Psychology Manual Index

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Section 1
INTRODUCTION AND TRAINING PHILOSOPHY

The internship training program is based on a scientist practitioner model of education and training. Within this model, we aim to train students who will make contributions to the field of psychology and to general human welfare, either in the scientific domain, the practice domain or both. Graduates recognize that psychological practice is based on the science of psychology, which is influenced by the professional practice of psychology. Throughout the training year, interns are exposed to and work with faculty who serve as scientist-practitioner role models, as well as faculty who have adopted a more exclusively practitioner role. We believe that this exposure to a variety of role models provides the best real-world clinical training, as well as exposure to the excitement and challenge of integrating scientific inquiry with clinical practice.

The internship program consists of supervised clinical training experiences that are sequential, cumulative, and graded in complexity. The delivery of direct clinical services occurs in the context of individual and, at times, additional group supervision. The assumption of clinical responsibilities is a gradual process, which occurs as both supervisor and trainee judge that the trainee is ready for additional opportunities. Clinical and supervisory experiences are supplemented by a year-long, weekly didactic series that deals with ethics and professional behavior, Colorado jurisprudence, multicultural approaches to assessment/diagnosis, health services psychology, consultation, supervision, and psychological interventions. Strategies for working in the public health services psychology sector are an additional focus.

We believe in the importance of developing a repertoire of diverse assessment/intervention strategies suitable to the diverse client needs of the populations that we serve. The major objectives of the internship program are to prepare the intern, through supervised clinical training and didactic instruction, to function as a professional psychologist, and to practice competently in applied areas of assessment/diagnosis, consultation, and intervention/treatment. It is important for trainees to develop attitudes and practices for ongoing professional development though an appreciation of the importance of remaining current with the evolving body of clinical and scientific knowledge relevant to their work and through an understanding of the importance of ongoing communication with fellow professionals.
Section 2  
Program Organization

The Psychology Internship Training Program at the University of Colorado School of Medicine was established in 1952 and has been continuously APA accredited since 1956. The internship program moved to its new academic home in the Dept. of Family Medicine in 2012 under Chairman Frank deGruy, MD, MSFM. The CU School of Medicine on the Anschutz Medical Campus is home to 85 psychologists who hold faculty appointments in the departments of Family Medicine, Pediatrics, Medicine, Neurosurgery, and Psychiatry. The rich training opportunities in the psychology internship program are the result of interdisciplinary and multi-institutional collaborative efforts, which include faculty members from the School of Public Health as well as other CU system institutions, including the University of Colorado at Boulder. A number of clinical volunteer faculty members also contribute to the service, teaching, and scholarly missions of the School of Medicine through their dedication to the psychology internship program. The Internship Program is administered under the direction of Audrey Blakeley-Smith, Ph.D.

Core Training Faculty in the Clinical Psychology Internship Program are as follows:

<table>
<thead>
<tr>
<th>Faculty Name</th>
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<tbody>
<tr>
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<td>Lisa Meltzer, Ph.D.</td>
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<td>Thomas Wodushek, Ph.D.</td>
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## Section 3

**Psychology Core Training Faculty & Interns 2017-2018**

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Major rotations correspond to the specialty tracks to which an individual applies. Major rotations average 24-30 hours per week for 12 months. For the 2017-2018 training year we will offer four specialty tracks as listed below. Applicants may apply for only one track.

Because this training has a specialty emphasis, applicants who show promise of a career focus in the specialty area will be given priority. Evidence of prior experience in and commitment to the specialty area will be weighed heavily in evaluating applicant credentials.

- CeDAR
- JFK, Developmental Disabilities
- Primary Care Psychology, A.F. Williams
- Salud Family Health Centers, Primary Care Psychology
The Center for Dependency, Addiction, and Rehabilitation (CeDAR)

The Center for Dependency, Addiction, and Rehabilitation (CeDAR) is a 30 day residential, extended care, and outpatient treatment center for individuals with addictive disorders, specializing in treatment of individuals who are dually diagnosed with both psychiatric and substance abuse problems. Our patients often also have acute or chronic medical illnesses that further impact their treatment. CeDAR emphasizes a bio-psycho-social-spiritual approach to treating addictions, and provides opportunities for training in treatment of these disorders in individual, group, spiritual, and family-oriented modalities.

Goals of the Training Rotation

• Provide training in treatment of substance abuse disorders in a residential setting and along the continuum of care to the outpatient level.
• Emphasize collaboration with other members of a multi-disciplinary team.
• Perform psychological testing and neuropsychological screening as a part of multi-disciplinary evaluation.
• Identify and make recommendations for further assessment or treatment of cognitive disorders related to addiction.
• Become experienced in family-oriented interventions to address the chronic disease of addiction.
• Introduce trainees to Twelve Step programs and the use of these techniques in wider practice.

Objectives of the Training Rotation

• The psychology trainee will be trained in the administration and interpretation of psychological testing in patients with substance dependence and cognitive disorders.
• The psychology trainee will be trained in the treatment of addictive disorders in both individual and group modalities.
• The psychology trainee will participate in weekly interdisciplinary team meetings that include physicians, nurses, addiction counselors, family counselors, and spiritual counselors.
• The psychology intern will gain experience in developing individualized treatment plans that address the biological, psychological, social, and Twelve Step components of addictive and psychiatric illnesses as well as become familiar with ASAM placement criteria.

Specific Training Activities

Required Activities

Psychological and Neuropsychological Assessments: The intern will perform and interpret psychological testing for diagnostically difficult patients with co-occurring psychiatric, addictive, and cognitive disorders. The intern will be expected to perform a minimum of two and maximum of five assessments each month. These assessments may include intelligence testing, personality testing, and/or brief neuropsychological batteries.

Group Therapy: The intern will co-facilitate one process or psychoeducational group related to addiction, depending on the intern’s personal interests and schedules. The groups include: Intensive
Outpatient Group, Men’s Group, Women’s Group, Coping Skills Group, Co-Occurring Disorders Group, etc.

**Multi-Disciplinary Treatment Planning:** The intern will attend the weekly multi-disciplinary treatment planning meeting to learn about treatment issues for individual patients and gain experience in working within a larger team. This meeting occurs on Thursdays at 1:00 p.m.

**Optional Activities**
As time and individual interests permit, interns will be given the opportunity to work more closely with patients in providing individual therapy in a variety of modalities including cognitive-behavioral therapies, individual coaching of dialectical-behavioral techniques, supportive therapies, insight oriented therapy, biofeedback, and mindfulness based therapies.

Opportunities also exist for more in depth training in the Twelve Step and family oriented treatments for addiction.

**Optional Courses**
Ongoing weekly seminars offered by the Addiction faculty are available on a variety of addiction related topics. These “Lunch and Learn” opportunities occur on Tuesday’s at 12:00.

**Supervision:** The intern will receive 3 hours of individual supervision per week. Supervision will be focused on intern professional development, and will be facilitated by a licensed psychologist.

**Theoretical Approaches**
The staff members at CeDAR integrate a Twelve Step Facilitation model of addiction treatment with a more traditional medical model for treatment of psychiatric and addictive disorders. Cognitive-behavioral approaches, mindfulness work, and biofeedback all also employed. As each patient receives an individualized treatment plan, opportunities exist to work in a variety of clinical approaches in both individual and group modalities.

**Supervisors:**
Harlan Austin, Ph.D., LP, CC-AASP
LaTisha Bader, Ph.D., LP, LAC, CC-AASP
A.F Williams Family Medicine Center
Primary Care Psychology

This major rotation of the psychology internship program provides interns with opportunities to
learn aspects of working as a psychologist in primary care settings. The primary practice site is A.F
Williams Family Medicine Center, a Level III NCQA Patient Centered Medical Home that serves
patients of all ages, including adults, children, infants, pregnant women and seniors. The
clinic patients are from a variety of ethnic, religious and socio-economic backgrounds and we
consider this diversity to be one of our greatest strengths as a training site for multiple health care
disciplines. The clinic is run by the University of Colorado Hospital and has been in existence for
over 35 years. Behavioral health has been an integral part of the A.F. Williams practice for over 2
decades.

Multidisciplinary Team
A.F. Williams Family Medicine Center is a primary training site for Family Medicine residents as
well as clinical pharmacy students, nurse practitioner students, physician assistant students,
psychology graduate students, and medical students. Our multidisciplinary team also includes care
managers, a social worker, and tele-psychiatry consultants. This provides numerous opportunities
for psychology interns to work collaboratively on a multidisciplinary team.

Goals of the Primary Care Psychology Track
The overarching goal of the primary care psychology major rotation is to train psychologists to
provide a full range of clinical primary care psychology services as key members of multi-
disciplinary healthcare teams, develop an array of interprofessional competencies, and become
leaders in this growing area of healthcare. Specific goals include developing core competencies of
primary care psychology such as providing consultations to patients and providers, participating in
multidisciplinary care teams, providing brief individual therapy services, becoming skilled with
warm hand offs and co-consultations, providing diagnostic clarification and brief assessment,
providing in-patient consultation, providing group interventions, and assisting with population-
based care initiatives. As a unique aspect of the primary care psychology training experience,
interns will participate in many facets of medical student and resident education. We provide many
opportunities for interns to become familiar with the varied roles that psychologists can have in
medical education and will participate in the training of physicians in communications skills at
both the graduate and undergraduate levels.

Outpatient Experience
Interns will engage in the provision of primary care psychology services in collaboration with
attending psychologists, family physicians, psychiatrists, care managers, psychiatric nurse
practitioners, physician assistants, RN’s, MAs, social workers, medical students, residents,
graduate psychology students, and pharmacy students. These services may include:
1. Consultation regarding behavioral health questions and presenting problems
2. Consulting with physicians about patient care, mental health and health behavior change
3. Provision of team based care
4. Teaching and supporting patient self-management skills
5. Facilitation of health-related support groups
6. Individual patient assessment and intervention
7. Health promotion/disease prevention interventions
8. Psychological screening and assessments
9. Home Visits with a multidisciplinary team
10. Opportunities to supervise psychology practicum students and engage in supervision of supervision

Interns will contribute to the education and training of medical students and medical residents via:
1. Collaborative care/clinical teaching
2. Small group teaching
3. Coaching physicians in techniques of health behavior change
4. Video recording of clinic visits
5. Medical precepting (supervision of psychosocial aspects of medical care)
6. Hospital rounds

Interns may potentially participate in ongoing research and/or program development in community based medicine with options including:
1. Serving on grant writing teams
2. Participation in clinical home visits
3. Participation in practice based research working groups
4. Focal study of a selected underserved population

Interns will master a primary care psychology curriculum through:
1. Direct patient care in the primary care setting
2. Selected readings
3. Attending lecture and seminar series
4. Participation in medical school education activities, including Family Medicine, Rural Health and Psychiatry Grand Rounds
5. Participation in daily supervision

**Inpatient Experience**

Interns will work collaboratively with family medicine residents and attending providers within a consultation-liaison structure to best care for patients during in-patient hospitalizations. In particular, services such as mental health screening, brief mental health interventions, health behavior change interventions, family meetings, and discharge plans are engaged effectively in this team format. Interns will observe these interactions, act independently, and receive supervision during this learning experience. Inpatient experiences are typically ½ day per week.

**Theoretical Approaches**

The rotation supervisors are well versed in evidence-based approaches to interventions in primary care, medical specialty, and traditional mental health settings. Trainees can expect to gain exposure to and expertise in behavioral activation, cognitive behavioral therapy, dialectical behavior therapy, mindfulness-based cognitive therapy, acceptance and commitment therapy, and health behavior change assessment and intervention.

