Dear Fellow Psychologists,

As the landscape of health care changes, so must we as a discipline. This TCP is devoted to one of those areas of change: Integrated Care. As the complexities of patient care increase, collaboration among health care professionals is critical. Psychologists are in a unique position to be a leader in this effort.

The change process has already begun with other disciplines. The Association of American Medical Colleges (AAMC) has developed a competency framework that will help guide the training of future health care professionals. Here in Colorado, we are on the cutting edge of training some of these professionals using the AAMC framework. This work is being done at the Anschutz Medical Campus, where the largest longitudinal interprofessional training program in the nation is being developed. However, mental health is not yet at the table and this topic is being talked about at a national level. APA’s 2011 Education Leadership Conference focused entirely on the role of psychologists in interdisciplinary and interprofessional training, research and practice. The message that came out of that conference was clear. We need to change our practice or it will be changed for us. Colorado has been a leader in many ways with some of the wonderful projects highlighted in this edition of the TCP. I hope that you will read the articles with the future of health care in mind.

CPA is looking to develop a way to further these efforts. We hope to start a task force to look into ways we can leverage resources and begin to have a seat at the interprofessional table. Please contact me directly if you have any interest in participating in this work group at jason.williams@childrenscolorado.org

Here is to our future,

Jason Williams, PsyD
Message from the Editors

Dear CPA members,

We are greatly appreciative of your continued readership. As has been our goal for the last year, we continue to move towards publishing themed editions. Over the course of the next five editions, we’ll be highlighting aging, alternative therapies, forensics, APA highlights, and early career psychologists. Within each of these issues, our goal is to feature articles related to the topic that specifically focus on academia/research, diversity issues, ethical issues, rural issues, community mental health issues, private practice issues, and policy and law.

We would love to feature your contribution of articles related to these topics. Please contact Sheryl Pitts at copsych@gwami.com or Shawna Urbanski, PsyD, submission coordinator at s.urbpsyd@hotmail.com to discuss your ideas for articles. As always, please email ideas, articles and/or information on accomplishments of CPA members to the CPA office at copsych@gwami.com.

Sincerely,
The TCP team

CPA Calendar of Events

CPA Board Meeting.................................................................3rd Friday of every month (except August and December) 12:00 p.m. - 3:00 p.m.

Articles due for The Colorado Psychologist................................................March 15, 2012
  Due to the CPA office at copysch@gwami.com

Mark your calendar:

  Fall Conference 2012 – “Building Community”....................Friday, September 21, 2012
    8:00 a.m. to 4:00 p.m.
    Hyatt DTC, Denver, CO
  Additional details will be provided as they are available
Integrated care is a term that grasps the notion of treating the needs of the whole person. Meeting physical and behavioral health needs with high quality, patient centered, collaborative and expeditious services is the vision and challenge of integrated care. In an ideal world, these services would be provided with ease, services would be paid for, and people would want integrated care to enhance their overall wellbeing.

Ideals are essentially that… ideal. In the real world, it takes effort and commitment to systems change to create a fully integrated practice. There are many roadblocks and detours to navigate and adapt to in an attempt to truly integrate the needs of an individual. As a psychologist who works at a pediatric practice, I am the sole mental health practitioner working with a group of medical professionals who see patients every 15 minutes. I exist in a world of nonstop hustle bustle, fix and mend, treat and triage…which can feel like a world away from the traditional mental health model of taking time to build a therapeutic alliance, doing an in depth assessment, and the 50 minute session. As psychologists enter a medical world, a paradigm shift is needed to embrace the unique opportunities available to improve the overall wellbeing of 400+ families and children that enter our doors weekly in hopes of feeling better.

What better place for a psychologist to work than in a primary care facility where the majority of mental health problems are first addressed (Institute of Medicine, 2005; Shi, Macinko, Starfield, Politzer, & Xu, 2005). Often “primary care providers are the first and only contact for most people’s biomedical and psychosocial health care needs” (McDaniel & Fogarty, 2009, p. 484) and research shows that between 40%-70% of the concerns that are brought up in primary care settings involve a mental health disorder (Regier, Goldberg, & Taube, 1978). It is evident that psychologists’ expertise can be put to good use in meeting the needs of the larger community.

