UNIVERSITY OF DENVER

GRADUATE SCHOOL OF PROFESSIONAL PSYCHOLOGY

INTERNSHIP CONSORTIUM

http://www.du.edu/gspp/programs/consortium/index.html

APA Accredited

Internship Training Handbook
2016-2017
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This training handbook describes the training program at the University of Denver Graduate School of Professional Psychology Internship Consortium. Questions about the program are encouraged. This information is current and accurate at the time of printing but may be subject to revision.

APA ACCREDITED PROGRAM
(last site visit 2012; next site visit 2019)
American Psychological Association
Office of Program Consultation and Accreditation
NON-DISCRIMINATION STATEMENT: The University of Denver (University) strives to create and maintain a community in which people are treated with dignity, decency and respect. The environment of the University should be characterized by mutual trust, freedom of inquiry and expression, and the absence of intimidation, oppression and exploitation. People in this community should be able to work and learn in a safe, yet stimulating, atmosphere. The accomplishment of this goal is essential to the academic mission of the University. Therefore, the University will not tolerate unlawful discrimination or harassment of any kind. For further information, see: http://www.du.edu/deo/EqualOpportunity.html

ACKNOWLEDGEMENTS
Appreciation is due to Bonnie Messer and Enid Ross who wrote the original manual and to Patricia Vijil (Colorado State University) and Jeana L. Dressel (University of California at Santa Barbara), who graciously allowed me to use portions of their training manuals. Many others deserve thanks for their more recent editorial assistance, particularly Peter Buirski, Shelly Smith-Acuña, Michael Karson, Lavita Nadkarni, Kim Gorgens, Fernand Lubuguin, and all the supervisors and interns at the Consortium sites.

Jennifer A. Erickson Cornish, May 2016
OVERVIEW

INTRODUCTION

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

The Doctor of Psychology program in the Graduate School of Professional Psychology (GSPP) was founded in 1976 and received its initial American Psychological Association (APA) accreditation in 1979. The psychology internship program at the University of Denver Counseling Center was established in 1984 and was granted accreditation by the APA in 1990. In 1998, the internship moved to an exclusively affiliated model with the GSPP, and transitioned to a consortium model in 2001. The Consortium has been APA accredited throughout its existence.

The DU GSPP Internship Consortium consists of eight sites in the Denver area, operating together under the direction of the Internship Director. The Consortium is affiliated with the DU GSPP PsyD program, so that only students from the academic program are eligible to apply to the Consortium in Phase I of the national internship match (however, in Phase II of the match, the remaining Consortium positions may be opened nationally with permission from the DU Provost). Interns in the Consortium spend four days/week at their internship site and one day/week in shared seminars (either on-campus or at the Consortium sites, depending on the Friday) taught by various GSPP faculty members, adjuncts, supervisors from the different Consortium sites and the Denver community, and occasionally national experts on various topics.

INTERNSHIP SITES

Denver Children’s Home
http://www.denverchildrenshome.org/

Denver Children’s Home (DCH) is the oldest non-profit agency in the state of Colorado. They serve an average of over 100 children and families daily and over 1,000 children and families in the community annually. The DCH mission is to restore hope and health to traumatized children and families through a comprehensive array of therapeutic, educational, and community-based services. The agency offers a variety of programs, including: Residential Treatment, Day Treatment, Intensive In-Home, Outreach/Outpatient, LIFE Dual Diagnosis, Family Resource Center, and Diagnostic Assessment. DCH also has an on-site fully accredited school, Bansbach Academy, which serves all of the children in the Residential and Day Treatment Programs.

DCH serves children and adolescents between the ages 10 to 18 (the Intensive In-Home Program serving birth to 18-years-old) and their families. Those entering the programs are often in crisis and need treatment as a result of experiencing severe trauma, severe mental or emotional disorders, violent outbursts, attempted suicide, anger, truancy, drug use, and other destructive behaviors that have made it impossible for them to develop the skills necessary for learning or functioning in the community. Children benefit from a broad range of treatment services
available, including: individual therapy and counseling, affective education, assessment, crisis intervention, advocacy, skills training, academic remediation and therapeutic recreational services. All services are coupled with family therapy to resolve identified problems in the home and with interactions between the family and the child that contribute to the child’s issue(s) of focus. Various experiential therapies are also used to supplement traditional therapy treatments, such as: yoga, art, equine, and pet. The ultimate goal is to return both the child and the family to a healthier level of functioning. All of this occurs via a multidisciplinary team of professionals and paraprofessionals who provide specialized services and whose integration takes place under the direction of a program Treatment Leader.

DCH offers one full-time internship position for 40 hours/week for the entire internship year. Primary roles and responsibilities of the intern include:

Clinical: Interns will primarily serve as a psychotherapist for children and families who are enrolled in various programs (Residential, Day Treatment, In-Home, Outpatient, LIFE Dual Diagnosis, and School Only). They will attend all relevant team and clinical meetings, in addition to supervision meetings. They will also run monthly staffing meetings for each client on their caseload. Interns will be expected to run an ongoing group, the topic of which can be geared toward their interests and determined based on client need and supervisor approval. Case management is a requirement for all clinical cases, as is crisis intervention and frequent communication with various staff members internally and externally to DCH. Clinical work is expected to take between 25-30 hours of the week.

Assessment: Interns will also be expected to complete a variety of assessments (educational, personality and adaptive functioning) throughout the year. Assessments will include test administration, scoring and report writing, as well as providing feedback to parents, the child, the treatment team and those outside DCH who are also involved in the case (i.e., GAL, caseworker, school district representative, etc.). Assessments are closely supervised and reports are thorough. Assessment supervision is provided individually (an average of 3 hours per case; more is provided per request of the intern and based on the nature of the case), and may also occur in a group format. Assessment work is expected to take approximately 10-15 hours per week.

Kaiser Permanente Colorado
https://www.kaiserpermanente.org/ (Kaiser Permanente)
https://health.kaiserpermanente.org/wps/portal/facility/100525 (Kaiser Behavioral Health)

Kaiser Permanente offers two full-time psychologist internship positions each year, one with a primary focus on general outpatient services, and one with a focus on Eating Disorders services.

For the generalist position, the patient population consists of children, adolescents, adults, couples and families. Interns will typically see patients with a broad range of ages and presenting problems. The split between adult and child oriented therapy can vary according to interests of the intern, but interns will not see either child or adult patients exclusively.

For the Eating Disorders focus, the patient population consists of children, adolescents and adults. Interns will typically see patients with a broad range of ages and severity of the presenting problem. The split between adult and child oriented therapy can vary according to interests of the intern, but interns will not see either child or adult patients exclusively. The Eating Disorders program at Kaiser Permanente uses a multidisciplinary approach and multiple treatment modalities. These include individual, family, and group therapy, along with
medication management if indicated. Therapists coordinate/collaborate with Kaiser Permanente practitioners in other departments as appropriate – most often with practitioners providing medical management and nutritional counseling – and with outside agencies when intensive outpatient or inpatient care is needed.

The internship at Kaiser Permanente consists of a major rotation in one of the outpatient clinics and 3-4 minor rotations. Interns spend 28 hours in their major rotation setting, on average. In the major rotation, interns may provide individual, couple and family therapy for children and adults. Group therapy is also an option – whether participating in an established group or creating a special group needed in the clinic. Interns collaborate with other therapists, psychiatrists, nurses, and crisis teams as needed to care for their patients. The standard options for the minor rotation include: chemical dependency, eating disorders, geropsychiatry, autism program, and Behavioral Medicine Specialist (two quarters are spent in the BMS minor rotation). A minor rotation in intensive outpatient services/crisis team is a possibility. Many interns have developed their own minor rotations over the years. These sites have included oncology, reproductive endocrinology. Residents spend 8 hours per week in their minor rotation. Interns will also do psychological testing and supervise a practicum student.

Kaiser Permanente is an integrated health care delivery system operated by Kaiser Foundation Health Plan of Colorado and the Colorado Permanente Medical Group, P.C., which together have provided comprehensive health care to Kaiser Permanente Colorado members since July, 1969. Colorado Permanente Medical Group physicians provide health care for Kaiser Permanente members. Kaiser Permanente is Colorado’s oldest and largest group practice health care organization and currently serves more than half a million members in the Denver/Boulder area. The Behavioral Health penetration rate is between 5 and 7%.

Kaiser Permanente Behavioral Health Department: 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. Although many of the patients are treated using a short-term, goal-oriented approach, a variety of approaches and length of stay in treatment are possible, based on the needs of each patient. At Kaiser Permanente’s Behavioral Health Department, care is delivered through an interdisciplinary team (including therapists, physicians, nurses and intensive services/crisis teams). 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.