**Population of Clients**

Our patient population includes insured and underinsured patients from a large variety of ethnic and socio-economic backgrounds. It also includes refugees from Africa, Iraq, Iran, Russia and South East Asia, medical students, residents, and medical school faculty.

**Supervision**

The intern will receive a minimum of 2 hours of supervision per week. Some of this supervision is individual and some will be completed as part of a precepting model where you will have the
opportunity to work with supervisors with patients individually and learn from how they work and then discuss approaches to best serve those patients before and after encounters.

Supervisors:
Shandra Brown Levey, Ph.D.
Alex Reed, Psy.D.
Joanna Stratton, Ph.D.
JFK Developmental Disabilities
University Center of Excellence in Developmental Disabilities

JFK Partners is a University Center of Excellence in Developmental Disabilities (UCEDD) for interdisciplinary training in developmental disabilities. It offers training to graduate and postgraduate trainees from a number of health, mental health, and educational disciplines in the complex needs of children with developmental disabilities, particularly as their needs interact with family, school and community.

Professional disciplines represented at JFK include developmental pediatrics, child psychiatry, clinical psychology, social work, speech and language pathology, occupational therapy, and special education. JFK is housed within Developmental Pediatrics at The Children’s Hospital, Colorado. JFK is also actively involved with community agencies to address the needs of persons with developmental disabilities. Faculty at JFK hold appointments in the Department of Psychiatry and the Department of Pediatrics at the University of Colorado, School of Medicine.

The Autism and Developmental Disabilities Clinic, a component of JFK Partners, provides a variety of interdisciplinary clinical services to persons of all ages. The Clinic provides a full range of clinical services, including disciplinary and interdisciplinary evaluation, consultation, therapies, behavioral intervention, social skills groups, clinical research activities, parent guidance, and assistance with educational and vocational preparation.

- **Goals of the Developmental Disabilities Track**
  - JFK Partners is a university based interdisciplinary training program with a commitment to the following goals for psychology trainees:
    - Teach trainees about the needs and strengths of persons with developmental disabilities and their families.
    - Teach trainees a variety of specialized clinical skills for assisting persons with developmental disabilities, including psychological assessment, psychotherapy and consultation.
    - Teach trainees to work in an integrated fashion with members of an interdisciplinary clinical team.
    - Foster development of leadership skills and scholarly activities related to the field of developmental disabilities.
    - Introduce trainees to values involving inclusion, family and individually centered care, diversity, advocacy, and self-determination for persons with developmental disabilities.

- **Objectives of the Developmental Disabilities Track**
  - The psychology intern will learn to administer a variety of cognitive tests applicable for persons with developmental disabilities including, but not limited to, the Mullens Scales of Early Learning, Leiter-Revised, Stanford-Binet Intelligence Scale-Fifth Edition. The intern will refine his/her use of more traditional cognitive tests, such as the WISC-V, with children with developmental disabilities, and will learn and utilize inventories of adaptive skills such as the Vineland Scales of Adaptive Behavior and the Scales of Independent Behavior-Revised (SIB-R).
  - The psychology trainee will learn to clinically administer one or more tests specifically designed for the diagnosis of autism (Autism Diagnostic Interview; Autism Diagnostic Observation Schedule).
  - The psychology intern will learn the basic tenets of positive behavioral interventions and use these strategies (where appropriate) to:
Design teaching and educational strategies for persons with developmental disabilities to develop new skills

To design positively based interventions to address problem behaviors, based on functional assessment for persons with developmental disabilities

The psychology trainee will learn to conduct an assessment of socio-affective functioning and to design and carry out treatments (individual, group, family, and consultative) for persons with developmental disabilities

The psychology intern will co-facilitate a minimum of two group therapies for children with autism spectrum disorder. One set of groups focuses on social skills development for children with ASD and the other focuses on a manualized approach to the treatment of anxiety symptoms in children with ASD

The psychology trainee will work together as a team member with members from other disciplines, including pediatrics, social work, occupational therapy, speech/language pathology and child psychiatry to evaluate and treat persons with developmental disabilities, and to impart information to family members and others interested in the diagnostic information.

**Required Training Activities**

- Psychological assessments: Each month, the intern will complete 2-4 (to be set with supervisor) comprehensive psychological assessments of children and/or adolescents referred to the Autism and Developmental Disabilities Clinic of JFK Partners.
- Psychotherapy: The intern will treat a number of therapy clients, ranging in age from young children to (occasionally) adulthood, presenting with a variety of problems and generally including persons with mild to severe developmental disabilities. The intern will also participate in group treatment and family treatment.
- Educational activities: The intern is expected to attend clinic meetings, supervisory sessions, ongoing JFK seminars, and lectures, courses, and special workshops as scheduled.
- Social skills group: The intern will co-facilitate at least one social skills group.
- Coping group (CBT approaches to treating anxiety): The intern will co-facilitate at least one CBT group.
- Scholarly activity: Every intern has the opportunity to work with any faculty member or supervisor at JFK Partners on a research activity. The intern also has the opportunity to develop his or her own individual research project.
- Educational activities: The intern is expected to attend clinic meetings, supervisory sessions, ongoing JFK seminars, and lectures, courses, and special workshops as scheduled.

**Optional Training Activities**

- JFK Partners Grant Projects: There are numerous ongoing JFK grant projects in developmental disabilities in which the intern may participate, depending on time and interest.
- Developmental Disabilities Research Group: The trainee may participate in this monthly seminar focused on understanding the current research in neuropsychology and neurobiology of autism and other developmental disorders. This group also generates ideas for new research projects and presents findings from ongoing studies of its various members.

**Theoretical Approaches**

- Although there is not a single theoretical approach that is utilized exclusively, a major philosophy of JFK Partners is to promote culturally competent, family focused interventions in inclusive settings. The main psychology faculty represents diverse theoretical orientations, including more dynamically oriented clinical child psychology, developmental psychology, and cognitive-behavioral psychology. There is an emphasis on child neuropsychology, as it pertains to autism and other
developmental disorders, both in the research programs and in the clinical practice of the center. A developmental orientation and family systems perspective are main ways of understanding persons with developmental disabilities and their families. Each trainee also becomes quite familiar with positive behavioral approaches for behavioral growth and change.

- **Types of Clinical Approaches**
  - Interdisciplinary and disciplinary diagnostic services
  - School and community consultation
  - Positive behavioral methods for skill building and behavior management
  - Cognitive/behavioral therapy groups
  - Family-centered consultation and advocacy
  - Child and adult individual psychotherapy

- **Population of Clients**
  - The persons referred to JFK Partners are of all ages, from infancy to adulthood, with a diagnosis (or a question of a diagnosis) of a developmental disability. There is a particular focus on the diagnosis and treatment of people with autistic spectrum disorders. JFK Partners serves people with disabilities throughout the Rocky Mountain region, both urban and rural settings, from all ethnic groups and from all income levels.

**Supervisors:**
Audrey Blakeley-Smith, PhD
Judy Reaven, PhD
Nuri Reyes, Ph.D
Plan de Salud del Valle, Inc. (Salud) is a federally qualified health center that provides quality, comprehensive primary health services to residents of a defined catchment area in Northeastern Colorado, covering parts of Weld, Boulder, Adams, Larimer, Morgan and Logan Counties. Salud aims to improve the overall health of the communities it serves by reducing barriers to health care, including ability to pay, transportation, and language. Salud provides health care services without regard to age, sex, or disease process. Salud has a firm commitment to provide care to all people, and does not turn patients away based on finances, insurance coverage, or ability to pay. Patients seen include those of all ages and with all presenting problems, including a broad range of psychiatric and medical diagnoses. Salud is committed to an integrated care model including full dental services, placing mental health practitioners in all of the clinics, and utilizing patient educators to support the medical staff with diabetes and weight management (including nutrition) and tobacco cessation.

Salud has established that services will be provided:
• To migrant and seasonal farm workers and the poor and near-poor populations as the priority clientele.
• With cultural and linguistic understanding and sensitivity.
• With programs designed to eliminate or reduce the barriers to health care through the establishment of a network of clinics and provision of outreach and transportation services.
• With financial charges based on ability to pay through the utilization of income and size of family as key factors in a sliding-fee scale.
• With mechanisms through which quality secondary and tertiary health care can be obtained.
• With the ultimate goal of significantly improving health status of Salud's population.

Given Salud’s population, it is strongly recommended that interns are either fluent or proficient in Spanish.

Goals of the Training Rotation
1. To educate trainees about the psychological and medical functioning of patients who are cared for in primary care settings
2. To teach trainees how to conduct health and behavior evaluations within a primary care medical center
3. To teach trainees how to collaborate within a multidisciplinary team
4. To teach collaborative care approaches in primary care
5. To teach psychology interns to provide primary care psychology services to rural, Latino, migrant farm worker, refugee and underserved or disadvantaged populations.

Objectives of the Training Rotation
1. The psychology trainee will be trained to administer health and behavior evaluations to assess for mental and behavioral health problems
2. The psychology trainee will participate in weekly interdisciplinary team meetings that include physicians, nurses, and psychologists when/if possible.

3. The psychology trainee will provide mental health screenings and arrange for appropriate follow-up care as needed.

4. The psychology trainee will attend monthly case conferences and presentations and will provide one formal case conference OR one presentation during the six months of the rotation if possible.

5. The psychology trainee will be trained to provide differential diagnosis to inform medication management and psychotherapeutic treatment.

**Required Training Activities**
Interns will engage in the provision of primary care psychology services in collaboration with physicians, nurse practitioners, physician assistants, other behavioral health providers, care managers, and clinical pharmacists. These services will include:
- **Psychosocial Screenings:** Provided universally to patients of all ages, aimed at identifying and addressing various psychiatric and psychosocial needs.
- **Consultation:** Consultation services as requested by medical providers, including, but not limited to, providing differential diagnosis, supportive counseling, crisis intervention and safety planning, referrals, and resources.
- **Follow-up during Medical Visits:** Appropriate follow-up care provided to identify patients including, but not limited to, psychoeducation, skills building, other brief interventions, motivational interviewing, self-management skills, and solution-focused therapy.
- **Psychotherapy:** Brief individual, family, group psychotherapy; approximately 8-12 patients per week.
- **Formal Psychological Assessment:** Provided as requested by patient and/or treating care team, including cognitive, personality, ADHD, and neuropsychological screenings, for children and adults, in English and in Spanish.

Interns will master a primary care psychology curriculum through:
- Direct patient care
- Selected readings
- Participation in site-specific monthly didactics/case conference with other members of the psychology training program two times per month specifically on Tuesdays morning
- Weekly individual supervision
- Supervised participation on a primary care team, including a minor rotation at the AF Williams Family Medicine Center

**Additional Training Activities**
Group psychotherapy: Interns will have opportunities to co-facilitate groups consistent with clinic needs and intern interests.
Testing & Assessment: Interns will have opportunities to provide psychological and intellectual functioning testing batteries.
Additional supervision: Interns with a strong interest can request additional supervision from behavioral health providers with specific expertise in different areas as long it is approved by clinical supervisor.

**Additional Courses**
When available, interns will attend additional meetings/trainings to expand their learning process in other aspects of primary care psychology.

**Theoretical Approach**
Salud utilizes a biopsychosocial model of treatment for patients with chronic medical illness. We seek to view the patient’s presenting problems by understanding how medical, psychological, and social problems are interconnected and influence one another.

**Clinical Approach**
In general, Salud aims to provide brief psychotherapy. The primary clinical approach is solution-focused, although other appropriate approaches can be utilized as needed in consultation with the intern’s supervisor.

