

UNIVERSITY OF DENVER
GRADUATE SCHOOL OF PROFESSIONAL PSYCHOLOGY
INTERNSHIP CONSORTIUM

APA Accredited

Internship Training Handbook
2009-2010

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This handbook describes the Psychology Internship Consortium at the University of Denver Graduate School or Professional Psychology (GSPP). Questions about the program are encouraged. This information is current and accurate at the time of printing but may be subject to revision.

APA ACCREDITED PROGRAM

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Jennifer A. Erickson Cornish, June 2009

ADMINISTRATIVE DUTIES

Consortium interns must attend staff meetings as required by their sites.

Interns are also required to stay current with paperwork duties including client chart notes, weekly schedule, etc. All client charting must be consistent with the ethical and legal guidelines. Intern chart notes (including all intakes, progress notes, termination summaries, letters to clients, etc.) must be co-signed by supervisors.

Other administrative duties may be described in handbooks at the various sites.

CASE PRESENTATION GUIDELINES

These guidelines are for formal case presentations (e.g., during Professional Issues Seminars)

1. Supervision case presentation guidelines:

- Questions for participants
- Brief description of supervisee (age, year in school, academic program, prior experience doing psychotherapy, etc)
- Brief description of supervisor's experience doing supervision
- Identified goals for supervision
- Theory of supervision (mini lit review)
- Supervisory relationship
- Multicultural issues
- Ethical concerns
- Show tape
- Discussion: integration of theory, research, practice

2. Clinical case presentation guidelines:

- Questions for participants
- Demographic data (pseudonym, age, race, marital status, sex, housing, parental status, etc)
- Presenting problem(s) (include symptoms, precipitating factors)
- Mental status (appearance, affect, behavior, speech, cognition, memory)
- Suicide/homicide/lethality risks
- Brief history
- Medical conditions and drug/alcohol concerns
- Cultural issues
- Support system
- Strengths
- Diagnosis (all 5 axes)
- Prognosis
- Brief theoretical conceptualization of case
- Treatment plan
- Course of treatment
- Therapeutic relationship
- Ethical concerns
- Show tape
- Discussion: integration of theory, research, practice

COMMUNICATION WITH ACADEMIC PROGRAM

During the intern selection process, verification of intern candidates' readiness for internship is required in writing from the Director of Clinical Training at the University of Denver Graduate School of Professional Psychology (GSPP) consistent with APPIC guidelines.

Following a candidate's acceptance of the Consortium's formal offer of internship, the Consortium Internship Training Director sends a letter of formal notification to the Director of the Doctoral Program at the GSPP. This letter includes a list of the other accepted interns and outlines formal procedures for apprising the GSPP of their student's progress with the internship site.

During the internship, the Internship Training Director or site supervisors initiate informal telephone contacts or formal letters with the academic program as needed. If interns have problems with the training program, they are instructed to first go to their site supervisor and/or the Internship Training Director before contacting the GSPP Director of Doctoral Program. The DU GSPP Student Advocate is always available to interns on a confidential basis.

The Internship Training Director keeps copies of every formal written evaluation of interns (and supervisors) and will make these available to the GSPP Director of Doctoral Program as needed.

COMPENSATION AND BENEFITS

Each intern is expected to complete 2080 total hours. Due to the nature of the internship program, full-time interns are not allowed to have outside employment.

Full and Half Time Internships

Consortium internships may be full time or half time (depending on the site). The following discussion will generally state the requirements and compensation package in terms of a full-time position. Half-time interns divide the requirements and compensation over a two- year period.

Salary

The salary for full-time interns is \$18,500.00. Each intern is formally titled "Intern." A full-time intern position is a minimum of 45 hours per week, and a half-time intern position is a minimum of 25 hours per week. The positions carry with them the benefits listed below:

Benefits

1. **Vacation:** Interns receive 10 annual vacation days (5 per year - half-time interns). The site supervisors must be notified in advance of vacation plans. A leave form needs to be submitted to and approved by the primary individual supervisor and the Internship Training Director.
2. **Sick Leave:** Sick leave is accrued at the rate of 8 hours (4 hours - half-time interns) per month, resulting in 12 sick days (6 days - half-time interns) during a year. Sick leave may be used as it is accrued. A leave form will need to be completed indicating number of hours used for sick time, signed by the supervisor, and turned in to the Internship Training Director. Interns may not use their sick leave in lieu of vacation leave.
3. **Holidays:** Interns have 10 holidays: Labor Day, Thanksgiving (2), Christmas (3), New Year's Day, Martin Luther King Jr. Day, Memorial Day, and Independence Day.
4. **Professional Leave:** Two days of professional leave are provided for interns as approved by their supervisors to attend conventions, workshops, job interviews, doctoral paper defenses, or appropriate professional development activities. A leave form needs to be completed and turned into the Internship Training Director.
5. **Workshop reimbursement:** Interns are allowed \$100 to attend professional workshops/meetings.
6. **Research:** Full-time interns are allowed 3 hours per week for research (1.5 hours for half-time interns). These hours may be accrued for no more than one month at a time. In

addition, interns attend the weekly Research Seminar.

7. Health Care: Interns are eligible for medical care through the DU Health and Counseling Center (HCC). The Quarterly Health and Counseling Fee is waived for interns. Benefits include:
 - a. No charge for unlimited HCC primary care medical office visits. Interns may come in as often as needed to consult with staff physicians or other medical providers. Specialist consultations are also available in gynecology, nutrition, and dermatology according to the benefits provided by the Student Health Insurance Plan (SHIP)
 - b. See HCC and SHIP brochures for a full description of the benefits of the Health and Counseling Fee and the SHIP.
8. Health Insurance: Interns are enrolled in the SHIP at no charge through the University of Denver.
9. Picture ID Cards: Picture ID cards are provided for interns and serve as identification cards along with providing purchasing privileges at the bookstore, cafeterias and for athletic events.

DUE PROCESS

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

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

1. The intern does not acknowledge, understand, or address the problem when it is identified.
2. The problem is not merely a reflection of a skill deficit that can be rectified by academic or didactic training.
3. The quality of services is sufficiently negatively affected.
4. The problem is not restricted to one area of professional functioning.
5. A disproportionate amount of attention by training staff is required, and/or;
6. The intern's behavior does not change as a function of feedback, remediation efforts, and/or time.

At any time during the year a site staff member may designate some aspect of an intern's performance as inadequate or problematic. By the same token an intern may take issue with a staff member

regarding a particular behavior or pattern of behaviors or with the entire staff or Consortium regarding policy or procedure.

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

In the event that either party feels dissatisfied with the outcome, the following grievance procedures are established to aid in the resolution of problems. (Please note that the grievance procedures outlined in the DU Employee Policy Manual do not apply to interns. However, interns may refer to the DU GSPP grievance procedures in the GSPP Handbook).

Grievance procedures initiated by an intern:

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

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

If resolution cannot be achieved and the intern feels s/he still has a grievance, a three-person committee composed of training staff, one of which is chosen by the intern, will be assembled. This committee will, in a timely fashion, gather information regarding the grievance, inform the intern of its findings, and offer recommendations to the Internship Training Director. Should the intern contest this decision, s/he can take the issue to the Director of the Doctoral Program at the GSPP for resolution. Should the intern remain unsatisfied, the Dean of the GSPP will review the information and make a final decision.

Grievance initiated by a staff member toward an intern:

Should a site staff person feel that an intern is not performing in an appropriate/professional manner, it is the staff person's responsibility to provide that feedback to the intern. If the problem is not resolved, the clinical supervisor shall be informed and shall discuss the concern with the intern in a supervisory session. The intern will be provided a time frame for problem remediation as well as potential consequences if unresolved. Should the problem persist, the site training staff will be informed of the concern and a decision made about disposition. At this time, the intern will be invited to meet with the training staff and will be informed of his/her status. Written documentation of unprofessional behaviors will be provided, as well as conditions that must be met for the intern to resume normal status. A time period for further remediation will be given, as well as the date for future review by the staff, and possible consequences for failure to remediate. The intern and the Internship Training Director will sign and date the document, with copies given to the intern. The GSPP academic program will be notified by telephone and/or in writing. Should an intern commit a felony, have sexual contact with a client, or perform any other serious violation of ethical conduct, s/he will be placed on suspension immediately, with further disposition determined by the training staff, which may include reporting the incident to outside agencies.

Should the intern have grievance with either of the processes discussed above, s/he will be directed to pursue it with the Director of the Doctoral Program of the GSPP. The GSPP Dean will be responsible for the final decision if the GSPP Director of Doctoral Program is not able to resolve the matter.

Levels of Remedial Consequences:

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

Verbal Warning

A verbal warning to "cease and desist" the inappropriate behavior represents the lowest level of possible remedial action. This consequence is designed to be primarily educative in nature and typically will occur in the context of the intern's supervision. Depending on the nature of the

problem, supervision time might be increased and/or changed in format or focus and case responsibilities may be changed.

Written Warning

This level of action involves a written communication of warning to discontinue the inappropriate behavior. This document will contain the position statements of the parties involved in the dispute and will be placed in the intern's file. Consideration can be given later to removing this documentation from the intern's file at the end of his/her service to the agency. Such action will only be taken by the Internship Training Director in consultation with the intern's primary supervisor.

Probation

Probation is a time-limited and remediation-oriented consequence. The primary purpose of probationary action is to bring the intern to a more fully functioning state. The intern is placed on probation for a specified period of time during which his/her behavior will be closely monitored by the primary supervisor in consultation with the rest of the training staff. In some cases, a recommendation or requirement that the intern seek personal therapy may be a condition of the probationary action. Termination of probationary status will occur: (a) upon demonstrated improvements in the intern's functioning, (b) upon determination of the entire site training staff. It will then be communicated to the intern by the Internship Training Director within two working days of the final date. The GSPP academic program will be notified immediately of the decision to place the intern on probation and of the disposition following the probationary period.

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

In situations where the intern's behaviors and/or skills need remediation, where the intern has made some progress toward change, but where sufficient progress has not been made prior to the end of the internship, the intern may be required to extend his/her stay at the internship site in order to complete the requirements. In some cases, the intern may be recommended to complete part or all of a second internship. In both cases, the intern must demonstrate a capacity and willingness for full remediation, and the GSPP academic program will be notified and consulted.