Legacy Comprehensive Counseling and Consulting
www.legacyparker.com

Legacy Center was established in 2010 and is located in Parker, CO. Legacy’s team includes licensed psychologists, licensed clinical social workers, licensed professional counselors, and registered psychotherapists working towards Colorado State licensure. Legacy Center provides competent, ethical, and evidence-based psychotherapy to children, adolescents and adults. A particular focus includes conducting developmental evaluations to assist in early identification of disabilities and to provide appropriate follow-up treatment or referrals for treatment and services.
Legacy specializes in providing comprehensive diagnostic evaluations to assess for the presence of Autism Spectrum Disorders, ADHD, Intellectual Disabilities, Global Developmental Delays, Learning Disabilities, and Mood Disorders. Gifted & Talented evaluations are also provided at Legacy Center. The intern will also be involved with psychological testing for mood and anxiety disorders. The intern will receive supervision and training on all assessments used at Legacy Center, which include but are not limited to: Bayley Scales of Infant Development, WPPSI-IV/WISC-V/WAIS-IV, ADOS-2, ADI-R, NEPSY-2, Vineland-II, Leiter-R, CPT, Woodcock Johnson Test of Academic Achievement, Woodcock-Johnson Tests of Cognitive Abilities, Roberts-2, Million, and parent-, self-, and teacher-report measures. Further, Legacy coordinates treatment services with the medical community to provide more comprehensive treatment plans for patients and their families. Legacy is dedicated to providing multidisciplinary assessments and treatment for children. Specifically, Legacy will either provide or coordinate the following treatment from the following providers: child psychologist, master level therapists, pediatricians, speech pathologists, occupational therapists, school psychologists, and psychiatrists.

Legacy Center also specializes in working with individuals with Autism, including diagnostic evaluations and Applied Behavior Therapy (ABA). Legacy’s team of providers includes clinicians who specialize in developmental psychology and who are Board Certified Behavior Analysts. ABA focuses on the improvement and understanding of socially significant human behavior that can be measured and observed. In order to address behavioral needs across setting, Legacy ABA clinicians provide direct ABA services in the natural setting of the child and family, including the home and school settings.

Legacy provides additional therapeutic services for children, adolescents, and adults including individual therapy, group therapy, and family therapy. Some of the group therapy offered at Legacy Center includes social skills group, self-esteem and empowerment groups, parenting support groups of children who have been diagnosed with a developmental disability, Becoming a Love & Logic Parent classes, and Parent-Child Interaction Therapy.

A unique treatment offered at Legacy Center is Parent-Child Interaction Therapy (PCIT). PCIT was initially targeted for families with children ages 2-to-7 with oppositional, defiant, and other externalizing behavior problems. It has been adapted successfully to serve physically abusive parents with children ages 4-to-12. PCIT may be conducted with parents, foster parents, or others in a parental/caretaker role. PCIT is an evidenced-based treatment model with highly specified, step-by-step, live-coached sessions with both the parent/caregiver and the child. Parents learn skills through PCIT didactic sessions, and, using a transmitter and receiver system, the parent/caregiver is coached in specific skills as he or she interacts in specific play with the child. Generally, the therapist provides the coaching from behind a one-way mirror. The emphasis is on changing negative parent/caregiver-child patterns. Treatment generally lasts 12-to-20 weeks and is mastery-based rather than time limited.

Legacy Center offers one full-time internship position. Primary roles and responsibilities include conducting comprehensive evaluations to assess for the presence of Autism Spectrum Disorders, ADHD, Intellectual Disabilities, Global Developmental Delays, Learning Disabilities, and Mood Disorders. The Intern will be expected to complete on average one to 1.5 evaluations per week. Additionally, the Intern will also be expected carry 7 to 10 individual counseling clients. The Intern will co-lead and eventually independently lead a counseling group. Further, the Intern will attend all relevant team, supervision, staffing, and clinical meetings. Lastly, the Intern will supervise one Extern for 9 to 12 months on a weekly basis.

Mental Health Center of Denver
The Mental Health Center of Denver (MHCD) is the largest community mental health center in the region, serving approximately 10,000 consumers each year. Most of our consumers have a serious and persistent mental illness. Our work spans the entire lifespan, with programs focusing on infant mental health to programs offered in nursing homes. The people served represent the cultural diversity in Denver County. MHCD offers a wide variety of services, including outpatient services, rehabilitation services, community based services, integrated care, residential day treatment programs, psychiatric medication management, and psychological assessment. Services are delivered in a collaborative context on multi-disciplinary teams. MHCD staffs more than 800 professionals and offers services in more than 30 locations throughout Denver (including multiple outpatient sites (to include the Adult Recovery Center and Dahlia Campus for Health and Wellbeing), 24/7 Crisis Walk-In Center, integrated care facilities, 23 residential facilities, four community-based agencies serving the homeless, two resource centers, 10 public schools, and in-home care for families. The site is proud of the many awards they have won, to including the top place to work three years in a row.

The mission of the Mental Health Center of Denver is to be a center of excellence in service to those in the County of Denver who have a serious and persistent mental illness, and who are members of the underserved community of Denver. Many individuals we serve are covered by Medicaid, Child Health Plus or have no insurance; many are homeless. MHCD's goal is to enrich the lives of these individuals by focusing upon strengths, recovery, and wellbeing. This is accomplished, in part, through a trauma-informed, recovery focused approach that utilizes evidence based interventions and practices. MHCD also strives to be a resource to the greater community through various grants and outreach programs, as well as through education and collaboration with other agencies.

MHCD offers two full-time internship positions each year: one child/family track position and one adult track position. Internship includes a major rotation, minor rotation, and psychological assessment rotation.

Major rotations: The child/family track intern will be placed at the West Federal Child and Family Center or the Dahlia Campus for Health and Wellbeing. The adult track intern will be placed at the Adult Recovery Center. The major rotations are approximately 20 hrs/week for the entire internship year. Major rotation responsibilities include carrying a full clinical caseload, clinical supervision of one extern, attendance of team meetings, and case management duties (as needed).

Minor rotations: The interns will each choose one secondary rotation that will be 8-10 hours per week. The options include: Right Start Program for Infant Mental Health, Neuropsychological / Neurodevelopmental Assessment (this is in addition to the required psychological assessment rotation), Crisis Walk-In Center, Emerson Street (outpatient clinic serving emerging adults), Integrated Care, Application Development (part of our information systems team, which focuses on development projects in our Electronic Health Record), Cultural Diversity and Inclusiveness, 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 and Development (opportunity to participate in a number of MHCD research projects, develop an individual project, and/or participate in grant writing), and School Based program.
With regard to the Psychological Assessment rotation, the intern will complete approximately eight hours per week of psychological assessment throughout the year and including a minimum of eight full batteries with written reports. The assessment hours involve test administration, scoring, interpretation, report-writing, and feedback for children and adults. It is desirable to the site when interns have strong projective, cognitive, and personality assessment skills and have taken all the cognitive, projective and personality assessment classes offered at the GSPP (including Rorschach experience).

The Mental Health Center of Denver is committed to providing excellent clinical supervision to all MHCD staff, including interns. Interns will have one hour a week of supervision with their primary supervisor; one hour a week of supervision of supervision; two hours a week of group supervision for the psychological assessment rotation, and additional supervision as needed at their secondary rotation. All supervision is by a licensed psychologist.

Nicoletti-Flater Associates
http://www.nicoletti-flater.com/

Nicoletti-Flater Associates (NFA) is a private agency specializing in police psychology, trauma, and threat assessment that offers one full-time internship position. The mission of the site is to serve as authorities to the local, national, and global community in terms of police psychology, violence detection and disruption, as well as trauma/crisis response and recovery.

The site has a fifteen-person staff that serves police and fire departments in the Denver metropolitan area and also serves as a consultant on workplace and school/campus violence on a national basis. In addition, the site provides psychological screenings and debriefings for the United States Antarctic Program. Services provided by NFA also include: conducting preemployment screenings, assisting in hostage negotiations, threat analysis, educating organizations on communication/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.

In terms of the size and characteristics of the populations served at this site, it is extremely varied and offers a widely diverse experience for interns. From law enforcement officers to community leaders to school officials to company heads, interns are exposed to a variety of unique populations on a weekly basis. Nicoletti-Flater Associates works very closely with law enforcement agencies and has contracted with a number of local law enforcement and fire department agencies to provide counseling services to officers, their spouse or partners, and their dependent children. Issues addressed in therapy vary; however, some of the most common themes include depression, grief and loss, divorce, parenting, anxiety, job related stressors, and general relationship issues.

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

Intern Primary Roles and Responsibilities:
Consultation/Outreach/Public Speaking: Interns have the opportunity to co-present workshops on topics such as Workplace Violence for corporations, and Crisis Intervention Trainings for police officers in areas such as verbal de-escalation, suicide, and working with special populations. Interns are encouraged to conduct outreach/program development in specialty areas of interest. Corporate consultation for high-risk, high-profile cases offers interns expert training in the role of the psychologist in the consultation process. Interns are 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 trauma intervention and trauma screenings. Flexibility working in non-traditional settings during non-traditional hours (i.e. evenings and weekends) maximizes training opportunities in this area.

Psychotherapy/Counseling: Interns 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 also helpful.

Assessment: The majority of assessments (preemployment screenings and predeployment screenings) must be conducted by a doctoral-level psychologist; interns may 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.

Specialty focus areas include: working with law enforcement/public safety; trauma work including crisis response and recovery; peer support; violence detection and prevention.

Regis University Office of Counseling and Personal Development
www.regis.edu/ocpd

Regis University is a Catholic private institution whose commitment to the individual student is fostered through the heritage of our values-centered Jesuit education. This educational model challenges students to attain the inner freedom to make intelligent choices, take leadership roles and make a positive impact in a changing society. The university seeks to provide value-centered undergraduate and graduate education, as well as to strengthen commitment to community service, while nurturing the life of the mind and the pursuit of truth within an environment conducive to effective teaching, learning and personal development. In keeping with the university mission, the Office of Counseling and Personal Development (OCPD) strives to foster adaptive personal development and holistic well-being.