**Supervision**
The intern will receive supervision for all aspects of treatment and assessment activities.

**Supervisors**
Jonathan Muther, Ph.D.
Yaira Oquendo-Figueroa, Ph.D.
Yajaira Johnson-Esparza, Ph.D.
Section 5
Predoctoral
Psychology Internship - Minor Rotations

Minor rotations average 12 hours per week. Minor rotations allow interns to acquire additional training in areas of interest to them. Interns in consultation with their advisors typically select two clinical minor rotations. Upon recommendation of the training committee, an intern may be placed year-long in a rotation in order to achieve competencies for graduation.

- Adult Behavioral Sleep Medicine
- Attention, Learning and Behavior Clinic
- Child Learning Disability and Neuropsychology Clinic
- Integrated Behavioral Health and Primary Care
- Johnson Depression Center, Psychotherapy
- Psychosocial Oncology
- National Jewish Health Pediatric Care Clinic
- Neuropsychology Clinic--Adult
- Pediatric Behavioral Sleep Medicine
The Adult Behavioral Sleep Medicine is offered through the Sleep Medicine Section of the Division of Pulmonary, Critical Care and Sleep Medicine, Department of Medicine at National Jewish Health. The Sleep Medicine Program at NJH is the oldest and most comprehensive sleep medicine program in the Denver region. The minor rotation provides interns the opportunity to gain knowledge and skills in the diagnosis and treatment of physiological and behavioral sleep disorders. Interns will evaluate and treat patients with a variety of presenting sleep complaints under the supervision of a licensed clinical psychologist, Jack Edinger, Ph.D., C.B.S.M.

Goals of training rotation
- The primary goal of this minor rotation is to teach interns how to evaluate, diagnose, and treat sleep disorders using evidence-based evaluations and therapies.
- Learn how to work within a multidisciplinary sleep medicine team
- Obtain knowledge of a wide variety of sleep disorders and apply that knowledge to differentially diagnosing and treating patients
- Proficiency in cognitive-behavioral therapy for insomnia

Objectives of Training Rotation
- To learn about basic sleep promoting mechanisms
- To learn about the range of sleep disorders encountered in sleep medicine practice
- To learn how to prepare comprehensive assessment reports for a range of patients with various types of sleep disorders.
- To learn how to administer cognitive behavioral insomnia therapy
- To learn other behavioral sleep medicine techniques including imagery rehearsal for nightmares, graded exposure treatment of CPAP related claustrophobia, methods for aiding patients discontinue sleep medications, and treatment strategies for circadian rhythm sleep/wake disorders.

Required Training Activities
- Interns are required to attend one day a week (8am-5pm) at the Sleep Medicine clinic. Sleep Medicine clinics are held on Mondays at the main campus of National Jewish Health and on Wednesdays at the Highlands Ranch location. On a typical day, 2-4 new patient evaluations are completed and 8-10 follow-up patients are seen.
- Interns will see patients jointly with Dr. Edinger to evaluate and diagnose patient’s sleep complaints. Interns are responsible writing the diagnostic report for new patient evaluations.
- Interns will also be involved in the follow-up treatment of patients, which is brief and lasts between 1-6 sessions. Follow-up treatment is conducted using empirically-based treatments, which commonly involves cognitive-behavioral therapy for insomnia.

Optional Training
- If the intern has an interest and time available, there is opportunity to get involved in insomnia research being conducted by Dr. Edinger.

Population of Clients
A wide variety of patients are seen at the Adult Sleep Medicine clinic, including a range of sleep disorders, patient demographics, and co-morbid medical and psychiatric conditions. We treat patients with the following sleep disorders: circadian rhythm disorders, excessive sleepiness, insomnia, narcolepsy, obstructive sleep apnea, parasomnias, periodic limb movement disorder, and restless leg syndrome. We also see patients from a wide range of backgrounds, including socioeconomic, race/ethnicity, and education.

**Supervision**

Interns will be provided didactic materials (selected readings) to help them learn about basic sleep mechanisms, the range of sleep disorders likely to be encountered on the rotation and methods of sleep disorder diagnosis. In addition, Dr. Edinger provides interns one-on-one discussion to aid them in their case conceptualization and treatment planning abilities. Much of the experience involves modeling as interns will have ample opportunity to observe Dr. Edinger performing assessment interviews and therapeutic interventions with various patient types.

**Supervisor**

Jack Edinger, PhD, CBSM
The Attention, Behavior, and Learning (ABL) Clinic in the Department of Psychology at the University of Colorado, Boulder provides affordable, comprehensive evaluations for children and adolescents in Boulder and surrounding communities. The program specializes in assessment of learning differences, attention problems, and other cognitive, emotional, or behavioral difficulties. We offer a limited number of scholarship slots so that we are able to serve a diverse group of families. Our goal is to better understand each child's needs and strengths, as well as the needs of his/her family, in order to help with strategies and recommendations for meeting a child's needs, and helping him/her successfully move forward in school and in life.

- **Goals of the Training Rotation**
  - Goals of this rotation include a greater understanding of common childhood disorders, including etiology, trajectory, and empirically supported treatments. Interns will also develop increased proficiency in administration of psychological and neuropsychological tests with children. Participants will also gain skills in integrating and presenting complex feedback information to parents, as well as synthesizing key information in comprehensive reports.

- **Required Training Activities**
  - Required activities include performing evaluations of the type described above, giving case presentations at the ABL case conferences, participating in discussions of others’ cases, jointly providing feedback to parents about evaluation results, developing specific intervention plans, becoming knowledgeable about specific community resources and relevant legal issues, and writing reports. Students will also be expected to do some readings about various disorders affecting cognitive performance.
  - It is required that interns work on either Tuesday, Wednesday, or Thursday. Thursdays are ideal as case conference meetings will be some Thursdays from 12 to 2 pm.

- **Optional Training Activities**
  - Optional activities include further readings and participation in research activities. Students who enter with some previous training in neuropsychology may participate in more comprehensive neuropsychological evaluations.

- **Theoretical Approaches**
  - There is a close integration of research and practice in this clinic, and the overall theoretical perspective derives from developmental cognitive neuroscience and behavioral and molecular genetics. So, there is a considerable emphasis on understanding the genetic and environmental risk and protective factors that have shaped the development of the client’s cognitive and psychosocial profile, and on empirically-supported treatments for helping to optimize the client's development.

- **Types of Clinical Approaches**
  - Clinical activities include individual evaluation, development of skill in relating to school personnel both for information gathering as well as to facilitate subsequent
intervention, and providing education to parents and school personnel regarding the nature of a child’s difficulties.

- Population of Clients
  - Clients seen at this clinic are referred from the community, frequently by pediatricians, psychiatrists, tutors, and psychologists. The age range of clients is approximately age 5 through college-age.

**Supervisor:**
Nomita Chhabildas, Ph.D.
This is a diagnostic clinic at the University of Denver to which children and adolescents are referred because of concerns about possible learning disorders, including dyslexia, ADHD, speech/language disorders, intellectual disability, or broader neuropsychological problems related to certain medical (e.g., genetic disorders, brain injury, perinatal problems) or mental health concerns (e.g., mood and anxiety disorders).

This Clinic is part of Dr. Bruce Pennington’s Developmental Neuropsychology Center which studies the etiology and neuropsychology of learning disorders. This Center is part of the Department of Psychology and the interdisciplinary Developmental Cognitive Neuroscience program at the University of Denver (DU), which Dr. Pennington heads.

- **Goals of the Training Rotation**
  - Goals of this rotation are for students to develop a clear theoretical understanding of a range of common difficulties affecting children’s cognitive performance, how to evaluate a child for the presence of such problems, how to effectively convey this information to parents and schools, and how to develop appropriate intervention plans.

- **Required Training Activities**
  - Required activities include performing evaluations of the type described above, giving case presentations at the weekly Clinic case conference, participating in discussions of others’ cases, jointly (with Dr. Laura Santerre-Lemmon) providing feedback to parents about evaluation results, developing specific intervention plans, becoming knowledgeable about specific community resources and relevant legal issues, and writing reports. Students will also be expected to do some readings about various disorders affecting cognitive performance.
  - Interns must attend the Clinic case conference on Wednesdays, 12:00 to 2:00 PM.

- **Optional Training Activities**
  - Optional activities include further readings, participation in research activities, and use of learning resources of the Center, such as neuroanatomy and genetics software instruction programs and a DVD library of patients with different developmental disabilities. Students who enter with some previous training in neuropsychology may participate in more comprehensive neuropsychological evaluations.

- **Theoretical Approaches**
  - There is a close integration of research and practice in this clinic, and the overall theoretical perspective derives from developmental cognitive neuroscience and behavioral and molecular genetics. So, there is a considerable emphasis on understanding the genetic and environmental risk and protective factors that have shaped the development of the client’s cognitive and psychosocial profile, and on empirically-supported treatments for helping to optimize the client’s development.

- **Types of Clinical Approaches**
  - Clinical activities include individual evaluation, development of skill in relating to
school personnel both for information gathering as well as to facilitate subsequent intervention, and providing education to parents and school personnel regarding the nature of a child’s difficulties.

- Population of Clients
  - Clients seen at this clinic are referred from the community, frequently by pediatricians, psychiatrists, tutors, and psychologists. The age range of clients is approximately age 5 through college-age.

**Supervisors:**
Laura Santerre-Lemmon, Ph.D.
Bruce F. Pennington, Ph.D.
The Integrated Behavioral Health and Primary Care minor rotation at the University Family Medicine Boulder (UFMB) Clinic provides interns the opportunity to function as an integral member of an interdisciplinary team to provide whole-person, patient-centered behavioral health and primary care. UFMB is a Level III NCQA Patient Centered Medical Home that serves patients of all ages, including infants, children, adolescents, adults, pregnant women and seniors.

Within this model, clinical psychology interns serve as behavioral health providers (BHPs) who function as consultants to primary care providers (PCPs) and patients by providing brief (15-45 minutes) consultations and short-term episodes of psychotherapy (5-6 visits). Focusing on brief consultation and psychotherapy allows BHPs to be available for other important administrative tasks (e.g., developing registries, implementing quality improvement and research initiatives, and working with clinic leadership to obtain federal and local reimbursement designations) and clinical functions (e.g., precepting, accepting “warm-handoffs”, and conducting shared medical appointments with PCPs). Though it can be tempting to function as the “in-house psychotherapist” due to the high need for mental and behavioral health interventions, providing brief episodes of care allows BHPs to function as an integral member of the primary care team as opposed to a “co-located” therapist (i.e., co-location involves providing psychotherapy only in the same location, but with little engagement within the clinic otherwise).

Goals/Objectives of the Training Program

The UFMB Minor Rotation is offered through the Department of Pediatrics and Division of Family Medicine at The University of Colorado School of Medicine. The primary objective of this program is to teach interns how to function as BHPs within primary care settings. At the completion of this rotation, trainees will be able to:

1. Rapidly conduct functional assessments of patient’s presenting problems to identify short- and long-term goals that align with patients’ values and PCP’s referral requests.
2. Provide appropriate levels of care to all patients ranging from 1-time consultations to brief episodes of psychotherapy/behavioral health interventions to coordinating outpatient mental health care.
3. Describe the rationale, process, and results of a quality improvement initiative within UFMB.

Specific Training Activities
Required Activities
This rotation occurs on Thursdays from 9 a.m. to 5 p.m. at the UFMB clinic.