The challenge therein lies in moving from a philosophical ideal into a tangible reality where insurance companies pay for integrated services and professionals value input from different schools of thought and work as a team to treat the whole person. Psychologists are uniquely equipped to participate in the movement toward effective integrated care. Psychologists can contribute via system development, outcome research, implementation of screening and assessment instruments to effectively identify individuals’ needs, building community partnerships and interdisciplinary collaborative relationships, providing psycho-education, evidence based solution focused treatment, and serving as a liaison to higher level of care services that may be needed.

Integrated care, at its core, holds many exciting opportunities for psychologists to play an invaluable role in creating systematic, creative, and meaningful change in the world of health care delivery for the whole person. We are creatures of habitual behavior, so change will inevitably be difficult. But change happens in small stages, and by finding sustained persistence greater outcomes can be developed.


Dr. Tiah Terranova graduated from the Illinois School of Professional Psychology at Argosy University/Chicago and is a licensed psychologist in Colorado. Dr. Terranova works as the Behavioral Health Clinician at Mountainland Pediatrics with Community Reach Center (http://www.mountainlandpeds.com).
Providing Integrated Care to Adolescent Mothers and Their Children in a Primary Care Setting

By Bethany Ashby, PsyD, Licensed Psychologist

Adolescent mothers and their children represent one of the highest risk populations, both in terms of overall mental health and issues associated with abuse and neglect. Adolescent mothers are also very difficult to engage in traditional mental health treatment for reasons including lack of transportation due to poverty, severity of mental health symptoms, the stigma associated with mental health treatment, and a general lack of understanding of the benefits of therapy and medication. As a result, these young mothers and their children, whose challenges and needs are frequently chronic, can benefit from receiving services from a community resource where they are highly likely to access care namely, an integrated primary care setting.

One of the major benefits of primary care clinics is that they facilitate mental health providers developing relationships with patients over time. This therapeutic relationship may be even more important with adolescent mothers as they are often highly mistrustful of others due to their own history of trauma and involvement with legal and social services systems. By being consistently available and present, and by being integrated into the medical setting, mental health clinicians reduce stigma about mental health and reduce barriers to treatment. With this population, clinicians also have a unique opportunity to work with patients who would likely never engage in treatment within the context of a traditional mental health setting.

Located at Children’s Hospital Colorado, the Colorado Adolescent Maternity Program and Young Mothers’ Clinic (CAMP/YMC) is a comprehensive, multidisciplinary prenatal, delivery, and postnatal care program for young women under 22 and their children. In addition to obstetric and pediatric care, CAMP/YMC also utilizes the services of a dietician, case managers, social workers, a psychologist, and psychiatry coverage. Annually, the program enrolls approximately 250 adolescents who just delivered a baby. CAMP/YMC serves a racially and ethnically diverse (40% non-Hispanic White, 30% non-Hispanic Black, 25% Hispanic, 3% American Indians/Alaskan natives, and 2% Asian/Pacific Islanders), group of lower socioeconomic status young women and their children (approximately 85% use Medicaid).

Research suggests that up to half of pregnant adolescents experience some depressive symptoms, in addition to other mental health issues (Letourneau, Stewart, & Barnfather, 2004; Buchholz & Kornbursztyn, 1993; Birkeland, Thompson, & Phares, 2005; Reid & Meadows-Oliver, 2007). Previous research indicates that the rate of postpartum depression is approximately 20% in CAMP/YMC (Sheeder, Kabir, & Stafford, 2009). Depressed adolescent mothers have less positive interactions with their babies, and their babies tend to have general pediatric problems such as lower weight, shorter length, and smaller head circumference (Reid and Meadows-Oliver, 2007). Further, the longer depressive symptoms are untreated, the greater the risk to the infant.

