 Diagnosis  
 Prognosis  
 Brief theoretical conceptualization of case  
 Evidence-based treatment plan  
 Course of treatment  
 Therapeutic relationship  
 Ethical concerns  
 Show tape  
 Discussion: integration of theory, research, practice

#### Research Seminar Doctoral Paper/Dissertation Presentation Guidelines:

##### First Doctoral Paper/Dissertation Presentation Format

###### Overview

Brief description of topic  
 Development of interest  
 Unique contribution to the literature

###### Current outline

Relevant literature  
 Statement of the problem/purpose of the paper  
 Methods  
 Results/contribution  
 Discussion/limitations/conclusions

###### Proposed timeline

First committee meeting  
 IRB submission?  
 Refinement of question/methods  
 Data collection  
 Consultation with chair  
 Submission of first draft – end of January

###### Potential challenges

Questions for the group

##### Second Presentation

- Updates – process of turning in first draft
- Findings/conclusions/questions
- Committee involvement – planning for teamwork
- Planning for next steps
  - Next drafts – process for revisions
  - Submission for presentation
  - Submission for publication
- Questions for the group

#### Assessment Seminar Case Presentation Format:

##### Goal for Presentation

What would you like to get out of this presentation?

##### Brief Demographic Information

- Age
- Race and/or Ethnicity
- Gender
- Other cultural considerations

##### Reason for Referral

Who placed referral? Who is the client?  
Referral Questions

##### Relevant Background Information

*May include:*

- History of Presenting Complaints
- Psychosocial and Familial History
- Developmental History
- Education/Work History
- Psychiatric/Psychological History
- Trauma History
- Substance Abuse History
- Medical History
- Medications
- Familial History (Mental Health, Learning Problems, Medical)
- Legal History
- Current or Future Goals

##### Assessment Battery

What measures did you use or do you plan to use? Why these measures?  
Who was involved in the evaluation (i.e., parents, spouse, teachers, psychiatrist, etc.)

Behavioral Observations  
Eye contact  
Unusual behaviors

Mood/affect  
Thought processes

##### Findings

*May Include:*

- Cognitive/IQ
- Executive Functioning
- Memory
- Academic
- Adaptive Functioning

- Psychiatric Symptom Scales
- Personality
- Projective
- Summary/Case Formulation
  - How do you make sense of the findings?
  - Answers to referral question/s
- Diagnostic Conclusions
  - DSM 5 diagnosis/es
  - Differential diagnoses considered
- Feedback
  - How did you present feedback or how do you plan to present feedback?

## RESEARCH

The practitioner-scholar model (e.g., Peterson et al., 2010) is greatly valued by the Consortium. Interns are encouraged and supported in their research efforts.

Interns are given three hours per week to work on their doctoral paper and/or participate in individual projects or ongoing applied research projects conducted under the direction of GSPP faculty who co-lead the Consortium Research Seminar, or at their Consortium site. All interns participate in the bi-weekly consortium Research Seminar. Past projects have included a publication in the *Psychotherapy Bulletin* related to interns' experiences as supervisors.

Interns are also encouraged to attend at least one workshop or conference per year. The Consortium also supports interns' attendance and presentations at local and national conferences. Limited financial assistance (\$100.00 per intern) is available for these activities.

## EVALUATION

Evaluation in the Consortium is designed to be a collaborative process designed to facilitate growth, to pinpoint areas of strength and difficulty and to refine goals. It is a tool for evaluation performance and also a vehicle for change. All written evaluations are completed electronically.

Interns complete a self-evaluation (Self-Assessment of Intern Competencies) form at the beginning, mid-point, and end of the training year, which helps supervisors respond to specific needs. Interns are formally evaluated three times/year by primary individual supervisors (with input from secondary supervisors and Consortium Seminar leaders), and by their practicum student supervisees.

Supervisors are also formally valued by interns three times/year. Interns give verbal feedback to the Internship Consortium Director at the end of each quarter. Interns also complete an anonymous Evaluation of the Training Program three times/year and have an exit interview with the Internship Training Director at the conclusion of internship. The training staff also complete the anonymous Evaluation of Training Program form online at the end of each training year. After graduating from the Consortium, former interns are asked to complete the Evaluation of Training Program form again every seven years to see if their perspectives have changed after graduation. Revisions to the training program are constantly being made on the basis of this feedback.