Behavioral Health Clinic: Interns will see a mix of new and follow-up patients each week. After an initial training/observation period (2-4 weeks), interns will be responsible for conducting the
initial consultation, developing an appropriate treatment plan in collaboration with the patient, and coordinating care inside and outside of the clinic. Differential diagnoses and treatment recommendations will be determined together with the supervisor (who will be present during the clinic).

**Professional Meetings:** On the 3rd Thursday, interns will attend the monthly Behavioral Health Taskforce Meeting where professional issues (e.g., patient care, billing, scheduling) are discussed (2-3 p.m.). As members of the division give regular case presentations, the intern will also be required to give one case presentation at the end of the rotation.

**Professional Project:** Interns will choose a clinically-based, quality improvement project to work on each week while at UFMB. Projects will be informed by a needs assessment with UFMB leadership and in collaboration with the site supervisor. Although the time spent on this project is limited to the training time at UFMB, it is expected that the trainee will have a completed project at the end of the rotation. Potential projects include establishing or maintaining a registry, implementing universal screening protocols, developing self-help materials for a defined population, implementing a new clinical service, strengthening community ties with local outpatient providers, data evaluation, developing interprofessional education initiatives, etc.

**Documentation:** Interns are expected to complete their clinic notes prior to leaving UFMB. Extensions are granted under extenuating circumstances and with advanced notice and must be completed by the end of the week at the absolute latest.

**Theoretical Approaches**

The primary theoretical treatment approach at the UFMB is eclectic with an emphasis on Behavioral Activation (BA), and complementary interventions Motivational Interviewing, Mindfulness-Based Cognitive Therapy, Cognitive Behavior Therapy, and Acceptance and Commitment Therapy. Initial consultations emphasize a BA case conceptualization that highlights the contingent relationships between a patient’s life context, experience, and behavior. Subsequent visits are guided by the BA case conceptualization and include evidence-based interventions based on collaborative decision-making between patients, trainees, and the clinical supervisor (see Figure 1 below)
### Figure 1. BA Case “Map”

<table>
<thead>
<tr>
<th>TRIGGERS (What happened?)</th>
<th>EXPERIENCE (How do I feel?)</th>
<th>BEHAVIORS (What do I do?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mid 20s - Diagnosed with type II diabetes, didn’t take it serious</td>
<td>Minor tingling in feet, no pain. Mood generally okay, but increasingly irritable.</td>
<td>No major lifestyle changes, work through the tingling</td>
</tr>
<tr>
<td>Late 20s/early 30s - Worsening type II diabetes</td>
<td>Tingling turns into pain, frustrated with pain.</td>
<td>“Muscling” through pain + long recovery periods</td>
</tr>
<tr>
<td>Late 30s - Poorly controlled type II diabetes</td>
<td>Severe neuropathic pain and depression. Difficulty standing for more than 5-10 minutes. Low mood, feels worthless and guilty.</td>
<td>Stopped working, less time with family and friends. More time watching TV and taking naps.</td>
</tr>
</tbody>
</table>

Short-term consequences = distraction from pain and depression, small bit of immediate “relief”

Long-term consequences = no improvement with pain or depression, increased guilt, new problems

**Potential Interventions** = MI to clarify motivation/commitment to learning new skills; ACT to clarify values; BA to increase frequency of value-consistent behavior; mindfulness to accept pain.

### Population of Clients

Patients at the UFMB Clinic most commonly present with depression, anxiety, PTSD, adjustment disorder, marital dissatisfaction, parenting difficulties, substance use, weight loss, and management of chronic pain and other chronic diseases. A large proportion of patients are affiliated with the University of Colorado Boulder as students, staff, and faculty or have employee-sponsored or private health insurance.

### Supervision

Interns receive regular supervision for at least one hour every week. This includes live supervision during patient consultations, as well as before and after the clinic to help formulate clinical hypotheses and treatment plans for new patients, and discuss next steps for follow-up and ongoing patients. Interns will also receive a minimum of 2 formal clinical evaluations using the BA Competence Scale, once at the beginning of the rotation and once halfway through the rotation. In addition, professional development and project supervision will be provided as needed.

**Supervisor:**

Sam Hubley, Ph.D.
This rotation allows for interns to gain experience conducting outpatient psychotherapy. Interns will conduct intake evaluations, develop case conceptualizations and treatment plans and implement evidence-based psychotherapies. Most psychotherapy will be individual but the possibility for assisting with groups may be available.

This rotation is housed in the Johnson Depression Center (JDC), a specialty center for mood and anxiety disorders. Thus, many JDC clients are experiencing symptoms of depression, Bipolar Disorder, trauma and/or anxiety disorders. However, other presenting issues may include eating disorder symptoms, grief and adjustment difficulties. The JDC includes an active telehealth program and so opportunities to see clients via secure video conferencing may be available. In addition, the JDC staff includes Psychiatrists and Psychiatric Nurse Practitioners. Thus, Interns have the opportunity to observe and consult regarding psychiatric medication evaluations and management, if interested.

Goals and Objectives of the Training Program: The outpatient psychotherapy minor rotation is offered through the University of Colorado School of Medicine in the Johnson Depression Center. The primary objective of this program is to teach interns how to evaluate, diagnose, and treat psychological disorders, form case conceptualizations and implement evidence-based psychotherapies with adults. At the completion of this rotation, trainees will be able to:

1. Conduct diagnostic evaluations of psychological conditions taking into account psychosocial and medical factors
2. Develop psychotherapy case conceptualizations
3. Implement evidence-based psychotherapies for mood and anxiety disorders
4. Document clinical visits

Through this rotation trainees will have the opportunity to:

1. Attend JDC Monthly Didactic
2. Attend JDC Weekly Team Meetings
3. Consult with multidisciplinary members of care team

Specific Training Activities:

Initial Evaluations: Interns will be responsible for conducting clinic intakes, which includes a review of intake questionnaires, diagnostic interviewing and assessment of relevant psychosocial and medical factors.

Outpatient Therapy: Interns will carry a caseload of 4-6 individual outpatient psychotherapy cases. Client visits are typically 50-60 minutes. Differential diagnoses, treatment formulation and treatment plan will be developed and refined over time in collaboration with the supervisor. Telehealth psychotherapy may be an option for patients in some cases.

Documentation: Interns are expected to complete documentation for initial evaluations within 1 week and all other documentation within 48 hours of client visits.
**Theoretical Approaches:**
Evidence-based psychotherapies are emphasized in the JDC. Depending on a client’s presenting concern and diagnosis and the Intern’s interest, approaches may include elements of Cognitive-Behavioral Therapy, Behavioral Activation, Acceptance and Commitment Therapy, Dialectical Behavior Therapy, Motivational Interviewing and Family Focused Therapy for Bipolar Disorder. The use of psychosocial and CBT-based case conceptualization is used to integrate components of these various evidence-based treatments into a treatment plan.

**Types of Clinical Approaches:**
Clinical activities include diagnostic interviews, standardized screenings for depression, and conducting evidence-based psychotherapies individually and in groups.

**Population of Clients:**
Clients seen at the JDC range from early childhood to older adults. Due to the clinic specialization in mood and anxiety disorders, the JDC attracts many clients with treatment-resistant mood and anxiety difficulties. Although some clients use private insurance or Medicare, many clients pay for their JDC treatment out-of-pocket. Due to logistical issues with insurance billing, Interns will only see self-pay patients.

**Supervision:**
Interns will receive supervision with a Licensed Psychologist for at least one hour every week. Supervision will typically focus on formulating diagnoses, case conceptualizations and treatment plans, discussing next steps for follow-up and ongoing patients, discussing issues of professional development and other relevant issues as needed.

**Supervisors:**
Dana Steidtmann, PhD  
Adria Pearson-Mauro, PhD
The University of Colorado Comprehensive Cancer Center (UCCCC) is the Rocky Mountain region's National Cancer Institute-designated comprehensive cancer center. UCCCC is located on the world renowned Anschutz Medical Campus in Aurora, CO, which has been called the largest biomedical campus in the West. UCCCC encourages and facilitates close cooperation and communication between basic scientists, translational researchers, clinical investigators and social, psychological and other behavioral scientists. As a psychology intern you will have opportunities to work with adult patients, caregivers, families, and healthcare providers affected by all types of cancer throughout the cancer journey. The psychosocial care of Oncology patients and BMT recipients takes place in our outpatient Cancer Center clinics, the Cancer Center Infusion Center, in our specialized BMT Infusion Center, and in the UCH Inpatient oncology unit. All are conveniently situated adjacent to one another. This care can include individual, family, couples, and group therapy options. Health psychology and behavioral medicine assessments will be included in training. The multidisciplinary oncology teams include a psychologist, social workers, nurses, physicians, nurse practitioners, pharmacists, consultants from other services, chaplains, nutritionists, as well as physical and occupational therapists. UCCCC and the BMT program, in particular, identify psychosocial oncology as an integral aspect of the multidisciplinary approach to cancer diagnosis, treatment, and survivorship.

- **Goals of the Training Rotation**
  - Gain experience in the role of a psychologist on a medical team.
  - Learn how to collaborate within and contribute to a multidisciplinary team.
  - Gain knowledge about the field of psychosocial-oncology and related evidenced-based interventions.
  - Learn to conduct health and behavior evaluations, as well as create reports of their findings.
  - Increase their knowledge and skills for treating psychological, social, and behavioral issues which occur during the cancer experience.

- **Objectives of the Training Rotation**
  - The psychology intern will learn consultation skills for working with a multidisciplinary team and provide appropriate psych-social collaboration.
  - The psychology intern will gain competence in administering health and behavior evaluations to assess mental and behavioral health issues in an adult population affected by cancer.
  - The psychology intern will decide on appropriate, evidence-based interventions and provide psychological and behavioral health interventions in group, individual, family, and couples modalities.
  - The psychology intern will observe physicians and nurse practitioners during clinics to learn about medical oncology, hematological malignancies, the blood and marrow transplant process, and multidimensional treatments of cancer and side effects.
The psychology intern will participate in weekly multidisciplinary team meetings that include all members of the team to gain a sophisticated conceptualization of patients being treated with blood and marrow transplants, including test results, choice of and response to treatment, and further recommendations.

- **Specific Training Activities**
  - Health Behavior and Psychological assessments: The intern will conduct semi-structured psychosocial intake assessments with newly diagnosed cancer patients and transplant candidates. They will also perform regular follow-up assessments of post-treatment quality of life.
  - Psychotherapy: During the course of the rotation, the intern will conduct psychotherapy with oncology patients undergoing treatment for cancers at different stages of severity. The intern will also provide support to family members and caregivers and co-lead support groups, as appropriate. Psychotherapy will be provided in outpatient and inpatient settings, as needed.
  - Educational activities: The intern will participate in weekly inpatient or outpatient multidisciplinary meetings. The intern will attend weekly supervision sessions. The intern will attend weekly educational seminars offered on Tuesdays or Fridays. During the rotation, the intern will present an in-service to the medical staff and/or patients on a topic of interest.
  - Additional Opportunities: Interns are encouraged to identify additional goals of their training. Opportunities exist to participate in a small research study; shadow the Palliative Care team; shadow an oncology social worker, nurse, or nurse practitioner; and program development and evaluation.

- **Theoretical Approaches**
  - The range of issues and problems that arise for patients and their family members when faced with a serious, life-threatening illness often requires eclectic therapeutic approaches. In general, the goal is to promote healthy adaptation to the illness and optimal functioning of the patient and family. Cognitive-behavioral, existential, biopsychosocial and family systems theoretical approaches are commonly used to conceptualize and treat patients.

