

UNIVERSITY OF DENVER

**GRADUATE SCHOOL OF PROFESSIONAL PSYCHOLOGY
INTERNSHIP CONSORTIUM**

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

APA Accredited

**Internship Training Handbook
2025-2026**

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Appendices (Mostly Online)

APA Documents

APA Ethical Principles and Code of Conduct (2002, Amended 2010 and 2016)

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

APA Professional Practice Guidelines

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

Consortium Documents

<https://www.du.edu/gspp/programs/consortium/index.html>

Or by request of the Internship Director

Consortium Contact Information

Consortium Agreement/Contract

Consortium Entrance Criteria for Sites

Consortium Leave Form

Consortium Remediation Form

Evaluation Forms

 Intern Self-Assessment Form (completed by intern)

 Evaluation of Intern Competencies Form (completed by Supervisor)

 Evaluation of Intern as Supervisor (completed by Practicum Student)

 Evaluation of Supervisor/s Form (completed by Intern)

 Evaluation of Training Program Form (completed anonymously by
Interns, Supervisors, Consortium Seminar leaders)

University of Denver Religious Accommodations Policy

<https://operations.du.edu/inclusive-teaching/spiritual-and-religious-diversity>

Intern Support Referral List

By request of Internship Director

Postdoctoral and Licensure Information

Association of State and Provincial Psychology Boards:

<http://www.asppb.net/>

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)

American Psychological Association

Office of Program Consultation and Accreditation

750 First Street, NE

Washington, DC 20002-4242

(T) 202- 336-5979 (F) 202-336-5978

<http://www.apa.org/ed/accreditation/>

Email: apaaccred@apa.org

ADDRESS QUESTIONS TO

Carrie Landin, Psy.D.

Internship Consortium Director

University of Denver Graduate School of Professional Psychology Internship Consortium

2450 S. Vine Street #206

Denver, CO 80208

(T) 303- 871-5156

E-mail: carrie.landin@du.edu

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

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<https://www.du.edu/equalopportunity/non-discrimination-statement#>

ACKNOWLEDGEMENTS

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OVERVIEW

INTRODUCTION

The University of Denver (DU) is 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 county is growing in its ethnic diversity. 2022 Census data show that the Denver County population includes 9.9% Black or African American, 29.0% Hispanic or Latinx, 4.1% Asian and 1.8% American Indian and Alaska Native residents. Situated in this energetic metropolitan community, the University of Denver is strongly committed to creating a diverse and inclusive educational environment, which is in full accord with the value that DU places on Inclusive Excellence. Candidates must demonstrate the ability to integrate content relating to, and to work effectively with, ethnically/racially diverse populations. The Chancellor's statement on diversity, equity and inclusion can be viewed here: <https://www.du.edu/equity>

It is the vision of the University of Denver is 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 (Psy.D.) 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 that preference will be given to some qualified DU students. However, we welcome applicants from other national, APA accredited

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.

For the 2025-2026 training year, the DU GSPP Internship Consortium consists of four 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, virtually 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 values diversity, equity, inclusion and belonging and is dedicated to providing training in culturally competent work. 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 Culture and Identity Seminar that focuses on increasing cultural competence through knowledge, skills, and values/attitudes.

INTERNSHIP SITES

Colorado Mental Health Hospital at Fort Logan (CMHHFL)

<https://cdhs.colorado.gov/doctoral-psychology-internship-at-colorado-mental-health-hospital-in-fort-logan>

Description

The Colorado Mental Health Hospital at Fort Logan (CMHHFL) is a 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 (SPMI). It is a multidisciplinary training institute that includes trainees from a wide range of healthcare professions. Currently, there are six treatment teams in total: 1) Four civil teams (with 94 beds), treating clients admitted under Colorado's mental health statute (CRS 27-65) from the community, short-term psychiatric hospitals, emergency rooms, and sometimes jails, and 2) Two forensic teams (with an additional 44 beds), serving clients considered to be Incompetent to Proceed (ITP). A third forensic team is expected to open at the end of 2025. All teams are comprised of multidisciplinary staff members and provide individual, group, and family therapy (as possible), as well as a range of other treatment services. Such services include therapeutic activities (e.g., occupational, recreational, art, and music therapy); substance use counseling; peer support; spiritual care; and nutrition services.

Mission

The vision of CMHHFL is "to be Colorado's premier treatment center for individuals with serious mental illness." The mission is "to support individuals experiencing serious mental health challenges in achieving their recovery goals and reaching their full potential." CMHHFL 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 CMHHFL mission is that the multidisciplinary staff provides recovery-oriented treatment with a strong emphasis on trauma-informed care. CMHHFL seeks to provide services to help stabilize individuals with SPMI and help them transition back to the community and less restrictive environments. Population Served

CMHHFL serves a highly diverse population of adult Colorado residents (18 and older) with SPMI. Many of the individuals served have been treated in the State's network of outpatient community mental health centers and have had prior psychiatric hospitalizations. The majority of clients are admitted to the hospital as a result of civil commitment procedures related to being gravely disabled or deemed to be a danger to self or others. Clients at CMHHFL reflect the racial and ethnic diversity of Colorado, including those with limited English proficiency.

Intern Positions

The internship at CMHHFL provides interns with the opportunity to engage in a wide variety of clinical activities with a diverse population of individuals admitted to our hospital. Most clients treated at CMHHFL have a significant history of mental health issues and have been diagnosed with a serious and persistent mental illness. Many have also experienced significant trauma and may also struggle with comorbid substance abuse. Clients come from throughout Colorado and represent all racial, ethnic, religious, and socioeconomic groups. CMHHFL treats individuals from various cultural and ethnic backgrounds, the LGBTQ+ population, international clients, and those who don't speak English fluently and may require an interpreter.

Interns at CMHHFL have the opportunity to be valued members of multidisciplinary treatment teams and will engage in a variety of activities. For most professional interventions, interns will first observe their supervisor, then participate with their supervisor as an observer, and finally, as comfort level and confidence increases, intervene independently with supervision. An intern will never be asked to perform an activity independently unless their supervisor has first observed and feels confident that they have the skills to do so. If an intern is ever asked to engage in something beyond their capabilities, this should be discussed with the direct supervisor or the program's leadership.

CMHHFL offers both civil and forensic rotations as we serve those civilly committed, as well as those who are court-ordered to receive an initial evaluation of competence to stand trial and restoration treatment. One of the great strengths of our program is the opportunity for interns to participate and contribute to multidisciplinary teams. 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. While training and experiential activities may vary somewhat between rotations, all of the activities below will likely be available at some point during your training year:

- **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.
- **Psychological Testing:** Interns will have the opportunity to conduct integrated psychological assessment batteries throughout the year. They will also have the opportunity to consult with our neuropsychologist and observe and potentially administer neuropsychological assessments, as appropriate.
- **Civil Commitment Process and Certification:** Interns who select the Civil Psychology track 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.
- **Forensic Evaluation:** Interns who select the Forensic Psychology track will have the opportunity to participate and observe activities in our Forensic Services Division, which is responsible for providing court-ordered evaluation and treatment to a forensic population. This includes evaluation of competence to stand trial, evaluation of one's mental condition and/or sanity, competency restoration treatment (inpatient and outpatient), and the care of the Not Guilty by Reason of Insanity (NGRI) population.
- **Competency Restoration Treatment:** Interns who select the Forensic Psychology track and those who may opt for a rotation placement on one of our forensic units will have the opportunity to participate in treatment activities on the restoration units, specifically cognitive/psychological assessment, individual and group competency restoration, and learning about/navigating the impact of the competency crisis on our population served.
- **Participation in Clinical Administration Activities:** CMHHFL 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.
- **Supervision:** In addition to receiving four hours of supervision per week (two hours of group and two hours of individual), interns will learn throughout the year to become competent supervisors in their own right. Through a model of tiered supervision, each intern will be paired with a psychology practicum student (extern) at some point during the year and gradually work into the role of primary supervisor with the help of his/her direct supervisor.
- **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. **Please note, this option is contingent upon the availability of the Internal Review Board (IRB).

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 intern's clinical work. Given the structure of the 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/Clinical Consultation) with the Site Liaison/Civil Psychologist Supervisor. During this supervision time, interns will process their experiences supervising practicum students, as well as discuss challenging clinical cases. The second hour focuses on non-clinical competencies such as Ethics, Diversity, Interdisciplinary Relationships, etc., titled "Professional Issues Supervision." This group supervision will be facilitated by all the other psychologists, on a rotating schedule.

Physical Facilities

CMHHFL is spread out across several buildings on the historic campus of Fort Logan in southwest Denver. There are now six distinct treatment units (soon to be seven), 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, located across the street from the main hospital building.