Serious deficiencies in an intern's skill development and/or professional progress are communicated to the intern orally and in writing as soon as the deficiencies come to the



attention of the training staff. See the sections in this Handbook on Due Process and Grievance Procedures for further details.

Interns at various sites may be evaluated by clients on forms as provided by those sites.

## **ETHICS, DUE PROCESS AND GRIEVANCE PROCEDURES, AND RIGHTS/RESPONSIBILITIES**

### **ETHICAL STANDARDS**

The Consortium adheres to ethical and legal standards in all areas including direct service, training, and research. This commitment is woven into every aspect of the training program. All site staff members are expected to be thoroughly familiar with the *APA Ethical Principles of Psychologists and Code of Conduct*, related professional guidelines, and Colorado and Federal Statutes (including HIPAA) which apply to the practice of psychology.

Familiarity with codes of ethics and statutes is not enough to insure ethical behavior by psychotherapists. Kitchener (1986) stated that counselors should be equipped with the cognitive tools that allow them to critically evaluate and interpret codes to which they have agreed to adhere. They must also be able to evaluate their feelings as appropriate or inappropriate for ethical behavior.

Based on Kitchener's recommendation to learn about ethics on an on-going basis, the Consortium members are dedicated to helping interns to recognize and grapple with ethical dilemmas related to their clients. Ethical issues and Colorado statutes are directly addressed during orientation, in training seminars, and throughout the training year. In these sessions, principles and standards are carefully reviewed and applied. During individual and group supervision, ethical principles and behaviors are frequently reviewed as they relate to the intern's caseload. Ethical issues related to assessment are also discussed. Interns are exposed to discussions in staff meetings where staff members share legal and ethical concerns they confront in day-to-day work. Group discussion of ethical and legal issues encourages the consideration of different perspectives and helps generate creative and ethically defensible solutions to ethical dilemmas.

The University of Denver Institutional Review Board (IRB) must approve any research conducted by the Consortium.

Interns are expected to:

Form an awareness and understanding of the following codes of ethics and professional guidelines:

APA Ethical Principles and Code of Conduct (2002, Amended June 1, 2010)

<http://www.apa.org/ethics/code/>

APA Practice Guidelines

<http://www.apa.org/practice/guidelines/>

Form an awareness and understanding of the following statutes and legal decisions:

Colorado Department of Regulatory Agencies (Psychology):  
<https://www.colorado.gov/pacific/dora/Psychologist> (Including Colorado State Board of Psychologist Examiners Rules, Colorado Mental Health Statute)  
 Tarasoff versus Regents of University of California, 13 C. 3d 177, 529 P.2d 533, 118 Cal. Rptr.129 (1974)  
 Child Protection Act of 1975: Legal responsibilities in instances of child abuse  
 HIPAA (Health Insurance Privacy and Portability Act) <http://www.hhs.gov/ocr/privacy/>

Review the site's legal and ethical statement with clients during intake sessions and provide appropriate disclosure statements.

Demonstrate appropriate concern and advocacy for client welfare and conduct themselves in an ethical manner at all times.

### **MULTIPLE RELATIONSHIPS**

Because the Consortium is partially affiliated with the DU GSPP, it is crucial that considerable attention be given to potentially problematic multiple relationships.

"Generally, multiple role relationships arise when an individual participates simultaneously or sequentially in two or more relationships with another person. Harmful multiple role relationships typically arise when there are substantial differences or conflicts between the two roles." (Kitchener, 1999, p. 111).

Whenever possible, GSPP interns will supervise practicum students who are not from the GSPP doctoral program. Rather, these practicum students may come from programs outside the University of Denver or from the DU Graduate School of Social Work, the DU Counseling Psychology Program, or the GSPP master's program in Forensic Psychology. In the rare cases of a GSPP PsyD intern supervising a GSPP PsyD practicum student it will not be permissible for the intern and practicum student to have any social ties with each other (e.g., no friendship, academic relationship, etc.). In addition, GSPP students may be interns in the Consortium or counseling/psychotherapy clients at the DU Health and Counseling Center, but never both trainee and client, either concurrently or sequentially.