The Office of Counseling and Personal Development provides services to students of the traditional undergraduate school, Regis College, as well as students attending the accelerated nursing, CHOICE nursing, master in biomedical sciences, doctoral physical therapy, and doctoral pharmacy programs. These schools and programs are comprised of approximately 2,800 students in total. The breakdown of the OCPD clientele (as of 2015) is approximately as follows: African American 2%; American/Alaska Native 1%; Asian/Asian American 7%; Euro-American 73%; Hispanic/Latino 11%; Catholic 40%; Female 75%; Male 25%

The OCPD functions as a comprehensive mental health agency for the Regis University student community. The OCPD offers one full-time internship position. The OCPD consists of seven
senior staff, a consulting psychiatrist, one psychology intern, two graduate student trainees, and one 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. Individual and group therapy opportunities are readily available; couples counseling availability varies. Interns will also provide brief, solution-focused assessment and counseling for mandated alcohol/drug offenders. Additional assessment is an option based on intern interest and availability with a focus on using assessment to facilitate ongoing therapy (i.e. personality, interpersonal functioning). Other training opportunities and responsibilities will include conducting initial intake assessments; supervising and training of a graduate level trainee; conducting psycho-educational outreach and training to various groups on campus; participating in weekly supervision of all intern responsibilities; and attending and actively engaging in training seminars, team supervisions and conferences. Program development (in the form of outreach, assessment, etc.) is an option for those interested. Creativity is enthusiastically welcomed. Religious affiliation or knowledge base is not needed to intern at Regis; however an interest and openness to the integration of spirituality as part of client identity, diversity and development will make for a more rewarding and rounded experience while here.

Treatment and Evaluation Services
http://www.tescolorado.com/

Treatment and Evaluation Services is primarily a forensic site located in Aurora and Ft. Collins Colorado. We offer one full-time internship position per year. The mission of Treatment and Evaluation Services is to protect the community from sexual victimization through evaluation and treatment of individuals accused of crossing sexual boundaries, and to consulting with and training the community on issues of sexual deviancy, and sexual boundary crossing.

The population served consists of referrals from the criminal and family court, probation departments, mental health professionals, and attorneys. Services include assessments; group, individual, family, and couples psychotherapy; reunification of victims and perpetrators; community workshops; interagency coordination; and supervision of students. Interns are encouraged to participate in all of the services offered. There are also opportunities to work on competency to stand trial evaluations, present training workshops, and develop new programs.

Treatment and Evaluation Services has approximately 100 clients who receive therapy services on a weekly basis, and approximately 65 evaluations per month. Clients are ethnically diverse and predominately male. The site does individual therapy and evaluations on females, and the reunification and family work consists of both genders. All clients have issues with managing their sexuality. They include individuals convicted of a sexual offense and those who have sexual addition problems. TES conducts fitness for duty evaluations on individuals who have crossed sexual boundaries in the workplace.

All staff and interns lead groups, meet with individuals, and conduct assessments. Beyond this, the intern is encouraged to identify either areas of strength that they want to expand upon through program development, or areas of weaknesses where they can receive additional
supervision and take extra cases to improve their skills. TES has 10 clinical staff members including four licensed psychologists.

University of Denver Health and Counseling Center
http://www.du.edu/duhealth/counseling/index.html

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 six senior staff psychologists and counselors, a half-time psychiatrist, a part-time psychiatric resident, two postdoctoral fellows, four psychology interns, and five graduate student trainees. Counseling Services at DU has been in existence for over 30 years. Approximately 11% of the 11,500 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 approximately 5,500 undergraduates, 6,000 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 and the Student Life division. 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 has 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 and the College of Law. 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, may 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, behavioral health, couple’s therapy, psychological assessment, outreach and consultation, suicide prevention, and multiculturalism.

TRAINING AIMS

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

- A practitioner-scholar model (e.g., Peterson et al., 2010)
- An emphasis on a consortium approach (shared resources)
- A developmental philosophy (training that is sequential, cumulative, and graded in complexity)

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

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

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

**COMPETENCIES, PROCESSES, AND EVALUATION CRITERIA**

The nine Consortium competencies with related processes, evaluation criteria, outcomes, and threshold/exit criteria are based on the APA Standards of Accreditation (APA Office of Program Consultation and Accreditation, 2015). Competencies consist of knowledge, skills, and
attitudes/values. Competencies in the Consortium generally build on and extend those taught in the DU GSPP PsyD academic program.

Competency 1: Research

The Consortium recognizes science as the foundation for Health Service Psychology and requires our graduates to demonstrate knowledge, skills, and values/attitudes sufficient to produce new knowledge, to critically evaluate and use existing knowledge to solve problems, and disseminate research.

Processes

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

Evaluation Criteria

- Demonstrates the ability to critically evaluate and disseminate, via professional publication or presentation, research or other scholarly activities
- Routinely applies relevant research literature to clinical decision making

Competency 2: Ethical and Legal Standards

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

Processes

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

Evaluation Criteria

- Demonstrates knowledge of and acts in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct
- Demonstrates knowledge of and act in accordance with the relevant laws, regulations, rules, and policies governing Health Service Psychology at the organization, local, state, regional, and federal levels
- Demonstrates knowledge of and acts in accordance with relevant professional standards and guidelines
- Recognizes ethical dilemmas and applies an ethical decision-making process in order to resolve the dilemmas
- Conducts oneself in an ethical manner in all professional activities
- Applies ethical principles to increasingly complex issues with a greater degree of independence throughout the progression of the internship

**Competency 3: Individual and Cultural Diversity**

The Consortium recognizes that effectiveness in Health Service Psychology requires that interns develop the ability to conduct all professional activities with sensitivity to multicultural considerations, including the ability to deliver high quality services to an increasingly diverse population. Therefore, interns must demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics as defined broadly in APA policy. The Consortium defines cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. The Consortium understands that development of competence in working with individuals of every variation of cultural or individual difference is not reasonable or feasible.

**Processes**

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

**Evaluation Criteria**

- Demonstrates awareness: An understanding of how one’s own personal/cultural history, attitudes, and biases may affect how one understands and interacts with people who are different from oneself
- Demonstrates knowledge: An understanding of the current theoretical and empirical knowledge base relevant to addressing diversity in all professional activities including research, training, supervision/consultation, and service
- Demonstrates skills: The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, service, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with one’s own
- By the end of internship, interns must demonstrate the ability to independently apply their knowledge and approach in working with the range of diverse individuals and groups encountered during internship

**Competency 4: Professional Values and Attitudes**

The Consortium recognizes the importance of professional values and attitudes in Health Service Psychology and requires our graduates to demonstrate integrity, deportment, professional
identity, accountability, lifelong learning, concern for the welfare of others, self-reflection, openness to feedback, and maintaining and improving performance, well-being, and professional effectiveness.

Processes

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

Evaluation Criteria

- Demonstrates behavior that reflects the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others
- Engages in self-reflection regarding personal and professional functioning
- Actively seeks and demonstrates openness to feedback
- Engages in activities to maintain and improve performance, well-being, and professional effectiveness
- Responds professionally to increasingly complex situations with a greater degree of independence during the progression of the internship

Competency 5: Communication and Interpersonal Skills

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

Processes

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

Evaluation Criteria

- Develops and maintains effective relationships with a wide range of individuals receiving professional services, colleagues, organizations, professions, and communities
- Is able to produce and comprehend verbal, nonverbal, and written communications that are informative and well-integrated; demonstrates a thorough grasp of professional language and concepts
- Maintains difficult communication; possesses effective interpersonal skills
• Responds professionally to increasingly complex situations involving communication and interpersonal skills with a greater degree of independence throughout the progression of internship

Competency 6: Assessment

The Consortium recognizes the importance of assessment competence for Health Service Psychology. This includes competence in conducting evidence-based assessments, attending to diversity characteristics, gathering relevant data using multiple sources and methods, conceptualizing assessment findings, and communicating results effectively.

Processes

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

Evaluation Criteria

• Selects and applies assessment methods in a reasoned manner, and collects data appropriate to the identified goals and questions, attending to the science of measurement and psychometrics and the relevant research
• Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases and distinguishing the aspects of assessment that are subjective from those that are objective
• Communicates verbally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences
• Responds professionally in increasingly complex assessment situations with a greater degree of independence throughout the progression of internship

Competency 7: Intervention

The Consortium recognizes the importance of developing and maintaining competence in evidence-based interventions consistent with the scope of Health Service Psychology. Such intervention includes determining an evidence-based treatment plan, implementing appropriate interventions, evaluating intervention outcomes, and adapting intervention goals and methods consistent with ongoing evaluation.

Processes

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

Evaluation Criteria

- Identifies, selects, and applies appropriate evidence-based interventions specific to service delivery goals; such interventions are informed by the current scientific literature, assessment findings, diversity characteristics, and contextual values
- Evaluates the outcomes of interventions continuously, and adapts approaches accordingly
- Responds professionally to increasingly complex intervention situations with a greater degree of independence throughout the progression of internship

Competency 8: Supervision

The Consortium views supervision as grounded in science and integral to the activities of Health Service Psychology. Supervision involves the mentoring and monitoring of trainees and others in the development of competence and skill in professional practice and the effective evaluation of those skills. Supervisors act as role models and maintain responsibility for the activities they oversee.