Suspension and Dismissal

In cases involving severe violations of the APA Code of Ethics, where imminent harm to a client is a salient concern, where there is a preponderance of unprofessional behavior, or lack of change in behaviors for which an intern has been placed on probation, suspension of agency privileges may be a recommended consequence. In such cases, this recommendation will be decided by the site staff and documented in writing by the Internship Training Director. The intern will be notified immediately, and will be provided with a copy of the documentation and reminded of grievance and appeal procedures. If the decision is made to suspend the intern, the Internship Training Director will send written notification of this action to the GSPP academic department within two working days of the decision and also contact the student's advisor by phone. Suspension may take the form of either a required leave of absence from the agency or recommendation that the intern be terminated from the training program. In the latter case, the Consortium will make recommendations to the academic program regarding further remediation and/or a career shift.

Temporary Reduction or Removal of Case Privileges

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

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

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

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

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

Interns are expected to:

1. Form an awareness and understanding of the following codes of ethics and professional guidelines:
 - a. APA Ethical Principles and Code of Conduct (2002)
<http://www.apa.org/ethics/code2002.html>
 - b. APA Guidelines on Multicultural Education Training, Research, Practice and Organizational Change for Psychologists
<http://www.apa.org/pi/multiculturalguidelines.pdf>
 - c. APA Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations
<http://www.apa.org/pi/oema/guide.html>
 - d. APA Guidelines for Psychotherapy with Lesbian, Gay and Bisexual Clients
<http://www.apa.org/pi/lgb/guidelines.html>
2. Form an awareness and understanding of the following statutes and legal decisions:
 - a. Colorado State Board of Psychologist Examiners Rules
 - b. Colorado Mental Health Statute
 - c. Tarasoff versus Regents of University of California, 13 C. 3d 177, 529 P.2d 533, 118 Cal. Rptr.129 (1974)
 - d. Colorado Involuntary Commitment Proceedings
 - e. Colorado Open Records Law
 - f. Child Protection Act of 1975: Legal responsibilities in instances of child abuse
 - g. HIPAA (Health Insurance Privacy and Portability Act)
3. Review the site's legal and ethical statement with clients during intake sessions and provide appropriate disclosure statements.
4. Demonstrate appropriate concern and advocacy for client welfare and conduct themselves in an ethical manner at all times.

EVALUATION

The processing and exchange of feedback is the primary purpose of the evaluation process between the intern and various supervisors with whom the intern works. Documentation is of secondary importance. The evaluation forms are used mainly to stimulate discussion and target areas for professional growth. They also, of course, provide a written record of this feedback process.

The first step of the evaluation process for interns involves completion of the Assessment of Competencies form. Then, quarterly goals are established. Each supervisor and intern should review the Evaluation of Intern (or graduate student intern) form during his or her first supervisory sessions and prioritize goals which are appropriate for the individual supervisee.

Interns are formally evaluated by individual supervisors and the training staff at the end of the fall, spring, and summer academic quarters. The supervisor and intern complete the Assessment of Intern Competencies form with a copy given to the Internship Training Director. Decisions regarding the intern's training experience are discussed. Corrective actions and/or recommendations to enhance the training experience may be proposed.

Serious deficiencies in an intern's skill development and/or professional progress are communicated to the intern orally and in writing as soon as the deficiencies come to the attention of the training staff. The GSPP Director of Clinical Director is notified of the problem(s). A plan is then established jointly by the Internship Training Director, site supervisors, seminar leaders, GSPP academic program, and intern for remediation of the deficiencies. See the section in this manual on Grievance Procedures for further details.

Evaluation of supervisors by interns is performed at the same time as evaluation of interns. These evaluations are to be shared with supervisors and with the Internship Training Director.

Evaluation of the intern selection process is conducted by mailing anonymous feedback forms to candidates participating in the pre-match process.

Evaluation of the training program is done on an ongoing basis via Seminar Evaluation forms, and in June via the Evaluation of Training Program form. These evaluations are completed anonymously and given to the Internship Training Director, who then presents them in a timely fashion to the Training Committees at the various sites. The interns give verbal evaluations of the training program during their twice/yearly informal feedback meetings with the Internship Training Director. Evaluation of Training Program forms are also mailed to interns after completion of the Consortium internship program in order to assess changes in perception that might occur after graduation. Revisions to the training program are constantly being made on the basis of this feedback.

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

EXIT CRITERIA

1. Completion of 2080 hours (including leave).
2. Passing final written Assessment of Intern Competencies form (receiving a 3 or above in all areas).
3. Satisfactory termination of any grievance processes and/or remediation plans.
4. Satisfactory initial assessment/intake skills as evidenced by:
 - Completion of at least 10 initial assessment/intakes with write-up and supervisor approval
 - Evidence of thorough screening, appropriate diagnosis and recommendations, and clearly written reports
5. Satisfactory counseling/psychotherapy skills as evidenced by:
 - Completion of at least 20 counseling/psychotherapy cases with successful termination and supervisor approval

- Supervisor review and approval of at least 5 tapes of counseling/psychotherapy cases
 - At least one formal case presentation to supervisor including: Demographic data (pseudonym, age, race, marital status, sex, housing, parental status, etc); Mental status; Suicide/homicide/lethality risks; Brief hx including medical conditions and drug/alcohol concerns; Cultural issues; Support systems; Strengths; Diagnosis (all 5 axes); Prognosis; Theoretical conceptualization (mini lit review); Treatment plan; Course of treatment Ethical concerns; Show tape; Discussion: integration of theory, research, practice
6. Satisfactory consultation/outreach /program development skills as evidenced by:
- Successfully completing at least one consultation/outreach/program development project
7. Satisfactory crisis intervention/emergency skills as evidenced by:
- Demonstration (through live role play or tape) of ability to perform a telephone or face to face assessment including suicide potential, lethality/homicidal potential, and mental status
 - Demonstration (through live role play or tape) or ability to help client develop a safety plan and short term crisis management plan which utilizes resources, strengths, and support system;
 - Demonstration of knowledge of and ability to appropriately assess crisis intervention/hospitalization resources
 - Demonstration of appropriate use of training staff consultation and back-up
 - Demonstration of strong systems intervention interpersonal skills (feedback about trainee's performance from cooperating agencies and departments will be requested)
 - Demonstration of ability to seek out support and to utilize stress management strategies in order to manage burnout and secondary trauma
 - Demonstration of ability to thoroughly and accurately document all emergency/crisis intervention contacts on appropriate forms and notes
8. Satisfactory assessment/psychological testing skills as evidenced by:
- Attendance and full participation in Assessment Seminars
 - Completion of at least 4 batteries (more may be required by various sites)
 - Presentation of at least 1 assessment case in Assessment Seminar
 - Demonstration of an ability to choose appropriate assessment materials (taking into consideration cultural, language, and disability factors)
 - Demonstration of an ability to independently administer, score, and interpret assessment materials as measured by observation or taping one assessment and handing in one protocol for assessment supervisor to review for accuracy in administration, scoring, and interpretation
 - Demonstration of an ability to synthesize test material and write a professional report as measured by writing a report that the assessment supervisor signs indicating acceptable professional quality
 - Demonstration of ability to give feedback directly to clients in language appropriate to them.
 - Demonstration of an ability to complete an assessment case in a timely manner as measured by having a report written, signed, and in the file within two weeks from the date of the last testing session
9. Satisfactory training/supervision skills as evidenced by:
- Satisfactory supervision case presentation (as evidenced by consensus of Consortium Interns Internship Director during Professional issues Seminar to include: Questions for participants, Brief description of supervisee (age, year in school, prior experience doing psychotherapy, etc), Brief description of supervisor's experience doing supervision, Identified goals for supervision, Theory of supervision (mini lit review), Supervisory relationship, Ethical concerns, Show tape, Discussion: integration of theory, research, practice
 - Receiving 3s or above on all areas covered in the evaluation of supervisor form completed by intern's supervisee
10. Satisfactory development of professional identity with ethical standards as evidenced by:
- Performance of assigned tasks, interactions with programs, staff, and systems, interactions with other professionals, and supervisor's judgment
 - Ability to identify legal/ethical issues in clinical work

- Awareness and understanding of relevant ethical codes and professional guidelines as described in Ethical Standards section of Training Handbook
11. Satisfactory work with diverse populations as evidenced by:
 - Attendance and full participation in Multicultural Seminars
 - Ability to articulate diversity issues in clinical work
 - Ability to identify own cultural/diversity issues
 - Ability to work effectively in counseling with at least 12 diverse clients
 - Successful facilitation of or presentation in one Multicultural Seminar
 - Successful involvement in at least one site activity related to diversity
 12. Satisfactory research skills as evidenced by:
 - Ability to integrate theory, research, and practice in case presentations (see #2 above)
 - Attendance and full participation in applied research seminars
 - Progress on doctoral paper as documented by supervisor
 - Participation in the GSPP Research Symposium
 - Participation in DU Research Day
 13. Satisfactory completion of site-based skills:
 - Approval by primary supervisor that intern has met all site-based responsibilities including any rotation or concentration area requirements
 14. Satisfactory completion of all paperwork including:
 - All clinical cases completed and co-signed by supervisor including: Intakes, Progress notes, Psychological testing reports, Treatment plans, Termination summaries
 - Also co-signatures on all clinical charting by supervisees
 - Completion of 3 evaluation of supervisor forms, co-signed by supervisor, with copies to supervisor, and training director. Also, completion of 3 Evaluation of Supervisee forms, co-signed by supervisee, with copies to supervisee, academic program, and Internship Training Director
 15. Satisfactory use of supervision as evidenced by:
 - Timely follow-through on supervisor's requests (e.g., for audio/video tapes, letters to clients, reports, etc.)
 - Openness to feedback and suggestions in individual and group supervision
 16. Satisfactory use of training as evidenced by:
 - Attendance and full participation in all relevant training seminars
 - Completion of all evaluation forms
 17. Satisfactory personal characteristics as evidenced by:
 - Ability to work in collaborative way with colleagues (i.e., establish and maintain professional working relationships)
 - Ability to be flexible within site structure (e.g., willingness to switch on-call times, open up more intake slots, volunteer for consultation projects, etc.)
 - Ability to deal with stress

MULTIPLE ROLE RELATIONSHIP GUIDELINES

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

Whenever possible, interns will supervise practicum students who are not from the GSPP doctoral program. Rather, these practicum students may come from programs outside the University of Denver or from the DU Graduate School of Social Work, the DU Counseling Psychology Program, or the GSPP master's program in Forensic Psychology. In the rare cases of a GSPP PsyD intern supervising a GSPP PsyD

practicum student, it will not be permissible for the intern and practicum student to have any social ties with each other (e.g., no friendship, prior supervisory relationship, academic relationship, etc.).