Any faculty members or senior staff involved with the Consortium will be clear about their roles. If a faculty member also serves as a senior staff at one of the Consortium sites, they will recuse themselves from internship selection. GSPP interns may also not be involved in the formal selection process involving GSPP student candidates.

A Student Advocate at the GSPP will serve the Consortium interns as a way to informally handle any possible dual relationship issues.

### **POLICY ON SOCIAL MEDIA AND ANSWERING MACHINES**

Interns who use social media (e.g., Facebook) and other forms of electronic communication should be mindful of how their communication may be perceived by clients/patients, colleagues, faculty, and others. As such, interns should make every effort to minimize material that may be deemed inappropriate for a psychologist in training. To this end, interns should set all security settings to "private" and should avoid posting information/photos or using any language that could jeopardize their professional image. Interns should consider limiting the amount of personal information posted on these sites and should never include clients as part of

their social network, or include any information that might lead to the identification of a client, or compromise client confidentiality in any way. This could be a HIPAA violation. In addition, interns should never post anything that could be perceived as representing the internship site in which they are working. Greetings on voicemail services and answering machines used for professional purposes should also be thoughtfully constructed. Interns are reminded that, if they identify themselves as an intern in the program, the Consortium has some interest in how they are portrayed. If interns report doing, or are depicted on a website or in an email as doing something unethical or illegal, then that information may be used by the Consortium to determine probation or even termination. As a preventive measure, the Consortium advises that interns (and faculty) approach social media carefully. In addition, the American Psychological Association's Social Media/Forum Policy may be consulted for guidance: <http://www.apa.org/about/social-media.aspx>

(Note: this policy is based in part on the policies developed by the University of Albany, by Michael Roberts at the University of Kansas, and by Elizabeth Klonoff at San Diego State University)

### **DUE PROCESS AND GRIEVANCE PROCEDURES**

Interns may experience significant developmental transitions during the training period. One aspect of the training process involves the identification of growth and/or problem areas of the intern. A problem is defined as a behavior, attitude, or other characteristic, which, while of concern and requiring remediation, is not excessive, or outside the domain of behaviors for professionals in training (Lamb, D. H., Baker, J. M., Jennings, M.I. & Yarris, E., 1983). Problems are typically amenable to management procedures or amelioration. While professional judgment is involved in deciding the difference between impaired and problem behavior, impairment can be broadly defined as interference in professional functioning which is reflected in one or more of the following ways: 1) an inability or unwillingness to acquire and integrate professional standards into one's repertoire of professional behaviors; 2) an inability to acquire professional skills in order to reach an acceptable level of competency; and/or 3) an inability to control personal stress, psychological dysfunction, and/or strong emotional reactions which interfere with professional functioning. Specific evaluative criteria, which link this definition of impairment to particular professional behaviors, are incorporated in the evaluation forms completed by supervisors.

More specifically, problems will typically become identified as impairments if they include one or more of the following characteristics (Lamb et al., 1987):

The intern does not acknowledge, understand, or address the problem when it is identified.

The problem is not merely a reflection of a skill deficit that can be rectified by academic or didactic training.

The quality of services is sufficiently negatively affected.

The problem is not restricted to one area of professional functioning.

A disproportionate amount of attention by training staff is required, and/or;

The intern's behavior does not change as a function of feedback, remediation efforts, and/or time.

At any time during the year a site supervisor or Consortium Seminar leader may designate some aspect of an intern's performance as inadequate or problematic. Should this occur, it is the staff person's responsibility to provide that feedback to the intern. If the problem is not resolved, the primary supervisor shall be informed and shall discuss the concern with the intern in a supervisory session. Should the problem persist, the Internship Training Director will work with the site to develop a written (developmental or probation) plan, using the template developed by the Council of Chairs of Training Councils. Written documentation of unprofessional behaviors will be provided, as well as conditions that must be met for the intern to resume normal status. A time period for further remediation will be given, as well as the date for future review by the staff, and consequences for failure to remediate. The intern, supervisor, and the Internship Training Director will sign and date the document, with copies given to the intern. The academic program will also be given a copy of any written plan. Should an intern commit a felony, have sexual contact with a client, or perform any other serious violation of ethical conduct, s/he will be placed on suspension immediately, with further disposition determined by Internship Consortium Director and Consortium staff, which may include reporting the incident to outside agencies. Again, should this occur, the academic program will be informed.