Given the high risk to both adolescent mom and baby, obstetric and pediatric clinics are ideal places for mental health intervention for adolescent moms. One of the most important tasks in these settings is universal screening for mental health issues and developmental delays. While many obstetric and pediatric clinics screen for depression, utilizing tools that screen for anxiety disorders is critical. Maternal anxiety often drives frequent ER and sick visits for children as these mothers are typically hypervigilant and respond to any perceived changes in their children’s health status. In addition to depression, anxiety also contributes to migraine and other pain disorders in adolescent mothers. Since children of adolescent mothers are more likely to have developmental delays, developmental screening is critical as well so that these children can be referred for early intervention services.
Providing Integrated Care to Adolescent Mothers - Continued

Integrated primary care services for adolescent mothers and their young children is a unique and increasingly beneficial means to provide collaborative medical and mental health care to a population that is at high risk for a lifetime of negative outcomes. Psychologists in this setting offer a set of skills that can positively contribute to a team effort in improving the lives of many.


Bethany Ashby, PsyD is an Assistant Professor in the Departments of Psychiatry and Obstetrics/Gynecology at the University of Colorado School of Medicine. She is a pediatric psychologist with specialty training in primary care and is the Clinical Director of Mental Health Services for the Colorado Adolescent Maternity Program/Young Mothers’ Clinic at Children’s Hospital Colorado.

ADHD Evaluations in Primary Care: The Value of Collaboration
By Lindsey Einhorn, PhD, Licensed Psychologist

Over the past several years, primary care services have increasingly valued an integrated care model. It is clear that patients can benefit when mental and behavioral health are integrated into medical health care and when there is collaboration amongst providers of different disciplines. This type of model can improve patient care, provide access to additional services, lower overall health care costs, and increase patient satisfaction.

Comprehensive mental health services are integrated into the care provided at Parker Pediatrics and Adolescents, PC, a private primary care clinic in Parker, Colorado. As a Clinical Psychologist in this setting, I collaborate with the pediatric medical providers to facilitate early identification and treatment of mental health and behavioral issues. I conduct intake and ADHD evaluations and provide individual and family therapy to patients experiencing a variety of difficulties.

The ADHD evaluations are a unique service at the practice. Evaluations include three one hour-long visits and occur over the course of 4-6 weeks. At the first visit, the patient’s medical history is reviewed, new information is obtained, and families receive assessment forms to complete. Parents are encouraged to provide report cards and previous test records or evaluations. Teachers are contacted for relevant school information and within 1-2 weeks of receiving the assessment forms, the family comes in for their second appointment to review the scored forms. At the third session, the family is provided with a thorough evaluation report. The report includes diagnostic conclusions and impressions, a differential diagnosis if relevant, a review of assessment questionnaire results, and recommendations for intervention.

Thus far, receiving an ADHD evaluation by a licensed psychologist within a pediatrician’s office has been very well received and highly valued by the medical providers and families. I believe our specific process has several strengths. First, the majority of evaluations tend to be for school-aged children and adolescents, where communicating with schools is essential in providing a thorough evaluation and an improved understanding of the patient’s strengths and struggles. Several teachers
ADHD Evaluations in Primary Care - Continued

have voiced appreciation for their involvement in the process. When applicable, patients can obtain a medical and/or medication consultation with their primary care provider. If parents choose to pursue medication, physician and psychologist will continue to collaborate and follow up on the patient’s progress. In addition, the patient may elect short-term therapy with the psychologist.

Evaluating older adolescents and young adults in a pediatric clinic poses unique challenges. A thorough academic history is obtained, but the evaluations typically take place without school involvement or collaboration. Additionally, at some point these patients’ care is transferred to an internal medicine doctor and/or an adult psychologist. It has been interesting to note that in many instances these patients have voiced a preference to continue being seen by their pediatrician.

Offering these services has been a very positive experience, personally and for families. According to consumer satisfaction surveys collected by the practice, of the adult respondents whose children received mental health care at this integrated setting, 51% rated receiving mental health care in the same location as medical care to be “Very Important” and 29% rated it “Important.” And, 76% of respondents reported it to be “Very Convenient” to receive mental health services at PPA. Personally, I have really enjoyed the diverse, challenging, and constantly evolving nature of providing mental health care within a medical setting and I look forward to seeing integrated care further evolve within the field of psychology.

