

UNIVERSITY OF DENVER

**GRADUATE SCHOOL OF PROFESSIONAL PSYCHOLOGY
INTERNSHIP CONSORTIUM**

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

APA Accredited

**Internship Training Handbook
2015-2016**

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APA Documents

APA Ethical Principles and Code of Conduct (2002, Amended June 1, 2010)

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

APA Practice Guidelines

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

Including

Guidelines for the Practice of Parenting Coordination

Record Keeping Guidelines

Guidelines for Child Custody Evaluations in Family Law Proceedings

Guidelines for Psychological Practice with Girls and Women

Guidelines for Psychological Practice with Older Adults

Guidelines on Multicultural Education, Training, Research, Practice, and Organizational
Change for Psychologists

Practice Guidelines Regarding Psychologists' Involvement in Psychopharmacological
Issues

Guidelines for Psychological Evaluations in Child Protection Matters

Guidelines for Psychological Practice in Health Care Delivery Systems

Practice Parameters: Screening and Diagnosis of Autism

Guidelines for Test User Qualifications

Guidelines for Psychological Practice with Lesbian, Gay, and Bisexual Clients

Guidelines for Assessment of and Intervention with Persons with Disabilities

Guidelines for the Evaluation of Dementia and Cognitive Change

Consortium Documents

Consortium Contact Information

Consortium Agreement/Contract (Sample)

Consortium Entrance Criteria for Sites

Consortium Leave Form

Consortium Remediation Form

Evaluation Forms (Note that these are now online only)

Initial Assessment of Intern Competencies Form

Evaluation of Intern Competencies Form (completed by Supervisor)

Evaluation of Intern as Supervisor (completed by Practicum Student)

Evaluation of Supervisor/s Form (completed by Intern)

Evaluation of Training Program Form (completed by Intern)

Post-Internship Survey (completed by Intern)

University of Denver Religious Accommodations Policy

Intern Support Referral List

Postdoctoral and Licensure Information

Association of State and Provincial Psychology Boards:

<http://www.asppb.net/i4a/pages/index.cfm?pageid=1>

This training handbook describes the training program at the University of Denver Graduate School or 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)

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Jennifer A. Erickson Cornish, August 2015

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 was granted full, seven-year APA accreditation in 2005.

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 exclusively affiliated with the DU GSPP PsyD program, so that only students from the academic program are eligible to apply to the Consortium (however, in Phase II of the national internship match, the remaining Consortium positions were opened nationally). 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, and supervisors from the different Consortium sites.

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 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, with 515,000 members in the six-county Denver/Boulder metropolitan area and Southern Colorado service area.

Kaiser Permanente offers two full-time internship positions each year, both focusing on generalist practice. 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.

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 are possible, based on the needs of each patient.

Kaiser Permanente's Behavioral Health department provides care for both acute and chronic conditions. The group practice model (including therapists, physicians, nurses and intensive services/crisis teams) delivers services within a team approach. Depending on patient needs, a mental health therapist may collaborate with a psychiatrist, with the crisis team, with chemical dependency, and sometimes with the Behavioral Medicine Specialist or primary care physician in the Medical Offices. This collaboration is facilitated through the shared electronic medical record system at Kaiser Permanente. Treatment strategies will target present difficulties, with the goals of patients reaching a satisfactory level of functioning and maintaining activities of daily living. As part of an integrated care system and the team approach, an emphasis is placed on communication and collaboration with other treatment providers within the organization.

The internship at Kaiser Permanente consists of a major rotation in one of the outpatient clinics and 3-4 minor rotations. Residents work two 8-hour days and two 10-hour days each week. They divide this time with 28 hours for the major rotation and 8 hours for the minor rotation. Most minor rotations are one quarter. The options currently offered for the minor rotation include: Behavioral Medicine Specialist (two quarters spent in one of Kaiser Permanente's Medical Offices), chemical dependency, eating disorders, geropsych, pain program, and autism program. A minor rotation in intensive outpatient/crisis services is a possibility.