#### Levels of Remedial Consequences:

Once a problem has been identified in the intern's functioning and/or behavior, it is important to have meaningful ways to remediate the particular difficulty. The following represents several possible levels of consequences in order of the severity of the problem or impairment under consideration.

##### *Verbal Warning*

A verbal warning to "cease and desist" the inappropriate behavior represents the lowest level of possible remedial action. This consequence is designed to be primarily educative in nature and typically will occur in the context of the intern's supervision. Depending on the nature of the problem, supervision time might be increased and/or changed in format or focus and case responsibilities may be changed.

##### *Developmental Plan*

This written remedial plan will include a list of the competencies under consideration, the date/s the problem/s was/were brought to the intern's attention and by whom, the steps already taken by the intern to rectify the problems/, the steps already taken by staff/faculty to rectify the problem/s, the expectations required, the intern's responsibilities, the staff/faculty responsibilities, the timeframe for acceptable performance, the assessment methods, the dates of evaluation, and the consequences of unsuccessful remediation.

##### *Probation Plan*

If the intern fails to remediate a developmental plan, or if the performance problem is too severe for a developmental plan, a probation plan will be written. This remediation plan is similar to the developmental plan (see above) but failure to remediate may lead to the extension of the internship, or dismissal from the program.

##### *Extension of the Internship and/or Recommendations for a Second Internship*

In situations where the intern has made some but insufficient progress prior to the end of the internship, the intern may be required to extend his/her stay at the internship site in order to

complete the requirements, provided the site is able to accommodate this (and please note that extension of internship is generally on an unpaid basis). In some cases, the intern may be recommended to complete part or all of a second internship. In both cases, the intern must demonstrate a capacity and willingness for full remediation, and the academic program will be notified and consulted.

#### *Suspension and Dismissal*

In cases involving severe violations of the APA Ethics Code, where imminent harm to a client is a salient concern, where there is a preponderance of unprofessional behavior, or lack of change in behaviors for which an intern has been placed on probation, suspension of agency privileges may be a recommended consequence. In addition, an intern will not be allowed to graduate from internship should s/he fail to meet the exit criteria (see the “Outcome Measurement and Minimal level of Achievement/Exit Criteria” section of this Handbook). The intern will be notified immediately, and will be reminded of grievance and appeal procedures. If the decision is made to suspend or terminate the intern, the Internship Consortium Director will send written notification of this action to the academic program within two working days of the decision. Please note that in the case of suspension or dismissal, the intern may appeal the decision. However, the HR policies from any of the Consortium sites may supersede these due process and grievance procedures in some rare cases of egregious behavior.

#### *Temporary Reduction or Removal of Case Privileges*

At any point during this process, if it is determined that the welfare of the intern and/or the client has been jeopardized, the intern's case privileges will either be significantly reduced or removed for a specified period of time. At the end of this time, the intern's primary supervisor, in consultation with the site training staff, will assess the intern's capacity for effective functioning and determine whether or not the intern's case privileges are to be reinstated.

#### Appeals Process

Interns may appeal any of the above formal actions by requesting that a three-person committee (composed of Consortium training staff, one of whom is chosen by the intern) be assembled to consider the intern's written appeal of the decision. This committee will, in a timely manner, consider the intern's appeal, and will inform the intern and the Internship Consortium Director of its decision. The Internship Director, in consultation with the GSPP Dean and the DU Provost, will make the final decision. In the case of termination, the intern must file the appeal within 5 working days of leaving the site, and the final decision will be given to the intern within 10 working days after the appeal is filed.

After the Consortium appeals process is concluded, interns may, in some cases, file a further appeal using the university appeals process:

<http://bulletin.du.edu/graduate/academic-and-student-support-services-policies-and-procedures/academic-exceptions-complaints-grievances-and-appeals/procedures-for-academic-grievances-and-appeals/>

#### **University of Denver Procedures for Academic Grievances and Appeals**

Active students may appeal academic and student status related decisions and/or seek resolution of complaints or grievances through the Academic Grievance and Appeal Procedure during their enrollment at the University of Denver.