Dr. Lindsey Einhorn is a Licensed Clinical Psychologist who specialized in working with children, adolescents, and families and works at Parker Pediatrics and Adolescents, PC. She completed her Ph.D. from the University of Denver and an internship and postdoctoral fellowship at Children’s Hospital Colorado.

The Role of Psychology in Integrated Healthcare Policy
By Benjamin Miller, PsyD, Psychologist

The result of fragmentation in healthcare is unsatisfying, expensive, has generated avoidable suffering, premature mortality, and inefficient care delivery (Lurie, Manheim, & Dunlop, 2009). With national health reform efforts highlighting the importance of primary care, there appears to be an important opportunity to change patient care, especially for those primary care patients with mental health, behavioral health or substance use issues comorbid with their other medical problems (Petterson et al., 2008; Rittenhouse & Shortell, 2009). This is particularly true with problems associated with chronic disease, which has been shown to be a significant driver of healthcare cost (Hwang, Weller, Ireys, & Anderson, 2001).

Unfortunately, in the face of such evidence, integrating mental health, behavioral health or substance use into primary care is fraught with healthcare policy barriers. And while some of these barriers have plagued the healthcare field for decades (Kathol, Butler, McAlpine, & Kane, 2010), there appears to be an opportunity for the field of psychology to address policy issues head on and become a solution to healthcare fragmentation. To this end, below are three recommendations on how psychologists can begin to use their skills to address healthcare policy and integration.

1) **Dispel the myth of the one trick pony**: A general perception of the public and other healthcare stakeholders is psychology applies only to mental health. While psychology does treat mental health problems, the field is also capable of doing so much more. Psychology must begin to educate other providers, patients, payers and policy makers that their skillset reaches far beyond treating depression. This advocacy is critical for healthcare policy and integration efforts due to the need to demonstrate psychologists’ diversity and
The Role of Psychology - Continued

skill generalizability across multiple healthcare platforms. Psychologists should attempt to track both mental health and physical health outcomes in their practice.

2) **Bend that healthcare cost curve:** Policy makers often weigh various factors when contemplating a healthcare policy change or legislation— one of the most significant factors is how much a given policy change will cost (e.g. opening up health and behavior codes for Medicaid). The field of psychology has an opportunity to show how their involvement can help provide more comprehensive and whole person healthcare that impacts on the “triple aim” (decrease cost, increase quality and better care). Since it is well documented that individuals with comorbid mental health conditions cost the healthcare system more, psychology can start to make a stronger business case for itself by showing how their interventions impact not only mental health outcomes but also “physical” health outcomes (recommendation #1 above). By doing so, the field can show their impact on decreasing overall healthcare cost and therefore bending of the cost curve. Psychologists should attempt to work with other healthcare stakeholders to collectively show how their work decreases overall healthcare costs (e.g. improper healthcare utilization).

3) **Stop reacting and start planning:** Unfortunately the field of mental health often has found itself like the sympathetic nervous system – always in fight or flight. Being fearful of cuts in payment or threats to clinical territory, the field is used to reacting; however, constantly being in a state of reacting does not allow the field to prepare for working toward a brighter future. By simply reacting, how can psychology start to plan for the role they are to have in a redesigned healthcare system? By proactively addressing policy efforts that could advance the profession, psychology stops reacting and starts planning on the future. For example, the field may want to stop looking at legislation that only mentions mental health, but consider any and all healthcare legislation and how psychology can be involved. Having two legislative arms in CPA – one looking forward and one looking around may help move psychology forward in healthcare policy.

Through an enhanced understanding of what influences policy, psychologists can become leaders in supporting Colorado’s work towards a more comprehensive, effective and efficient healthcare system.