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, Mixed 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, WIPPSI-IV/WISC-IV/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, Mixed 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

<http://www.mhcd.org/>

The Mental Health Center of Denver (MHCD) is the largest community mental health center in the region, serving 10,000+ consumers each year, most with a serious and persistent mental illness. However, individuals who have insurance are also able to access our services. The client base is representative of the cultural diversity in Denver County. MHCD serves the entire age range; from the RightStart program that serves ages 0 – 5 to our geriatric programs that help the elderly population. MHCD employs more than 700 professionals of many different areas of expertise (such as psychiatrists, psychologists, neuropsychologists, licensed professional counselors, licensed social workers, nurses, case managers etc.). MHCD offers services in more than 30 locations throughout Denver (including multiple outpatient clinics such as Adult Recovery Center, The Dahlia Campus for Health and WellBeing, and Wellshire); approximately 23 residential facilities; 4 community-based agencies serving the homeless; 10 public schools; vocational programs; in-home care for families; and nursing home services).

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. Most of the individuals we serve have an Axis I mental health diagnosis; are on Medicaid, Child Health Plus or have no insurance. MHCD's goal is to enrich the lives of these individuals by focusing upon strengths, recovery, and wellbeing. The Mental Health Center of Denver also strives to be a resource to the greater community of Denver through various grant programs, outreach programs, and vocational programs. In addition, MHCD hopes to continually make a positive contribution to other agencies and organizations in the community through education and collaboration. The Mental Health Center of Denver also has several fee for service mental health clinics, addressing psychiatric medication management, chronic depression with Transcranial Magnetic Stimulation treatment, and psychological assessment.

MHCD offers two full-time internship positions each year: one child/family track position and one adult track position.

Major rotations: The child/family track intern will be placed at the West Federal Child & Family Center and/or The Dahlia Campus for Health and Wellbeing (to open approximately in November 2015) and 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. Clinical services on major rotations include: intakes; individual, group and/or family therapy; and outreach services. Interns are an important part of the interdisciplinary team, which is comprised of psychiatrists, nurses, psychologists, therapists, case managers etc. Interns attend all staffings and team events, if their schedule permits.

Psychological Assessment: The interns will complete 5 hours per week of psychological testing throughout the year and will complete a minimum of 8 full batteries with written reports. The assessment hours involve test administration, scoring, report-writing, and feedback session with client and treatment team (if available). It is expected that applicants will have strong projective, cognitive and personality testing skills and will have taken the cognitive, projective and personality assessment classes offered at the GSPP (including Rorschach experience). Neuropsychology interest and/or experience is a plus but not a requirement.

Minor rotations: The interns will each choose preferable one secondary rotation that will be ten hours per week for the duration of their training year. However, if the secondary rotation is amenable to a six-month rotation, the intern may possibly choose two secondary rotations. Options include: *Urban Peak* (Colorado's only long-term adolescent homeless shelter for youth ages 15-21), *Gilliam Detention Center* (forensic rotation involving crisis work and assessment with incarcerated juveniles), *Home-Based Family Services* (provides intensive in-home and community-based mental health services to families), *Research and Evaluation* (opportunity to participate in a number of MHCD research projects, develop an individual project, and/or participate in grant writing), *School Based Program*, *Self-study/Program Development* (of the intern's choice if a supervisor is available), *Psychological Assessment* (this work would be in addition to the 5 hour requirement), *Diversity and Inclusiveness Program*, and *The RightStart Program* (which serves 0-5 years of age and focuses on dyadic work between the child and caregiver). The intern will work with the Training Director to determine the best fit.

Supervision: Interns will have one hour a week of individual supervision with their primary supervisor, one hour a week of supervision of supervision, two hours a week of psychological

assessment group supervision, and approximately one hour a week of supervision for their secondary rotation.

Presentation requirement: Interns are also asked to prepare a professional presentation to be included in MHCD's training repertoire offered to staff. The Training Director will work with each intern to identify an appropriate topic.

Nicoletti-Flater Associates

<http://www.nicoletti-flater.com/>

Nicoletti-Flater Associates (N-FA) 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 crisis response and recovery.