Graduate units may have additional requirements specific to their accreditation or professional standards. It is the responsibility of the student to determine whether the graduate unit has specific requirements and the responsibility of the unit to ensure that those requirements are addressed prior to advancing the grievance to the Office of the Provost. In the event of conflict between any grievance process published in unit manuals or websites, the [formal grievance process](#) will govern.

### ELIGIBLE AND INELIGIBLE CONCERNS

#### Eligible Concerns

These procedures may be used only by active students with the following concerns:

- A grievance or appeal regarding academic standing during their enrollment at DU.
- An academic decision made by a faculty or staff member, administrator or committee of the University of Denver that directly and adversely affects the student—e.g., program termination, academic suspension, removal from a course, termination of GTA or GRA appointment.
- The grievance or appeal must be based on problems of process or concerns of bias, retaliation, or other impropriety and not on differences in judgment or opinion concerning academic performance.

**Note:** *Students who wish to appeal a termination from a program must do so within 45 days of the term following their last term as an active student.* For concerns of bias and retaliation based upon a protected class, the grievance will be referred to the Equal Opportunity Office, which may alter the timeline and process.

#### Ineligible Concerns

These procedures may not be used to resolve the following concerns:

- appeals related to disciplinary actions taken by the Conduct Review Board
- grade appeals
- admission decisions
- appeals or grievances submitted beyond the published timeline

### FORMAL GRIEVANCE AND APPEAL PROCESS

#### First Level: Informal Resolution

Students are expected to attempt to resolve complaints informally with the faculty or staff member, administrator or committee responsible for the academic decision. This attempt must include discussion of the complaint with the involved party or parties. *If all reasonable informal efforts to resolve a complaint fail, the student may file a formal grievance or appeal.*

If the complaint involves a charge of unlawful discrimination, the student may report the situation to the Office of Equal Opportunity or an appropriate supervisor who must immediately notify the Office of Equal Opportunity.

#### Second Level: Submission of the Formal Grievance or Appeal to Program Director/Chair

If a student elects to file a formal grievance or appeal, it must be filed within 45 calendar days into the next quarter after the contested decision or grade was officially recorded and during which the student is enrolled at DU. All grievances and appeals must be filed in writing, signed and dated by the student and include supporting documentation at the time it is filed. The grievant/appellant must minimally provide the following:

- a clear description of the decision being grieved or appealed,

- the basis or bases for challenging the decision,
- the identity of the party or parties who made the decision,
- the specific remedy or remedies requested, and
- a description of all informal resolution attempted.

The decision of the program director or department chair must be issued in writing within 30 days of receiving the grievance and shall include all of the following:

- a copy of the student's formal grievance,
- relevant findings of fact,
- decision and the reasons for the decision reached, and
- the remedy which is either granted or denied and/or any alternative remedies suggested.

### **Third Level: Submission of the Formal Grievance or Appeal to Dean**

The party who finds the resolution unsatisfactory may appeal the decision in writing to the dean of the academic unit within five working days of receiving the program director or department chair's written decision.

The dean may render a decision on the matter or may refer the grievance or appeal to a standing grievance/appeal committee or establish an ad hoc committee to hear the matter. When an ad hoc committee is established, the student who lodges the appeal may designate one of the faculty members who will serve on this committee. This member must be tenured or tenure-track faculty from the University of Denver. Members of the unit involved in the grievance may not serve on the ad hoc committee and must recuse themselves if they are members of the standing committee.

The committee may, at its discretion, receive from the student, relevant faculty or staff members or other individuals, any additional evidence or argument that it deems necessary to resolve the grievance or appeal.

The appeals committee will begin deliberations as soon as possible and provide the dean a written recommendation no later than 30 days after the date that the dean's office received the written, dated request for appeal at this level. The dean will make a final decision and distribute it to all affected parties within five working days after receiving the committee's recommendation.

### **Fourth Level: Submission of the Formal Grievance or Appeal to Provost**

The party who finds the resolution unsatisfactory may appeal the decision to the Provost within five working days of receiving the dean's decision. The Provost will hear only those grievances and appeals based on problems of process or concerns of bias, retaliation, or other improprieties unrelated to protected class status and not on differences in judgment or opinion concerning academic performance. Within five working days after receiving the appeal, the Provost may refer grievances or appeals to appropriate bodies or personnel. If the issue is referred to the Graduate Council, its chair will appoint three members of the Council as a Grievance Committee to hear the case and shall designate one of the committee members to serve as chair.