Any faculty members or training staff involved with the Consortium will be clear about their roles. If a faculty member also serves as a training staff at one of the Consortium sites, they will recuse themselves from internship selection.

An Ombudsperson at the GSPP will serve the Consortium interns as a way to informally handle any possible dual relationship issues.

The Internship Consortium adheres to the APA Ethical Standards as well as all relevant local and national laws and statutes including HIPPA.

ORIENTATION

Each site will be responsible for orienting its interns within the first two weeks of the training year. In addition, the Consortium will have a one-day orientation before the start of the internship year.

PHILOSOPHY, OBJECTIVES, AND TRAINING PLAN

The Psychology Internship Consortium seeks to build on the skills developed during doctoral coursework in order to graduate competent entry-level clinical psychologists who can function in a variety of settings and continue to develop professionally throughout their careers.

The **philosophy** of the Psychology Internship Consortium is comprised of three parts:

- A practitioner-scholar model
- An emphasis on a consortium approach
- A developmental philosophy

The practitioner-scholar model (e.g., Peterson et al, 1997) may be described as near the midpoint of a continuum, with practitioner on one end, and scientist on the other. As practitioner-scholars, we emphasize the integration of practice with scientific inquiry, the use of existing research, the view that psychologists are consumers of research, the value of reflective and critical thinking, and the importance of empirically supported/validated (evidence-based) treatments. To those ends, interns devote three hours each week to research. This time may be spent on completing the doctoral paper, or it may be used to explore evidence-based therapies, or in other ways in which the intern chooses to integrate research with practice. The use of empirically validated treatments is discussed during a Professional Issues Seminar, and interns are exposed to at least two different such treatments (e.g., Interpersonal Therapy for Depression). Interns are also required to attend the Research Seminar held weekly on an ongoing basis. In the seminar, support is given for interns' doctoral papers. In addition, a team approach may be taken to exploring one issue germane to our work with the intent to present and/or publish the results. Past projects have included a five-year study of the Brief Symptom Inventory to see if clients' presenting symptoms at the HCC were increasing in severity; a national survey of group psychotherapy practices in university and college counseling centers; a survey aimed at developing empirical support for a model of supervisor development; an experimental study of the effects of a videotape on university students' attitudes towards group counseling; and a university-wide survey of faculty and staff approaches to working with international students.

The consortium approach means that interns will benefit from shared resources and will be trained in a broad range of fundamental skills, with specialization areas available at the different sites. Interns will usually train all year at one site, but will benefit from vicarious exposure to other interns, professionals, issues, approaches, and ideas from the other sites on a weekly basis during the many seminars. Interns gain experience in initial assessments/intakes, counseling/psychotherapy, consultation/outreach, assessment/psychological testing, emergency coverage/crisis intervention, supervision of graduate students, work with diverse populations, administration, and applied research. Consortium graduates have taken

their broadly-based skills into a wide variety of jobs including private practice, community mental health agencies, university counseling centers, employee assistance programs, managed care groups, research, teaching, and forensic settings.

The developmental philosophy focuses on the professional growth of our interns over the course of the training year. Interns enter the program with a student status but exit as professional colleagues. At the beginning of the year, the Internship Training Director gives a copy of "Passages of an Internship in Professional Psychology" (Lamb, Baker, Jennings & Yarris, 1982) to the interns in which five stages of internship are identified. At the beginning of the fall quarter, interns complete an Initial Assessment of Intern Competencies form (see Appendix 1: Internship Training Handbook, Appendices, Internship Forms) as a starting point for forming goals and individual training plans for the year. Supervision and training seminars tend to be more structured at the beginning of the year, with an emphasis on strengthening existing skills rather than on developing new ones. However, as the year goes on, the emphasis changes to more advanced skills and by the spring quarter, interns are encouraged to take an active role in choosing topics for the Professional Issues Seminar. The various sites also take a developmental approach to administrative skills, with interns given more advanced tasks as the year progresses.

The GSPP Internship Consortium has **10 goals**. Each goal has objectives (the specific ways in which goals are defined), processes (the training methods by which goals and objectives are met), outcomes, and exit criteria. Progress made on these goals and objectives is formally measured three times/year via the written Evaluation of Intern Competencies form (see Appendix 1: Training Handbook, Appendices, Internship Forms).

Processes include experiential practice, direct observation, individual and group supervision (four hours/week), and participation in training seminars (six hours/week). The emphasis on direct observation resulted from discussions in which the training staff agreed that psychologists-in-training learn to develop and strengthen therapy skills not only by practicing those skills, but also by observing other psychologists and by being observed themselves. Interns may have the opportunity to co-lead a therapy group with a training staff member. Training staff members present their work on tape during orientation and during Professional Issues Seminars. Opportunities for video or audiotape and/or work behind two-way mirrors are available depending on the site. It is expected that interns will present their work to their supervisors on a regular basis. They are also required to give four formal case presentations each year using audio or videotape. Interns spend four hours/week in supervision, of which at least two hours are individual supervision, focused around a developmental model with emphasis on multicultural issues. In addition to the weekly Friday training seminars, interns may also participate in additional colloquia, and seminars at the University of Denver as well as at other non-Consortium sites (e.g., some interns have taken a neuropsychological seminar offered at the Fort Logan Mental Health Center in Denver, and all interns participate in a forensic seminar and an empirically validated treatment seminar sponsored by the Psychology Internship Training Directors of Colorado). They are also encouraged to attend local and national conferences and are given a small stipend to do so.

Outcomes are assessed in many different ways in the internship training model. Interns are formally evaluated in writing three times/year and the training program is assessed throughout the year. In order for an intern to successfully graduate from the training program, they must fulfill the areas described in the exit criteria. This includes ratings of a 3 or above (the "accepted and typical level of performance") in all areas of the final Evaluation of Intern Competencies form. On the evaluation form, the competency levels of interns (from 1: "not able to perform this activity satisfactorily" to 5: "performs this activity with outstanding ability") are rated on each goal area. The primary individual supervisor for each intern completes the form with input from additional supervisors and seminar leaders as well as from the intern. The evaluation is based on observing the intern's work directly (e.g., via tapes or in co-therapy), by reading case notes, by listening to self-reports, by participating in seminars, and by soliciting input from supervisees and other staff members. Finally, the progress of graduated interns and their retrospective perspectives of the internship program are tracked via the post internship surveys.

Exit Criteria must be fulfilled in order for the intern to successfully graduate from the Consortium. Each exit criteria has been specifically developed for each training goal.

The 10 goals, objectives, processes, outcomes, and exit criteria of the internship program will be described in outline form:

Goal #1: Initial assessment/intake skills.

Objective: Interns are required to understand and know how to organize and give initial assessments/intakes. They will conduct thorough, professional interviews to include: identifying information, presenting problems, symptoms, background information/history (family history, relationship/social status, cultural/religious status, academic/occupational status, financial/legal status, previous mental health treatment, medical status, substance use/abuse, traumatic experiences), mental status, suicidal/homicidal ideations, strengths, clinical/diagnostic impressions, tentative treatment plan/goals, and diagnosis (using all five DSM-IV axes). They will be able to refer clients when appropriate to other professionals and agencies.

Processes: Interns observe a site staff member performing a "live" initial assessment early in their internship. Then, interns receive direct experiential practice doing initial assessment/intakes on a regular basis. Interns are supervised on their intakes in individual supervision.

Outcomes: Interns are formally evaluated in writing on their initial assessment skills three times/year. This evaluation is made by the primary individual supervisor, with input from the intern and from the rest of the training staff on site.

Exit criteria: Completion of at least 10 initial assessments/intakes with write-up and supervisor approval; Evidence of thorough screening, appropriate diagnosis and recommendations, and clearly written reports.

Goal #2: Psychotherapy/counseling skills.

Objective: Interns will be able to clearly articulate a theoretical framework of longer-term therapy and translate that theoretical understanding into effective counseling interventions. They will be able to establish and maintain a long-term therapeutic relationship. They will be able to effectively time interventions and will be able to demonstrate a balanced awareness and responsiveness to cognitive, affective, and behavioral aspects of treatment. They will be able to use a range of appropriate interventions as indicated. They will be at ease dealing with complex issues in accordance with their own experience and developmental level. They will be able to analyze and direct the course of treatment. They will be able to manage termination issues. If leading or co-leading groups, interns will understand and use the group process to facilitate group counseling. They will have good working relationships with their co-facilitators. They will be able to clearly articulate a theoretical framework of group counseling and be able to translate that theory into practice. They will effectively time interventions, show sensitivity to and appropriate use of nonverbal communications, and use a range of appropriate interventions as indicated. They will recognize and use the group process in therapy.

Processes: Interns receive direct experiential practice in psychotherapy/counseling skills throughout the internship year. Interns receive two hours/week of individual supervision that often includes discussions of psychotherapy skills. In addition, several Professional Issues Seminars (which are held two hours/week) are devoted to counseling/psychotherapy including empirically supported/validated (evidence-based) treatment.

Outcomes: Interns are assessed formally in writing on their counseling/psychotherapy skills three times/year. This assessment is made by their primary individual supervisor, with input from the intern and possibly from other training staff members if they have had the opportunity to observe the intern doing brief therapy (e.g., by a case presentation the intern has made during a Professional Issues Seminar).

Exit criteria: Completion of at least 20 therapy cases with successful termination and supervisor approval; Review of at least 5 therapy tapes by supervisor; At least one formal case presentation to supervisor to include: : Demographic data (pseudonym, age, race, marital status, sex, housing, parental status, etc); Mental status; Suicide/homicide/lethality risks; Brief hx including medical conditions and drug/alcohol concerns; Cultural issues; Support systems; Strengths; Diagnosis (all 5 axes); Prognosis; Theoretical conceptualization (mini lit review); Treatment plan; Course of treatment Ethical concerns; Show tape; Discussion: integration of theory, research, practice

Goal #3: Consultation/Outreach/Program Development skills

Objectives: Interns will demonstrate theoretical knowledge of consultation models and will be able to apply theory to practice. They will be able to effectively manage administrative and program

development/evaluation issues. They will demonstrate facility with public visibility, agency representation, presentations, and public relations. They will demonstrate the ability to coordinate services. They will demonstrate the ability to evaluate and adjust interventions.