- **Types of Clinical Approaches**
  - Brief and long-term psychotherapy
  - Adult individual psychotherapy
  - Couples & Family psychotherapy
  - Group psychotherapy
  - Supportive psychotherapy
  - Psychoeducation and Multidisciplinary

- **Population of Clients**
  - Adults referred to the UCCCC have a diagnosis of cancer, which vary in type and stage (severity) of disease. The program attracts and treats patients from a range of ages, ethnic and racial backgrounds, socioeconomic statuses, and from rural and urban settings in Colorado and the Rocky Mountain region.

**Supervisor:**
Benjamin Brewer, PsyD
This is a medical day program at National Jewish Health to which children and adolescents are referred because of concerns regarding respiratory or immune diseases, such as allergies, asthma, vocal cord dysfunction, and atopic dermatitis. Given the impact of chronic medical conditions on patient and family socio-emotional adjustment and well-being, a psychosocial clinician is part of the treatment team for all patients. The psychosocial clinician conducts an initial evaluation and provides services such as individual therapy, family therapy, parenting support/recommendations, group therapy, brief psychological testing, biofeedback, school recommendations, referrals to community supports, and coordination of care with external agencies.

**Goals of the Training Rotation:**
Goals of this rotation are for students to (1) to gain an understanding of how psychosocial factors affect patient and family adjustment and functioning in children (with ages ranging from infancy to 18 years old and with ranging developmental levels) and families from a range of backgrounds, (2) to gain an understanding of factors relevant to adherence to treatment, (3) to learn how to conduct an initial evaluation of psychosocial factors relevant to a child with chronic medical conditions, and (4) to gain experience providing psychological services and coordination of care in a multidisciplinary, intensive medical treatment setting.

**Specific Training Activities:**
**Required Training Activities:**
Required activities include conducting an initial evaluation and writing home and school plans. Interns may also provide services such as individual therapy, family therapy, parenting support/recommendations, brief psychological testing, biofeedback, referrals to community supports, and coordination of care with external agencies. Services provided may vary by patient. A co-therapy model is used for evaluations and therapy whereby the supervisor will be present during the session. Students will be expected to do some reading about respiratory and immune diseases and may attend classes at National Jewish Health relevant to disease management for these conditions.

**Optional Training Activities**
Optional activities include further readings and participation in research activities. Interns may be able to co-lead a parent group therapy session (parent groups are Tues-Fri at 11 AM) if interested. It is strongly encouraged, but not required, for interns to attend the Plan of Care meetings on Wednesdays, 12:00 to 2:00 PM.

**Theoretical Approaches**
A range of psychological treatment approaches may be used in the clinic. Dr. Oland has a preference for empirically supported treatments, such as motivational interviewing, cognitive behavioral therapy, behavior management planning, and acceptance and commitment therapy.

**Types of Clinical Approaches**
Clinical activities include conducting an initial evaluation and writing home and school plans. Interns may also provide services such as individual therapy, family therapy, group therapy,
parenting support/recommendations, brief psychological testing, biofeedback, referrals to community supports, and coordination of care with external agencies. Services provided may vary by patient. A co-therapy model is used for evaluations and therapy whereby the supervisor will be present during the session.

Population of Clients
Clients seen at this clinic are referred by medical providers nationwide. The age range of clients is infancy through 18 years old.

Supervision
Cases are individually supervised by Dr. Alyssa Oland, which includes one hour of individual supervision weekly. Additionally, a co-therapy model is used for evaluations and therapy whereby the supervisor will be present during the session, which provides an additional avenue for growth and development of clinical skills.

Supervisor
Alyssa Oland, Ph.D.
The UCH Neuropsychology Clinic within the Department of Neurosurgery sees a wide variety of patients with acute and chronic medical and neurologic disease. The neuropsychology minor rotation follows the Houston Conference Guidelines for Education and Training in Neuropsychology. As such, the experience is intended to provide the intern with exposure to the field of neuropsychology, building upon the individual’s prior experience and training in neuropsychology. The rotation is not structured to prepare the intern for independent practice as a neuropsychologist and is not intended to be fellowship training at the internship level. Individuals interested in the minor rotation will be required to demonstrate basic proficiencies in neuropsychological assessment prior to acceptance into the minor rotation.

• **Goals of the Training Rotation**
  - To educate trainees about the cognitive and psychological functioning of patients with chronic medical or neurologic disease.
  - To teach trainees the administration and interpretation of a brief neuropsychological assessment battery.
  - To teach trainees to communicate neuropsychological test results to patients and referring physicians.

• **Objectives of the Training Rotation**
  - The psychology trainee will be trained to administer and score a standardized neuropsychological assessment battery that includes measures of intellectual functioning, attention and information processing speed, executive functioning, learning and memory, language skills, visuospatial skills, and motor functioning. Brief psychological screening measures for depression and anxiety will also be administered.
  - The psychology trainee will learn to administer a detailed neuro-medical interview with a specific focus on prior medical and neurologic illness, head injury, medication use, academic functioning and learning difficulties, social and occupational functioning, substance abuse, and psychiatric history.
  - The psychology trainee will learn to document and communicate relevant behavioral observations from the neuropsychological assessment.
  - The psychology trainee will learn to write a concise interpretative neuropsychological report that includes background information, behavioral observations, neuropsychological and psychological test results, as well as summary and treatment recommendations.
• The psychology trainee will participate in feedback sessions with individual patients regarding neuropsychological test results, including summary and recommendations.

- Required Training Activities
  - Neuropsychological assessments: Each intern will receive basic training in the administration, scoring, interpretation, and reporting of the neuropsychological assessment. Time devoted to each activity will vary as a function of the intern's experience, but each intern will be expected to independently complete two full neuropsychological assessments (including administration scoring, interpretation, report writing, and feedback) by the end of the six-month rotation.
  - Supervision: Each intern will be supervised by faculty and staff in the UCH Neuropsychology Clinic in all aspects of their training. Weekly supervision meetings with faculty will serve as a forum to learn about general neuropsychological assessment issues, specific aspects of medical or neurologic illness relevant to patients the intern has seen, interpretation of neuropsychological test data, and communication of test results.
  - Feedback sessions: The intern will be supervised in the feedback of neuropsychological test results and recommendations to individual patients.

- Theoretical Approaches
  - The UCH Neuropsychology Clinic aims to provide assessment of brain function in a diverse patient population with neurological (e.g., dementia, epilepsy, brain tumor, traumatic brain injury) disease or injury. Neuropsychological assessment batteries are tailored to the individual needs of the patient and the referral question.

- Population of Clients
  - The UCH Neuropsychology Clinic serves adults over the age of 18 with a wide variety of medical and neurologic illnesses. Referrals are received from throughout the University of Colorado clinics and University of Colorado Hospital, particularly those in neurosurgery and neurology, as well as community physicians.

Supervisors:
Christopher Domen, PhD
Michael R. Greher, PhD, ABPP-CN
Brian D. Hoyt, PhD, ABPP-CN
The Pediatric Behavioral Sleep Medicine minor rotation provides interns the opportunity to gain knowledge of and skills in the diagnosis and treatment of both physiological and behavioral sleep disorders. Interns will evaluate and treat patients ages 6 months through college age with a variety of presenting sleep complaints. This includes difficulties falling asleep, multiple nighttime awakenings, poor or unrefreshing sleep, a delayed or shifted sleep schedule, and/or unexplained daytime sleepiness.

Patients seen in the Pediatric Behavioral Sleep Clinic also commonly have co-morbid medical (e.g., atopic dermatitis, asthma) or psychiatric (e.g., autism spectrum disorder, anxiety) disorders. Interns are responsible interviewing patients, formulating diagnoses, creating treatment plans, and providing follow-up care. In addition, interns will have the opportunity to participate in a professional project related to pediatric sleep.

Goals/Objectives of the Training Program
The Pediatric Behavioral Sleep Medicine minor rotation is offered through the Department of Pediatrics and Division of Pediatric Behavioral Health at National Jewish Health. The primary objective of this program is to teach interns how to evaluate, diagnose, and treat pediatric sleep disorders. At the completion of this rotation, trainees will be able to:

4. Conduct a developmentally appropriate sleep evaluation, focusing on a child’s sleep, medical, and developmental history
5. Formulate differential diagnoses based on presenting concerns and history
6. Develop and implement behavioral treatment plans for the most common presenting pediatric behavioral sleep issues (e.g., bedtime problems and night wakings, insomnia)
7. Dictate clinical evaluations

Through this rotation trainees will have the opportunity to participate in:

1. Professional pediatric psychosocial meetings and case presentations within the Division of Pediatric Behavioral Health (Wednesdays)
2. Department of Pediatrics clinical and research conference focused on children with medical conditions (Thursdays)
3. Reviewing the primary research literature demonstrating the validity and application of behavioral interventions for common pediatric sleep disorders
4. Clinical research opportunities

Specific Training Activities
Required Activities
This rotation occurs on Wednesdays or Thursdays from 9 a.m. to 5 p.m. at National Jewish Health.

Pediatric Behavioral Sleep Clinic: Interns will attend the Pediatric Behavioral Sleep Clinic on Wednesdays from 12:30-4:30 p.m. or on Thursdays from 1:00 to 4:30. Interns will see a mix of new and follow-up patients each week. After an initial training/observation period, interns will be responsible for conducting the clinical intake interview. Differential diagnoses and treatment recommendations will be determined together with the supervisor (who will be present during the
Professional Meetings: On Wednesdays, interns will attend the weekly Division of Pediatric Behavioral Health meeting where professional issues (e.g., patient care, billing, scheduling) are discussed (9-10 a.m.). As members of the division give regular case presentations, the intern will also be required to give one case presentation at the end of the rotation. On Thursdays, interns will attend the weekly Department of Pediatrics case conference where clinical issues related to children with respiratory and allergic diseases are presented.

Professional Project: Interns will choose a clinically based project to work on each week while at National Jewish Health (Wednesday or Thursday mornings). Although the time spent on this project is limited to the training time at NJH, it is expected that the trainee will have a completed project at the end of the rotation (e.g., be prepared to present a poster at a professional meeting, or be an author on a case report, review chapter, or original research article).

Follow-Up Patient Care: Interns will be given an active confidential voice mail number where patients can call in with an update in between follow-up visits. Interns will be responsible for checking this voice mail daily and returning patient calls within 24 hours.

Documentation: Interns are expected to dictate their clinic notes prior to leaving NJH, as well as edit and return their clinic letters to the supervisor within 48 hours or receipt by email.

Optional Activities

Sleep Medicine Journal Club: This monthly journal club, sponsored by the Division of Sleep Medicine at National Jewish Health, meets on the first Tuesday of the month from 12:30-1:30 p.m. to review recently published articles in the field of sleep medicine. Interns have the option of attending and/or presenting at journal club.

Sleep Medicine Grand Rounds: This weekly didactic, sponsored by the Division of Sleep Medicine at National Jewish Health, covers clinical and research topics on physiological and behavioral sleep issues. Grand rounds are Tuesdays from 1:30-2:30 p.m.

Adult Behavioral Sleep Medicine Clinic: Interns may have the opportunity to observe this clinic which focuses on the diagnosis and treatment of primary and co-morbid insomnia in adults (clinic sessions on Mondays and Wednesdays).

Parent Sleep Group: Interns have the opportunity to attend and co-lead a parent sleep support group (every other Thursday from 11 a.m. to 12 p.m.) for parents of children with severe asthma and atopic dermatitis participating in the day hospital program at NJH.