Anyone called upon by the Provost or the Provost's designee shall submit a written recommendation within 30 days of receiving the case. The Provost is the final authority in the

matter and will report the disposition of the case to all involved parties within 30 days of receiving a recommendation from the designee.

### **Scope of Review**

Any University agent charged with reviewing a formal grievance or appeal may gather additional relevant facts if necessary and/or meet with involved parties. The reviewer will base a decision on documented evidence.

### **Deviation from Procedures**

These guidelines provide basic steps for resolving appeals and grievances. The steps may vary based upon the structure of the academic unit or the particularities of the situation. The Provost or the Provost's designee may choose to approve or may direct a deviation from these procedures, for example, postponement of a time limit or elimination or addition of a step in the process, in order to ensure an effective and timely resolution.

### **Grievance or Appeal Record**

Documentation in support of a grievance or appeal will be held by the person responsible for considering the grievance or appeal at that stage and passed along to the person responsible for the next step, if any. A record of meetings or interviews must be made and kept as part of the grievance or appeal record as well. The complete grievance or appeal record will consist of the original grievance or appeal, all documentary evidence and all formal decisions made at each step of the process.

### **Failure to Meet Deadlines**

If after a formal grievance or appeal is filed, the University agent charged with review of the grievance or appeal fails to meet any deadline at any stage of the process, the grievant/appellant may proceed directly to appeal to the next higher University administrator in the manner prescribed by these Procedures, subject to the relevant time limitation calculated from the date of the missed deadline. The failure of any University administrator to meet any deadline shall not entitle the grievant/appellant to any relief requested, nor shall such a failure be construed as tantamount to a decision in the grievant/appellant's favor. Any grievant who fails to meet the deadlines imposed by these Procedures will be bound by the decisions previously made.

*\* The Provost may refer grievance appeals to appropriate bodies or personnel.*

### Grievance procedures

An intern may take issue with a staff member regarding a particular behavior or pattern of behaviors or with the entire staff or Consortium regarding policy or procedure.

(Please note that the grievance procedures outlined in the DU Employee Policy Manual do not apply to interns. However, GSPP interns may refer to the DU GSPP grievance procedures in the GSPP Handbook).

It is expected that the complainant will first take the issue directly to the person(s) with whom they take issue and that the parties will work to resolve the issue in a manner satisfactory to both.

For informal dispute resolution, interns may consult with the GSPP Student Advocate.



If an intern has a problem with a supervisor, seminar leader, or staff person which she/he/they has/have been unable to resolve through discussion with that person, the Internship Training Director will meet with both parties to provide mediation and resolution of the problem. The Internship Training Director will document the outcome of this meeting. The training committee (the training staff of each site) will also be notified of the situation. If the person with whom the intern has a problem is the Internship Training Director, the GSPP PsyD director will assume mediation responsibilities.

If resolution cannot be achieved and the intern feels s/he still has a grievance, a three-person committee composed of training staff, one of which is chosen by the intern, will be assembled. This committee will, in a timely fashion, gather information regarding the grievance, inform the intern of its findings, and offer recommendations to the Internship Training Director who will make the final decision related to the grievance (unless the Internship Training Director is the subject of the complaint, in which case, the GSPP PsyD Director will make the final decision).

## **RIGHTS AND RESPONSIBILITIES**

Expectations of Consortium interns include the following:

To behave according to the APA Ethics Code and other APA practice guidelines.

To behave in accordance with the laws and regulations of the State of Colorado and with HIPAA.

To act in a professionally appropriate manner that is congruent with the standards and expectations of each internship site (including a reasonable dress code), and to integrate these standards as a professional psychologist into a repertoire of behaviors, and to be aware of the impact of behaviors upon other colleagues.

To responsibly meet training expectations by fulfilling minimal levels of achievement/exit criteria.

To make appropriate use of supervision and other training formats (e.g., seminars) through such behaviors as arriving on time and being prepared, taking full advantage of the learning opportunities, as well as maintaining an openness to learning and being able to effectively accept and use constructive feedback.

To be able to manage personal stress, including tending to personal needs, recognizing the possible need for professional help, accepting feedback regarding this, and seeking that help if necessary.