Processes

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

Evaluation Criteria

- Demonstrates knowledge of supervision models and research
- Demonstrates beginning to intermediate competence as a supervisor of practicum student/s
- Acts as a mentor to practicum student supervisee/s
- Acts as a professional role model with practicum student supervisee/s and maintains responsibility/accountability for activities overseen as an intern supervisor

Competency 9: Consultation and Interprofessional/Interdisciplinary Skills

The Consortium views consultation and interprofessional/interdisciplinary interaction as grounded in science and integral to the activities of Health Service Psychology. Consultation and interprofessional/interdisciplinary skills are reflected in the intentional collaboration of professionals in health service psychology with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities.
**Processes**

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

**Evaluation Criteria**

- Demonstrates knowledge of and respect for the roles and worldviews of other professions
- Applies this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior

**OUTCOMES AND THRESHOLD/EXIT CRITERIA**

**Outcomes**

**Proximal**

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

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

**Distal**

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

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

**Threshold/Exit Criteria:**

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

STIPEND AND LEAVE

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

**Stipend**

The stipend for interns is $22,000.00. Each intern is formally titled “Intern” or “Resident” depending on the site. Positions require a minimum 45 hours per week and include the leave allowances listed below:

**Leave**

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

*Holidays:* Interns have 9 holidays (following the DU schedule)

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

HEALTH CARE AND INSURANCE

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

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

IDENTIFICATION CARDS

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

FACILITIES

At most sites, each full-time intern has her/his own office, which is furnished similarly to the offices of professional staff. Offices contain a desk, desk chair, telephone, side chairs, and other
typical office accessories. Administrative support services and office supplies are available as needed. Each training site has observational capability and interns have access to computers and the internet. Note that at Treatment and Evaluation Services, all staff and interns share office space rather than have separate offices in order to provide extra support while dealing with a difficult population.

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

**HOUSING AND RECREATION INFORMATION**

Reasonably priced housing is available in a variety of locations in the Denver area. Various cultural events are featured by the Colorado Symphony Orchestra, Opera Colorado, and the Denver Performing Arts Complex. Denver is home to the Broncos, Rockies, Nuggets, Explosion, Rapids, and Avalanche athletic teams. In addition to the Zoo and Botanic Gardens, Denver has many museums and amusement centers. Year-round recreational activities include hiking, fishing, rock-climbing, and cross-country and downhill skiing.

**TRAINING STAFF**

**Site Liaisons**

Denver Children’s Home  
*Michelle Novotny, PsyD*

Kaiser Permanente Colorado  
*Julie E. Kobayashi-Newberg, Ph.D.*

Legacy Comprehensive Counseling and Consultation  
*Molly White, PhD, BCBA-D*

Mental Health Center of Denver  
*Kimberly Pfaff, PsyD*

Nicoletti-Flater Associates  
*John Nicoletti, PhD, ABPP*

Regis University Office of Counseling and Personal Development  
*Melissa Auringer, PsyD*

Treatment and Evaluation Services  
*Rick May, PsyD*

University of Denver Health and Counseling Center
Carolee Nimmer, PhD

Primary Supervisors

Melissa Auringer, Psy.D.
Associate Director, Regis University Office of Counseling and Personal Development
Baylor University, 2010
Theoretical orientation: Integrative (Interpersonal, feminist, multicultural, DBT/CBT), empowerment model
Interests: Women’s issues, trauma, diversity, training/supervision

Rebecca (Bex) Baker, Psy.D.
Behavioral Medicine Specialist, Kaiser Permanente
University of Denver, Graduate School of Professional Psychology, 2012
Theoretical orientation: Cognitive-behavioral with additional integrative elements as appropriate based on patient need (ACT, humanistic, existential, offense-specific, trauma-informed, etc.)
Interests: Forensic issues, bipolar disorders, counter-culture populations, codependency and victims of abuse and manipulation, coping with chronic illness, substance abuse/dependence, behavioral medicine/integrated care, GLBTIQAP

Sarah Banks, Ph.D.
Clinical Psychologist, Legacy Comprehensive Counseling and Consultation
Ph.D. in School Psychology, Oklahoma State University, 2014
Theoretical orientation: CBT
Interests: School psychology

Jessica Bartley, LCSW Psy.D.
Behavioral Health Consultant, University of Denver Health and Counseling Center
University of Denver, Graduate School of Professional Psychology, 2012
Theoretical orientation: CBT
Interests: College mental health and wellness, multicultural/diversity, mood disorders, anxiety and stress, disordered eating and body image, substance use/abuse, gender-based violence, sport psychology, career and professional development, life transitions, mindfulness and meditation, supervision and training

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

Anand Desai, Psy.D.
Staff Psychologist/Group Therapy and Outreach Coordinator, University of Denver Health and Counseling Center
University of St. Thomas, Minneapolis, MN, 2012
Theoretical orientation: integrative (modern relationally psychodynamic, interpersonal process, multicultural, emotion-focused, attachment theory, some ACT principles)
Interests: college counseling, group therapy, couples therapy, grief/loss concerns, relational trauma, experiences of oppression/discrimination, sexual assault/dating violence, family of origin concerns, disordered eating, relationship concerns, identity concerns
Kirstin Ging, Psy.D.
Staff Psychologist/Behavioral Health Consultant, University of Denver Health and Counseling Center
University of Denver, Graduate School of Professional Psychology, 2009
Theoretical orientation: CBT and ACT
Interests: Cognitive/personality assessment and therapy with GLBT folks, with a specific emphasis on working with transgender issues

Pamela Hiner, Psy.D.
Psychologist, Treatment and Evaluation Services
University of Northern Colorado, 1991
Theoretical orientation: Cognitive behavioral
Interests: Forensic psychology

Keri Israelski, Psy.D.
Psychologist, Legacy Comprehensive Counseling and Consulting
Chicago School of Professional Psychology, Chicago, 2009
Theoretical orientation: CBT, family systems
Interests: Anxiety, ASD, learning disabilities, attention, life changes, and sibling support (Sibshop facilitator and also do individual psychotherapy)

Gillian Finocan Kaag, Ph.D.
Staff Psychologist, University of Denver Health and Counseling Center;
Program Director, Gender-Based Violence Education and Support Services
Miami University, 2009
Theoretical Orientation: Interpersonal, feminist, and dialectical behavior therapy
Interests: Trauma, gender-based violence, social justice issues, depression and self-injury, relationship and interpersonal effectiveness, self-esteem, body image, mind/body connection, grief and loss (including survivors of suicide), life transitions, dreamwork, and existential issues

Rick May, Psy.D.
Director, Treatment and Evaluation Services
University of Northern Colorado, 1990
Theoretical orientation: Cognitive behavioral
Interests: Forensic psychology

Sara M. May, Psy.D.
Psychologist, Kaiser Permanente Colorado
University of Denver, Graduate School of Professional Psychology, 1998
Theoretical orientation: Integrative
Interests: General mental health, eating disorders, trauma, EMDR, DBT, and working with Spanish-speaking patients

Scott Nebel, Psy.D.
Psychologist, Mental Health Center of Denver
University of Denver Graduate School of Professional Psychology, 2008
Theoretical Orientation: Humanistic/existential
Interests: Children and families, emerging adults, community mental health, deaf and hard of hearing services, culture & diversity, substance abuse, juvenile justice, supervision, program development, resilience
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.
Training Director, University of Denver Health and Counseling Center
Virginia Polytechnic Institute and State University, 1987
Theoretical orientation: Social learning theory
Interests: Eating disorders, personality disorders, chronically suicidal, and PTSD

Michelle Novotny, Psy.D.
Clinical Training Director, Denver Children’s Home
University of Denver Graduate School of Professional Psychology, 2006
Theoretical orientation: Integrative/Systems
Interests: Trauma, grief and loss, relationships and transitions, mindfulness, emotion-focused therapy, attachment, supervision, and training

Jacaranda Palmateer, Psy.D.
Director of Counseling Services, University of Denver Health and Counseling Center
University of Denver, Graduate School of Professional Psychology, 2005
Theoretical Orientation: Psychodynamic/integrative
Professional Interests: College counseling, treatment of trauma and sexual assault, grief counseling, couple’s therapy, learning disabilities and giftedness, eating disorders, group treatment

Kim Pfaff, Psy.D.
Psychological Assessment Coordinator, Mental Health Center of Denver
University of Denver Graduate School of Professional Psychology, 2009
Theoretical orientation: Integrative/psychodynamic
Interests: Therapeutic and psychological assessment (personality testing, cognitive/memory functioning, LD, ADHD Testing); behavioral medicine evaluations and interventions; therapy related to women’s issues, trauma, struggles related to life transitions, and development of sense of self

Molly M. White, Ph.D., BCBA-D
Clinical Director, Legacy Comprehensive Counseling and Consultation
Oklahoma State University, 2005
Theoretical orientation: Applied behavior analysis, cognitive behavioral therapy, family systems therapy, and developmental theory
Interests: ABA, individual and family psychotherapy, psychological assessment
Meghan Wilde, Psy.D
Licensed Psychologist, Mental Health Center of Denver
Alliant International University, California School of Professional Psychology, 2010
Theoretical orientation: Cognitive Behavioral Therapy
Interests: Gerontology, Co-Occurring Disorders, Life transitional issues across the life span

**Secondary Supervisors**

**Ross Artwohl, LCSW**
Program Director for Alcohol and Other Drug Support Services, University of Denver Health and Counseling Center
Colorado State University, 2001
Theoretical orientation: Gestalt, emphasizing in phenomenology and field theory, and therapeutic techniques such as CBT, DBT, and IPT
Interests: compulsive use of alcohol/drugs, couples therapy, culturally-informed therapy for men