Processes: Depending on the site, interns may work with liaison groups, interdisciplinary teams of health care providers, schools, social services, various aspects of the law enforcement community (attorneys, parole officers, halfway houses, guardian ad litem), and family members. Interns may enter into ongoing consultation relationships, they may give presentations or workshops on a variety of psycho-educational topics, or they may develop programs specific to sites. At least one Professional Issues Seminar/year is devoted to presentation skills.

Outcomes: Interns are evaluated formally in writing on their consultation/outreach/program development skills three times/year by their individual supervisors with input from other training staff members who have presented with them or worked with them on consultation or program development. When interns give educational presentations, they may pass out evaluation forms to the participants. These forms are shared with the intern's supervisor.

Exit criteria: Successfully completing at least one consultation/outreach/ program development project.

Goal #4: Crisis Intervention/Emergency skills

Objectives: Interns will be able to quickly identify and clarify the nature of the client's presenting problem. They will be able to perform basic mental status exams. They will be able to appropriately assess the risk of suicide/homicide. They will be able to rapidly determine environmental stressors and support systems and will be able to assess client's strengths and weaknesses. They will form appropriate short-term treatment plans with follow-up as needed. They will know appropriate procedures for emergency consultation and hospitalization. They will use community resources when applicable.

Processes: Depending on the site, interns may carry a pager and handle after-hours crises, hold walk-in hours, deal with telephone or in-person clinic crises, or handle emergency situations as they arise within an ongoing therapy relationship. In all cases, interns will be provided with senior-staff back-up as needed.

Outcomes: Interns are formally assessed in writing on these skills three times/year.

Exit criteria: Demonstration (through live role play or tape) of ability to perform a telephone or face to face assessment including suicide potential, lethality/homicidal potential, and mental status; Demonstration (through live role play or tape) of ability to help client develop a safety plan and short term crisis management plan which utilizes resources, strengths, and support system; Demonstration of knowledge of and ability to appropriately access crisis intervention/hospitalization resources; Demonstration of appropriate use of training staff consultation and back-up; Demonstration of strong systems intervention interpersonal skills (feedback about intern's performance from cooperating agencies and departments will be requested); Demonstration of ability to seek out support and to utilize stress management strategies in order to manage burnout and secondary trauma; Demonstration of ability to thoroughly and accurately document all emergency/crisis intervention contacts on appropriate forms and notes.

Goal #5: Assessment/Psychodiagnostic testing skills

Objectives: Interns will accurately identify the nature of the client's presenting problem and/or referral question. They will be able to determine environmental stressors and support systems that affect the client's ability to function. They will understand and respect ethical issues in psychological assessment. They will be able to assess the client's strengths and weaknesses in determining the nature of the problem. They will be able to appropriately use the DSM-IV and will formulate tentative statements of prognosis. Psychology Interns will be able to use test materials appropriately in order to address referral questions, and will be able to organize materials into a cohesive battery. Interns are expected to become proficient in using a clinical interview, and (when available) a variety of instruments such as the WAIS-III, MMPI-2, Woodcock-Johnson III, Rorschach, and TAT. At some sites, psychological testing will focus on Risk Assessments using various forensic instruments and techniques. At other sites, Eating Disorder and Substance Abuse/Dependence batteries will be conducted. They will administer and interpret tests

appropriately making cultural modifications as necessary. They will write articulate test reports and be able to discuss test materials and test results with clients and referral sources.

Processes: Interns receive direct experiential practice in assessment by completing at least 4 testing cases each year. They are provided supervision in assessment by site training staff. Interns also attend the Assessment Seminar that is held one hour every week. Assessment Seminar includes training on clinical interviews and all aspects of psychological testing including ethics, administration, scoring, interpretation, report writing, giving feedback, and theories and methods of assessment and diagnosis. Interns must present two testing cases during Assessment Seminar.

Outcomes: Interns receive ongoing feedback during Assessment Seminar and after receiving editing on their test reports by their supervisors. They are formally assessed in writing three times/year on these skills.

Exit criteria: Attendance and full participation in weekly Assessment Seminars; Presentation of at least one psychological assessment case in Assessment Seminar; Completion of at least 4 batteries (more may be required by various sites); Demonstration of an ability to choose appropriate assessment materials when available (taking into consideration cultural, language, and disability factors); Demonstration of an ability to independently administer, score, and interpret assessment materials as measured by observation of or taping one assessment and handing in one protocol for assessment supervisor to review for accuracies in administration, scoring, and interpretation; Demonstration of an ability to synthesize test material and write a professional report as measured by writing a report that the assessment supervisor signs indicating acceptable professional quality; Demonstration of ability to give feedback directly to clients in language appropriate to the client; Demonstration of an ability to complete an assessment case in a timely manner as measured by having a report written, signed, and in the file within two weeks from the date of the last testing session.

Goal #6: Supervision skills

Objectives: Psychology Interns will act as professional role models with their supervisees and will demonstrate understanding of and adherence to ethical standards. They will show awareness of client/therapy issues and aid their supervisees with diagnostic and treatment issues. They will work to establish a supportive yet challenging learning environment and develop a good supervisory relationship respecting individual differences. They will use appropriate didactic material and will be knowledgeable about community resources.

Processes: Interns meet one hour/week with their supervisee and perform all aspects of supervision including case management, review of tapes, and written evaluation of their supervisees. Interns are supervised on their supervision both in individual and group supervision. In both types of supervision, interns present their supervision work on tape. In addition, interns present their supervision work formally to the Professional Issues Seminar at the end of fall quarter. The presentations provide the interns with feedback on their supervision work, as well as to expose interns to a variety of supervision issues and styles across sites.

Outcomes: Interns are formally evaluated in writing three times/year on their supervision skills by their supervisor, with input from other interns and supervisors who have observed their work in group supervision and/or during the formal presentations.

Exit criteria: Passing the supervision case presentation; Receiving 3s or above on all areas covered in the Evaluation of Supervisor form completed by intern's supervisee.

Goal #7: Adherence to ethical standards and development of a professional identity

Objectives: Each intern will demonstrate a working knowledge of and adherence to the American Psychological Association ethical guidelines. They will be aware of and appropriately function within pertinent Colorado laws governing professional practice. In initial assessment/intake sessions with clients, they will review the site's legal and ethical statement and provide appropriate disclosure statements. During all other contacts with clients, interns will demonstrate appropriate concern and advocacy for client welfare and will conduct themselves in an ethical manner at all times.

Processes: At least one Professional Issues Seminar each year is devoted to ethics. In addition,

ethics and the development of a professional identity are discussed during individual and group supervision, in all the ongoing training seminars, and often during staff meetings. Job search strategies are presented during Professional Issues Seminar as well as in supervision sessions.

Outcomes: Interns are formally evaluated in writing three times/year on their adherence to ethical standards and the development of a professional identity. This evaluation is made by their individual supervisor with input from other training staff who have observed their behavior during the various training seminars and staff meetings.

Exit criteria: Performance of assigned tasks, interactions with programs, staff, and systems, interactions with other professionals, and supervisor's judgment; Ability to identify legal/ethical issues in clinical work; Awareness and understanding of relevant ethical codes and professional guidelines.

Goal #8: Work with diverse populations

Objectives: Interns will be sensitive to and able to evaluate the needs of diverse populations and issues including age, disability, ethnicity, gender, race, religion, sexual orientation, social class, etc. They will be aware of appropriate community resources and will make referrals when appropriate. They will become aware of their own attitudes and how these affect the counseling process (e.g., sexism, racism, homophobia). They will demonstrate theoretical knowledge and the ability to employ effective techniques with special populations.

Processes: Interns may request to work with certain types of clients. Attempts are made to match interns with the types of clients they prefer (although client needs are of necessity given first consideration). Interns participate in Multicultural Seminar that meets 1.5 hours/week. This seminar focuses on formal and informal exploration of professional and personal issues pertaining to multiculturalism. Many Professional Issues Seminars are also devoted to multicultural issues.

Outcomes: Interns receive ongoing feedback on their work with diverse populations during individual supervision and Multicultural Seminar. They are formally evaluated in writing on this skill three times/year by their individual supervisor with input from other training staff members who have observed their work during case presentations and in the Multicultural Seminar.

Exit criteria: Attendance and full participation in Multicultural Seminars; Ability to articulate diversity issues in clinical work; Ability to identify own cultural/diversity issues; Ability to work competently in counseling with at least 12 diverse clients; Successful facilitating of or presentation in one Multicultural Seminar; Successful involvement in at least one site activity related to diversity.

Goal #9: Applied research skills

Objectives: Interns will use research to learn more about practice (e.g., will read research and professional journals, be current on practice topics, be willing to use research time to explore new topics). In keeping with the practitioner-scholar model, interns will integrate practice with theory and research. Interns are required to participate in Research Seminar as well as the GSPP Research Symposium.

Processes: Interns are given three hours/week for research activities. In addition, they are required to attend the Research Seminar that meets one hour/week. This seminar emphasizes support for doctoral papers as well as sometimes completing a shared research project. Interns also receive supervision on their work on their doctoral papers by their individual supervisors.

Outcomes: Interns are evaluated formally in writing three times/year on their applied research skills. This evaluation is made by their individual supervisor with input from staff and faculty who have participated in the weekly Research Seminar.

Exit criteria: Ability to integrate theory, research, and practice in case presentations; Attendance and full participation in weekly Research Seminars; Progress on doctoral paper as documented by individual supervisor; Participation in GSPP Research Symposium; Participation in DU Research Day.

Goal #10: Site-based Training

Objective: In addition to receiving general training in the various seminars, and being exposed to various ideas and training staff from all the sites, interns will spend the full year (or two years in the case of half-time interns) working in one of the internship sites. Each site may have specific requirements, rotations, and/or concentration areas.

Processes: Each intern will spend at least 32 hours/week at their internship site. The majority of time at their site will be spent in experiential learning situations performing direct services. Interns will receive approximately 10 hours/week of training including individual and group supervision and various seminars.

Outcomes: Interns will be evaluated three times/year in writing by their individual supervisors. Such evaluations will include a section on site-based requirements and/or concentration areas.

Exit criteria: Approval by supervisor that the intern has met all site-based responsibilities including any rotation or concentration area requirements.

RESEARCH AND PROFESSIONAL DEVELOPMENT

The practitioner-scholar model is greatly valued by the DU GSPP Psychology Internship Consortium. Interns are encouraged and supported in their research efforts.