To give professionally appropriate feedback to peers and training staff regarding the impact of their behaviors, and to the training program regarding the impact of the training experience.

To actively participate in the training, service, and overall activities of the Consortium, with the end goal of being able to provide services across a range of clinical activities.

In general, the Consortium will provide interns with the opportunity to work in a setting conducive to the acquisition of skills and knowledge required for a beginning professional.

More specifically, the rights of interns will include:

The right to a clear statement of general rights and responsibilities upon entry into the internship program, including a clear statement of goals of the training experience.

The right to clear statements of standards upon which the intern is to be evaluated three times/year.

The right to be trained by professionals who behave in accordance with the APA Ethics Code and other APA professional practice guidelines.

The right and privilege of being treated with professional respect as well as being recognized for the training and experience attained prior to participation in the Consortium.

The right to ongoing evaluation that is specific, respectful, and pertinent.

The right to engage in ongoing evaluation of the training experience.

The right to initiate an informal resolution of problems that might arise in the training experience through request(s) to the individual concerned, the Internship Training Director, and/or the training staff as a whole.

The right to due process to deal with problems after informal resolution has failed, or to contest formal actions as described above.

The right to request assistance in job search and application.

The right to privacy and respect of personal life.

The right to expect that the training staff will try to make reasonable accommodations to meet any special training needs.

## **CONTACT INFORMATION**

### **ADMINISTRATIVE**

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## **SITES**

### Colorado Mental Health Institute at Fort Logan (CMHIFL)

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### Kaiser Permanente

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[www.kaiserpermanente.org](http://www.kaiserpermanente.org)

### Mental Health Center of Denver (MHCD)

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Nicoletti-Flater Associates

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 303-985-3133 fax  
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Regis University Office of Counseling and Personal Development

Melissa Auringer, Psy.D. (Site Liaison)  
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University of Denver Health and Counseling Center

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<http://www.du.edu/duhealth/counseling/index.html>

**CONSORTIUM SEMINAR LEADERS**Research Seminar

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 Lavita Nadkarni, Ph.D. 303-871-3877, [lnadkarn@du.edu](mailto:lnadkarn@du.edu)

Multicultural Seminar

Fernand Lubuguin, Ph.D. 303-871-3988 [fernand.lubuguin@du.edu](mailto:fernand.lubuguin@du.edu)  
 Crosby Troha, PsyD [crosby.troha@gmail.com](mailto:crosby.troha@gmail.com)

Assessment Seminar

Claire Poole, PsyD [ccpoole@comcast.net](mailto:ccpoole@comcast.net)  
 Ashley Sward, PsyD [ashleydward@aol.com](mailto:ashleydward@aol.com)

**CONSORTIUM INTERNS SINCE 2005**2019-2020

Maya Badwan	DU Health and Counseling Center (DU GSPP)
Katie Carroccia	Kaiser Permanente Colorado (DU GSPP)
Toure Clark	CMHI, Fort Logan (University San Francisco)
Anne-Marie Fleckenstein	DU Health and Counseling Center (Fielding Graduate University)
Douglas Gomez	CMHI, Fort Logan (University of Oregon)

Elizabeth Harris	DU Health and Counseling Center (DU Counseling Psychology)
Jessica Luginbuhl	DU Health and Counseling Center (DU GSPP)
Claire Noonan	MHCD Infant Mental Health Track (Tulane University)
Kevin O'Connor	Nicoletti-Flater Associates (DU GSPP)
Arielle Payes	CMHI, Fort Logan (Pepperdine University)
Richard Rabbitt	Regis University OCPD (DU GSPP)
Annie Hunt Richardson	Regis University OCPD (DU GSPP)
Brittany Rubin	Denver Children's Home (Nova Southeastern University)
Amanda Simmons	MHCD Child and Family Track (DU GSPP)
Sarka Turecka	MHCD Adult Track (DU GSPP)