**Evan Axelrod, Psy.D., ABPP**
Police/Clinical Psychologist, Nicoletti-Flater Associates
University of Denver Graduate School of Professional Psychology, 2002
Theoretical orientation: Behavioral
Interests: Police and Public Safety/forensic psychology, trauma, violence, threat assessment, preemployment screening, fitness-for-duty evaluation

**Nahed Barakat, Psy.D.**
Staff Psychologist, Office of Counseling and Personal Development, Regis University
University of Denver Graduate School of Professional Psychology, 2014
Theoretical Orientation: Mainly behavioral (incorporating ACT, Humanistic/Existential theory, and CBT)
Interests: College students, anxiety, depression, OCD, grief & loss, health psychology

**Jessica D. Bartels, Psy.D.**
Clinical Psychologist, Treatment and Evaluation Services
University of Denver Graduate School of Professional Psychology, 2010
Theoretical orientation: Integrative
Interests: Psychological assessment, and prevention and treatment regarding negative stereotypes and sexual boundaries
Shannon Bekman, Ph.D.
Psychologist, Mental Health Center of Denver
Arizona State University, 2009
Theoretical orientation: Integrative with roots in attachment and psychodynamic theories
Interests: Infant mental health, early childhood trauma, child abuse/neglect, dyadic infant-parent psychotherapy, parent-infant attachment, foster care in early childhood

Luisa Bryce, Psy.C.
Psychologist, Kaiser Permanente Colorado
Argosy University/Phoenix, 2009
Theoretical orientation: cognitive behavioral
Interests: psychological assessment, evaluation and treatment of neurodevelopmental disorders (specifically autism spectrum disorder in females), family systems work, and dialectical behavioral therapy as a dyadic approach (teen and caregiver)

Ann Bortz, Psy.D.
Clinical and Assessment Supervisor, Denver Children's Home
University of Denver Graduate School of Professional Psychology, 1993
Theoretical orientation: Trauma informed evidenced practices/treatment, mindfulness
Interests: Children, trauma-informed evidenced based practices, yoga therapy

Jaime Brower, Psy.D., ABPP
Police/Clinical Psychologist, Nicoletti-Flater Associates
University of Denver, Graduate School of Professional Psychology, 2004
Theoretical orientation: Behavioral
Interests: Forensics, high stress occupations and training law enforcement, threat assessments, individual counseling, and emergency response, and risk assessments.

Gina Carlson, Psy.D.
Staff Psychologist, Office of Counseling and Personal Development, Regis University
University of Denver, Graduate School of Professional Psychology, 2011
Theoretical Orientation: Psychodynamic
Interests: Generalist, depression/anxiety/trauma, relationship issues

Amanda Bye, Psy.D.
Psychologist, Kaiser Permanente Colorado
University of Denver, Graduate School of Professional Psychology, 2005
Theoretical orientation: CBT
Interests: health psychology, high risk adolescents, assessment

Lyndsey DiOrio, LCSW
Residential Program Director, Denver Children’s Home
Loyola University of Chicago, 2004
Theoretical orientation: CBT, DBT, motivational interviewing
Interests: Trauma, EMDR, personality disorders, supervising practicum students

Jennifer A. Erickson Cornish, Ph.D., ABPP
Associate Professor; Director of Clinical Training and Internship Consortium, DUGSPP
California School of Professional Psychology, Los Angeles, 1982
Theoretical orientation: Psychodynamic, interpersonal, integrative
Interests: Training and supervision, multiculturalism, ethics, group modalities
Michele J. Forstot Nadel, Psy.D.
Assessment Director, Denver Children’s Home
University of Denver, Graduate School of Professional Psychology, 2005
Theoretical orientation: Psychodynamic, systemic, integrative
Interests: Trauma, psychological assessment, children of divorce, at-risk youth, severe child and adolescent emotional/behavioral disorder, GLBTQ issues, self-injury, supervision and training

Rebecca A. Hea, Psy.D.
Executive Director, Denver Children’s Home
University of Denver, Graduate School of Professional Psychology, 1995
Theoretical orientation: Psychodynamic, integrative
Interests: Trauma informed care, psychodynamic psychotherapy, assessments, cultural competence, training and outcome research

Alana Henken Fryer, Psy.D
Psychology Postdoctoral Fellow, Legacy Comprehensive Counseling and Consultation
University of Denver, Graduate School of Professional Psychology, 2014
Theoretical orientation: Integrative
Interests: Treatment of children and adolescents, PCIT, health psychology, attachment theory, developmental psychology, and mindfulness

Sara Garrido, Psy.D.
Clinician, Nicoletti-Flater Associates
University of Denver, Graduate School of Professional Psychology, 2011
Theoretical Orientation: CBT (cognitive behavioral)
Professional Interests: Threat assessment, police psychology, consultation on work and school violence prevention

Amy Ginsberg, Psy.D.
Staff Psychologist, Regis University Office of Counseling and Personal Development
University of Denver GSPP, 2012
Theoretical orientation: Modern-day psychodynamic (particularly self-psychology)
Interests: LGBTQ issues, young adults, eating disorders, and times of adjustment/transition

Chaney Givens, Psy.D.
Director, Regis University Office of Counseling and Personal Development
University of Denver Graduate School of Professional Psychology, 2001
Theoretical orientation: Family systems/psychodynamic
Interests: Self-mutilating behaviors, personality disorders, relationship issues

Rebekkah Goodman-Williams, LCSW
Staff Counselor, Office of Counseling and Personal Development, Regis University
University of Denver, Graduate School of Social Work, 2013
Theoretical Orientation: Interpersonal psychotherapy and Humanistic psychotherapy (also pulls from Dialectical Behavioral Therapy in skills based work)
Interests: Eating disorders, Trauma/EMDR, Attachment/Family of origin work, Anxiety, Self-esteem, Relationships issues
David Hargrave, Psy.D
Clinical Neuropsychologist and Assessment Coordinator, Mental Health Center of Denver
University of Denver, Graduate School of Professional Psychology, 2012
Theoretical orientation: Cognitive-behavioral
Interests: Clinical and forensic neuropsychology, measurement of response bias, epilepsy, acquired brain injury, anxiety disorders, somatoform disorders, cognitive remediation, clinical research, training/teaching

Carrie Howard, LCSW
Clinical Social Worker, Kaiser Permanente
University of Chicago, 2002
Theoretical orientation: Cognitive-integrative, person-centered, solution focused incorporating third generation psychotherapies and third generation psychotherapies
Interests: Treatment of eating disorders, partial hospitalization, intensive outpatient, and outpatient settings

Melissa Johnston-Burnham, LCSW, BCD
Counselor, Legacy Comprehensive Counseling and Consultation
University of Southern California, 1997
Theoretical orientation: Cognitive behavioral therapy, family systems
Interests: Animal assisted therapy, the use of sensory-neuromotor techniques to help alleviate symptoms of anxiety, depression, and ADHD in children and adolescents

Alan Kent, Ph.D., ABPP
Director, University of Denver Health and Counseling Center
DePaul University, 1984
Theoretical orientation: Cognitive behavioral.
Interests: College mental health, LGBTQ issues, substance abuse, and evidenced based interventions

Aaron Ketchum, Psy.D.
Adult, Family, Child Therapist, Kaiser Permanente Colorado
University of Denver, 2004
Theoretical orientation: Behavioral
Interests: Anxiety disorders, exposure therapy, motivational interviewing, psychosocial recovery, mindfulness, acceptance and commitment therapy

Christina Knight, LPC
Licensed Professional Counselor, Legacy Comprehensive Counseling and Consultation
University of Northern Colorado
Theoretical orientation: Cognitive behavioral therapy, solution-focused, family systems and client-centered therapy
Interests: Training children and adolescents dealing with a wide range of presenting problems including anger, anxiety, depression, grief, divorce and behavioral issues, working with adolescents who have dealt with substance abuse, suicidal impulses, self-consent problems and relationship problems, and treating adults and families challenged with stress, depression, addictions, divorce, grief, communication problems and issues with siblings
Kara Knox, MA, BCBA  
Counselor, Legacy Comprehensive Counseling and Consultation  
Colorado Christian University, 2011  
Theoretical orientation: Applied behavior analysis and cognitive behavioral therapy  
Interests: children with Autism Spectrum Disorder, developmental delays, ADHD, behavior problems, and parent training

Julie E. Kobayashi-Newberg, Ph.D.  
Clinical Psychologist, Kaiser Permanente  
California School of Professional Psychology, Alameda, 1993  
Theoretical orientation: CBT  
Interests: Mentoring/supervising students and creating psychoeducational programs

Marjorie Lavin, M.D.  
Psychiatrist, University of Denver Health and Counseling Center  
Cornell University, 1979  
Theoretical orientation: Biopsychosocial  
Interests: Psychopharmacology, alternative therapies

Cindy Lee-Lopez, Ph.D.  
Behavioral Medicine Specialist, Kaiser Permanente Colorado  
California School of Professional Psychology, Fresno, 1998  
Theoretical orientation: CBT, solution-focused, family systems  
Interests: Integrated care, medical issues, anxiety, aging

Katherine K. McMann, Psy.D.  
Clinical Associate, Nicoletti-Flater Associates  
University of Denver Graduate School of Professional Psychology, 2015  
Theoretical Orientation: Cognitive-Behavioral  
Professional Interests: Risk Assessment; Violence prevention and disruption; public safety and high-stress occupations; pre-employment screenings and evaluations.