Full-time interns are given three hours per week and half-time interns receive 1.5 hours per week to work on their doctoral paper or participate in ongoing applied research projects conducted. Interns may accumulate these hours allotted to research for no more than one month at a time.

In addition, interns are required to attend the weekly Research Seminar. In this seminar, doctoral papers are discussed and shared research projects may be conducted. Interns are encouraged to get experience working on a research team, presenting at local, regional and national conferences, and publishing applied research. Past projects have included a longitudinal study of presenting problems at the DU HCC, the development of support systems for spouses of international students, the effectiveness of a taped presentation on students' expectations of group counseling, and a national survey of group counseling policies in university counseling centers.

Interns are also encouraged to attend at least one off-site workshop or conference per year. In particular, we support interns' attempts to attend and present at national conferences. Limited financial assistance (\$100 per intern) is available for these activities.

RIGHTS AND RESPONSIBILITIES

Expectations of Consortium interns include the following:

1. To behave according to the guidelines established by the APA Ethical Principles of Psychologists.
2. To behave in accordance with the laws and regulations of the State of Colorado and with HIPAA.
3. To act in a professionally appropriate manner that is congruent with the standards and expectations of each training site (including a reasonable dress code), and to integrate these standards as a professional psychologist into a repertoire of behaviors, and to be aware of the impact of behaviors upon other colleagues.
4. To responsibly meet training expectations by fulfilling goals and exit criteria.
5. To make appropriate use of supervision and other training formats (e.g., seminars)

through such behaviors as arriving on time and being prepared, taking full advantage of the learning opportunities, as well as maintaining an openness to learning and being able to effectively accept and use constructive feedback.

6. To be able to manage personal stress, which includes tending to personal needs, recognizing the possible need for professional help, accepting feedback regarding this, and seeking that help if necessary.
7. To give professionally appropriate feedback to peers and training staff regarding the impact of their behaviors, and to the training program regarding the impact of the training experience.
8. To actively participate in the training, service, and overall activities of the Consortium, with the end goal of being able to provide services across a range of clinical activities.

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

More specifically, the rights of interns will include:

1. The right to a clear statement of general rights and responsibilities upon entry into the internship program, including a clear statement of goals of the training experience.
2. The right to clear statements of standards upon which the intern is to be evaluated three times/year.
3. The right to be trained by professionals who behave in accordance with the APA Ethical Guidelines and Code of Conduct.
4. The right and privilege of being treated with professional respect as well as being recognized for the training and experience attained prior to participation in the GSPP Internship Consortium.
5. The right to on-going evaluation that is specific, respectful, and pertinent.
6. The right to engage in on-going evaluation of the training experience.
7. The right to initiate an informal resolution of problems that might arise in the training experience through request(s) to the individual concerned, the Internship Training Director, and/or the training staff as a whole.
8. The right to due process to deal with problems after informal resolution has failed, or to determine when rights have been infringed upon (see Grievance Procedures section in this handbook).
9. The right to request assistance in job search and application (for interns).
10. The right to privacy and respect of personal life.
11. The right to expect that the training staff will try to make accommodations to meet any special training needs.

SELECTION CRITERIA

1. Academic Record. Preference for the following characteristics:

- At least average (3.0-3.4) undergraduate grades and above average (3.5 and above) grades from graduate program.
2. Clinical/Counseling Experience. Preference for the following characteristics:
 - 800+ advanced practicum hours (prefer to have at least some hours in a relevant site)
 - 200+ direct practicum hours in individual psychotherapy or counseling with outpatient adults
 - 10+ supervised hours in crisis intervention along with willingness to carry pager and some knowledge of the theory and process of crisis intervention
 - 15+ supervised hours supervising practicum students. Also prefer academic class in supervision
 - 15+ supervised hours in consultation/outreach/prevention/program development
 - 2+ complete psychological assessments completed with adults or evidence of coursework in assessment with adults. For HCC site, prefer experience with WAIS III, Woodcock-Johnson Achievement Test, LD/ADHD assessment, Rorschach, TAT, MMPI-2
 - Experience leading or co-leading at least one psychotherapy, process-oriented group and/or coursework in group psychotherapy
 3. Scholarly productivity (fit w/practitioner-scholar model). Preference for the following characteristics:
 - Doctoral paper proposal accepted prior to internship
 - Interest in and preferably experience with practitioner-scholar model. Prefer student to have presentations, publications, or other creative experiences of evidences of practitioner-scholar identity described in VITA and/or AAPI
 4. Diversity/Multicultural interest/experience. Preference for the following characteristics:
 - Interest in and some experience w/diversity, including evidence of self-awareness of own cultural issues
 - Prefer students with strong interest in and much experience w/diversity.
 - Also strongly prefer academic classes in multicultural issues or diversity training
 5. Match with site. Preference for the following characteristics:
 - Evidence of desire to train with the Consortium (not just a need for an internship or to stay in Denver)
 - Evidence of desire to work in a similar setting as the primary internship site (e.g., as shown by coursework and field placements)
 - Prefer previous experience relevant to site
 - Interest in working w/in our training philosophy:
 - practitioner-scholar (see #3 above)
 - Consortium approach
 - developmental model
 6. Writing skills. Preference for the following characteristics:
 - Evidence of good writing skills (needed for report writing, etc) in application materials
 - Prefer students with professional, organized, articulate writing skills
 7. Letters of recommendation. Preference for the following characteristics:
 - Must have 3 letters of recommendation (at least one from a professor or instructor and at least one from a field supervisor) that are at least average
 - Prefer students who are "recommended highly without any reservations"
 8. Intangibles. Preference for the following characteristics:
 - Student must be flexible, a team player, with no evidence of personality problems.
 - Prefer students who can speak a second language, have additional related experiences, have won special awards and honors, and/or who show apparent personality strengths.

SELECTION PROCEDURES

All application materials are available on the internet at www.du.edu/gsp . Hard copies are also available on request. Applications must be submitted to each site under consideration by the candidate (with a copy to the Internship Training Director) and should include:

1. A brief cover letter outlining the applicant's interest in the internship.
2. Completed AAPIC Application for Psychology Internship (AAPI), available on the internet at <http://www.appic.org> (hard copy provided upon request).
3. Transcripts of all undergraduate and graduate work (copies are acceptable).
4. Current résumé/vita.
5. Three letters of recommendation from persons with direct knowledge of the candidate's academic performance and supervised field experience and/or related work experience
6. Copy of psychological assessment report with confidential information deleted (for DU HCC and MHCD sites)

The Consortium participates in the APPIC match (using National Matching Services, NMS). All selection procedures will be conducted within the APPIC guidelines. Candidates may apply to as many or as few sites as they choose. Candidates may withdraw from the selection process at any time up until turning in their rank order list to the Internship Training Director. If matched with a site, the candidate must intern at that site.

The selection committee will consist of the senior staff at each site. Sites are requested to interview all candidates who apply. Interview times, format, and questions will be determined by each site. Candidates will also be encouraged to talk with current interns about their training experiences on an “off the record” basis. Current interns will not be part of the selection committee and will have no selection authority. Candidates who do not pass the interview will be notified by telephone or in writing by the site as soon as possible at the conclusion of the interviews. When interviews are concluded, site supervisors will submit confidential rank order lists to the Internship Training Director who will input the information into the APPIC computer system.

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

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

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

SITE DESCRIPTIONS

Kaiser Permanente

Kaiser Permanente has two full-time internship positions, with an adult and/or child track. Kaiser is a health maintenance organization, with an integrated system of care focusing on short-term outpatient treatment. The patient population consists of children, adolescents, adults, couples, and families.

The mission of Kaiser Permanente’s Behavioral Health department is to provide quality, culturally sensitive, behavioral health services to members. The goal is to provide treatment that is effective, medically necessary, and efficient to ensure the appropriate use of the department’s resources. Kaiser Permanente’s Behavioral Health department provides high quality care, through brief and focused treatment for both acute and chronic conditions. The group practice model delivers services with a team approach. Treatment strategies will target present difficulties, with the goals of patients reaching a satisfactory level of functioning and maintaining activities of daily living. A caring professional

relationship is an essential treatment ingredient. As part of an integrated care system an emphasis is placed on communication and collaboration with other treatment providers within the organization.

Interns training at Kaiser may be assigned to an adult and/or child track depending on the clinic. Rotations include:

- Major rotations: Outpatient and Inpatient
- Minor rotations: Eating disorders, consultation/liaison, day treatment, chemical dependency, intensive outpatient services, geropsychiatry, and crisis intervention (ER)

Mental Health Center of Denver (MHCD)

The Mental Health Center of Denver is the largest community mental health center in the region, serving 6,500 consumers with serious mental illness each year (5,000 adults and 1,500 children; over half are persons of color), staffing more than 450 professionals, and offering services in more than 30 locations throughout Denver (including 8 neighborhood clinics, 23 residential facilities, 4 community-based agencies serving the homeless, 15 public schools, and in-home care for family). MHCD has three full-time internship positions, with two child/family track positions and one adult track position.

The mission of MHCD is enriching lives and minds by focusing on strengths and recovery. The population consists of children, adolescents, adults, and families. Services provided include individual, family, and group therapy, crisis intervention, intake assessment, case management, and psychological testing. MHCD emphasizes the use of evidence-based treatment with a strengths-based approach.

- Major rotations: The child/family track intern will be placed at the West Federal Child & Family Center, and the adult track intern will be placed at the Clermont Wellness Center. The major rotations are 20 hrs/week for the entire internship year.
- Minor rotations: The interns will each choose two secondary rotations that will be ten hours per week, six-month rotations. These include Urban Peak (Colorado's only long-term adolescent homeless shelter for youth ages 15-21), Gilliam Detention Center (forensic rotation involving crisis work and assessment with incarcerated juveniles), Home-Based Family Services (provides intensive in-home and community-based mental health services to families), Research (opportunity to participate in a number of MHCD research projects, develop an individual project, and/or participate in grant writing).
- Testing: The intern will do 5 hours per week of psychological testing throughout the year and will complete a minimum of 8 full batteries with written reports. The assessment hours involve test administration, scoring, and report-writing for children and adults. It is expected that applicants will have strong cognitive and personality testing skills and will have taken the cognitive and personality assessment classes offered at the Graduate School of Professional Psychology. (Including Rorschach experience).