### 2018-2019

Salwa Chowdhury	MHCD Adult Track (DU GSPP)
Isabelle Dousarkissian	TES Denver (Pacific University)
Thomas Fritze	DU Health and Counseling Center (DU GSPP)
Kelsey Hyde	MHCD Child Track (DU GSPP)
Alison Gothro	Regis Counseling (DU GSPP)
Andrew Grego	TES Ft. Collins (Nova Southeastern University)
Nicole Pond	Denver Children's Home (DU GSPP)
Molly Shmerling	DU Health and Counseling Center (DU GSPP)
Colter Sneten	DU Health and Counseling Center (University of Indianapolis)
Dani Speelman	Kaiser Permanente Generalist (DU GSPP)
Madison Taylor	DU Health and Counseling Center (DU GSPP)

### 2017-2018

Francheska Bidot	Treatment and Evaluation Services (Ponce Health Sciences University)
Jacqueline Blanco	DU Health and Counseling Center (Carlos Albizu University Miami)
Lauren Chiaravalloti	MHCD Integrated Care Track (DU GSPP)
Leisha Chiles	DU Health and Counseling Center (DU GSPP)
Rachel Kramer	Kaiser Permanente Eating Disorders Track (University North Dakota)
Sarah Lukens	DU Health and Counseling Center (DU GSPP)
Chelsea Lee	MHCD Child and Family Track (Alliant University Sacramento)
Lauren Levine	DU Health and Counseling Center (DU GSPP)
Megan Marsh	Regis Counseling (DU GSPP)
Rachel Nielsen	Nicoletti-Flater Associates (DU GSPP)
Jason Peirce	Kaiser Permanente Generalist Track (DU GSPP)
Jen Phillips	Regis Counseling (DU GSPP)
Derek Ray	Denver Children's Home (Alliant University San Diego)
Karmen Thulin	MHCD Adult Track (DU GSPP)

### 2016-2017 (all from DUGSPP)

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Julie Melowsky	Kaiser Permanente Colorado
Sarah Long	Kaiser Permanente Colorado
Timothy Pasternak	Legacy Counseling and Consulting
Christina Rascon	Treatment and Evaluation Services
Christina Recchiute	Regis University Counseling and Personal Development
William Procter	Mental Health Center of Denver, Child Track

Jenna Shlachter	DU Health and Counseling Center
Carly Schwartz	Denver Children's Home
Ron Schwenkler	Mental Health Center of Denver, Adult Track
Katherine Spencer	DU Health and Counseling Center
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#### 2015-2016

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Trey Cole	DU Health and Counseling Center (DU GSPP)
Sarah Cooper	Treatment and Evaluation Services (Nova Southeastern)
Mariya Dvoskina	Nicoletti-Flater Associates (DU GSPP)
Hannah Koch	DU Health and Counseling Center (DU GSPP)
Todd Lukens	Mental Health Center of Denver, Child Track (Stanford Palo Alto)
Jennifer Marceron	DU Health and Counseling Center (George Washington University)
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Katherine McMann	Nicoletti-Flater Associates
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Risa Muchnick	DU Health and Counseling Center
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Abigail Lockhart	Kaiser Permanente Colorado
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2011-2012 (all from DU GSPP)

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Emily Fogle	DU Health and Counseling Center
Amy Ginsberg	Regis University Counseling and Personal Development
Alicia Goffredi	DU Health and Counseling Center
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Tara Eastcott	Rape Assistance and Awareness Program
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Kirstin Ging	DU Health and Counseling Center
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Shaayestah Merchant	Mental Health Center of Denver
Kim Pfaff	DU Health and Counseling Center
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Rob Rosenthal	Kaiser Permanente Colorado
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2007-2008 (all from DU GSPP)

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Jennie Lee	Progressive Therapy
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Heather Morris	Nicoletti-Flater Associates
Scott Nebel	Mental Health Center of Denver
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William Clancy	Kaiser Permanente Colorado
Dan Crystal	Mental Health Center of Denver
Andrea Godinez	Kaiser Permanente Colorado
Joelle Kruml	Nicoletti-Flater Associates
Riley Rhodes	Mental Health Center of Denver
Paula Schmidlein	DU Health and Counseling Center
Preeti Vidwans	DU Health and Counseling Center
Casey Wolfington	DU Health and Counseling Center

2005-2006 (all from DU GSPP)

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Sarah Burgamy	DU Health and Counseling Center
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Sheila Kamlet	Nicoletti-Flater Associates
Scott Narcissi	Treatment and Evaluation Services
Michelle Novotny	DU Health and Counseling Center
Donna Peters	Rape Assistance and Awareness Program
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