Abbie Miller, Psy.D.  
Psychologist, Kaiser Permanente  
University of Denver Graduate School of Professional Psychology, 2003  
Theoretical orientation: Cognitive behavioral and dialectical behavioral therapies  
Interests: Child and family evaluation and treatment, early childhood development, and treatment of anxiety disorders

Marisa A. Murgolo, LCSW  
Program Director, Daytime & Community Based Services - Denver Children’s Home  
Columbia University School of Social Work, 2002  
Method of Practice: Clinical Social Work/ Field of Practice: Health, Mental Health & Disabilities  
Interests: Infant, Child & Adolescent Mental Health, Family-Systems, Evidence Based Interventions (certified Multi-Systemic Therapist & Supervisor), Trauma (certified Trauma-Focused CBT clinician), supervision, and training, leadership, non-profit management & community engagement.
Deborah Neisen, LCSW
Counselor, Legacy Comprehensive Counseling and Consultation
University of Denver, 1982
Theoretical orientation: Humanistic/holistic/eclectic
Interests: DBT, women’s issues, family/couples therapy, grief and end of life issues, divorce facilitation

Darla Oglevie, LPC, MA, LAC
Mental Health Therapist, Kaiser Permanente
University of Northern Colorado, 2001
Theoretical orientation: Integrative
Interests: CDTS

Diem Phan, Ph.D.
Licensed Psychologist, Mental Health Center of Denver
Washington State University, 2013
Theoretical orientation: Acceptance-Commitment Therapy, Dialectical-Behavior Therapy, and Cognitive-Behavioral Therapy
Interests: Adolescents, adults, families, trauma, psychological assessment (i.e., learning disability, personality, ADHD, and parental fitness), anxiety disorders, mood disorders, interpersonal difficulties, diversity issues, and OCD

Margaret (Meg) E. Picard, Psy.D
Licensed Psychologist/Bilingual Therapist, Mental Health Center of Denver
University of Denver, Graduate School of Professional Psychology, 2012
Theoretical orientation: Psychodynamic and Family Systems (Infant Mental Health)
Interests: Infant and Early Childhood Mental Health (Caregiver-Child Relationships and Attachment), Spanish-speaking clinical services and population, Effects of immigrant status on families, Grief and Loss (specifically during pregnancy and newborn period), Child Development, Postpartum Depression and Anxiety, Trauma, Young children in foster or kinship care, Women parenting in recovery (substance abuse), Child Parent and Infant Parent Psychotherapy (EBP)

Michelle Roy, Ph.D.
Psychologist, Mental Health Center of Denver
University of South Dakota, 2010
Theoretical orientation: Integrative: trauma informed, family systems, psychodynamic
Interests: Infant mental health, trauma in young children, teenage parenting

Cindy Silvis, Ph.D.
Psychologist, Kaiser Permanente
University of Northern Colorado, 1998
Theoretical Orientation: Solution focused; cognitive behavioral
Interests: Eating disorders; women’s issues; family therapy; supervision of clinicians

Tessel Stevenson, MA, LPC
Therapist, Denver Children’s Home
University of Minnesota, 2004
Theoretical orientation: Client-centered therapy
Interests: Children and family, adoption issues, cultural competency

Mark Stone, M.D.
Psychiatric Consultant/Medical Director, Denver Children’s Home
University of Colorado, 1980
Theoretical Orientation: Integrative/eclectic (includes bio-psycho-social models)
Interests: Adolescents, mood and anxiety disorders, psychotic disorders, trauma, and helping clients heal and grow

Debra Tasci, Psy.D.
Police Psychologist, Nicoletti-Flater Associates
University of Northern Colorado - Greeley, 1998
Theoretical Orientation: Psychoanalytic, attachment, & systems
Professional Interests: Certified EMDR therapist; advanced level of Emotionally Focused Therapy for couples; AEDP – Level I & enrolled for Level II; aviation psychology/medicine; substance abuse professional for DOT

Laura Thompson, Ph.D., LPC
Staff Counselor, Regis University Office of Counseling and Personal Development
Syracuse University, 2015
Theoretical Orientation: Humanistic, Integrative
Professional Interests: Substance abuse (Certified Addiction Counselor), college student mental health, mindfulness, and intercultural adjustment

Brenna Tindall, Psy.D.
Clinical Psychologist, Treatment and Evaluation Services
University of Denver Graduate School of Professional Psychology, 2010
Theoretical orientation: Behavioral/ACT
Interests: Substance abuse, health psychology, couples therapy, multicultural competence, professional ethics

Heather Twitty, Psy.D
Psychologist, Kaiser Permanente Colorado
University of Denver GSPP 2011
Theoretical Orientation: Neurodevelopmental/Bio-Psycho-Social with strong emphasis on brain development (typical and atypical) and the interaction of brain functioning with environmental factors (diagnosis as well as treatment)
Interests: Neurodevelopmental disorders in childhood and adulthood, personality and mental health in individuals with neurodevelopmental disorders, family functioning in systems with high needs children, R-DOCS and other neurologically based diagnostic systems

Chelsea Weir, RBT
ABA Paraprofessional, Legacy Comprehensive Counseling and Consultation
Theoretical orientation: PECS, PCIT
Interests: Social communication training to children

Marikay White, LCSW
Executive Director, Legacy Comprehensive Counseling and Consultation
University of Kansas, 1993
Theoretical orientation: Cognitive behavioral therapy, interpersonal systems, family systems, client-centered therapy
Interests: Children and family, administration
Asa Yancey, M.D.
Psychiatric Consultant, Denver Children’s Home
Boston University School of Medicine, 1981
Theoretical orientation: CBT
Interests: Child/adolescent

Friday Seminar Leaders

Brian Beaumund, Psy.D.
Independent practice, Denver
University of Denver GSPP, 2014
Interests: individual and couples therapy, teaching, and assessment (e.g., neuropsychology, learning disabilities, personality), depression, relational problems, Asperger’s

Jennifer A. Erickson Cornish, Ph.D., ABPP
(Also sometimes a secondary supervisor – see above)

Nikki Kraslin, Psy.D.
Independent practice, Denver
University of Denver GSPP, 2004
Interests: Psychodynamic technique and theory; the interplay between non-analytic treatment approaches stressing mindfulness (such as DBT) and psychoanalysis; and diversity/multiculturalism (particularly LGBT populations, and modern developmental theories as they relate to members of the LGBT community)

Fernand Lubuguin, Ph.D.
Clinical Associate Professor, DU GSPP; Director of Diversity; Director of Professional Psychology Clinic
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

Lavita Nadkarni, Ph.D.
Associate Dean; Professor; Director of Forensic Studies, DU GSPP
Adelphi University, 1995
Interests: psychoanalytic psychotherapy; psychological assessment; forensic psychological theory and practice; child custody; separation and divorce; treatment of children from non-intact families; grandparents rights; child abuse and neglect; adolescent truancy; psychologist as expert witness; PTSD, disability and law enforcement assessments; cultural issues in forensic psychology

Jordan Wolfsohn, Psy.D.
Independent practice, Denver
University of Denver GSPP, 2014
Interests: Assessment including neuropsychology, suicide prevention, psychodynamic treatment, integrated primary care psychology

SELECTION

SELECTION CRITERIA
Overall criteria for the Consortium

**Academic Record**: Preference for 3.5 GPA and above

**Clinical/Counseling Experience**: Preference for 800+ advanced practicum hours (prefer to have at least some hours in a relevant site; 2+ integrated assessment reports

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

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

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

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

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

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

**Internship site criteria**

**Denver Children’s Home**
Having a master’s degree and a background/interest in working with adolescents and trauma are requirements to intern at DCH. Applicants must also be eligible to receive their provisional LPC license (meaning that they must have taken all classes required, or be willing to take the required classes, and apply for the provisional LPC license prior to beginning the internship in August - provisional licenses exist for therapists providing services at Residential Child Care Facilities in CO). All applicants should have a strong background in assessments, and must have personality testing (i.e., Rorschach) experience. Ideal interns will be self-starters, demonstrate good self-awareness and good communication skills.

**Kaiser Permanente Colorado**
Kaiser prefers candidates with interest in working in a solution focused manner in an integrated care setting. In addition, completion of a psychopharmacology class is preferred. Ideal residents are highly motivated, self-initiating and demonstrate good self-awareness.

**Legacy Comprehensive Counseling and Consultation**
Internship applicants are encouraged to have an interest in working with children, adolescents, and families. All applicants should have a strong background in assessments and must have previous experience in all of the assessment courses offered at GSPP. Legacy Center requires
that interns be registered with DORA as Registered Psychotherapist and that the intern holds professional liability insurance as a student.

Mental Health Center of Denver
Applicants for the adult track must have sound clinical experience with individual adult and group therapy and must have some experience working with individuals with a serious and persistent mental illness. Candidates for the child track must have sound clinical skills working with children, families, adolescents who have economic and multiple systems issues in addition to severe mental health issues. All students must have previous experience in all of the assessment courses offered at GSPP.

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

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

Treatment and Evaluation Services
Applicants are required to have a strong background in psychological assessment. This site is interested in a good fit personally since the staff works together very closely. Applicants need to be adaptable to a style of treatment that meets agency needs and state requirements (forensic population). Successful candidates will need to be self-starters and willing to learn new treatment approaches and test protocols used specifically for a forensic population.