Nicoletti-Flater Associates

Nicoletti-Flater Associates is a private agency specializing in police psychology, trauma, and threat assessment that offers one full-time internship position. The site has a ten person staff that serves police and fire departments in the Denver metropolitan area and also serves as a consultant on workplace and school place violence on a national basis. In addition, the site provides psychological screenings and debriefings several times a year in Antarctica. Services provided include pre-employment screenings, hostage negotiations, threat analysis, de-escalation techniques, and consultation in a variety of areas including bioterrorism. This is the only APA-accredited internship consortium with a police psychology site in the United States. A rotation in Antarctica may be offered depending on the year

Intern Primary Roles & Responsibilities:

- Consultation/Outreach/Public Speaking: Interns have the opportunity to co-present workshops on topics such as Workplace Violence for corporations, and Critical Incident Trainings for police officers in areas such as verbal de-escalation, suicide and working with special populations. Interns are encouraged to conduct outreach/program development in specialty areas of interest. Corporate consultation for high-risk, high-profile cases offers interns expert training in the role of the psychologist in the consultation process. Interns are encouraged to participate in the

- advancement of local/national efforts toward Disaster Preparedness (natural disaster, terrorism, influenza outbreaks, etc.).
- Crisis Intervention: Interns have the opportunity to attend and co-facilitate Critical Incident Debriefings and trauma screenings. Flexibility working in non-traditional settings during non-traditional hours maximizes training opportunities in this area.
 - Psychotherapy/Counseling: Interns have the opportunity to carry a small number of clinical cases. Clients are referred from Employee Assistance Program (EAP) contracts with local police departments, fire departments and local/federal governmental agencies. As contracts cover members of the immediate family, a generalist background working with children, adolescents, couples, families and individuals is beneficial. Interest or a background in trauma is helpful.
 - Assessment: The majority of assessments (pre-employment screenings, pre-deployment screenings, and Antarctica on-site screenings) must be conducted by a doctoral-level psychologist; interns assist in this process. Threat assessments are generally conducted by a mental health team. As part of this team, interns often conduct collateral interviews, organize collateral data and participate in case conceptualization and report writing.

Progressive Therapy Systems, PC

Progressive Therapy Systems offers one full-time internship position. Progressive Therapy Systems works to ensure the safety of the community through the evaluation and treatment of general criminal and sexual offenders.

Our population includes children, adolescents, and adults who have been referred for therapy by the Court, probation, parole, or social services. We offer group therapy, individual therapy, supplemental couples therapy, a family program, clarification/reunification with victims, as well as various assessment and evaluations. Anger management group treatment is also available for general criminal offenders. The intern will also have the opportunity to supervise incoming master's level and/or doctoral level students.

Rape Assistance and Awareness Program (RAAP)

The Rape Assistance and Awareness Program offers one full-time (45 hours/week) internship position. The position is intended to support RAAP's mission of eliminating sexual violence. As the largest rape crisis center in metropolitan Denver since 1983, RAAP has served over 423,000 individuals with services that assist victims of sexual assault and programs that educate the public about preventing sexual violence. Therefore, this internship position is designed to integrate both RAAP's mission and the student's career goals and interests as they pertain to working primarily with women's issues and trauma.

- Major rotation: Outpatient therapy, an 18 hour per week clinically-based rotation. This rotation runs the entire length of the internship year and consists of completing intakes, answering hotline calls, training hotline volunteers, conducting long and short-term therapy, group therapy, and supervising practicum students. If interested, the intern may also provide crisis intervention and victim advocacy/case management by escorting victims to hospitals, police stations, or court.
- Minor rotations: Student may tailor rotations based on individual interest. Rotations may include grant writing, prevention/education, research, or outreach/consultation. Each minor rotation is a ten hour per week, four month, minor rotation. The grant writing rotation includes learning to write grant proposals, writing a quarterly grant report, analyzing program statistics, and researching new funding sources. The prevention/education rotation consists of teaching developmentally appropriate curriculum designed for ages three through adult. Additionally, the intern will learn to assess program outcomes and analyze data to measure curriculum efficacy. The outreach/consultation rotation consists of developing and implementing outreach programs to underserved populations.

Regis University Office of Counseling and Personal Development

Since 1877, Regis University, a Colorado college, has been meeting the needs of students through innovative classroom-based and online programs centered in academic excellence. Regis University's commitment to the individual student is fostered through the heritage of our values-centered Jesuit education. Today more than 16,000 students call Regis University home. This Colorado-based college is comprised of three Schools - Regis College, the Rueckert-Hartman School for Health Professions and the

School for Professional Studies - and offers classes in a campus-based setting as well as online programs in a range of studies.

The Office of Counseling and Personal Development (OCPD) functions as a comprehensive mental health agency for the Regis student community. The OCPD offers one full-time internship position (45 hours/week). The OCPD consists of 5 senior staff, a consulting psychiatrist, one psychology intern, two graduate student trainees and support staff. Students present to the OCPD with issues ranging from developmental stress to more severe psychopathology. Training objectives are for interns to become more self-aware and adept in their interactions with clients, supervisees, colleagues and organizational systems; to develop greater appreciation of and respect for human rights, diversity and the public interest; and to gain a deeper understanding of the professional roles and social responsibilities that accompany the privileges of a career in clinical psychology.

Interns at this site will carry caseloads comprised of a few brief and multiple longer-term psychotherapy cases. Interns will also provide brief, solution-focused counseling for mandated alcohol/drug offenders. Other training opportunities and responsibilities will include conducting initial intake assessments; participation in after hours on-call coverage to the residence halls professional staff by carrying a cell phone dedicated for that purpose; supervising and training of a graduate level trainee; conducting psycho-educational outreach and training to various groups on campus (as we do not provide specific group therapy opportunities); building on-line psycho-educational resources for traditional undergraduates; participating in weekly supervision of all intern responsibilities; participation in staff meetings, seminars and conferences; and involvement in the selection process for the following year's intern and field placement student. While it is possible to do some couple's counseling at this site, it may only consist of one or two couples throughout the year. In addition, assessment is primarily composed of the mandated substance abuse clients which involves an on-line psychoeducational component and the SASSI tool.

Treatment and Evaluation Services

Treatment and Evaluation Services is primarily a forensic site located in Aurora that offers one full-time internship position. The mission of Treatment and Evaluation Services is to protect the community from sexual victimization through evaluation and treatment of clients, consultation and education of the professional and lay community and training of future mental health professionals.

The population served includes court-ordered sex offenders and referrals from Parole/Probation, the Department of Corrections, and Social Services. Services include assessments, group therapy, individual therapy, family and couples therapy, reunification of victims and perpetrators, community workshops, interagency coordination, supervision of master's level trainees (the intern may provide both individual and group supervision), court testifying, and program development. There are also opportunities to participate in special advocate evaluations and therapeutic supervision of offenders and their children. Anger management programs are also offered for sex and non-sex offenders.

University of Denver Health and Counseling Center

University of Denver Health and Counseling Center

The University of Denver Health and Counseling Center (HCC) is an integrated center with Health Services, Counseling Services, and Health Promotion Services operating together in a collaborative setting. The HCC offers four full-time positions within Counseling Services. The HCC is centrally located on campus in the Ritchie Center (3rd Floor). HCC Counseling Services staff members consist of five senior staff, a consulting psychiatrist, four psychology interns, and four graduate student trainees. Counseling Services at DU has been in existence for almost 30 years. Approximately 8% of the 10,000 students at DU present to the HCC each year with problems ranging from transitional developmental stresses to severe psychopathology. The student population is composed of 4,500 undergraduates, 5,500 graduate students, and includes about 22% ethnic minority and international students. The HCC also provides counseling services to staff and faculty employed at the University of Denver. Approximately 9% of eligible DU employees utilize our counseling services each year.

The HCC supports the larger vision and mission of the University of Denver. It is the mission of the HCC Counseling Services to provide the highest quality, innovative, and empirically supported services to the

DU community within an environment that is committed to multiculturalism. It is the vision of Counseling Services to nurture and facilitate the psychological health and/or healing of the individuals and systems within the DU community. As a comprehensive and interdisciplinary facility, HCC Counseling Services follows a developmental perspective and have a deep appreciation of diversity and a commitment to social justice.

The HCC offers unique training experiences. In addition to the traditional services offered by a university counseling center, all interns training at DU will have opportunities to work with clients in the Employee Assistance Program, the College of Law, and the Women's College. Core activities include: individual, couples, and group counseling; crisis intervention/emergency services; prevention/consultation/outreach/organizational development; assessment/psychological testing; training/supervision; applied research/quality assurance; and psychiatric evaluation and treatment.

The goal of the HCC is to provide interns with a strong generalist training, with a range of experiences that contribute to the development of a repertoire of well integrated skills, applicable to a variety of professional contexts. All interns have requirements in psychotherapy, psychological assessment, crisis intervention, outreach/prevention/consultation, and supervision. In addition, interns, with guidance from their supervisor, select one minor emphasis area to focus on during the internship year. Example emphasis areas include, but are not limited to: substance abuse, eating disorders, psychological assessment, outreach and consultation, suicide prevention, and multiculturalism.

SUPERVISION

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

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

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

Interns are generally matched with supervisors at the beginning of the training year after each intern has met individually with each potential supervisor. This matching is based upon a variety of factors including intern and supervisor preferences, concentration or rotation (if applicable), as well as theoretical orientations. At some sites, the supervisory assignment is clear during the selection process.

In addition to individual supervision, interns may participate in weekly group supervision. Depending on the internship site, the main focus of this group may be on clinical work or on supervision of the interns' supervision of graduate student interns. This group also provides peer support and a means to discuss clinical and administrative issues as well as the process of the internship itself.

It is also expected that interns will interact with the other training staff members at their site on a regular basis. For instance, interns may co-lead a therapy group with another staff member. Different training staff lead the various training seminars (e.g., Assessment Seminar, Research Seminar, etc.). Faculty and staff present on tape to the Professional Issues Seminar. Interns are exposed on a regular basis to a range of role models and theoretical orientations. This encourages interns to expand their perspectives

and to better define the conceptualizations that fit for them. Faculty and staff members are encouraged to challenge interns' assumptions, promote experimentation and creativity and provide the enrichment of new perspectives.