The site has a ten person staff that serves police and fire departments in the Denver metropolitan area and also serves as a consultant on workplace and school/campus violence on a national basis. In addition, the site provides psychological screenings and debriefings every year at McMurdo Station and the South Pole in Antarctica as well as in Christchurch, New Zealand. Services provided by N-FA also include: conducting pre-employment screenings, assisting in hostage negotiations, threat analysis, educating organizations on de-escalation techniques, and consultation in a variety of areas including bioterrorism. This is the only APA-accredited internship consortium with a police psychology site in the United States. A rotation in Antarctica may be offered to interns depending on the year.

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 debriefs following critical incidents such as suicides, workplace or school shootings, etc. Interns are involved in each of these areas of expertise and also have the opportunity to work with individuals from around the world during a rotation in Antarctica. During this trip, staff conducts psychological evaluations on winter-over candidates and provides training and counseling services to all those currently deployed to McMurdo Station and the South Pole.

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 Critical Incident Trainings for police officers in areas such as verbal de-escalation, suicide and working with special populations. Interns are encouraged to conduct outreach/program development in specialty areas of

interest. Corporate consultation for high-risk, high-profile cases offers interns expert training in the role of the psychologist in the consultation process. Interns are encouraged to participate in the advancement of local/national efforts toward Disaster Preparedness (natural disaster, terrorism, influenza outbreaks, etc.).

Crisis Intervention: Interns have the opportunity to attend and co-facilitate Critical Incident Debriefings and trauma screenings. Flexibility working in non-traditional settings during non-traditional hours (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 (pre-employment screenings, pre-deployment screenings, and Antarctica on-site screenings) must be conducted by a doctoral-level psychologist; interns assist in this process. Threat assessments are generally conducted by a mental health team. As part of this team, interns often conduct collateral interviews, organize collateral data and participate in case conceptualization and report writing.

In addition to a two-week rotation in Antarctica that may be offered during the internship year, specialty focus areas include: working with law enforcement; trauma work including crisis response and recovery; violence detection and prevention.

[Regis University Office of Counseling and Personal Development](http://www.regis.edu/ocpd)
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 that offers 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.

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 services on a weekly basis. Clients are ethnically diverse and predominately male. The site does some 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 addiction problems.

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.

The University of Denver Health and Counseling Center (HCC) is an integrated center with Health Services, Counseling Services, Center for Advocacy, Prevention and Empowerment, and Health Promotion Services operating together. The HCC offers four full-time doctoral intern positions within Counseling Services. The HCC is centrally located on campus in the Ritchie Center (3rd Floor). HCC Counseling Services staff members consist of five senior staff psychologists and counselors, a behavioral health consultant, a half-time psychiatrist, four psychology interns, a postdoctoral fellow, five graduate student trainees, and a psychiatric resident for eight hours a week. Counseling Services at DU has been in existence for over 30 years. Approximately 11% of the 11,000 students at DU present to the HCC each year with problems ranging from transitional developmental stresses to severe psychopathology. The student population is composed of approximately 5,400 undergraduates, 5,000 graduate students, and includes about 21% ethnic minority and international students. The HCC also provides counseling services to staff and faculty employed at the University of Denver. Approximately 5% 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 to provide exceptional, inclusive, integrated health care. We promote student success and wellness through education, advocacy and outreach to the University of Denver 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 serving both undergraduate and graduate students, all interns training at DU will have opportunities to work with clients in the Employee Assistance Program. 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 PHILOSOPHY, OBJECTIVES, GOALS, COMPETENCIES, PROCESSES, AND THRESHOLDS/EXIT CRITERIA

The Internship Consortium seeks to build on the skills developed during the doctoral education and training at the DU GSPP in order to graduate competent entry-level clinical psychologists who can function in a variety of settings and continue to develop professionally throughout their careers. The philosophy of the internship program consists of three parts:

A practitioner-scholar model (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, 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, 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 specialization areas available at the different sites. Interns will usually train all year at one site, but will benefit from vicarious exposure to other interns, professionals, issues, approaches, and ideas from the other sites on a weekly basis during the 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.