Theoretical Approaches
The primary theoretical treatment approach utilized in the Pediatric Behavioral Sleep Clinic is behavioral. There are a number of well-validated and efficacious behavioral interventions for pediatric sleep, in particular for bedtime problems and night wakings. Interventions are typically brief (1-2 follow-up visits with an additional 1-2 brief phone calls) and problem focused.

Evaluations are also approached from a systemic perspective, as a significant portion of pediatric behavioral sleep issues are related to interactions with the child’s environment (e.g., parenting practices, school anxiety). Finally, because sleep changes significantly over development, a
developmental framework is also applied to the presenting issues and treatment approaches.

**Types of Clinical Approaches**
Clinical activities include diagnostic interviews, as well as the development and implementation of brief interventions.

**Population of Clients**
Patients seen in the Pediatric Behavioral Sleep Clinic range in age from 6 months to college age. Patients are referred by community primary care providers, National Jewish pediatricians, and National Jewish sleep physicians. A significant number of patients also self-refer. The majority of patients seen have private insurance, although Medicaid patients are also seen.

**Supervision**
Interns will receive regular supervision for at least one hour every week. This includes live supervision during patient evaluations, as well as before and after the clinic to help formulate clinical hypotheses and treatment plans for new patients, and discuss next steps for follow-up and ongoing patients. In addition, professional development and project supervision will be provided as needed.

**Supervisor:**
Lisa J. Meltzer, Ph.D.
The type 1 diabetes minor rotation provides interns the opportunity to gain knowledge of and skills in the diagnosis and treatment of psychological disorders in children with type 1 diabetes. Interns will evaluate and treat young children, children and adolescents, and young adults, and in some cases their parents with a variety of presenting complaints. These include adjustment to new onset type 1 diabetes, grief, anxiety (fear of hypoglycemia), depression, and nonadherence.

Patients seen in the type 1 diabetes minor rotation also commonly have co-morbid medical (e.g., thyroid, celiac disease). Interns are responsible for interviewing patients, formulating diagnoses, creating treatment plans, and providing follow-up care.

Goals/Objectives of the Training Program
The type 1 diabetes minor rotation is offered through the University of Colorado School of Medicine in the Department of Pediatrics at the Barbara Davis Center for Diabetes. The primary objective of this program is to teach interns how to evaluate, diagnose, and treat psychological disorders in patients with type 1 diabetes. At the completion of this rotation, trainees will be able to:

- Conduct diagnostic evaluations in the context of the child’s family, medical, social, and developmental history.
- Formulate differential diagnoses based on presenting concerns and history.
- Develop and implement behavioral treatment plans.
- Document clinical evaluations.

Through this rotation trainees will have the opportunity to participate in:

- New Onset Diabetes Classes (Wednesdays)
- Fellows Seminar, Barbara Davis Center Grand Rounds, Social Work Staffing Conference (Tuesdays)
- Depression, Suicide, and Fear of Hypoglycemia Screenings.
- Reviewing the primary research literature demonstrating the validity and application of behavioral interventions in type 1 diabetes.
- Clinical research opportunities.

Specific Training Activities
Required Activities
This rotation occurs on an agreed upon day between the supervisor and the trainee. Hours may vary based on patients’ schedules (e.g., need to be seen for outpatient therapy outside of school hours.)

Outpatient Therapy: Interns will carry a caseload of 4-5 outpatient therapy cases. Interns will be responsible for conducting the clinical intake interview. Differential diagnoses and treatment recommendations will be determined together with the supervisor. Use of telemedicine is an option for patients who are not able to travel to the Barbara Davis Center because of distance.

Depression, Suicide, and Fear of Hypoglycemia Screenings: The Barbara Davis Center annually screens pediatric patients with type 1 diabetes for depressive symptoms, suicidal ideations, and fear of hypoglycemia during routine diabetes clinic visits. When clinical elevations of depressive symptoms or anxiety associated with hypoglycemia, or if suicidal ideations are endorsed, then the intern will evaluate the patient using a standardized assessment approach. In cases of suicidal endorsement of any degree, the intern will consult with the supervisor to develop an intervention plan prior to the patient leaving the Barbara
Clinical Research Project: Interns will choose a clinically based research project during the type 1 diabetes minor rotation. As part of this opportunity, the intern may choose to implement interventions as part of NIH-funded research studies. In addition, it is expected that the trainee will have a completed project at the end of the rotation (e.g., be prepared to present a poster at a professional meeting, or be an author on an original research article).

Documentation: Interns are expected to complete all suicide assessment notes prior to leaving the Barbara Davis Center. All draft of all other notes must be completed within 48 hours or receipt by email from the supervisor.

Theoretical Approaches
The primary theoretical treatment approach used in the Type 1 Diabetes Minor Rotation is cognitive-behavioral. There are a number of well-validated and efficacious cognitive-behavioral interventions for nonadherence to the type 1 diabetes treatment regimen, as well other psychological disorders (e.g., depression, anxiety). However, case conceptualization is based in the biopsychosocial model with the child’s environment (e.g., parenting practices, school) taken into context.

Types of Clinical Approaches
Clinical activities include diagnostic interviews, standardized screenings for depression, suicide, and fear of hypoglycemia, as well as the development and implementation of interventions.

Population of Clients
Patients seen in the Barbara Davis Center range in age from infancy to young adults. The majority of patients seen have private insurance, although Medicaid patients are also seen.

Supervision
Interns will receive regular supervision for at least one hour every week. This includes live supervision during patient evaluations, as well as before and after diagnostic intake sessions to help formulate clinical hypotheses and treatment plans for new patients, and discuss next steps for follow-up and ongoing patients. In addition, professional development and clinical research supervision will be provided as needed.

Supervisor:
Kimberly A. Driscoll, Ph.D.
University of Colorado, School of Medicine Department of Family Medicine, Psychology Internship

Other Learning Experiences

**Required Seminars**
Monday morning didactics, 9-12

**Grand Rounds**
*Interns have the opportunity to attend either Psychiatry, Child Psychiatry or Family Medicine Grand Rounds

Psychiatry Grand Rounds  
2nd, 3rd & 4th Wednesdays, 12:10 to 1:15  
AMC, Shore Auditorium Nighthorse Campbell Building

Family Medicine Grand Rounds 1st Wednesday,  
12:00-1:30  
Rose Medical Center, 1st floor auditorium

Child Psychiatry Grand Rounds Tuesdays, 12:00 to 1:00,  
The Children’s Hospital Denver Seminar Room

**Optional Seminars**

Optional seminars meet as follows. Some seminars include psychiatry residents and psychology interns and may have space limitations.

Family Therapy (Judy Reaven, Ph.D. and Isabelle Guillemet, M.D.) Tuesdays – 4:00 to 5:30 p.m., Building 500 beginning late September

* Required for JFK Interns

**Optional Grand Rounds**

Behavioral Neurology & Neuropsychiatry Grand Rounds  
1st Wednesday, 1:00 to 2:00 pm. – Academic Building One, Room 6101

Geriatrics Grand Rounds  
1st 3rd & 5th Thursdays, 7:30 to 8:30 a.m. – Hensel Phelps Auditorium East, Research Complex 1

Neurology Grand Rounds  
Wednesdays, , RC-1 North, Hensel Phelps Auditorium - East, 1st floor, Room P18-1000

Hospital Wide Ethics Rounds  
2nd Thursday, noon-1:00, AOP 2005-2006

**Research Groups and Meetings**
Developmental Psychobiology Research Group
2nd and 4th Tuesdays, 10:00 to 11:45

Perinatal Vulnerability Research Group
4th Tuesday, 8:15 to 10:00, The Children’s Hospital Mountain View Room (Randy Ross, M.D.)

Perinatal Research Group
2nd & 4th Tuesday, 9:00 to 10:00, The Children’s Hospital, Castle Rock Video Room

Prevention Studies Research Group
2nd & 4th Tuesday, 1:00 to 3:00, The Children’s Hospital, Denver Seminar Room

Developmental Disabilities Research Group
2nd Tuesday, 8:30 to 10:00, Locations vary

DPRG Biannual Retreat
Colorado mid-May (to be announced)
This document provides guidelines for the evaluation of interns, grievance procedures, and the management of problematic performance or conduct. These guidelines are consistent with accreditation standards of the American Psychological Association and the policies of the University of Colorado. These guidelines emphasize due process and assure fairness in the program's decisions about interns, and they provide avenues of appeal that allow interns to file grievances and dispute program decisions.

**THE EVALUATION PROCESS**

The Psychology Internship Program assesses each intern's performance on a continuing basis. On a quarterly basis, supervisors provide written evaluations and meet with the intern to discuss the assessments and offer recommendations. After meeting, the supervisor and intern sign the written evaluation and forward it to the intern’s Advisor, who reviews all of the evaluations with the intern. The Advisor summarizes the evaluations and forwards the evaluations and a brief written summary to the Training Director. The Training Committee meets quarterly to assess progress of all interns.

**COMMUNICATION WITH INTERNS' HOME GRADUATE PROGRAMS**

The Training Director communicates with each intern's sponsoring graduate program about the intern's activities and progress. Mid-year, the home graduate program receives information about the intern's training activities. At the end of the internship year, the home program receives a summary of the evaluation, indicating whether the intern has successfully completed the internship. At any time that problems arise casting doubt on an intern's ability to successfully complete the internship, the Training Director will inform the sponsoring graduate program. The home program will be encouraged to provide input to assist in resolving the problems.

**DEFINITION OF PROBLEMATIC PERFORMANCE AND/OR CONDUCT**

The program defines problematic performance and problematic conduct as follows. Problematic performance and/or problematic conduct are present when there is interference in professional functioning that renders the intern: unable and/or unwilling to acquire and integrate professional standards into his/her repertoire of professional behavior; unable to acquire professional skills that reach an acceptable level of competency; or unable to control personal stress that leads to dysfunctional emotional reactions or behaviors that disrupt professional functioning.
Guiding Principles to Ensure Due Process

The following principles serve to ensure that decisions made by the training program about interns are not arbitrary or personally based. These principles ensure that the intern is provided ongoing and meaningful feedback, opportunities for remediation, and information about appeals procedures.

- Presenting interns with written documentation of the program's expectations related to professional and personal functioning
- Stipulating the procedures for evaluation, including when and how evaluations will be conducted
- Articulating the various procedures and actions involved in making decisions regarding problem behaviors
- Communicating with interns early and often about how to address problem behaviors
- Instituting a remediation plan for identified inadequacies (including the competency domain(s) in which performance is not adequate), target behaviors, expectations for acceptable performance, steps for remediation, supervisors' responsibilities, time frame for expected remediation, and consequences of not rectifying the inadequacies.
- Providing a written procedure to the intern that describes how the intern may appeal the program's action
- Ensuring that interns have sufficient time to respond to any action taken by the program.
- Using input from multiple professional sources when making decisions or recommendations regarding the intern's performance.
- Documenting, in writing and to all relevant parties, the action taken by the program and its rationale. Interns and faculty will sign any written action and evaluation.

Formally Addressing Performance Problems

This section addresses the sequence of supervisory actions to be taken when performance problems are identified. Attention is paid to remediation strategies that may be used to address these problems. Finally, there is a discussion of formal grievance procedures.