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

SUPERVISORY CHECKLIST

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

1. DSM-IV-TR review.
2. Review of all forms (depending on site) including: receipts, scheduling, leave request, intake forms, consultation packets, progress notes, psychiatric referral forms, emergency forms, termination summary, release of information forms, etc.
3. Intake procedures: Interns should observe a training staff member (live or on tape), and then tape an intake session (or audio or role-play) for their supervisor to observe. Supervisees should discuss disclosure, fees, groups, confidentiality, therapy model, etc.
4. Assessment of Competencies Form should be filled out with a copy given to the Internship Training Director.
5. Discussion of multicultural issues in supervision needs to be completed (See Multicultural Supervision Guidelines, below).
6. Completion of disclosure statement with the following information:
 - Heading: Disclosure Statement
 - Name
 - Title
 - Education
 - Licenses (if any)
 - Experience (brief description)
 - Name and license number of supervisor

ONGOING SUPERVISORY RESPONSIBILITIES

1. Monitor scheduling on a weekly basis.
2. Co-sign all chart notes, intake evaluations, case closing summaries, psychological testing reports, etc.
3. Review audio and/or videotapes (at least twice/month).
4. Supervise clinical work and consultation/outreach/prevention/program development.
6. Monitor use of vacation time, sick days, and professional leave.

MULTICULTURAL SUPERVISION GUIDELINES (Developed by Terri Davis, Ph.D.)

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

- What are the facets of my own worldview?
- What is my allegiance to the culture of psychology, which is based on White, middle-class values? See Katz (1985) article.
- Review your history as an intern under supervision. Recall how each supervisor was similar and different from you in terms of visible demographics. Were there any conversations about these similarities/differences? If so, were the discussions pleasant, proactive, and early in the relationship or reactive and tense after something negative had occurred? What were the immediate effects on you? What were the long-term effects?
- As you review your history as an intern, do you bring any active and pertinent attitudes toward any groups, which might impact your current role as supervisor?
- Review your history with clients. Do you remember any of them specifically because of a particular characteristic and/or difference between the two of you? What transference/countertransference issues were raised? Were they disclosed and discussed in supervision?
- As you review your history as a counselor, do you bring any active and pertinent attitudes toward any group(s) that might impact the clinical supervision of your supervisee's client load? Assess which group(s) of MC clients would be easiest for you to supervise, which group(s) would be hardest, and if necessary, which group(s) you believe you should not supervise at this time.
- Review your history as a supervisor. What type of supervisee would be new to you and how would you acknowledge and discuss the newness of the situation?
- Regardless of your supervisee, are there any personal cultural features you think will be important to discuss?
- Do you understand how MC issues are addressed (or not addressed) by your theoretical orientation? Could you recall specific ways in which you have dealt with clients different from yourself or clients with clinical issues that were culturally specific? Could you explain your stance on addressing MC clients and MC-specific issues to your supervisee? Do you know enough about the MC stance taken by other theoretical orientations to understand your supervisee's stance/experience?
- If your supervisee has the same visible characteristics as you (i.e., the same ethnicity, gender, age range), will you be able to acknowledge the similarities and discuss the possibility of over-identification? Will you also be able to explore other relevant differences -visible and invisible - that might impact the supervisory relationship?
- If your supervisee is visibly different from you, will you be comfortable enough to acknowledge the differences early in the relationship and discuss personal/professional history (yours and his/hers) that might impact the relationship?
- Review any class notes you have about MC counseling considerations and supervision.

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

- Review any class notes you have about MC counseling considerations and supervision.
- What are your own cultural features that you feel comfortable discussing and believe would be relevant to the supervisory relationship and in your client work?

- Review your history as a supervised intern. Recall how each supervisor was similar and different from you in terms of visible and invisible demographics. Were there any conversations about these similarities/differences? If so, were the conversations pleasant, proactive, and early in the relationship or reactive, tense, and after something negative had occurred? What were the immediate and long-term effects on you?
- As you review your history as an intern, do you bring any active and pertinent attitudes toward any group(s)/issues which might impact your current role as a counselor?
- Review your history with clients. Do you remember any of them specifically because of a particular characteristic and/or differences between the two of you? What transference/countertransference issues were raised? Were they disclosed and discussed in supervision?
- As you review your history as a counselor, do you bring any active and pertinent attitudes toward any group(s)? Assess which group(s) of MC clients and/or specific issues would be easiest to work with, which group(s) issues would be hardest, and if necessary, which group(s)/issues you believe you should not work with at this time.
- Do you understand how MC issues are addressed (or not addressed) by your theoretical orientation? Could you recall specific ways in which you have dealt with clients different from yourself or clients with clinical issues that were culturally specific? Could you explain your stance on addressing MC clients and MC-specific issues to your supervisor? Do you know enough about the MC stance taken by other theoretical orientations to understand your supervisor's stance/experience?

Suggested points of discussion before supervisee sees first client:

- Discuss MC similarities and differences between supervisor and supervisee.
- Discuss the nature of supervision and how MC issues will be addressed between supervisor/supervisee and supervisee/client.
- Discuss the supervisee's history with MC clients and issues. Make decisions based on comfort and competence of both your supervisee and the supervisor, regarding which clients the supervisee can work with early in the year and which clients need to wait until later in the year, and which clients should not be seen at all.
- Explain the supervisor's role in balancing clinical knowledge/development and culture-specific knowledge.
- Explain the necessity of exploring MC issues within supervision (between supervisor/supervisee and supervisee/client) and how openness can be facilitated. Explore ways clinical conceptualizations, treatment plans, and the therapeutic process can be discussed, without a supervisee's competence being questioned (unless necessary). Discuss the need of supervisee to express discomfort when necessary.
- For graduate student interns with an intern supervisor, review that their clinical work (which may include MC issues) will be shared with the Internship Training Director and other interns.
- Discuss ways the supervisor can be supportive of the supervisee's culturally specific personal concerns (holidays observed by supervisee, communication patterns, etc.).
- Discuss supervisee's desire for additional mentoring and support (i.e., suggest professional organizations, journals, campus activities, site staff and activities, etc.).

Throughout the year:

- Discuss supervisee's perception of supervisor's support of MC issues - within supervision and with clients. Evaluate balance between supervisor being sensitive to, but not overemphasizing, MC issues.
- Discuss counselor values as they relate to and/or impact clients' values.

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

TRAINING SEMINARS

In addition to individual and group supervision, approximately six hours per week of training seminars are provided.

Assessment Seminar is held one hour every week and includes training on clinical interviews and all aspects of psychological testing (e.g., administration, scoring, interpretation, and written and verbal reports). It is the intent of the Assessment Seminar to: increase knowledge of psychological testing in general and of individual psychological tests in particular; increase familiarity with a wider range of assessment tools; increase the comfort level with administering, scoring, and interpreting psychological tests; and increase the intern's competency in reading and writing professional and personal reports and giving feedback to clients. Interns are required to present at least two assessment cases during this seminar. Individual supervision of cases is also provided by supervisors at the Consortium sites. The tentative schedule for seminar is as follows:

- Introduction to assessment procedures
- The Clinical Interview
- The Mental Status Exam
- Report Writing
- Neuropsychological Assessment
- Forensic Psychological Assessment
- Risk Assessment
- The Intellectual Assessment – WAIS-III
- The Achievement Assessment – WJ-R
- The LD Assessment
- The Brown's Adult ADD Form and ADHD Symptom Checklist
- The Continuous Performance Test – TOVA
- The ADHD Assessment
- The MMPI-2
- The CPI
- The Rorschach
- The TAT
- The DAP/KFD
- Integrating Objective and Projective Personality Measures
- The Beck Scales – Depression and Anxiety

Multicultural Seminar meets for 1 hour every week. The purpose of this seminar is to informally explore personal and professional issues pertaining to multiculturalism. Topics may include:

- Discussion of articles (e.g., "Modern Racism: New Melody for Same Old Tunes")
- Various video tapes and discussions (e.g., "The Color of Fear")
- Affirmative action discussion
- Institutional racism
- Multicultural case presentations
- Target and non-target journeys

Research Seminar meets for one hour every week. In this seminar, interns and faculty discuss doctoral papers and also may conduct a shared research project. Interns are encouraged to get experience working on a research team, presenting at local, regional, and national conferences, and publishing applied research. Past projects have included a national survey of group counseling policies in university counseling centers and the effectiveness of a taped presentation on students' expectations of group counseling.

Intern Lunch is usually for 1 hour each week and is an informal way for interns to get together to compare training experiences and offer each other support and team building. The Internship Training Director joins the interns for lunch at least once/month.

Professional Issues Seminar meets 1 hour each week and is geared toward a variety of topics. Training staff members also participate on a regular basis. Topics may include: DSM-IV review, multiculturalism, ethics, empirically validated treatments, spirituality, supervision case presentations, clinical case presentations, couples counseling, etc. Presenters include: various staff from the different sites, GSPP faculty members, community psychologists, and occasional national experts.

DU colloquia and seminars sponsored by the Graduate School of Professional Psychology, the Counseling Psychology Department, and the Graduate School of Social Work are open to interns. Interns are also invited to University-wide lecture series.

TRAINING STAFF

Core Training Supervisors

Evan Axelrod, Psy.D.

Nicoletti-Flater and Associates

University of Denver, 2002

Theoretical orientation: cognitive-behavioral

Interests: police/forensic psychology, trauma, violence, threat assessment, pre-employment screening

Casey Capps, Psy.D.

Mental Health Center of Denver

University of Denver, 2006

Theoretical orientation: Eclectic/Assessment and Commitment Therapy/Humanistic

Interests: couples therapy, tx of anger, anxiety, psychotic problems

Kristen Craine, Psy.D.

Clinical Psychologist, Progressive Therapy Systems

University of Denver, Graduate School of Professional Psychology, 1998

Theoretical orientation: Integrative

Interests: Forensic evaluations, risk assessment, trauma

Kathleen Cramm, Psy.D.

Clinical Psychologist, Kaiser Permanente

University of Northern Colorado, 1999

Theoretical orientation: integrative, humanistic, healthy psychology, feminist psychology

Interests: feminist psychology, healthy psychology, children, family, couples, CMI

Jodi Cummins, Ph.D.

Clinical Psychologist, Kaiser Permanente

University of Denver, Graduate School of Professional Psychology, 1998

Theoretical orientation: cognitive-behavioral

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

Dianna Ducote-Sabey, Ph.D.