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

CMHHFL has a small library that is accessible to interns. Our librarian is able to obtain nearly any needed articles or books through interlibrary loan. Free parking is available to interns on campus. Additionally, the hospital is accessible by bus and is close to RTD Light Rail. CMHHFL 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 a not-for-profit, 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 (depending on the special needs of the member) may include therapists (generalist or specialist), physicians, psychiatrists, nurses, care coordinators, and crisis team members. 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 600,000 members. The Behavioral Health Department has five outpatient clinics with approximately 70 therapists along with 30 Behavioral Medicine Specialists, who work directly with the primary care teams.

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. 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 the 2025-2026 training year, Kaiser Permanente Behavioral Health offers one full time internship position -- Gender Health position.

The *Gender Health* intern will work two days per week as part of the Gender Health team (a small, interdisciplinary team consisting of a Medical Director, nurse care coordinators, a case manager and gender health therapists). The intern will provide individual and family therapy for transgender and gender diverse children, adolescents, and adults. The intern will learn how to assess gender dysphoria and gender diversity along with receiving training in assessment for puberty suppression, hormone therapy, and the full range of gender affirming surgeries in alignment with World Professional Association for Transgender Health Standards of Care 8. The intern will likely also facilitate a gender health group. One day per week, the intern will have the opportunity to work as part of the Eating Disorder Team, an interdisciplinary team of professionals. The intern will provide individual therapy for individuals across the lifespan with

a variety of eating disorders. The intern will likely also facilitate an eating disorder group (e.g. Binge Eating Disorder group).

In addition to spending two days/week in the primary rotation and one day/week in the year-long focus area setting (as described above), interns will spend one day/week in an elective minor rotation that lasts between 3-6 months. The standard options for the *elective minor* are integrated primary care, integrated pain service, chemical dependency treatment services, eating disorders, autism and developmental pediatrics, crisis and intensive outpatient program.

See above for descriptions of the integrated primary care, gender health, and chronic pain rotations.

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.

The *Developmental Pediatrics and Autism Spectrum Disorder rotation* provides the intern the opportunity to work with an interdisciplinary team (developmental pediatrician, psychologists, social worker and nurse care coordinators, speech and language pathologist, and LPN) 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 and begins conducting these evaluations under supervision over the course of the rotation. The intern may observe and co-lead-caregiver psychoeducation groups for families with children who have recently been diagnosed with autism spectrum disorder.

With the *Intensive Services Group (ISG)*, 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 ISG therapist on presenting appropriate skills, such as mindfulness, behavioral activation, or challenging cognitive distortions, to the group members.

Intern who selects the *Crisis rotation* work alongside the Crisis team to address acute mental health needs in KP members. This includes talking with members who call into the Crisis hotline at KP as well as meeting with child, adolescent and adult members for urgent Crisis appointments. The intern will receive training in thorough risk assessment and safety planning.

The intern also completes four psychological assessments under the supervision of an assigned Assessment Supervisor and participate in a year-long Supervision of Supervision didactics series which includes exposure to directly supervising a practicum student.

Supervision and training

The intern receives at least four hours/week of supervision by licensed psychologists at the site. They will be assigned to several supervisors, which allows them to benefit from different approaches and experiences (i.e., primary supervisor, year-long focus area supervisor, elective minor rotation supervision, assessment supervision, and Sup-of-Sup facilitator). If the supervisor is not immediately accessible, the intern can reach out to another licensed psychologist for

clinical support. 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 gender health intern meets with the gender health team weekly. The intern has 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.

There is a twice monthly KP Didactics Series which affords additional training opportunities on a variety of topics. The intern will have the opportunity to present at this series toward the end of the training year. In addition, the intern attends weekly Consortium Seminars at the University of Denver. The intern is welcome to any training/workshops provided by Kaiser Permanente staff or outside presenters. I

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. Note that, depending on rotations selected, the interns may work out of several offices over the course of the week.

WellPower

Powering the Pursuit of Well-Being

<http://www.wellpower.org>

Description

WellPower (formally known as the Mental Health Center of Denver) is a place for recovery, resilience, and well-being, known locally and nationally as a model for innovative and effective community behavioral healthcare. We know the pursuit to live, feel, and be well looks different for each person. At WellPower, we power the pursuit of well-being by supporting and providing vital connection between a person's mental health and their overall well-being. Our nationally recognized services help children, family, and adults in the Denver community and beyond, helping people live healthier and happier lives. We operate 35 sites and provide services at many locations throughout the community, from hospitals to assisted living facilities to schools and outpatient clinics. WellPower is the largest regional community mental health center, licensed as a Behavioral Health Entity, serving approximately 20,000 people each year.

While WellPower accepts commercial insurance, many people served at WellPower have Medicaid, Medicare, are uninsured and/or underinsured, or are experiencing homelessness. Many people served at WellPower have Serious and Persistent Mental Illness (SPMI); many live with complex trauma; and some continue to struggle with substance use. Clinical work and associated wrap around services 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, as well as the surrounding areas.

WellPower is a safety net community mental health center that provides a wide variety of wrap around services, including:

- outpatient therapy services
- psychological assessment services
- rehabilitation and employment services
- community-based services
- case management services
- forensic based services
- integrated and primary care services
- residential day treatment programs
- psychiatric medication management
- nursing services
- pharmacy services
- school-based services
- housing services

Services are delivered in a collaborative context on multi-disciplinary teams. WellPower employs over 1000 professionals. The site is proud of the many awards they have won, including the top place to work for over ten years in a row. WellPower is recognized as a national 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 and overall personal wellbeing

Mission

The mission of WellPower is to enrich lives and minds by focusing on strengths and wellbeing. WellPower strives to be a center of excellence in service to those in the County of Denver and beyond, many from underserved communities. WellPower'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. WellPower 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. Diversity and inclusion is an important part of the organization. WellPower understands that people are rooted in cultures that give their lives meaning, texture and direction. WellPower strongly believes that these multiple perspectives foster community, drive innovation, and inspire excellence and we proudly hold diversity, equity and inclusiveness as an integral part of the organization's mission and goals.

Population served

WellPower serves approximately 20,000 people each year, most residing in Denver County, often presenting with SPMI, and many who are part of an underserved community. There is immense diversity in the people served at WellPower; interns can 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

WellPower offers *two full-time internship positions* each year, one *Child/Family Generalist* track position and one *Infant Mental Health Position (Right Start for Infant Mental Health)*. Applicants must specify which track they are applying to on their application and are welcome to apply to

multiple tracks, if their experience is a good fit. 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/dyadic 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 Campus or the Dahlia Campus for Health and Well-being. 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 with an opportunity to also serve some adults through parent and caregiver services as well as lifespan brief therapy interventions. 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 Infant Mental Health intern will be placed with the Right Start for Infant Mental Health team at the Dahlia Campus for Health and Wellbeing. The Right Start for Infant Mental Health team is a treatment program for families with a child ages birth to five years, as well as pregnant individuals. The focus of treatment is the dyadic relationship between child and caregiver. The team works exclusively with infants, toddlers, and preschoolers and their families. The team offers outpatient and home/community-based services. While the intern will primarily serve families in the outpatient clinic, if there is interest in home and community-based services this could potentially be a training option as well. The team offers comprehensive, trauma-informed, family-focused interventions including several evidence-based practices: Child Parent Psychotherapy, Circle of Security-Parenting, and Parent Child Interaction Therapy.

Minor rotations. The interns will be assigned one secondary rotation, usually of their choice but not guaranteed, that will be approximately eight hours per week. Potential options include:

- Right Start for Infant Mental Health
- Specialized psychological assessment (Neurodevelopmental/Autism Spectrum testing) *(this is in addition to the required psychological assessment rotation)*
- Crisis Walk-In Center/Behavioral Health Solutions Center (crisis centers are open 24/7 and serves the public)
- Emerson Street (unique outpatient clinic serving emerging adults)
- Home-Based Family Services (provides intensive in-home and community-based mental health services to families)
- School Based program (work within the Denver County school districts, providing mental health services to students)

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 six-eight) full assessment batteries with written integrated reports. The assessment hours involve test administration, scoring, interpretation, report-writing, and feedback for children and adults. Most referrals are internal referrals from clients already in treatment at WellPower. Referrals are often complicated in nature and frequently contain multiple referral questions, including complex diagnostic differentials. This rotation places a large emphasis on report writing. Given the complex nature of the assessment referrals, interns may need to complete some report writing from home, but supervisors do their best to minimize work taken home.