Supervisory Actions

If competence problems are noted by an intern's supervisor, the following procedures will be initiated:

- The intern's supervisor(s) will meet with the intern's Advisor and the Training Director to discuss the problem and determine what action needs to be taken.
- The intern will be notified, in writing, that such a review is occurring and will have the opportunity to provide an oral or written statement.
- In discussing the problem and the intern's response, the Training Director may adopt any one or more of the following methods or may take any other appropriate action.
  - Issue a verbal warning to the intern that emphasizes the need to engage in recommended amelioration strategies in order to alter the competence concern (as opposed to problem). No written record of this action is kept.
Issue a "Performance Notice" which formally indicates that the faculty is aware of and concerned with the intern’s performance, that the problem has been brought to the attention of the intern, that the faculty will work with the Intern to specify the steps necessary to rectify the competence problems, and that the behaviors are not significant enough to warrant serious action. Remediation strategies described below should be implemented at this time. A signed copy of the Remediation Plan will be kept in the intern’s file, as will the Performance Notice.

Issue a “Probation Notice” which defines a relationship such that the faculty actively and systematically monitors, for a specific length of time, the degree to which the intern addresses, changes and/or otherwise improves the problem behavior. The intern must be provided with a written statement that includes: a description of the actual problem behaviors, the specific recommendations for rectifying the problem, the time frame for the probation during which the problem is expected to be ameliorated, and the procedures designed to ascertain whether the problem has been appropriately rectified. Additional remediation strategies must be implemented at this time. A signed copy of the Probation Notice and the revised Remediation Plan will be kept in the intern’s file.

Take no further action and inform all parties of this decision.

- The Training Director will then meet with the intern to review the action taken. If placed on probation, the intern may choose to accept the conditions or may challenge the decision. The procedures for challenging the decision are presented below (see Procedures for Appeal by an Intern).

- Once the Performance Notice or Probation Notice is issued by the Training Director, it is expected that the intern’s performance will be reviewed no later than the next formal evaluation period or, in the case of probation, no later than the time limits identified in the probation statement. If the problem has been rectified to the satisfaction of the faculty, the intern and other appropriate individuals will be informed and no further action will be taken.

- If it is determined that the conditions for revoking the probation status have not been met, the faculty may take any of the following actions:
  
  o Continue the probation for a specific time period, with written notice to the intern of ongoing steps that must be taken to ameliorate the problem in the specified time frame.
  
  o Issue a written “Suspension Notice” stating that the intern is not allowed to continue engaging in certain professional activities until there is evidence that the behavior in question has improved.
  
  o Issue a written “Warning Notice” stating that if the problem behavior does not change, the intern will not meet criteria for internship graduation.
  
  o Issue a written “Termination Notice” that the intern will be terminated from the internship program as of the date specified in the notice.

When a combination of the aforementioned interventions do not, after a reasonable time period, rectify the problem, or when the trainee seems unable or unwilling to alter his/her behavior, the training program may need to take more formal action, including such actions as:
• Communicating to the intern that he or she has not successfully completed the internship, with the possibility of continuing an additional year.
• Terminating the intern from the training program. This includes issuing of a “Termination Notice.” This information will be communicated to the intern’s graduate school faculty.

Remediation Strategies
It is important to have meaningful ways to address performance problems once they have been identified. The training program therefore, in conjunction with the intern, will formulate strategies for remediation of such problems and will implement such strategies and procedures.

Several possible and perhaps concurrent courses of action designed to remediate problems include, but are not limited to, the following. These remediation strategies may also be used when addressing competence concerns as well. All of these remediation strategies need to be appropriately documented and implemented in ways that are consistent with due process procedures.

• Increasing supervision, either with the same or other supervisors.
• Changing the format, emphasis, and/or focus of supervision.
• Strongly recommending personal therapy (the Training Director and other faculty have lists of therapists willing to work with Interns at a reduced rate).
• Reducing the intern's clinical or other workload or modifying their schedule in other ways.
• Requiring specific academic coursework or independent study.
• Recommending, when appropriate, a leave of absence and/or a second internship.
• Recommending and assisting in implementing a career shift for the intern.

Grievances Initiated by Interns
Situations may arise in which an intern has a complaint or grievance against a faculty member, staff member, other trainee, or the program itself, and in which the intern wishes to file a formal grievance if he/she feels that the informal grievance process has not effectively resolved the situations. The following steps are intended to provide the intern with a means to resolve perceived conflicts that cannot be resolved by informal means. The program leadership will do its best to ensure that interns who pursue grievances in good faith will not experience adverse personal or professional consequences. Nothing here precludes attempted resolution of difficulties by adjudication at a clinic, hospital, or university level.

• Prior to filing a formal grievance, the intern should raise the issue with the supervisor, staff member, other trainee, intern’s Advisor or Training Director in an effort to resolve the problem.
• If the matter cannot be resolved, if it is inappropriate to raise the matter with the other individual, or if the intern fears potential repercussions, the issue should be brought to the attention of the intern’s Advisor or Training Director. If the Training Director is involved in the grievance or is unavailable, the issue should be raised with the intern’s Advisor, who may function as the Director in responding to the complaint.
• The intern’s Advisor or Training Director will initially attempt to mediate the complaint between the parties involved.
• If the intern’s Advisor or Training Director can not resolve the matter, the intern’s
Advisor or Training Director will choose a faculty member, agreeable to the intern, and request that individual mediate the matter. Written material will be sought from both parties.

- If mediation fails, the Training Director will convene a Review Panel within 30 days of receiving the written complaint. The panel will consist of the Director, two faculty members selected by the Director, and two faculty members selected by the intern. Any party involved in the dispute may not serve on the panel. The Review Panel will review all written materials (from the intern, other party, mediation). A review hearing will be conducted, chaired by the Training Director, in which evidence is heard. All parties in the dispute retain the right to be present at the hearing, to hear all facts, and to dispute any evidence or claims presented. Within 15 days of the completion of the review hearing, the Review Panel files a written report, including any recommendations for further action. Decisions made by the Review Panel will be made by majority vote of the five panel members. The intern is informed of the recommendations by the Training Director and receives a copy of the panel report. Recommendations of the Review Panel are forwarded to the appropriate University, Clinic, or Hospital administrator for review and response. It is the responsibility of the Training Director to follow-up on the response to these recommendations.

Procedures for Appeal by an Intern

Interns who wish to contest supervisory actions and decisions must submit a written challenge to the Training Director within 15 days of receipt of the faculty decision. Failure to submit a written challenge within 15 days will be taken as assent to the supervisory actions and decisions. Once a written challenge is received, the following steps will occur:

- The Training Director will convene a Review Panel consisting of the Director, the intern’s Advisor and one faculty member selected by the Director, and two faculty members selected by the Intern.
- A review hearing will be conducted, chaired by the Training Director, in which evidence is heard from the faculty supervisor, who has the right to be present at the hearing. The intern retains the right to be present at the hearing, to hear all facts, and to dispute or explain his or her behavior.
- Within 15 days of the completion of the review hearing, the Review Panel files a written report, including any recommendations for further action. Decisions made by the Review Panel will be made by majority vote of the five panel members. The intern is informed of the recommendations by the Training Director and through receipt of a copy of the panel report.
- If the Review Panel finds in favor of the intern, no further action against the intern is taken. The Training Director will consult with the intern’s Advisor and the intern’s major and minor rotation supervisors concerning the decision.
- If the Review Panel finds in favor of the faculty supervisor, the original supervisory action is implemented.
- The Review Panel may, at its discretion, find neither in favor of the supervisor nor the intern. It may instead modify the original supervisory action or issue and implement its
own action. In this instance, the Training Director will consult with both the faculty supervisory and the intern concerning the decision.

- Decisions of the Review Panel may be appealed to the Chair of the Department of Family Medicine that employs the intern. A further appeal may be directed to the Senior Associate Dean for Clinical Affairs (or designee) of the University of Colorado School of Medicine. The decision of the Dean is final.
Intern name: ____________________________________________

Rotation: ____________________________________________
[ ] Major [ ] Minor

Dates of rotation: ______________________________________

Supervisor/s: __________________________________________

Assessment Methods used (check all that apply)
□ Direct Observation  □ Video tape  □ Audiotape  □ Case Presentation
□ Review of Written Work  □ Review of Raw Test Data  □ Review of Process Notes
□ Discussion of Clinical Interaction  □ Feedback from other staff

COMPETENCY STANDARDS
Use the following scale to make ratings in all areas listed below that are applicable to the intern’s training on this rotation. It is expected that most interns will progress from 2 - 4 over the course of the training year. The following is required:

• End of first quarter, intern must have an average of 2 or better within each domain
• End of second quarter, intern must have an average of 3 or better within each domain
• End of third quarter, intern must have an average 3 or better within each domain
• End of fourth quarter, intern must have an average 4 or better within each domain

1 = Development lags expectations, remedial action required
Trainee exhibits basic knowledge, skills, and abilities, but requires remedial training and direction in specific areas of weakness and/or lack of prior experience. Direct observation and modeling may be required for certain clinical activities. Scores in this range may require a remediation plan and always trigger a review by Training Director and Training Committee.

2 = Development lags expectations, address within supervision
Trainee exhibits basic knowledge, skills, and abilities, but requires close supervision for unfamiliar clinical activities and/or novel circumstances. Direct observation and modeling may be required for new experiences.

3 = Developing as expected towards basic competency; requires regular supervision
Trainee generalizes knowledge, skills, and abilities across clinical activities and settings. Can engage in routine clinical activities with minimal structure, but may need closer supervision for more complex situations. Direct observation and modeling is rarely required.

4 = Achieved basic competency; supervision is needed only for non-routine cases
Trainee consistently integrates knowledge, skills, and abilities into all aspects of professional service-delivery. Able to engage in less familiar clinical activities, and function proactively and independently in most contexts. Prepared for entry level practice and professional licensure.

5 = Achieved advanced competency; comparable to independent practice
Trainee is ready for independent practice and can handle complex situations with minimal consultation. Sound critical thinking/judgment evident overall.
COMPETENCY 1: RESEARCH COMPETENCY

Trainees need to demonstrate the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (case conference, presentations, publications) at the local (including the host institution), regional, or national level. Program evaluation projects that involve the analysis of data are considered research.

| 1. Demonstrates knowledge of readings in seminars and case conferences | 1 2 3 4 5 |
| 2. Integrates scientific knowledge during supervision and case conferences | 1 2 3 4 5 |
| 3. Applies knowledge and understanding of scientific findings into clinical care | 1 2 3 4 5 |
| 4. Disseminate research through presentation at case conferences, seminars, and in supervision | 1 2 3 4 5 |

COMPETENCY 2: ETHICAL AND LEGAL STANDARDS COMPETENCY

Trainees respond professionally in increasingly complex situation with greater degree of independence across levels of training, including knowledge and in accordance with APA Code and relevant laws, regulations, rules, policies, standards, and guidelines.

| 1. Demonstrates understanding of the Ethical Guidelines through his/her conversations in supervision, approach to ethical dilemmas in patient care and contributions to case conferences and seminars. | 1 2 3 4 5 |
| 2. Recognizes ethical dilemmas as they arise, and applies ethical decision-making processes in order to resolve them | 1 2 3 4 5 |
| 3. Seeks consultation appropriately when confronted with ethical dilemmas | 1 2 3 4 5 |
| 4. Addresses reporting issues with patients/caregivers and handles these issues in a sensitive and therapeutic manner | 1 2 3 4 5 |
COMPETENCY 3: INDIVIDUAL AND CULTURAL DIVERSITY COMPETENCY

Trainees must demonstrate the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. They demonstrate knowledge, awareness, sensitivity and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics.

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

Self-Awareness

1. Demonstrates understanding of the ways in which his/her own life and background affects his/her perceptions of and work with patients from a wide range of backgrounds

2. Demonstrates understanding that diversity applies to a broad range of categories including, but not limited to, race, religion, ethnicity, age, sexual preference, socioeconomic status, geographic origin, type of family, etc.