University of Denver Health and Counseling Center
Applicants are required to have an adequate number of hours with adult clients (approximately 600+), and previous experience with college-aged student is a plus. Previous assessment experience is required with a minimum of 2 adult integrated test reports. Group, crisis and outreach experience is desirable. The DU HCC looks for students who have generalist skills as well as the ability to work in a fast-paced and busy environment, and specific areas of interests that are applicable to the college population.

SELECTION PROCEDURES

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

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

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

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

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

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

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

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

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

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

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

Internship site selection procedures

Denver Children’s Home
The training staff reads and ranks the written application materials and then offers interviews to qualified candidates. Interviews will include a 45-minute meeting with all site supervisors, during which time the applicant can ask questions. A tour of the facility will also be provided. It is recommended that the applicant observe various aspects of the programs offered at DCH to help in their decision. It is also encouraged that applicants speak with current externs. Following the interviews, each applicant will be discussed and rank ordered.

Kaiser Permanente Colorado

Written application materials are read and ranked by the two primary supervisors and the group supervisor. Of these applicants, generally 16 - 18 are selected to interview. The applicants have a 30 minute informal meeting with a staff member who shows them one of the clinics and answers questions. The applicants then have a structured 30 minute interview involving at least one case. Candidates are responsible for monitoring their time. Following the interviews, input is gathered from the staff person who met informally with the applicants to determine how they presented and what questions they asked. The applicants are discussed. Each person rank orders the applicants and these are posted. Generally this results in the final rank ordering but if necessary more discussion occurs and if there is still some disagreement the final decision is made by the primary supervisors.

Legacy Comprehensive Counseling and Consulting

Written applications are reviewed for goodness-of-fit for experience and training goals. Applicants who meet Legacy Center criteria will be offered an interview in January. The interview includes a half-day interview, including an orientation group meeting, individual interviews with providers at Legacy Center, and at least one structured interview involving a clinical case. Following the interviews, the applicants are discussed and rank ordered by the interview team.

Mental Health Center of Denver

The intern applications are read for goodness of fit based upon a student’s skill set, life experience, and interest in working with individuals who present in a community mental health setting. Students who meet MHCD criteria are interviewed, usually in December and early January. The intern applicants are seen for one hour which includes a tour of the facility and a structured 45 minute interview and question session. The applicants are also encouraged to meet with or talk to the current interns. The applicants are rank ordered by the interview team.

Nicoletti-Flater Associates

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

Regis University Counseling and Personal Development

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

Treatment and Evaluation Services

This site begins with a paper screen to determine whether an individual has the necessary assessment background to be successful in the program. Depending on the number of candidates they may use a group interview to further screen candidates. They will then conduct an individual interview with senior staff to make their final selections.
University of Denver Health and Counseling Center
Candidates are invited for a half day visit (approximately 3 hours) and participate in an individual interview, an information session, an information session with the current interns, and a Counseling Services lunch. Intern applicants are generally interviewed in mid-December.

DISCLOSURE STATEMENT/BACKGROUND CHECKS

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

Interns selected at the Kaiser, MHCD, Legacy Center, and DUHCC sites will be required to submit background checks prior to beginning training. These checks may include (but not be limited to): social security number verification, felony and misdemeanor (primary and secondary court search), seven year residency history based on given addresses and others found from the Social Security verification (including all names), sex offender – national, national criminal record file – adjudicated, and federal criminal record. In addition, at the Kaiser site interns must submit the following 4 weeks prior to the internship start date: proof of negative TB test or negative chest x-ray within the last year or a negative chest x-ray within the year if unable to be skin tested for TB; proof of 1 Measles, Mumps, Rubella immunizations or Titer test; proof of Chicken Pox vaccination/physician’s documentation of disease or Varicella Titer; a minimum of the first and second in three Hepatitis B series; Confidentiality Agreement; learn kp.org training completion document (when applicable), HIPAA attestation form (signed); eligibility to work in the U.S.; date of birth and full social security number. At the DU HCC site, interns will need to provide MMR documents, Hep B documents, History of Varicella, and a recent TB test. Failure to pass background checks and/or provide necessary documentation may result in revocation of internship offer.

COMMUNICATION WITH ACADEMIC PROGRAM

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

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

During the internship, the Internship Training Director is in regular contact with the Consortium sites, the Friday seminar leaders, the GSPP PsyD academic program director, and other Directors of Clinical Training for students not from the GSPP. 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 PsyD program director. The DU GSPP Student Advocate is always available to interns on a confidential basis. If sites have problems with interns, the Internship Training Director assists them in developing an informal remediation plan, or a formal developmental or probation plan if necessary. Copies of written plans are shared with the academic program.
Copies of every all written evaluations are kept online, and are shared with the PsyD Director as needed. Letters are sent twice/year to outside Directors of Clinical Training for students who are not from the GSPP.

**TRAINING AND SUPERVISION**

**ORIENTATION**

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

**SUPERVISION**

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

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

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

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

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

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

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

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

Supervisory Checklist

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

- DSM-V and ICD-10 review.

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

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

- Assessment of Competencies Form should be filled out online

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

- Completion of disclosure statement with the following information:
  - Heading: Disclosure Statement
  - Name
  - Title
  - Education
  - Licenses (if any)
  - Experience (brief description)
  - Name and license number of supervisor
Ongoing Supervisory Responsibilities

Monitor scheduling on a weekly basis.

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

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

Supervise all clinical and nonclinical work.

Monitor use of vacation time, sick days, and professional leave (with copies of all leave forms to the Internship Director or a staff member as designated).

Ensure that all evaluations are completed in a timely manner.

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

Questions you as a supervisor may ask yourself before discussing multicultural 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.

FRIDAY TRAINING SEMINARS

Professional Issues Seminar meets for two hours every other week (alternating with Research Seminar) and is led by a variety of speakers from the GSPP, the Consortium sites, and other local and national psychologists. Topics covered include: licensure, ethics, job-search strategies,
Research Seminar is co-led by Drs. Jenny Cornish and Lavita Nadkarni (GSPP faculty members), is held two hours every other week (alternating with Professional Issues Seminar) and emphasizes support for doctoral papers as well as a yearly group project. Recent group projects have included papers published in the *Psychotherapy Bulletin* on a variety of topics including supervision during internship, student loan debt, and career considerations.

Multicultural Seminar meets for 1.5 hours per week and is co-led by a core and adjunct faculty member with multicultural expertise. The purpose of this seminar is to informally explore personal and professional issues pertaining to multiculturalism, mainly using experiential exercises such as target journeys. Another focus area is on multicultural competency in treating diverse clients. The seminar is co-led by Drs. Fernand Lubuguin (GSPP faculty) and Nikki Kraslin (adjunct).

Assessment Seminar is held one hour every week and includes training in clinical interviewing and all aspects of psychological testing (e.g., administration, scoring, interpretation, and written and oral reports). This seminar is co-led by Drs. Brian Beaumund and Jordan Wolfsohn (adjuncts) and may include expert guest speakers from the community.

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

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

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

**CASE PRESENTATION GUIDELINES**

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

**Supervision case presentation guidelines:**

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

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

Research Seminar Doctoral Paper/Dissertation Presentation Guidelines

First Doctoral Paper/Dissertation Presentation Format

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

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

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

Potential challenges
Questions for the group

Second Presentation
Updates – process of turning in first draft
Findings/conclusions/questions
Committee involvement – planning for teamwork
Planning for next steps
Next drafts – process for revisions
Submission for presentation
RESEARCH

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

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

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

EVALUATION

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

Interns complete a self-evaluation, the "Assessment of Competencies" form at the beginning of the training year, which helps supervisors respond to specific needs. Interns are formally evaluated three times/year by primary individual supervisors (with input from secondary supervisors and Friday seminar leaders), and by their practicum student supervisees (usually in December, May, and August).

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

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

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

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

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

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

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

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

Interns are expected to:

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

APA Ethical Principles and Code of Conduct (2002, Amended June 1, 2010)
http://www.apa.org/ethics/code/

APA Practice Guidelines
http://www.apa.org/practice/guidelines/

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

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

Review the site’s legal and ethical statement with clients during intake sessions and provide appropriate disclosure statements.
Demonstrate appropriate concern and advocacy for client welfare and conduct themselves in an ethical manner at all times.

**MULTIPLE RELATIONSHIPS**

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

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

Whenever possible, GSPP interns will supervise practicum students who are not from the GSPP doctoral program. Rather, these practicum students may come from programs outside the University of Denver or from the DU Graduate School of Social Work, the DU Counseling Psychology Program, or the GSPP master’s program in Forensic Psychology. In the rare cases of a GSPP PsyD intern supervising a GSPP PsyD practicum student it will not be permissible for the intern and practicum student to have any social ties with each other (e.g., no friendship, academic relationship, etc.).

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

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

**POLICY ON SOCIAL MEDIA AND ANSWERING MACHINES**

Interns who use social media (e.g., Facebook) and other forms of electronic communication should be mindful of how their communication may be perceived by clients/patients, colleagues, faculty, and others. As such, interns should make every effort to minimize material that may be deemed inappropriate for a psychologist in training. To this end, interns should set all security settings to “private” and should avoid posting information/photos or using any language that could jeopardize their professional image. Interns should consider limiting the amount of personal information posted on these sites, and should never include clients as part of their social network, or include any information that might lead to the identification of a client, or compromise client confidentiality in any way. Greetings on voicemail services and answering machines used for professional purposes should also be thoughtfully constructed. Interns are reminded that, if they identify themselves as an intern in the program, the Consortium has some interest in how they are portrayed. If interns report doing, or are depicted on a website or in an email as doing something unethical or illegal, then that information may be used by the Consortium to determine probation or even termination. As a preventive measure, the Consortium advises that interns (and faculty) approach social media carefully. In addition, the American Psychological Association’s Social Media/Forum Policy may be consulted for guidance: [http://www.apa.org/about/social-media.aspx](http://www.apa.org/about/social-media.aspx)

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

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

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

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

At any time during the year a site supervisor or Friday seminar leader 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, GSPP 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.