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 ("extern"). 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, and additional supervision as needed at the secondary rotation. WellPower 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 have ample opportunity for collegial interaction with professionals and trainees in other disciplines. Due to the nature of the multidisciplinary approach at WellPower, 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 offered at the University of Denver, interns participate in weekly staff meetings at WellPower, often related to clinical and case discussions. There is a monthly assessment seminar that is led Grand Rounds style, in which both staff psychologists and interns present assessment cases. Interns receive a robust generalist training experience at WellPower. Their training includes but is not limited to individual therapy; group therapy; family therapy; dyadic therapy; psychological assessment; clinical supervision; training on psychiatric medications; risk assessment (suicide and violence); working with multidisciplinary teams; specific evidence-based practices; trauma-informed care; best practices in diversity, equity, inclusiveness and belonging; Mental Health First Aid; and training specific to working with SPMI population.

Physical facilities

WellPower 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 people who are experiencing homelessness, two resource centers, 10+ public schools, and in-home care for families. All sites are in Denver County and primarily serve Denver County residents; all sites are ADA compliant, and most have gender neutral restrooms.

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 Medical Services, Counseling Services, Health Promotion, Survivor Advocacy, and a Collegiate Recovery Community operating together in collaborative settings. HCC Counseling Services staff members consist of twelve licensed mental health professionals including senior staff psychologists, social workers, and counselors; two part-time psychiatric providers; four psychology doctoral interns; and four to six 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. NCAA intercollegiate, varsity student-athletes (which may include undergraduate and graduate students) are also served with the HCC as their primary source of mental health and wellness care.

Intern positions

For the 2025-26 training year, the HCC will offer 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/outreach/consultation; organizational development; assessment/psychological testing; training/supervision; applied research/quality assurance; and psychiatric evaluation and treatment.

One of the four intern positions will have an exclusive, year-long focus/specialty in sport & performance psychology. For this specialized intern position, core activities will be directed to

varsity student-athletes and will include, along with the activities listed above, individual performance psychology consultation, group/team sport psychology counseling groups (e.g., injury recovery group, transition out of sport workshop), group/team performance psychology consultation, and consultation to/with athletic coaches and sports medicine staff.

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; the sport & performance psychology intern will supervise an advanced practicum student who is also specializing in sport & performance psychology).

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 and half hour supervision of supervision with two licensed psychologists and attend one hour of group therapy supervision each week with a licensed psychologist. At least one hour per month is reserved for assessment supervision, facilitated by a licensed social worker, professional counselor, or psychologist depending on reason for referral/measures administered for assessment cases.

In addition to the weekly Consortium Seminars, interns attend a 90-minute on-site seminar focused on issues of Power, Privilege, and Anti-Oppression twice monthly led by two licensed mental health providers. Interns also attend a monthly seminar focused on psychopharmacology facilitated by a psychiatric provider. 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 at weekly Counseling Staff meetings in which presenters provide didactic trainings relevant to collegiate mental health care.

Interns are part of a training group at the HCC that can include social work graduate trainees, masters level counseling psychology trainees, doctoral level clinical/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.

INTERNSHIP SITES JOINING 2026-2027 TRAINING YEAR

Metropolitan State University of Denver Counseling Center

<https://www.msudenver.edu/counseling-center/>

Description

The MSU Denver Counseling Center provides mental health services to support the holistic success of students enrolled at the university – one that strives to provide high-quality, accessible, enriching education that prepares students for successful careers and lifelong learning in a multicultural, global, and technological society.

Counseling Center staff are committed to social justice and proud to provide culturally responsive mental health services to MSU Denver's diverse student body. Staff include eight licensed clinical psychologists, one unlicensed psychotherapist, one licensed clinical social worker/clinical case manager, four advanced doctoral practicum externs, and support staff.

Services include: individual and group psychotherapy, initial screening/assessment, walk-in and crisis intervention services, case management and bridge care/referral services, outreach and consultation, and campus-wide mental health awareness events.

Mission

The MSU Denver Counseling Center's stated mission is: "Promoting student growth and success through accessible, culturally-responsive, mental health care." Serving our diverse student body is at the heart of this mission. Programming is designed to assist students in the achievement of tasks essential to their personal and educational development and ultimately promote students' retention and graduation.

MSU Denver Counseling Center staff are involved in community building, prevention, and education, and thus collaborate and consult with other departments in order to improve the interrelationships of all areas of this urban university. To this end, the staff promotes the understanding and integration of multicultural issues in all services and programs. It is dedicated to building a university community that permits all of its members to grow and to be successful in an environment of equity, respect, and inclusion.

It does not discriminate on the basis of race, creed, color, ethnicity, national origin, documentation status, religion, sex, sexual orientation, gender expression, age, height, weight, physical or mental ability, veteran status, military obligations, and marital status.

Population Served

MSU Denver is a large, urban, commuter campus with one of the most diverse student bodies in Colorado. The Counseling Center's client base represents the enrollment of the approximately 17,500 students at MSU Denver, who are ethnically, culturally, and economically diverse.

Approximately 54% of MSU Denver students are students of color. MSU Denver is also a designated Hispanic-Service Institution (HSI) and is committed to serving DACA and undocumented students.

Approximately 15% of the Counseling Center's clients identify as LGBTQ. Our clients also range across age and stage of life development, with an average age of 25, and include a significant portion of non-traditional and transfer students. Over 85% work full or part time while pursuing their education and 58% of MSU Denver students are 1st generation college students.

Coupled with their diverse backgrounds, students receiving services at the Counseling Center present with a full range of clinical concerns, affording interns a robust and versatile training experience unique among university settings.

Intern Positions

Two full-time intern positions (generalist track) will be offered each year. Interns will divide their time among the following:

- Individual psychotherapy (short-term, goal-focused model of care)
- Facilitation of therapy groups
- Initial screenings and intake assessments
- Daytime walk-in coverage and crisis intervention services
- Bridge care and case management services
- Outreach, consultation, and social media initiatives
- Supervision of Advanced Practicum Externs
- Semester-long specialty rotation activities (in development)

Supervision and Training

Interns will receive a minimum of four hours per week of supervision by licensed psychologists on staff. Each week, interns will participate in: (a) two hours of clinical supervision per week with their primary supervisor, (b) one hour of group supervision of supervision to support their supervisory work with an advanced practicum extern during fall and spring semesters, (c) one half hour of supervision of group with their group co-facilitator, and (d) one half hour of group supervision of outreach initiatives.

Interns will also participate in biweekly staff case presentations, offering opportunities for all-staff case consultation and discussion of various treatment approaches. Interns also participate in monthly psychiatric consultation meetings with multidisciplinary staff at the on-campus Health Center. Additional training opportunities include participation in weekly staff meetings, up to four all-staff annual retreats, and in-service trainings with national or community experts on topics relevant to college mental health. Time permitting, Interns are also welcome to attend MSU Denver sponsored presentations and lectures offered by a variety of distinguished speakers throughout the year.

Physical Facilities

The MSU Denver Counseling Center is located in the historic Tivoli Student Union on Auraria Campus – a tri-institutional educational facility located in the heart of downtown Denver. The Counseling Center is located on the 6th floor, accessible via elevator and ADA compliant access

ramps and lifts. The Center includes two all-gender restrooms and private office space for each intern position.

REACHING HOPE

Description

Reaching HOPE is a 501(c)3 non-profit located in Thornton whose mission is to provide compassionate mental health services that support trauma survivors in ending the intergenerational cycle of violence. Clients are typically referred to Reaching HOPE by police departments, victim advocates, child advocacy centers, and human services after a crime has occurred. Reaching HOPE believes families heal best when they have the support of safe loved ones. As such, the whole family (excluding any offenders) is encouraged to attend the first intake appointment and meet our treatment team to collaborate on services for everyone in the family. Funding for therapy services comes from a combination of grants, contracts, and Crime Victim Compensation. Most clients are with us long-term and, therefore, interns can expect to provide services to clients for 9+ months. Interns will also co-lead various trauma recovery groups; depending upon need, these may include a multi-family group for childhood sexual abuse, age specific coping skill groups for children and adults, and sexual assault or domestic violence recovery groups.

Interns will join a dynamic group of psychologists who tackle intergenerational trauma with a team approach—the whole family system is seen by the whole treatment team (everyone with their own individual therapist). Interns will provide individual, family, and group therapy to clients (ages 2-75+). Family and group therapy sessions are co-led with other team members. In addition to providing individual and family therapy to clients with complex trauma, interns will have the opportunity to provide services to frontline workers with the Adams County Department of Human Services, the District Attorney's Office and the Health Department. Using components of our phased-based approach to treatment, interns will work with these frontline workers to address pre-existing trauma and develop skills that promote resilience and symptom reduction related to vicarious trauma and burn out.