3. Addresses these issues as a means of facilitating treatment when it is necessary to do so

4. Recognizes when his/her patients or families are responding to him/her based on such differences (e.g. when it might be interfering with the formation of a therapeutic alliance) and addresses these concerns

Patient Life Experience

1. Is familiar with important aspects of the lives of his/her patients – e.g. the degree to which poverty might affect a patient’s ability to attend therapy on a regular basis

2. Provides referrals to community resources that might be more consistent with their patients’ “world view” than psychological services (e.g., supports patient in accessing a religious leader with power in the community).

3. Evaluates the treatments he/she is using in the context of their applicability to the population he/she is seeing

4. Is conversant with literature and research that helps him/her evaluate the applicability of his/her therapy techniques to the population they are seeing.
### Application of Cultural Knowledge

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<tbody>
<tr>
<td>1.</td>
<td>Questions his/her patients and families in a non-threatening way about aspects of their lives that he/she does not understand</td>
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<td>2.</td>
<td>Follows appropriate boundaries when children or families ask about his/her background or personal life</td>
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<td>3.</td>
<td>Addresses issues of cultural difference especially when such differences are interfering with clinical care</td>
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<td>4.</td>
<td>Demonstrates cultural competence during supervision and case presentations</td>
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<td>5.</td>
<td>Incorporates relevant literature addressing issues of diversity including as it pertains to interpreting psychological testing</td>
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<td>6.</td>
<td>Chooses tests appropriate to the population he/she is testing</td>
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<td>7.</td>
<td>Interprets psychological test in the context of relevant issues of diversity</td>
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### COMPETENCY 4: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIORS

Demonstrate maturing professional identities and senses of themselves as “Psychologists” and awareness of and receptivity in areas needing further development

### Professional Responsibility

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<tr>
<td>1.</td>
<td>Is well prepared for supervisory meeting and uses supervision effectively</td>
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<td>2.</td>
<td>Takes initiative to meet the needs of patient and families.</td>
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<td>3.</td>
<td>Effectively engages with staff and clinical team members.</td>
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<td>4.</td>
<td>Completes all assigned tasks (e.g., progress notes, reports) in a timely manner</td>
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<td>5.</td>
<td>Sets work priorities appropriately and independently</td>
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<td>6.</td>
<td>Responsibly adheres to institution policies (e.g., leave, dress code, etc.)</td>
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### Use of Reflective Practice, Self-Assessment, and Self-Care in Professional Development

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<td>1.</td>
<td>Actively engages in self-reflection regarding performance and interactions with staff and patients</td>
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<td>2.</td>
<td>Is open and non-defensive in accepting feedback</td>
<td>1</td>
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<td>3.</td>
<td>Exhibits awareness of professional and personal barriers to professional development and engages in self-care</td>
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COMPETENCY 5: COMMUNICATION AND INTERPERSONAL SKILLS

Develop effective communication skills and the ability to perform and maintain successful professional relationships

Multi-disciplinary Collaboration

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<tr>
<td>1</td>
<td>Collaborates effectively as a member of a team and with other disciplines/health professionals</td>
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<td>2</td>
<td>Communicates effectively, both orally and in writing</td>
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Interpersonal Skills

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<tbody>
<tr>
<td>1</td>
<td>Relates to patients, colleagues, supervisors, and other health professionals</td>
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<td>2</td>
<td>Demonstrates the ability to work collaboratively</td>
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<td>3</td>
<td>Handles differences with staff and clinical team members tactfully and effectively</td>
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<td>4</td>
<td>Maintains appropriate boundaries with patients</td>
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COMPETENCY 6: ASSESSMENT COMPETENCY

Trainees develop competence in evidence-based psychological assessment with a variety of diagnoses, problems and needs

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<tbody>
<tr>
<td>1</td>
<td>Diagnostic interviewing skills</td>
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<td>2</td>
<td>Selects and applies assessment methods supported by the empirical literature</td>
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<td>3</td>
<td>Administration/scoring of psychological assessment instruments</td>
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<td>4</td>
<td>Interpretation of psychological tests and case conceptualization</td>
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<td>5</td>
<td>Assesses risk for harm to self and others</td>
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<td>6</td>
<td>Clarity and conciseness of report writing</td>
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<td>7</td>
<td>Integration of behavioral observations, historical data, medical records and other non-test based information</td>
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<td>8</td>
<td>Formulates appropriate recommendations</td>
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<td>9</td>
<td>Communication of results (e.g., to patient, family members, other professionals)</td>
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**COMPETENCY 7: INTERVENTION COMPETENCY**

Demonstrate competence in evidence-based interventions consistent with a variety of diagnoses, problems and needs and across a range of therapeutic orientations, techniques, and approaches

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<tr>
<th>Formulation of a Treatment Plan</th>
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<tr>
<td>1. Establishes and maintains an effective therapeutic alliance</td>
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<td>2. Formulates useful case conceptualization</td>
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<tr>
<td>3. Formulates specific treatment recommendations based on his/her case conceptualization</td>
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<tr>
<td>4. Formulates treatment plans that are appropriate to the individual’s age, culture, and developmental/educational level</td>
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<tr>
<th>Implementation and Monitoring of a Treatment Plan</th>
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<tr>
<td>5. Effective and flexible adaptation and application of therapeutic strategies</td>
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<td>6. Awareness and use of current literature and research in intervention</td>
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<td>7. Monitors or evaluates progress of intervention using appropriate measures or methods</td>
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<td>8. Formulate changes in treatment as necessary</td>
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**COMPETENCY 8: SUPERVISION**

The supervision broad competency domain is completed by an adjunctive evaluation by the supervision seminar instructor. Supervision related items vis a vis clinical work are evaluated in other broad competency domains in this evaluation.

| 1. Demonstrates knowledge of supervision models and research | 1 2 3 4 5 |
| 2. Demonstrates beginning to intermediate competence as a supervisor of practicum students | 1 2 3 4 5 |
| 3. Acts as a mentor to practicum students | 1 2 3 4 5 |
| 4. Acts as a professional role model with practicum students and maintains responsibility/accountability for activities overseen as an intern supervisor | 1 2 3 4 5 |
COMPETENCY 9: CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

Consultation and interprofessional/interdisciplinary skills are reflected in the intentional collaboration of professionals in health service with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities. Demonstrate knowledge applying 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.

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<tbody>
<tr>
<td>1.</td>
<td>Conducts consultation with skill and knowledge</td>
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<tr>
<td>2.</td>
<td>Maintains a climate of mutual respect and shared values in regards to interprofessional practice. This includes appreciation and integration of contributions and perspectives of other professions.</td>
<td>1</td>
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<td>3.</td>
<td>Use knowledge of one’s own role and those of other professions to appropriately assess and address (i.e., coordinate) the healthcare needs of patients and populations served.</td>
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<tr>
<td>4.</td>
<td>Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of illness</td>
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Please provide a summary of the intern’s strengths and weaknesses. In particular, please address all ratings of 2 or lower.
Please check one of the following:

[ ] The intern HAS successfully met the above competency goals. We have reviewed this evaluation.

[ ] The intern HAS successfully met the above competency goals, yet would benefit from additional steps to ensure continued growth in some areas of relative weakness. This evaluation has been reviewed and the Director of Training has been notified. The Training Director will discuss these areas with this Intern and in collaboration with the supervisors, come up with a training plan that will augment the Intern’s training experience to further develop these areas of relative weakness. This will be written in memo form, signed by Supervisor, Training Director and Intern and placed in Intern’s file. It does not indicate that the Intern is on formal remediation. If this box is checked as part of the final evaluation, the memo outlining the training plan will be shared with the supervisors on the Intern’s next rotations.

[ ] The intern HAS NOT successfully met the above competency goals. Remedial steps will be necessary as outlined in the Due Process section of the Psychology Training Policy.

Please have all parties sign and date:

Supervisor: _________________________________ Date: ____________

Supervisor: _________________________________ Date: ____________

Director of Training: _________________________ Date: ____________

I have received a full explanation of this evaluation. I understand that my signature does not necessarily indicate my agreement.

Intern: _________________________________ Date: ____________
The Ancora Imparo* Award

Established by: 2008-2009 intern cohort

Annually Awarded: To a teacher, supervisor, mentor, or advisor for outstanding and inspirational contributions to intern training

Awarded By: Graduating intern cohort

Presented at: Annual Graduation

Nomination Process: Initiated at the end of third quarter of internship year by intern cohort

Eligibility: Any professional, regardless of discipline, who is involved in the teaching, supervision, mentoring, or advising of one or more interns

Nomination Criteria: 1) Models a professional identity characterized by integrity and lifelong learning
2) Displays an engaging and motivational teaching approach
3) Encourages one or more interns to integrate a broad definition of multiculturalism into the practice of psychology
4) Not the previous year’s recipient (i.e., no one may receive the award two years in a row)

Selection Process: 1) Any number of individuals can be nominated by interns
2) Intern cohort discusses nominations with respect to nomination criteria and retains individuals who meet criteria
3) Each intern places an anonymous vote for one retained individual into a “hat”
4) Votes are tallied to determine recipient
5) In case of a tie, only the tied individuals should be included in a new vote (e.g., if three nominees were initially voted on and two of them tied for most number of votes, only those two should be included in a new vote)
6) In the event of a tie following a new vote, multiple recipients may be named

Recipient Recognition: Name engraved on traveling annual recipient award plaque, to be displayed by recipient during the subsequent internship year, and posted on the internship website

*translation from Latin = I am still learning.
Holiday Schedule
Academic Year 2017-2018

Common Holidays

Tuesday, July 4, 2017                  Independence Day
Monday, September 4, 2017             Labor Day
Thursday, November 23, 2017           Thanksgiving Day
Friday, November 24, 2017             The day after Thanksgiving
Monday, December 25, 2017             Christmas Day
Tuesday, December 26, 2017            The day after Christmas
Monday, January 1, 2018               New Year’s Day*
Monday, January 15, 2018              Martin Luther King, Jr. Day*
Monday, February 19, 2018             President’s Day*
Monday, May 28, 2018                  Memorial Day

*Please note that some clinics are open on the above holidays. Please make sure to check in with your major rotation site to ensure that your clinic is closed*
Helpful links

Administrative offices: http://www.ucdenver.edu/about/contact/Pages/Admin-offices.aspx

Directory: https://directory.ucdenver.edu/

Office of Professionalism: http://www.ucdenver.edu/academics/colleges/medicalschool/facultyAffairs/Pages/FacultyProfessionalism.aspx

IT Help Desk: http://www.ucdenver.edu/about/departments/ITS/CustomerCare/Pages/HelpDesk.aspx

Library- Health Sciences: http://hslibrary.ucdenver.edu/

Map of AMC Campus: http://www.ucdenver.edu/anschutz/about/Documents/maps/anschutzguide.pdf

Ombuds Office: http://www.ucdenver.edu/about/departments/OmbudsOffice/Pages/OmbudsOffice.aspx

School of Medicine: http://www.ucdenver.edu/academics/colleges/medicalschool/Pages/somWelcome.aspx

Updated: 9/9/2014
Leave Policy

Sick Leave
Interns accrue five days of sick leave over the course of the year. Interns are encouraged to seek medical attention as necessary so that they may best serve their patients and attend to assigned duties. Sick leave may not be used in lieu of vacation, and such substitution is strictly prohibited.

Vacation
Interns are granted 10 business days for paid vacation. Interns are expected to use vacation leave for interviews. Leave should be requested as far in advance as possible to maintain compliance with duty hours and clinic schedules. Before starting leave, an intern must have completed all patient medical records in the hospitals and clinics.