If the intern is not from the GSPP, his/her academic Director of Clinical Training will be contacted.

**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 primary 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 Internship Training Director will work with the site to develop a written (developmental or probation) plan, using the template developed by the Council of Chairs of Training Councils. Written documentation of unprofessional behaviors will be provided, as well as conditions that must be met for the intern to resume normal status. A time period for further remediation will be given, as well as the date for future review by the staff, and consequences for failure to remediate. The intern, supervisor, and the Internship Training Director will sign and date the document, with copies given to the intern. The academic program will also be given a copy of any written plan. Should an intern commit a felony, have sexual contact with a client, or perform any other serious violation of ethical conduct, s/he will be placed on suspension immediately, with further disposition determined by Internship Director and Consortium 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.

If the intern is not from the GSPP, his/her academic Director of Clinical Training will be contacted.
Levels of Remedial Consequences:

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

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

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

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

**Extension of the Internship and/or Recommendations for a Second Internship**
In situations where the intern has made some but insufficient progress prior to the end of the internship, the intern may be required to extend his/her stay at the internship site in order to complete the requirements. In some cases, the intern may be recommended to complete part or all of a second internship. In both cases, the intern must demonstrate a capacity and willingness for full remediation, and the academic program will be notified and consulted.

**Suspension and Dismissal**
In cases involving severe violations of the APA Ethics Code, where imminent harm to a client is a salient concern, where there is a preponderance of unprofessional behavior, or lack of change in behaviors for which an intern has been placed on probation, suspension of agency privileges may be a recommended consequence. 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 academic department within two working days of the decision. 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. Please note that in the case of suspension or dismissal, the intern may appeal the decision. However, the HR policies from any of the Consortium sites
may supersede these due process and grievance procedures in some cases of egregious behavior.

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

RIGHTS AND RESPONSIBILITIES

Expectations of Consortium interns include the following:

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

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

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

To responsibly meet training expectations by fulfilling goals and exit criteria.

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

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

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

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

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

More specifically, the rights of interns will include:

The right to a clear statement of general rights and responsibilities upon entry into the internship program, including a clear statement of goals of the training experience.
The right to clear statements of standards upon which the intern is to be evaluated three times/year.

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

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

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

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

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

The right to due process to deal with problems after informal resolution has failed, or to determine when rights have been infringed upon (see Due Process section in this handbook).

The right to request assistance in job search and application (for interns).

The right to privacy and respect of personal life.

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

CONTACT INFORMATION

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FRIDAY SEMINAR LEADERS

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Lavita Nadkarni, Ph.D. 303-871-3877, lnadkarn@du.edu

Multicultural Seminar  
Fernand Lubuguin, Ph.D. 303-871-3988 fernand.lubuguin@du.edu  
Nikki Kraslin, Psy.D. drnikkikraslin@gmail.com

Assessment Seminar  
Brian Beaumund, Psy.D. brian.beaumund@gmail.com  
Jordan Wolfsohn, Psy.D. jordan.wolfsohn@gmail.com
CONSORTIUM INTERNS SINCE 2005

(Note: All interns from DU GSPP unless otherwise indicated)

**2015-2016**

<table>
<thead>
<tr>
<th>Intern Name</th>
<th>Employer</th>
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<tbody>
<tr>
<td>Liliana Almeida</td>
<td>Kaiser Permanente Colorado (from CSPP Los Angeles)</td>
</tr>
<tr>
<td>Ellen Bronder</td>
<td>DU Health and Counseling Center (from University of Akron)</td>
</tr>
<tr>
<td>Trey Cole</td>
<td>DU Health and Counseling Center</td>
</tr>
<tr>
<td>Sarah Cooper</td>
<td>Treatment and Evaluation Services (from Nova Southeastern)</td>
</tr>
<tr>
<td>Mariya Dvoskina</td>
<td>Nicoletti-Flater Associates</td>
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<tr>
<td>Hannah Koch</td>
<td>DU Health and Counseling Center</td>
</tr>
<tr>
<td>Todd Lukens</td>
<td>Mental Health Center of Denver, Child (from Stanford Palo Alto)</td>
</tr>
<tr>
<td>Jennifer Marceron</td>
<td>DU Health and Counseling Center (from George Washington University)</td>
</tr>
<tr>
<td>Chase Martin</td>
<td>Mental Health Center of Denver, Adult</td>
</tr>
<tr>
<td>Chelsea Towler</td>
<td>Regis University Counseling</td>
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<tr>
<td>Katie Weiss</td>
<td>Kaiser Permanente Colorado</td>
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**2014-2015**

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<tbody>
<tr>
<td>Adam Altschuch</td>
<td>DU Health and Counseling Center</td>
</tr>
<tr>
<td>Allison Evins</td>
<td>Legacy Comprehensive Counseling and Consultation</td>
</tr>
<tr>
<td>Lindsey Gagnon</td>
<td>Kaiser Permanente Colorado</td>
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<tr>
<td>Melissa Goldberg</td>
<td>Kaiser Permanente Colorado</td>
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<tr>
<td>Adrienne Kearney</td>
<td>MHCD Adult Track</td>
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<tr>
<td>Katherine McMann</td>
<td>Nicoletti-Flater Associates</td>
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<td>Jennifer Paz</td>
<td>MHCD Child Track</td>
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<tr>
<td>Chris Peavey</td>
<td>DU Health and Counseling Center</td>
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<tr>
<td>Julie Sutcliffe</td>
<td>DU Health and Counseling Center</td>
</tr>
<tr>
<td>Lies Van Bekkum</td>
<td>DU Health and Counseling Center</td>
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**2013-2014**

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<td>Lindsey Harcus</td>
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<td>Alex McDermott</td>
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<td>Risa Muchnick</td>
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<td>Nick Sotor</td>
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<td>Shane Spears</td>
<td>Denver Children’s Home</td>
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<tr>
<td>Ashley Sward</td>
<td>Mental Health Center of Denver, Child Track</td>
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**2012-2013**

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<tr>
<td>Christine Devore</td>
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<td>Abigail Lockhart</td>
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<tr>
<td>Kimberly Mathewson</td>
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<td>Evelyn Owusu</td>
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<td>David Shanley</td>
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<td>Tiffany Willis</td>
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**2011-2012**

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<tr>
<td>Rebecca Baker</td>
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<td>Abby Coven</td>
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<td>Alexis Emich</td>
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<td>Emily Fogle</td>
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<td>Amy Ginsberg</td>
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<td>Alicia Goffredi</td>
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<td>Maia Sidon</td>
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<tr>
<td>Jennifer Silva</td>
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**2010-2011**

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<td>Ous H. Badwan</td>
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<td>Neal J. Brugman</td>
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<td>Regina Angelich</td>
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<td>Cari J. Cornish</td>
<td>Progressive Therapy</td>
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<td>Sara Garrido</td>
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<td>Tatiana Rohlfs</td>
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<td>Eva Szucs</td>
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<tr>
<td>Heather Twitty</td>
<td>Emerge Professionals</td>
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<tr>
<td>Elizabeth Wawrek</td>
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**2009-2010**

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<tr>
<td>Jessica D. Bartels</td>
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<td>Michael D. Stein</td>
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<tr>
<td>Brandon S. Ward</td>
<td>Mental Health Center of Denver, Adult Track</td>
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**2008-2009**

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

2007-2008
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Jennifer Becker  Rape Assistance and Awareness Program
Ben Brewer  DU Health and Counseling Center
Kiara Marienau  Kaiser Permanente Colorado
Jennie Lee  Progressive Therapy
Jessica Micono  Treatment and Evaluation Services
Dorothy Moon  Mental Health Center of Denver
Heather Morris  Nicoletti-Flater Associates
Scott Nebel  Mental Health Center of Denver
Rae Sandler  Regis University Counseling and Personal Development
Paula Schmidtlein  DU Health and Counseling Center
Nicole Thibert  DU Health and Counseling Center
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2006-2007
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Mark Babula  Treatment and Evaluation Services
Jenna Brown  DU Health and Counseling Center
William Clancy  Kaiser Permanente Colorado
Dan Crystal  Mental Health Center of Denver
Andrea Godinez  Kaiser Permanente Colorado
Joelle Kruhl  Nicoletti-Flater Associates
Riley Rhodes  Mental Health Center of Denver
Paula Schmidtlein  DU Health and Counseling Center
Preeti Vidwans  DU Health and Counseling Center
Casey Wolfington  DU Health and Counseling Center

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Yolanda Barrera  DU Health and Counseling Center
Tai Blanscet  DU Health and Counseling Center
Sarah Burgamy  DU Health and Counseling Center
Casey Capps  Kaiser Permanente Colorado
Sheila Kamlet  Nicoletti-Flater Associates
Scott Narcissi  Treatment and Evaluation Services
Donna Peters  Rape Assistance and Awareness Program
Melissa Polo-Henson  Mental Health Center of Denver
Arlene Weimer  Mental Health Center of Denver
Joanne Whalen  Kaiser Permanente Colorado
REFERENCES