It is important to note that Reaching HOPE is a unique trauma training site where individuals will be exposed to a variety of complex trauma presentations. Thus, experience at an agency where trauma populations were directly served is encouraged. Additionally, applicants who received supervision from a psychologist with a trauma specialty and background in evidenced-based trauma interventions such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), is highly recommended.

Applicants demonstrating prior training in demanding settings such as community mental health centers, residential treatment facilities, the foster care system, and pediatric inpatient units will be highly competitive. This background indicates a foundational understanding of complex needs in challenging environments, with vulnerable populations.

Applicants who do not have any experience in trauma will not be considered, as such, it is strongly recommended that applicants highlight experience in trauma treatment within their cover letter.

Mission

The primary objective of this program is to teach interns how to assess and treat complex trauma in family systems and to support helping/frontline professionals by implementing a phase-based approach. At the completion of this rotation, trainees will be able to: 1) Develop family systems and attachment-based conceptualizations of complex trauma. 2) Implement a phase-based approach to complex trauma treatment with family systems across different developmental ages utilizing individual, dyadic, and family therapy modalities. 3) Provide a model of healthy system functioning to clients by collaborating with the treatment team on care for the whole family and co-leading joint sessions with family members. 4) Document clinical visits.

Population Served

Reaching HOPE specializes in serving survivors of complex, intergenerational, and relational trauma. The vast majority of clients are survivors of childhood sexual abuse, domestic violence, sexual assault, homicide, foster care placement, and race-based trauma. Typically, most families are referred to Reaching HOPE following an outcry of abuse that is reported to police or human services. Most clients at Reaching HOPE have no out-of-pocket expenses for treatment. There is a small percentage of self-referred and self-pay clients at Reaching HOPE that do not qualify for one of our grants, contracts or funding sources. Occasionally, clients with single-incident trauma such as car accidents, car-jackings, or home-invasions will present for treatment as well. Reaching HOPE also provides psychological assessments, often for diagnostic clarity on complex cases.

While interns will be exposed to and work with clients who have experienced many forms of trauma, including domestic violence, homicide, and foster care, this placement is heavily focused on families, children and youth who have experienced child sexual abuse, and specifically have intergenerational exposure to child sexual abuse. Interns will be trained in the Reaching HOPE Family Trauma Recovery therapy model, a phase-based approach for treating complex trauma in family systems.

Intern Positions

Reaching HOPE accepts 3 interns who have the opportunity to gain experience conducting trauma therapy with children, teens, parents, and families who have survived complex trauma.

Supervision and Training

TRAINEE OPPORTUNITIES ❖ Attend weekly Reaching HOPE didactics ❖ Attend twice daily whole team group supervision ❖ Attend clinical trainings, therapist meetings, and participate in collaborative handoffs at Ralston House (child advocacy center) and other partner agencies ❖ Watch a phase-based family systems therapy delivery and provide this model across different developmental ages ❖ Consult, coordinate, and collaborate with members of treatment team on all joint family cases ❖ Coordinate with multi-disciplinary collaterals as appropriate (e.g., detectives, GALs, child protection workers, district attorneys, law enforcement) SPECIFIC

OTHER TRAINING OPPORTUNITIES

1.Intakes: Interns will co-conduct intakes of families with the treatment team. Intakes include screening for appropriate level of care, psychoeducation on Reaching HOPE's family systems

model of treatment, administration and review of symptom questionnaires, and interviewing and assessment of relevant psychosocial, legal, and system factors.

2. Treatment Planning: Interns will complete individualized treatment plans for clients that incorporate symptom questionnaire results and address both individual and family trauma recovery goals.

3. Therapy: Interns will effectively use Reaching HOPE's model for treatment of complex trauma in family systems, which integrates evidence-based practice for individuals and extends this to a family system.

4. Caseload: Interns will provide an average of 16 to 18 direct client facing hours per week across all age ranges with a mix of primary and secondary victims for combined individual / family treatment

5. Groups: Interns will co-lead 1-2 therapy groups. Group focus will depend on need but will likely include multi-family group therapy for trauma survivors.

6. Documentation: Interns are expected to complete documentation of client visits in Reaching HOPE's electronic health record system within the same business day.

7. Additionally, Interns will have the opportunity to train in crisis response. Students will be expected to dedicate 27 hours of their work week to Family Trauma Recovery and the additional 5 hours will be spent in one of the following rotations.

Students may also choose more than one rotation and transition after 6 months.

a. Family Safety Center: Interns will attend weekly meetings with the Domestic Violence High Risk Team (DVHRT) to provide trauma informed treatment recommendations and collaborate/consult with community partners on mental health treatment referrals. Additionally, interns will provide crisis services for the Family Safety Center, a collaborative center being created by Adams and Broomfield Counties that will serve families impacted by violence by providing them with wrap-around services including housing, financial assistance, legal services, and mental health services. Interns will be housed within the Family Safety Center where they will work with families on safety planning, stabilization, and mental health resourcing.

b. Co-Responder Program: The Co-Responder Program Track at Reaching HOPE is a collaborative position with the Brighton and Federal Heights Police Department and has been approved by the respective City Council. The goal of the Co-Responder position is social justice focused and aims to build bridges within the community, to promote mental health services, reduce use of force, and divert at-risk community members from the criminal justice system by providing stabilization within the community or through other care options. As a Co-Responder, interns will work in collaboration with a team that includes another clinician and a Case Manager. Alongside law enforcement, the Co-Responder team will work to support residents by providing wrap-around mental health services that include completing crisis or emergency assessments, preparing safety plans, identifying protective factors, conducting mental status exams, evaluating level of functioning, coordinating psychiatric interventions, and providing supervision, instruction and coaching. Additionally, this position will provide a prevention workshop tailored to the specific crisis calls coming in.

c. Court Support: Interns will work in collaboration with the district attorney's office to provide pre-trial counseling to victims who are scheduled to testify in court against their perpetrators. Interns will work with clients and their legal team including attorneys, victims advocates, and law enforcement, to develop distress tolerance skills and strategies to manage court-related challenges. During the trial, interns will provide on-site support, helping victims regulate their emotions and navigate the stressful courtroom environment.

8. In addition, students will have the opportunity to specialize in Spanish-language services or non-profit management as part of their Family Trauma Recovery rotation:

a. Bilingual Track: Interns fluent in Spanish who can provide comprehensive clinical therapy services in Spanish can be part of Reaching HOPE's Bilingual Track. As part of the track, interns will have the opportunity to work alongside our bilingual staff to serve our monolingual Latine clients and their families. Those who are part of the Bilingual Track will also attend weekly Spanish group supervision with bilingual staff including doctoral trainees, interns, and case management. Spanish group supervision is led by Dr. Juanita Torres, Reaching HOPE's full-time bilingual psychologist. Additionally, interns in the Bilingual Track will receive individual supervision in Spanish.

b. Non-profit Management Track: Interns will have the opportunity to build skills within the non-profit sector including grant writing and reporting, partner/relationship building and understanding the inner working of non-profit management. This will include supervision with Reaching HOPE's Development Director and involvement in the entire grant writing process: research, writing applications, oral interviews, feedback/awards sessions, and grant reporting.

Physical Facilities

Reaching HOPE is located off 104th and Irma in north Denver (Thornton). We have two office suites inside a shared building. The downstairs suite, which is ADA-accessible, has a large waiting room which is also used for community events, groups, and workshops, an administrative office, and three therapy spaces. Our upstairs suite has seven therapy offices, including a larger office where community partner meetings, group supervision, and didactics take place. The downstairs and upstairs suites both have staff bathrooms and kitchens.

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, hospitals, 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 (1.25 hours every other Friday), with a focus on completing their doctoral paper/dissertation. They may also participate in a shared research project which will be shared with intern cohorts during research seminar time. It is also possible, the interns and seminar faculty leader(s) will decide to submit a shared project 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. When offered, interns may also participate in a three to four hour 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 Culture and Identity 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 Health Service 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 (1.25 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 one integrated report using evidence-based assessments, attending to diversity characteristics, gathering relevant data using multiple sources and methods, conceptualizing assessment findings, and communicating results effectively. Most of the Consortium sites will require the completion of more than one integrated report. Demand, appropriate supervision and access to assessment tools will determine how many integrated assessment reports must be completed at a Consortium site.