Kathol, Roger G., Butler, M., McAlpine, Donna D., & Kane, Robert L. (2010). Barriers to Physical and Mental Condition Integrated Service Delivery. *Psychosomatic Medicine, 72*(6), 511-518. doi: 10.1097/PSY.0b013e3181e2c4a0

*Benjamin F. Miller, PsyD is an Assistant Professor in the Department of Family Medicine at the University of Colorado Denver School of Medicine where he is responsible for integrating mental health across all three of the department’s core mission areas: clinical, education, and research. He is currently the Director of the Office of Integrated Healthcare Research and Policy in the Department of Family Medicine and the President of the Collaborative Family Healthcare Association.*
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Securing an Internship in Integrated Care: Lessons from Two Interns Working in Primary Care
Daubney M. Harper, MA, Psychology Intern & Eric R. Neumaier, MA, Psychology Intern

Integrated care is an advancing model that aims to improve patient care, provider collaboration, and positive health outcomes. Its expansion provides an exciting opportunity for psychologists-in-training. As two current interns in Integrated Primary Care at a federally qualified health care center (FQHC), we would like to offer our suggestions to students interested in securing an internship in this exciting field.

The first place to start is to identify if the integrated care setting is a good fit for you; not everyone is suited to its unique demands. Behavioral health integration into primary and secondary care settings often requires flexibility, adaptability, and the skill of working at an accelerated pace. In many clinics, the behavioral health specialist does not have a private office and works directly with other healthcare providers. This is a time where the motto “plays well with others” definitely applies. Integrated care is a good match for individuals having an agreeable personality and the ability to manage conflict well. It is a face-paced, multi-faceted area that requires the ability to multitask, pay attention to detail, and think on your feet.

As with applying to any internship, your interest and training should be a strong fit with the internship training that is offered. Having coursework and clinical experience in integrated care is one of the best assets to secure this type of internship. While few doctoral programs offer a course in integrated care, having some coursework in health psychology is desirable. Practicum experience in health psychology is probably the most crucial. The vast majority of health psychology-focused internships prefer candidates with at least some practicum experiences in a hospital or medical setting. If an integrated care/health psychology practicum is not available through your program, check with surrounding clinics to see if you can shadow or create your own practicum. It is important to be familiar with basic medical terminology and psychopharmacology while learning the structure of the medical system. Experience in providing brief, empirically-supported interventions is highly desirable. If you are looking at an integrated care internship site that conducts research, applicants with experience in health-related research can have an edge.

As part of the internship application process, applicants are asked to write about their theoretical orientation. Be mindful of theoretical orientations that are well suited to the integrated health care setting. CBT, Mindfulness-Based Stress Reduction, and Motivational Interviewing are theories that are a good fit. Other orientations may be appropriate, but it will be important to explain how your theory is a good fit for the setting. Regardless of your theoretical orientation, remember to convey your theory clearly, provide a clinical example of its use, and describe how it applies to the integrated care setting.

Internship applicants looking to secure an internship with a rotation or focus in integrated care need the personality, knowledge, and experience to thrive in this growing area. When applying, it is important to highlight how your interest and training fits the internship, how you hope to grow from the training experience, and how you are the best candidate.

Daubney M. Harper, M.A. is a doctoral candidate in the APA-Accredited Counseling Psychology program at New Mexico State University and is a pre-doctoral intern at Denver Health Medical Center. Her areas of interest and experience include Health Psychology and working in Primary and Secondary clinics.

Eric Neumaier, M. A. is a doctoral candidate in the APA-Accredited Counseling Psychology program at the University of Wisconsin-Madison and is a pre-doctoral intern at Denver Health Medical Center. His areas of interest and experience include working in Primary and Secondary care, the management of chronic health conditions, and men’s health issues.
What’s it Worth?
Putting a Value on Integrated Mental Health Services in Pediatric Primary Care
Ayelet Talmi, PhD, Licensed Psychologist

While delivering mental health services in the context of pediatric primary care is a recommended strategy for addressing the vast, unmet needs of children and families and a core component of the medical home approach (American Academy of Child and Adolescent Psychiatry and American Academy of Pediatrics, 2009), funding integrated mental health services is a challenge. Foremost among these are the significant billing and regulatory requirements for reimbursement of behavioral health services provided in the context of primary care. These challenges include limitations on same day billing for physical and mental health services, non-reimbursable case management activities, third party payor denials of claims listing mental health codes, differential reimbursement rates, and lack of incentives for screening and preventative efforts (Mauch, Kautz, and Smith, 2008).