Training Director and Multicultural Coordinator, DU Health and Counseling Center

Oklahoma State University, 1999

Theoretical orientation: integrative

Interests: multiculturalism, identity development including racial/ethnic, sexual orientation and gender, Native American mental health and therapy, family of origin issues, personality, career assessment and counseling, spirituality, training and supervision

Jennifer A. Erickson Cornish, Ph.D., ABPP

Assistant Professor, Director of Clinical Training and Internship Consortium GSPP

California School of Professional Psychology, Los Angeles, 1982

Theoretical orientation: psychodynamic, interpersonal

Interests: training and supervision, multiculturalism, group therapy, creativity, ethics

Chaney Givens, Ph.D.

Regis University Office of Counseling and Personal Development

University of Denver, 2001

Theoretical orientation: family systems/psychodynamic

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

Pamela Hiner, Psy.D.

Psychologist, Treatment and Evaluation Services

University of Northern Colorado, 1991

Theoretical orientation: cognitive behavioral

Interests: forensic psychology

Jina Jensen, Psy.D.

Regis University Office of Counseling and Personal Development

University of Denver—Graduate School of Professional Psychology, 2007

Theoretical orientation: psychodynamic and relational

Interests: grief and loss, multicultural issues, depression and anxiety

Peggy Kolschefsky, Psy.D.

Clinical Psychologist, Mental Health Center of Denver (MHCD)

Oregon Graduate School of Professional Psychology, 1995

Theoretical orientation: existential, psychodynamic

Interests: play therapy, childhood development, PTSD, and ADHD

Michael Maley, Ph.D.

Outreach Coordinator, University of Denver Health and Counseling Center

University of Denver (2006)

Theoretical orientation: relational-cultural

Interests: multicultural issues, cross-cultural dialogue, LGBTI issues, Relational-Cultural theory, eating disorders, substance use/abuse issues, sexual assault/trauma, men's issues, training and supervision, group psychotherapy, couples counseling, crisis intervention

Terri Lucero, Ph.D.

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

Auburn University, 1998

Theoretical orientation: integrative

Interests: relationship issues, family of origin issues, identity development, suicide prevention, traumatic brain injury, psychological and neuropsychological assessment

Rick May, Psy.D.

Director, Treatment and Evaluation Services

University of Northern Colorado, 1990

Theoretical orientation: cognitive behavioral

Interests: forensic psychology

Sara M. May, PsyD

Psychologist, Kaiser Permanente Colorado

University of Denver, 1998

Theoretical Orientation: integrative

Interests - trauma, EMDR, DBT, multi-cultural issues, working with Spanish-speaking patients

Marcia Middel, Ph.D.

Lead Psychologist, Mental Health Center of Denver (MHCD)

University of Denver, 1990

Theoretical orientation: psychodynamic, cognitive-behavioral

Interests: community mental health, anxiety disorders, behavioral medicine and health psychology

John Nicoletti, Ph.D.

Director, Nicoletti-Flater Associates

Colorado State University, 1972

Theoretical orientation: cognitive behavioral

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

Carolee Nimmer, Ph.D.

Clinical Psychologist, Clinic Supervisor, Eating Disorder Program Director, Kaiser Permanente Virginia Polytechnic Institute and State University, 1987

Theoretical orientation: social learning theory

Interests: eating disorders, trauma, character pathology, women's issues

Jacaranda Palmateer, Psy.D.

Staff Psychologist/Assessment Coordinator, University of Denver Health and Counseling Center University of Denver, Graduate School of Professional Psychology, 2005

Theoretical orientation: psychodynamic/interpersonal

Interests: trauma, women's issues, assessment – personality and cognitive, learning disabilities, grief counseling, adjustment, GLBT issues, training/supervision, multicultural issues, feminist psychology, environmental/outdoor psychology

Cindy Silvis, Psy.D.

Staff Psychologist, Kaiser Permanente

University of Northern Colorado, 1991

Theoretical orientation: Integrative

Interests: individual, couple, and family therapy; eating disorders

Sarah Wilson, Ph.D.

Staff Psychologist, University of Denver Health and Counseling Center

University of Oregon, 2005

Interests: cognitive and personality assessment, women's issues, dialectical behavior therapy, group therapy, trauma, family of origin issues, relationship and interpersonal effectiveness, empowerment, couples and family therapy, training and supervision

Seth Wintroub, Psy.D., ABPP

Clinical Psychologist, Kaiser Permanente

Pepperdine University, 2001

Theoretical orientation: cognitive-behavioral

Interests: stress management, geriatric issues, depression and anxiety disorders

Other Agency Supervisors

Eric Bailly, L.P.C., CAC III

Kaiser Permanente

University of Colorado at Denver, 1996

Theoretical orientation: solution-focused

Interests: work with drug and alcohol patients, adolescents, and families

Steven Paul Coen, Ph.D.

Behavioral Health Manager, Kaiser Permanente

Ohio University, 1993

Theoretical orientation: Ecological Systems Theory; also psychodynamic case conceptualization and brief, cognitive-behavioral interventions

Interests: child and family issues; abuse and neglect; personality and intellectual assessment; professional issues; training and development

Allan Graham, M.D.

Physician, Kaiser Permanente

Yale University, 1967

Interests: internal medicine, pain medication

Carrie Howard, L.C.S.W.

Kaiser Permanente

University of Chicago, 2002

Theoretical orientation: Rogerian, solution-focused incorporating cognitive behavioral therapy and third generation psychotherapies

Interests: Women's issues and eating disorders

Julie Kobayashi, Ph.D.

Clinical Psychologist, Kaiser Permanente

California School of Professional Psychology, Alameda, 1993

Interests: multiculturalism, group psychotherapy, supervision, short term psychotherapy

Carla Oglevie, LPC, MA, LAC

Kaiser Permanente

University of Northern Colorado, 2001

Theoretical orientation: Integrative

Interests: CDTs

Antonio Olmos-Gallo, Ph.D.

Manager of Outcomes and Assessments, Mental Health Center of Denver (MHCD)

University of Denver, 1988

Interests: data mining, statistical modeling, measurement, and information technology

Noah Reaven, Ph.D.

Kaiser Permanente

University of Missouri, 1988

Theoretical orientation: cognitive-behavioral

Interests: treatment of anxiety and panic disorders, psychological assessment, teens/families

Anne Y. Samson, Psy.D.

Staff Psychologist, Kaiser Permanente

University of Denver, Graduate School of Professional Psychology, 1990

Theoretical orientation: cognitive behavioral

Interests: trauma, crisis, EMDR

Martha Spano, Psy.D.

Clinical Psychologist, Kaiser Permanente

University of Denver, 1990

Theoretical orientation: learning theory (behavioral) and cross-cultural

Interests: trauma, Spanish-speaking culturally competent psychotherapy, EMDR, Latina issues

Sally Spencer-Thomas, Psy.D.

Health Psychologist and Director, Leadership Development and Behavioral Health Promotion, Regis University

University of Denver, Graduate School of Professional Psychology, 1995

Theoretical orientation: cognitive-behavioral, solution-focused, client-centered

Interests: substance abuse – brief intervention, violence, stress and wellness, peer education/counseling, leadership development, suicide prevention

Marie Spollen, Psy.D.

Staff Psychologist, Kaiser Permanente

University of Denver, Graduate School of Professional Psychology, 1991

Theoretical orientation: eclectic

Interests: behavioral medicine, consultation liaison

Dawn Wilson, Ph.D.

Clinical Psychologist, Mental Health Center of Denver (MHCD)

University of Alabama, 2001

Theoretical orientation: cognitive-behavioral, systems

Interests: juvenile delinquency, juvenile substance abuse, and conduct disorder

Other Contributors

Peter Buirski, Ph.D., ABPP

Dean and Professor, GSPP
Adelphi University, 1969

Interests: psychoanalytic theories of personality with a special interest in Intersubjectivity Theory and Self Psychology; psychoanalysis and psychotherapy; couples therapy; group and organizational behavior; primate personality and behavior

Fernand Lubuguin, Ph.D.

Director of Diversity; Director of Professional Psychology Center
University of Colorado at Boulder, 1993

Interests: Descriptive Psychology; ethnic minority issues, including cultural competence, acculturation, and ethnic identification; couples/marital treatment; anger management; and providing psychotherapy in managed care settings

Kim Gorgens, Ph.D.

Assistant Professor, GSPP
Southern Illinois University, 1998

Interests: neuropsychology, psychological assessment, health psychology

Hale Martin, Ph.D.

Assistant Professor, GSPP
University of Texas at Austin, 1993

Interests: psychological testing

Lavita Nadkarni, Ph.D.

Associate Professor, Director of Forensic Studies, GSPP
Adelphi University, 1995

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

Lydia M Prado, Ph.D.

Director of Cultural Competency, Mental Health Center of Denver (MHCD)
University of Denver, 1994

Interests: cultural competency, measurement and testing of ethnic minority populations, the psychology of women

Shelly Smith-Acúna, Ph.D.

Assistant Professor, Director of Clinical Training, GSPP
Loyola University of Chicago, 1989

Interests: family systems theory; integration of community, family, and individual interventions; psychotherapy process and outcome research; couples therapy; issue of culture and gender in family therapy

REFERENCES

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Kitchener, K. S. (1986). Teaching applied ethics in counseling education: An integration of philosophical principles and psychological processes. Journal of Counseling and Development, 64(5), 306-310.

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LIST OF APPENDICES

APA Documents

- APA Ethical Principles and Code of Conduct (2002)
<http://www.apa.org/ethics/code2002.html>
- APA Guidelines on Multicultural Education, Training, Research, Practice and Organizational Change for Psychologists
<http://www.apa.org/pi/multiculturalguidelines.pdf>
- APA Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations
<http://www.apa.org/pi/oema/guide.html>
- APA Guidelines for Psychotherapy with Lesbian, Gay and Bisexual Clients
<http://www.apa.org/pi/lgb/guidelines.html>
- APA BEA Competency Benchmarks Document (July 2008)

Consortium Documents

- Consortium Contact Information 2009-2010
- Consortium Agreement (Sample)
- Consortium Entrance Criteria for Sites
- Consortium Leave Form

University of Denver Religious Accommodations Policy

Evaluation Forms

- Initial Assessment of Intern Competencies Form
- Evaluation of Intern Competencies Form
- Evaluation of Intern as Supervisor (completed by Practicum Student)
- Evaluation of Supervisor/s Form
- Evaluation of Training Program Form
- Post-Internship Survey

Intern Support Referral List

Postdoctoral and Licensure Information:

- Association of State and Provincial Psychology Boards:
<http://www.asppb.net/i4a/pages/index.cfm?pageid=1>