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 one 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, supervision models in Health Service Psychology will be discussed in Professional Issues Seminar (held on Fridays). Interns will also be asked to discuss their own supervising experiences and will be given 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 two 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 they meet with the interns individually and as a group throughout the year to receive verbal feedback, and during the twice/year Consortium retreats, one that includes site liaisons and supervisors and one that includes Friday seminar leaders. In addition, supervisors are evaluated in writing by interns two 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 2000 to 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, LEAVE and OUTSIDE WORK POLICY

Each intern is expected to complete 2000 to 2080 total hours (a minimum of 40 to 45 hours/week). **PLEASE NOTE THAT INTERNS ARE STUDENTS, NOT EMPLOYEES OF EITHER THE CONSORTIUM OR THE INDIVIDUAL SITES.**

Stipend

The stipend for interns is \$40,000.00. Each intern is formally titled "Intern" or "Resident" depending on the site. Positions require a minimum 40 to 45 hours per week and include the leave allowances listed below:

Leave

Holidays: Interns have 13 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 10 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 Laura and Anderson and the Internship Training Director.

Sick Leave: Through the DU system, interns will accrue a flat amount of 4 hours of sick time each month or every 30 days worked up to a maximum of 48 hours for the year.

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.

Outside Work Policy

The full-time training program with the DU, GSPP Internship Consortium is demanding, both in terms of hours required and intellectual focus. For this reason, we believe that a pre-doctoral intern who spends time engaged in outside professional activities during the training program year may not gain full benefit from the training program. Additionally, there are several legal standards put forth by CO statutes which may lead to the voiding of your and your supervisor's malpractice insurance coverage should the nature of the outside employment be considered clinical. Therefore, it is the suggestion of the program to discourage employment outside of the DU, GSPP Consortium Internship during the training year.

With that said, certain exceptions to this policy may be requested. A full-time trainee who seeks an exception must file a request with the DU, GSPP Internship Consortium Director and their site liaison. The request should be sent in writing in an email with a description of the outside employment, the days and the times of day you plan to be engaged in this outside work position. The request will be considered by a committee consisting of the Internship Consortium Director, the site liaison and the intern's primary clinical supervisor (if assigned). In rare cases, the Dean of the DU, Graduate School of Professional Psychology and/or a representative from DU Office of General Counsel may be consulted.

Requests will be evaluated according to the following criteria:

1. The outside employment is not a clinical position requiring licensed supervision.

2. The time commitments required for the outside employment are minimal and acceptable, while being flexible enough that they will in no way interfere with the intern's ability to fully function as a staff member at their site or interfere with clinic function.
3. The physical and/or intellectual requirements of the outside employment are of the nature that they will in no way interfere with the intern's ability to fully function as a staff member at their site.
4. The hours of employment take place outside of their site's business hours.

In the case that the committee determines that the outside employment meets all criteria, the trainee will be permitted to pursue the employment according to the specified parameters. To ensure that conditions are clear to all parties, the arrangement will be put in writing.

At any point, any of the committee members may request a reconvening of the committee to reevaluate whether the employment continues to meet the criteria. If at any point any of the criteria are in question, as a condition of continuation in the training program, the committee has the right to require that the trainee reduce their outside employment commitments or cease the outside employment altogether.

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 two 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 include 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, computer, 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, 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 trail running, hiking, fishing, rock-climbing, and cross-country and downhill skiing.

TRAINING STAFF

Consortium Internship Director, Seminar Leaders, Site Liaisons

Carrie Landin, Psy.D.: Internship Consortium Director; Psy.D. Practicum Director, Clinical Assistant Faculty, Professional Issues Seminar Leader and Research Seminar Co-leader, DU, Graduate School of Professional Psychology
University of Denver, Graduate School of Professional Psychology, 2003
Theoretical orientation: Cognitive Behavioral Therapy; Mindfulness Based Psychotherapy
Interests: Training and supervision, Health Psychology, Integrative Mental Health, Group modalities

Matthias Darricarrere, PsyD: Culture and Identity Seminar Leader
Health of Ohana Migration Evaluation Services
University of Denver GSPP, 2019
Theoretical orientation: Third Wave Behavioral, Psychodynamic, Humanistic & Existential
Clinical Interests: Refugee Mental Health, Health Psychology, trauma, substance use, identity and diversity in psychology, cross-disciplinary education.

Wendy Morrison, Ph.D.: Assessment Seminar Leader
Owner, Cherry Creek Psychological Services
University of California, Santa Barbara, 2016
Theoretical Orientation: ACT, Cognitive Behavior Therapy, Feminist Therapy
Interests: Therapeutic Assessment, ADHD, Trauma, Adult Psychology, training and supervision

Alyssa Oland, Ph.D.: Research Seminar Co-leader
 DU, GSPP Interim Director of Clinical Training
 Owner, Beam Psychological, Counseling, and Coaching Services, LLD 2021- present
 Psychologist, Lowry Center for Child and Family Therapy, 2021- present
 University of Pittsburgh, PhD in Clinical Psychology and in Developmental Psychology
 Theoretical orientation: Acceptance and Commitment Therapy, Cognitive Behavioral Therapy, Person-Centered Approaches
 Interests: Training and supervision, assessment, health psychology, pediatric populations, mood disorders

Colorado Mental Health Hospital at Fort Logan (CMHHFL) Site Liaison

Diana Luckman, PhD (Consortium Site Liaison)
 Director of Psychology
 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

Kaiser Permanente Colorado Site Liaison/Training Manager and Training Lead

Kendra E. Koehler, PsyD (Consortium Site Liaison)
 Training Manager, Integrated Services, Psychologist, Kaiser Permanente
 La Salle University, 2013
 Theoretical Orientation: Cognitive-Behavioral; Acceptance and Commitment Therapy (ACT)
 Interests: Integrated Care, Health Psychology

Julie E. Kobayashi-Newberg, Ph.D.
 Training Lead, Kaiser Permanente
 Clinical Psychologist and Behavioral Medicine Specialist, 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

WellPower Site Liaison

Michelle Roy, PhD, IECMH-E (Consortium Site Liaison)
 Program Manager and Licensed Psychologist, Right Start for Infant Mental Health, WellPower
 University of South Dakota Clinical Psychology Training Program, 2010
 Theoretical Orientation: Family systems, developmental, psychodynamic (Infant Mental Health)
 Interests: Trauma treatment for young children (Child Parent Psychotherapy), intersection of infant and early childhood mental health and the child welfare system, perinatal substance misuse, reflective supervision

University of Denver Health and Counseling Center Site Liaison

Anne Edwards, Psy.D. (Consortium Site Liaison)

Associate Director of Counseling Services/Training Director, University of Denver Health and Counseling Center

Illinois School of Professional Psychology, 2007

Theoretical Orientation: Relational/Systems

Interests: Training and supervision, interpersonal violence, anxiety, grief and loss, first generation students, intergenerational trauma, issues of oppression, identity exploration, advocacy, ethics, and systems work

Tommy Fritze, Psy.D. (Site Liaison and Primary Supervisor for Sport Psychology track)

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

University of Denver

Theoretical Orientation: Contextual Behavioral Approaches, CBT, ACT, Exposure

Interests: Clinical sports psychology and performance psychology consultation. Anxiety, Depression, Relationship Issues

New Sites Joining in 2026-2027 Training Year:

Metropolitan State University of Denver Counseling Center Site Liaison

Andrew Sia, Ph.D. (Consortium Site Liaison)

Associate Director of Training & Staff Psychologist

University of California Santa Barbara, 2010

Theoretical Orientation: Integrative; Existential-Humanistic with a Feminist & Multicultural Lens

Interests: Training and supervision, cross-cultural counseling, career and vocational development, family and relational concerns, marginalization and advocacy work

Reaching Hope

Loraine Fishman, PsyD, LP (Site Liaison)

Trauma Psychologist, Program Director/Director of Clinical Training

University of Denver, Graduate School of Professional Psychology (2020)

Theoretical Orientation: Family Systems

Interests: Complex trauma in family systems, sexual development and behavior in children, child/adolescent treatment

Ambra Born, PsyD, LP (Site Liaison)

Trauma Psychologist, Executive Director

The Chicago School of Professional Psychology (2009)

Theoretical Orientation: Family Systems

Interests: Complex trauma in family systems, child/adolescent treatment, foster care/adoption

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; 4+ integrated assessment reports and 50 assessment hours). 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

Doctoral Program Accreditation: Required that applicant attends an APA accredited doctoral program in clinical, counseling or school psychology.

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 (i.e., 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/practicum 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 Hospital 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*. The site has a limited capacity to train interns in the administration of standard psychological assessment techniques. Thus, it is strongly preferred that candidates 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. 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.

WellPower

WellPower takes up to two interns per year. It is a highly competitive training site. It is highly preferred that applicants have some experience working with individuals with a serious and persistent mental illness, trauma, and substance use. Candidates for the infant and general child track must demonstrate sound clinical skills working with children, families, and adolescents. It is preferred that applicants have experience working with clients who have economic and multiple systems issues, in addition to severe mental health issues and trauma.