Despite the numerous barriers to funding and sustainability, integrated mental health programs exist and thrive, even in the current economic and political environment. Strategies for funding integrated care programs and services range from obtaining grants to partnering with behavioral health organizations (BHO) contracted to provide mental health services. Programs embedded in academic medical centers may access training funds to support professional development for both mental health and primary care providers. Community pediatric settings accepting a wide range of insurance plans may seek reimbursement for services rendered by mental health professionals through “incident to” billing or direct billing of mental health procedural codes. At the federal level, numerous funding opportunities exist for provision and evaluation of integrated mental health service programs including ones aimed at medical homes, innovative delivery systems, and cost-effective health care systems though, these often require established partnerships and collaborations to be eligible for funding.

Project CLIMB (Consultation Liaison In Mental health and Behavior), an integrated mental health services program located in the Child Health Clinic at Children’s Hospital Colorado, utilizes a number of the strategies above for sustainability. The program was initially funded through generous grants from The Colorado Health Foundation and Rose Community Foundation. Both foundations were interested in creating access to mental health services for underserved Coloradans, improving the health of Coloradans, and training health care providers across the State in identification and treatment of mental health issues. An Access Grant through the American Academy of Child and Adolescent Psychiatry enabled us to conduct a small program evaluation with both family and provider surveys. Liberty Mutual and Denver Post Season to Share funds provided additional support for clinical and training services. In partnership with one BHO, we hired a full-time licensed clinician, paid for by the BHO, to work in our primary case setting. More recently, with revenue generated through screening reimbursements, the Department of Pediatrics at the University of Colorado, School of Medicine assumed the cost of two part-time faculty members, a psychologist and a psychiatrist, in order to continue the program’s long-standing training efforts.

Ongoing funding for integrated mental health services programs depends on evidence that such programs increase access to care, improve health outcomes, decrease health care costs, and increase workforce capacity. Program evaluations can provide valuable information about the impact and value of this work. Beyond tracking the number of patients/visits and demographics, integrated programs can track the types of services provided, screening results,
referrals made, and consumer satisfaction. Electronic medical record data can be used to examine relationships among integrated services and medical and mental health diagnoses, socio-demographic characteristics, medications, and other variables of interest. Integrated programs can also collect patient satisfaction data and utilize other quality measures to examine change with integrated services. Training programs can directly evaluate trainees’ knowledge and skills as related to behavioral health in addition to examining changes in board exam scores on relevant sections. Utilizing varied data sources enables programs to characterize their services and determine the value added of having integrated behavioral health services in the context of primary care settings.

Integrated mental health programs in pediatric primary care hold promise for increasing access to care and transforming pediatric providers’ capacity to identify and treat developmental, behavioral, and mental health concerns. Steps for developing integrated mental health service programs include:

- Becoming familiar with available resources on mental health in pediatric primary care;
- Obtaining formal training in providing integrated mental health services in pediatric primary care settings;
- Developing programs collaboratively with primary care and mental health partners;
- Identifying potential funders with a vested interest in supporting access to mental health services, improving health care outcomes, and training the health care workforce;
- Engaging in program evaluation/research activities that characterize the work and demonstrate its value to patients, providers, and the health care system.


Ayelet Talmi, Ph.D., is an Assistant Professor at the University of Colorado, School of Medicine in the Departments of Psychiatry and Pediatrics. As Clinical Director of Project CLIMB (Consultation Liaison In Mental health and Behavior) she oversees the integrated mental health team at Children’s Hospital Colorado.
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Applicants must hold a doctoral degree in clinical psychology from an APA accredited institution and have completed postdoctoral training in neuropsychology. The candidate must be eligible for licensure in the state of Colorado and be board certified (or eligible) in clinical neuropsychology according to the Houston Conference Training Guidelines. National Jewish is affiliated with the University of Colorado Denver (UCD) and the candidate will be eligible for a faculty appointment in the Department of Psychiatry at UCD.

Applicants should send their CV, a statement of professional goals, two sample neuropsychological reports, and three letters of recommendation to:

Bruce G. Bender, Ph.D., Division Head of Pediatric Behavioral Health, National Jewish Health, 1400 Jackson Street, Room G315, Denver, CO 80206.

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