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. It is strongly preferred that candidates have had at least 75 hours of assessment experience and completed at least six integrated psychological assessments. 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. They are professional, self-aware and insightful, curious and eager to learn, able to work in fast-paced environments, and open to challenges and personal and professional growth.

University of Denver Health and Counseling Center

Applicants are required to have an adequate number of hours with adult clients (600+ preferred) and previous experience with college-aged students is a plus. Previous assessment experience is required with a minimum of three 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

New Sites Joining in 2026-2027 Training Year:

Metropolitan State University of Denver Counseling Center

Preference is given to applicants with: (a) demonstrated history and appreciation for working in a university counseling center or similar educational setting and with clients representing range/diversity in age, diverse identities, and backgrounds, (b) skills and interest in a short-term, goal-focused model of care, (c) primary focus on adults (18+) and previous experience with college-aged students, (d) generalist skills/interests and areas of specialization relevant to college mental health, (e) experience in crisis intervention, group therapy, and outreach is a plus, and (f) curious, creative, self-aware and communicative, flexible/open-minded, eager to learn, open to feedback, service-oriented, and comfortable working in a fast-paced, team-oriented environment.

Reaching Hope

We're looking for internship applicants who demonstrate a strong commitment to working with complex trauma populations and have a solid foundation in trauma-specific care. Preference will be given to candidates with the following goals and qualifications:

- **Direct Experience with Trauma Populations:** You've worked directly with trauma populations at an agency.
- **Specialized Trauma Supervision:** You've received supervision from a psychologist specializing in trauma, with a background in evidence-based trauma interventions like Trauma-Focused Cognitive Behavioral Therapy (TF-CBT).

- **Experience in Demanding Settings:** You have prior training in challenging environments such as community mental health centers, residential treatment facilities, the foster care system, or pediatric inpatient units.
- **Interest in Long-Term Therapy:** You're interested in providing long-term therapy to complex populations, primarily focusing on familial and internal stabilization.
- **Child/Adolescent Experience:** You have direct experience working with children and adolescents.
- **Desire for Generalist Training:** You're interested in generalist training with diverse populations across the lifespan.
- **Team Player & Self-Starter:** You work well on a team, are a self-starter, and are eager to learn and be challenged.
- **Commitment to Self-Care:** You actively engage in self-care practices.

SELECTION PROCEDURES

Overall selection procedures for the Consortium

The DU, GSPP 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. Carrie Landin, 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 WellPower site only, applicants may apply to the child tracks OR the adult track (when we have the adult track available), 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 internship lasts a full calendar year, beginning in late July or early August, and ending in late July or early August, one year from start date.

Consortium site selection procedures

Colorado Mental Health Hospital 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, CMHHFL typically invites up to 25 candidates for interviews. We now offer all interviews virtually. 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 virtual interview which is approximately 4 hours and involves meeting with several groups of supervisors. The current interns also meet with the applicants to share his/her/their training experiences at Kaiser. The training team discusses the applicants, and they are rank ordered by the training team.

WellPower

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 application. The point system is combined to a total score, which represents Tier 1 of the application review process.

Most of the intern applicants who pass Tier 1 (minimum of 350 therapy hours, 75 assessment hours, and 6 integrated assessment reports) are then thoroughly reviewed by a group of WellPower 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. It is possible for an applicant to make it past Tier 1 review if the minimum criteria are not met given other strengths found in the application. Applicants who meet WellPower criteria are offered interviews, usually in early January. The interviews are held virtually using the Microsoft Teams platform. The intern applicants are asked to dedicate approximately 3.5 hours for the interview process: attending a virtual presentation that focuses on WellPower, the internship program, and an opportunity for Q&A, as well as an one hour-virtual interview. The applicants are also encouraged to meet virtually with and talk to current interns. The applicants are interviewed virtually by two staff psychologists during individual interviews. A standardized list of interview questions (and associated scoring system) are asked of all applicants. The applicants are then ranked by the interview team for submission to APPIC.

University of Denver Health and Counseling Center

After an initial review of APPIC applications, selected candidates are invited for a Virtual Interview Day held over Zoom, typically in January. Our interview day consists of a "formal" individual interview with a select number of Senior Staff, a meeting with the Training Director and Director of Counseling Services for a brief presentation on our internship site, and an opportunity to meet with our current interns informally to ask questions. There will be breaks throughout the day; however, we ask that applicants block most of the day to participate in the various aspects of our interview process.

New Sites Joining in 2026-2027 Training Year:

Metropolitan State University of Denver Counseling Center

APPIC applications that meet minimum requirements and appear to be a good fit will be reviewed by our Intern Selection Committee and rated on a scale of 1-5 on the following criteria: clinical proficiency, applicable experience, multicultural competence, quality of recommendations, and personal characteristics promoting growth. Top candidates are invited for a virtual interview in January. Virtual interviews will include a presentation about our site and community, Q&A with members of the selection committee, a brief de-identified case presentation by applicants, and an informal opportunity to chat with current interns (once available). Upon conclusion of interviews, the selection committee conducts a final review and develops a rank-ordered list_of applicants.

Reaching Hope

Applicants must meet the minimum requirements in order for their applications to be reviewed. Once selected for review, applicant applications are read by two clinical staff and rated on a 3-point scale.

The virtual interview day will include:

- An overview of Reaching HOPE and internship requirements.
- Three 20-minute interviews with Reaching HOPE clinical staff and Reaching HOPE's youth board.
- Current intern Q&A.
- Lunch break.
- Group interview with case vignettes.
- Staff Q&A.

Once interviews are complete, the selection committee makes its final decisions based on a 4-point ranking scale and submits its rank to the APPIC match

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 CMHHFL, Kaiser, WellPower 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.

CMHHFL 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. CMHHFL 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 appointment letter, with a copy to the site liaison and a copy to the academic Director of Clinical Training. This letter 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 evaluation 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, competency-based 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 ensure 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, psychodiagnostics assessment and testing, ethics, work with diverse populations, applied research, and paperwork. The supervisor also serves as an advocate and consultant and assists the intern in decisions related to professional development.

Interns receive a minimum of 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 at 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 the case that society expects psychologists to perform their services competently and with professionalism. There is also a recognition that society is experiencing multiple crises that significantly impact mental health. Thus, interns need training based in progressive and evidence-based methods that prepare them to address the psychological consequences of social crises, including health crises like we, as a society, have recently experienced with the coronavirus (COVID-19) pandemic, socio-political stress, racial injustices and economic instability. Pre and Post-doctoral training programs now need their interns and fellows to develop "capability-informed competence." Psychologists need to use their personal qualities and competence flexibility to have the "capability" of addressing dynamic and challenging circumstances. (Kaslow et. al. 2022)The DU, GSPP Internship Consortium strives to incorporate a capability-informed competency model of training that guides our interns in advances in telehealth services, engagement in advocacy work, incorporates anti-racism training, learning new and effective behavioral health interventions for frontline workers, honing DEI work and is trainee centered and developmentally informed.

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 1.5 hours every other week (alternating with Research Seminar) and is led by Dr. Carrie Landin with a variety of speakers from 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, EPPP panel discussion, advocacy work and so on. Dr. Carrie Landin (Internship Consortium Director) coordinates this seminar.

Research Seminar is co-led by Dr. Carrie Landin and Dr. Alyssa Oland and is held for 1.5 hours every other week (alternating with Professional Issues Seminar) and emphasizes support for dissertations/doctoral papers as well as critical thinking and analysis of peer-reviewed research in the field that is relevant to current clinical work and areas of clinical concern.

Cultural and Identity Seminar led by Dr. Matthias Darricarrere, meets for 1 hour per week and is structured by way of three superordinate categories: 1) exploration of personal identities; 2) didactic learning; and 3) integration of content and clinical practice. Our group will jointly

explore our identities through individual exercises and group discussion with the intention of learning through storytelling. Integral to this process will be describing aspects of given identity with which we resonate and aspects which we renounce, seeking to better understand the intersections through which our various identities complement or contradict each other. Our primary goal will be to expand our definition of identity to include values, strengths, community, connection, and customs. Didactic learning will span several topics. Both aspects of diversity commonly addressed in clinical training (viz., race, gender), as well as aspects less commonly discussed (viz., geopolitical events, refugee mental health, religion & spirituality, socioeconomic status, relationship with body, colorism, to name but a few possible options) will be addressed and explored in greater depth. We will collaboratively choose and prioritize topics of exploration. While didactics will include scholarly works, they will also draw on fiction, personal stories, literature, history, music, poetry, and art across other mediums as applicable to inform a more nuanced understanding of a given culture, identity, or background. Lastly, we will relate introspective work and didactic learning back to clinical work through case conceptualization, presentation, and consultation.

Assessment Seminar is held for one hour every week and includes training in collaborative/therapeutic assessment, antiracist assessment, differential diagnosis, and various aspects of the theory and practice of psychological assessment (e.g., administration, scoring, interpretation, written reports, and feedback). This seminar is led by Dr. Wendy Morrison and may include expert guest speakers from the community. Interns are required to present at least one assessment case or assessment-related topic in seminar. Interns will be expected to consult with one another regarding their cases to build on their experience working with various interdisciplinary professionals and contexts (e.g., mental health treatment teams, employment or disability stakeholders, medical providers, educational settings).

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

Peer Consultation is scheduled for one hour each week and is designed to give interns a chance to debrief after seminars.

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 and Post-Doctoral Training Directors of Colorado include a symposium on postdoctoral fellowships and an advocacy at work all day symposium.

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

Peer Consultation is scheduled for one hour each week and is designed to give interns a chance to debrief after seminars.

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.

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 (if intern has appropriate consent and ROI in place)
- 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/dissertation 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 mid-point and end of the training year, which helps supervisors respond to specific needs. Interns are formally evaluated two 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 two times/year. Interns give verbal feedback to the Internship Consortium Director at the end of each quarter. Opportunities to give feedback about the Friday seminars is offered throughout the training year on a more informal basis. 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 ensure 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, Amended January 1, 2017) <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)

HIPAA 1996: Legal responsibilities in instances of child abuseHIPAA (Health Insurance Privacy and Portability Act) <https://aspe.hhs.gov/reports/health-insurance-portability-accountability-act-1996>

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 always conduct themselves in an ethical manner.

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 INTERNET PRESCENCE

Interns who use social media (e.g., Instagram) 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. Personal or professional websites and 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>

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 the 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" 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. For a guidance on the University of Denver appeals process visit

<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/>

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 or dismissal, 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 or dismissal from a program must do so within 45 calendar 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 calendar 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 business 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 calendar 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 business 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 business 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 business 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 calendar 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 calendar 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 behavior 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/they 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 two 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

Carrie Landin, Psy.D., Internship Consortium Director
University of Denver
Graduate School of Professional Psychology
Ammi Hyde Building 206
2460 S. Vine Street
Denver, CO 80208
303-871-5156 (office)
carrie.landin@du.edu

Laura Anderson
University of Denver
Graduate School of Professional Psychology
Ammi Hyde Building
2460 S Vine Street
Denver, CO 80208
Laura.Anderson97@du.edu

Liz McKinney
University of Denver
Graduate School of Professional Psychology
Ammi Hyde Building 208
2460 S. Vine Street
Denver, CO 80208
303-871-4220 (fax)
elizabeth.mckinney@du.edu

Erica Mischke
University of Denver
Health and Counseling Center
Ritchie Center, 3rd floor north
Denver, CO 80208
303-871-4236 (office)
303-871-4242 (fax)
erica.mischke@du.edu

SITES

Colorado Mental Health Hospital at Fort Logan (CMHHFL)

Diana Luckman, Ph.D. (Site Liaison)

Department of Psychology

3520 West Oxford Avenue

Denver, CO 80236-9987

303-866-7751

diana.luckman@state.co.us

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

Kaiser Permanente

Kendra E. Koehler, PsyD (Site Liaison)

Kaiser Permanente Highline Behavioral Health

10350 East Dakota Avenue

Denver, CO 80247

720-498-6152

kendra.x.koehler@kp.org

www.kaiserpermanente.org

WellPower

Michelle Roy, PhD (Site Liaison)

Dahlia Campus for Health and WellBeing

3401 Eudora Street

Denver, CO 80207

303-300-6914 direct line

303-504-6500 main line

Michelle.roy@wellpower.org

<http://www.wellpower.org>

University of Denver Health and Counseling Center

Anne Edwards, PsyD (Site Liaison)

Ritchie Center, 3rd Floor North

Denver, CO 80208

303-871-4282

anne.edwards@du.edu

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

New Sites Joining in 2026-2027 Training Year:

Metropolitan State University of Denver Counseling Center

Andrew Sia, PhD (Site Liaison)

Campus Box 05, P.O. Box 173362

900 Auraria Parkway, Tivoli 651

Denver, CO 80217-3362

303-615-9988

ansia@msudenver.edu

<http://www.msudenver.edu/counsel/>

Reaching HOPE

Loraine Fishman, PsyD, LP

2090 E 104th Ave Suite 201 Thornton, CO 80233

(720) 347-8769

joinourteam@reachinghope.orgreachinghope.org**CONSORTIUM SEMINAR LEADERS**Professional Issues and Research SeminarCarrie Landin, Psy.D., carrie.landin@du.eduAlyssa Oland, Ph.D. alyssa.oland@du.eduMulticultural SeminarMatthias Darricarrere, Psy.D. mdarr577@gmail.comAssessment SeminarWendy Morrison, Ph.D. wmorrison@cherrycreekpsych.com**CONSORTIUM INTERNS SINCE 2005**2024-2025Anne-Stuart BellLauren CaldasTara del RosarioSydney KellyJohn (Jack) StimsonBreanna KingKurstyn MorleyDylan HenryLauren MeadEmma BossierLinden LoutzenhiserJeffery BowlingDU Health and Counseling Center, (Texas A&M)DU Health and Counseling Center (DU GSPP)DU Health and Counseling Center (Alliant San Diego)DU Health and Counseling Center (Alliant San Diego)DU Health and Counseling Center, Sport Psychology Track
(Univeristy of Tulsa)WellPower, Child and Family Track (University of Northern
Colorado, School Psychology)WellPower, Right Start for Infant Mental Health Track (Stanford
Consortium)WellPower, Adult Outpatient Track (Alliant San Diego)Kaiser, Integrated Care Specialist Track (Alliant Los Angeles)Kaiser, Gender Health Track (DU GSPP)CMHH Fort Logan (Fordham University)CMHH Fort Logan (University of Northern Colorado, Counseling
Psychology)2023-2024

Amelia Evans

Anthony Franzetti

Katia Goga

Micaela Hardyman

Jacqueline Jacobs

Jah Latchman

Blake Pindyck

Leeza Rojas

Kaiser Integrated Care Specialist Track (Texas Tech University)

DU Health and Counseling Center (Texas A&M University)

WellPower, Child and Familuy Track (DU GSPP)

Kaiser Integrated Care Specialist Gendere Health Track
(Wheaton College)

WellPower, Right Start for Infant Mental Health (DU GSPP)

DU Health and Counseling Center (DU GSPP)

DU Health and Counseling Center, Sport Psychology Track (DU
GSPP)

WellPower, Adult Outpatient Track, (DU GSPP)

Hannah Schweitzer	CMHH, Fort Logan (Fielding Graduate University)
Michelle Selsemeyer	CMHH, Fort Logan (Chaminade University of Honolulu)
Taylor Stuteville	Nicoletti-Flater Associates (Kansas City University)
Lindsey Waxman	DU Health and Counseling Center (Chicago School of Professional Psychology)
Hannah Widmer	DU Health and Counseling Center (University of Louisville)
<u>2022-2023</u>	
Deja Alexander	DU Health and Counseling Center (Adler School of Professional Psychology)
Andrew Arriaga	Kaiser Gender Mental Health Track (Un of Texas, Austin)
Brooke Davis	CMHH, Fort Logan (DU GSPP)
Soo-yeon Dawson	CMHH, Fort Logan (DU GSPP)
Jonathon Fricke	DU Health and Counseling Center (DU GSPP)
Emanuel Hermosillo	DU Health and Counseling Center (DU GSPP)
Molly Jankovsky	WellPower, Adult Outpatient Track (DU GSPP)
Brooke Lanigan	WellPower, Child and Family Track (William James College)
Ana Lesquives	Kaiser Integrated Care Specialist Track (Alliant IU/CSPP Los Angeles)
Laura River	WellPower, Right Start for Infant Mental Health (DU, Clinical Psychology Ph.D.)
Alexandra Schlager	CMHH, Fort Logan (Alliant IU/CSPP San Diego)
Hannah Schriber	DU Health and Counseling Center (DU GSPP)
<u>2021-2022</u>	
Tyler Anderson	Kaiser Permanente Integrated Primary Care (Univ Northern Colorado, Counseling Psychology)
Gabrielle Armer	DU Health and Counseling Center (Wright State University)
Martha Bautiste-Biddle	Kaiser Permanente Gender Health (DU GSPP)
Maxwell Birdnow	DU Health and Counseling Center (University of Kansas)
Madeline Bliske	MHCD/WellPower Child and Family (University of Wisconsin-Milwaukee)
Allison Dart	MHCD/WellPower Infant Mental Health (Antioch University New England)
William Giddings	CMHI, Fort Logan (DU GSPP)
Georgette Harper	CMHI, Fort Logan (DU GSPP)
Chelsea Lang	DU Health and Counseling Center (New Mexico State University)
Alexander Mach	MHCD/WellPower Adult (Adler University Chicago)
Kathryn McGuire	CMHI, Fort Logan (DU GSPP)
Monica Smith-Acuña	DU Health and Counseling Center (DU GSPP)
Rebecca Tuttle	Regis University OCPD (National Louis Univ-Tampa, FL SPP)
<u>2020-2021</u>	
Nicole Antoniadis	Kaiser Permanente Integrated Primary Care (Pacific University)
Stephanie Bono	MHCD Child and Family Track (DU GSPPP)
Kaitlyn Brock	DU Health and Counseling Center (Texas Woman's University)
Thomas Gaus	DU Health and Counseling Center (Spalding University)
Erin Glacklin	MHCD Infant Mental Health (Tulane University)
John Michael Hart	DU Health and Counseling Center (University of Louisville)

Vera Levin	CMHI, Fort Logan (DU GSPP)
Alex Littleton	MHCD Adult (DU GSPP)
Anna Mokry	Regis University OCPD (Carlow University)
Allison Schwab	CMHI, Fort Logan (Long Island University/CW Post-Brookville)
Alexandra Solberg	CMHI, Fort Logan (William James College)
Rich Williams	DU HCC (DU GSPP)
<u>2019-2020</u>	
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)
<u>2018-2019</u>	
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 Snethen	DU Health and Counseling Center (University of Indianapolis)
Dani Speelman	Kaiser Permanente Generalist (DU GSPP)
Madison Taylor	DU Health and Counseling Center (DU GSPP)
<u>2017-2018</u>	
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)

Joshua Burg	DU Health and Counseling Center
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
Ingibjorg Thors	DU Health and Counseling Center

2015-2016

Liliana Almeida	Kaiser Permanente Colorado (Alliant University, Los Angeles)
Ellen Bronder	DU Health and Counseling Center (University of Akron)
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)
Chase Martin	Mental Health Center of Denver, Adult Track (DU GSPP)
Chelsea Towler	Regis University Counseling (DU GSPP)
Katie Weiss	Kaiser Permanente Colorado (DU GSPP)

2014-2015 (all from DU GSPP)

Adam Altschuch	DU Health and Counseling Center
Allison Evins	Legacy Comprehensive Counseling and Consultation
Lindsey Gagnon	Kaiser Permanente Colorado
Melissa Goldberg	Kaiser Permanente Colorado
Adrienne Kearney	MHCD Adult Track
Katherine McMann	Nicoletti-Flater Associates
Jennifer Paz	MHCD Child Track
Chris Peavey	DU Health and Counseling Center
Julie Sutcliffe	DU Health and Counseling Center
Lies Van Bekkum	DU Health and Counseling Center

2013-2014 (all from DU GSPP)

Nahed Barakat	DU Health and Counseling Center
Rebecca DeHass	Treatment and Evaluation Services
Alana Fryer	Legacy Comprehensive Counseling and Consultation

Lindsey Harcus	Mental Health Center of Denver, Adult Track
Eli Johnson	Kaiser Permanente Colorado
Emily Laux	Denver Children's Home
RuthAnn Lester	Kaiser Permanente Colorado
Alex McDermott	Regis Counseling and Personal Development
Risa Muchnick	DU Health and Counseling Center
Brian Mund	DU Health and Counseling Center
Nick Sotor	DU Health and Counseling Center
Shane Spears	Denver Children's Home
Ashley Sward	Mental Health Center of Denver, Child Track

2012-2013 (all from DU GSPP)

Christine Devore	DU Health and Counseling Center
Rohini Gupta	Kaiser Permanente Colorado
Alexis Heimann	DU Health and Counseling Center
Shawn Knadler	Nicoletti-Flater Associates
Abigail Lockhart	Kaiser Permanente Colorado
Kimberly Mathewson	DU Health and Counseling Center
Evelyn Owusu	Mental Health Center of Denver, Adult Track
Jennifer Rhoda	Treatment and Evaluation Services
David Shanley	DU health and Counseling Center
Shanna Tillman	Regis University Counseling and Personal Development
Tiffany Willis	Mental Health Center of Denver, Child Track

2011-2012 (all from DU GSPP)

Rebecca Baker	Kaiser Permanente Colorado
Abby Coven	Mental Health Center of Denver, Adult Track
Alexis Emich	Kaiser Permanente Colorado
Emily Fogle	DU Health and Counseling Center
Amy Ginsberg	Regis University Counseling and Personal Development
Alicia Goffredi	DU Health and Counseling Center
Meg Picard	Mental Health Center of Denver, Child Track
Maia Sidon	DU Health and Counseling Center
Jennifer Silva	DU Health and Counseling Center

2010-2011 (all from DU GSPP)

Ous H. Badwan	Mental Health Center of Denver, Child Track
Alexander W. Baker	Kaiser Permanente Colorado
Neal J. Brugman	DU Health and Counseling Center
Regina Angelich Carlson	DU Health and Counseling Center
Cari J. Cornish	Progressive Therapy
Sara Garrido	Nicoletti-Flater Associates
Stephen J. Ginsberg	Regis University Counseling and Personal Development
Jamie L. Mathews	Mental Health Center of Denver, Adult Track
Tatiana Rohlfs	DU Health and Counseling Center
Eva Szucs	Kaiser Permanente Colorado
Heather Twitty	Emerge Professionals
Elizabeth Wawrek	DU Health and Counseling Center

2009-2010 (all from DU GSPP)

Jessica D. Bartels	Treatment and Evaluation Services
Thomas G. Farrington	Nicoletti-Flater Associates
Anat Geva	Progressive Therapy Systems
John C. Glazer	DU Health and Counseling Center
Heather D. Greene	Kaiser Permanente Colorado
Matthew A. Heermann	DU Health and Counseling Center
Rebecca Howard	Mental Health Center of Denver, Child Track
Erin Jacklin	Kaiser Permanente Colorado
James E. Langley	Mental Health Center of Denver, Child Track
Jennifer J. Sackett	DU Health and Counseling Center
Michael D. Stein	DU Health and Counseling Center
Kelly J. Wade	Regis University Counseling and Personal Development
Brandon S. Ward	Mental Health Center of Denver, Adult Track

2008-2009 (all from DU GSPP)

Casey Casler	Regis University Counseling and Personal Development
Tim Doty	DU Health and Counseling Center
Tara Eastcott	Rape Assistance and Awareness Program
Lisa Fuchs	DU Health and Counseling Center
Kirstin Ging	DU Health and Counseling Center
Courtney Hergenrother	Mental Health Center of Denver
Shaayestah Merchant	Mental Health Center of Denver
Kim Pfaff	DU Health and Counseling Center
Millie Riss	Kaiser Permanente Colorado
Rob Rosenthal	Kaiser Permanente Colorado
Brenna Tindall	Treatment and Evaluation Services
Kym Thompson	Mental Health Center of Denver
Olga Wartenberg	Progressive Therapy

2007-2008 (all from DU GSPP)

Ashraf Ahmed	DU Health and Counseling Center
Jennifer Becker	Rape Assistance and Awareness Program
Ben Brewer	DU Health and Counseling Center
Kiara Marienau	Kaiser Permanente Colorado
Jennie Lee	Progressive Therapy
Jessica Micono	Treatment and Evaluation Services
Dorothy Moon	Mental Health Center of Denver
Heather Morris	Nicoletti-Flater Associates
Scott Nebel	Mental Health Center of Denver
Rae Sandler	Regis University Counseling and Personal Development
Paula Schmittlein	DU Health and Counseling Center
Nicole Thibert	DU Health and Counseling Center
Jon Williams	Kaiser Permanente Colorado

2006-2007 (all from DU GSPP)

Anne Alarie	Rape Assistance and Awareness Program
Mark Babula	Treatment and Evaluation Services
Jenna Brown	DU Health and Counseling Center
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 Schmidtlein	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)

Yolanda Barrera	DU Health and Counseling Center
Tai Blanscet	DU Health and Counseling Center
Sarah Burgamy	DU Health and Counseling Center
Casey Capps	Kaiser Permanente Colorado
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
Melissa Polo-Henson	Mental Health Center of Denver
Arlene Weimer	Mental Health Center of Denver
Joanne Whalen	Kaiser Permanente Colorado

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