The Consortium has 3 goals, 11 objectives, 11 competencies, and related outcomes and threshold/exit criteria. (Please note that the Consortium competencies are based on the Competency Benchmarks Document [September, 2008], Assessment of Competencies Benchmark Work Group convened by the APA Board of Educational Affairs in Collaboration with the Council of Chairs of Training Councils [see Fouad et al., 2009]. Note also that competencies consist of knowledge, skills, and attitudes/values. Competencies in the Consortium build on and extend those in the DU GSPP PsyD academic program).

Goal #1: To produce entry-level clinical psychologists who practice from a foundation of well-developed professional and relational competencies

Objectives:

To produce entry-level clinical psychologists who are competent in *Professionalism* (Professional values and ethics as evidenced in behavior and comportment that reflects The values and ethics of psychology, integrity, and responsibility)

To produce entry-level clinical psychologists who are competent in *Reflective Practice/Self-Assessment/Self-Care* (Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care)

To produce entry-level clinical psychologists who are competent in *Relationships* (Relates effectively and meaningfully with individuals, groups, and/or communities)

To produce entry-level clinical psychologists who are competent in *Individual and Cultural Diversity* (Awareness, sensitivity, and skills in working professionally with diverse individuals, groups, and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy)

To produce entry-level clinical psychologists who are competent in *Ethical Legal Standards and Policy* (Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations)

Competencies:

Professionalism

Integrity (Continually monitors and independently resolves situations that challenge professional values and integrity): Articulates professional values; Takes independent action to correct situations that are in conflict with professional values

Deportment (Consistently conducts self in a professional manner across settings and situations, Independently accepts personal responsibility across settings and contexts): Verbal and nonverbal communications are appropriate to the professional context including in challenging interactions; Works to fulfill client-provider contracts; Enhances productivity; Holds self-accountable for and submits to external review of quality service provision

Concern for the welfare of others (Independently acts to safeguard the welfare of others): Communications and actions convey sensitivity to individual experience and needs while retaining professional demeanor and deportment; Respectful of the beliefs and values of colleagues even when inconsistent with personal beliefs and values; Acts to benefit the welfare of others, especially those in need

Professional identity (Consolidation of professional identity as a psychologist; Knowledgeable about issues central to the field; Evidence of integration of science and practice): Keeps up with advances in profession; Contributes to the development and advancement of the profession and colleagues; Demonstrates integration of science in professional practice

Reflective Practice/Self-Assessment/Self Care

Reflective practice (Reflectivity in context of professional practice [reflection-in-action], Reflection acted upon, Self used as a therapeutic tool): Demonstrates frequent congruence between own and others' assessment and seeks to resolve incongruities; Models self-care; Monitors and evaluates attitudes, values, and beliefs towards diverse others; Systematically and effectively monitors and adjusts professional performance in action as situation requires; Consistently recognizes and addresses own problems, minimizing interference with competent professional functioning

Self-assessment (Accurate self-assessment of competence in all competency domains; Integration of self-assessment in practice): Accurately identifies level of competence across all competency domains; Accurately assesses own strengths and weaknesses and seeks to prevent or ameliorate impact on professional functioning; Recognizes when new/improved competencies are required for effective practice

Self care (Attention to personal health and well-being to assure effective professional functioning; Self-monitoring of issues related to self-care and prompt interventions when disruptions occur):

Anticipates and self-identifies disruptions in functioning and intervenes at an early stage/with minimal support from supervisors; Models self-care

Relationships

Interpersonal relationships (Develops and maintains effective relationships with a wide range of clients, colleagues, organizations, and communities): Effectively negotiates conflictual, difficult, and complex relationships including those with individuals and groups who differ significantly from oneself; Maintains satisfactory interpersonal relationships with clients, peers, faculty, allied professionals, and the public

Affective skills (Manages difficult communication; Possesses advanced interpersonal skills): Seeks clarification in challenging interpersonal communications; Demonstrates understanding of diverse viewpoints in challenging interactions; Accepts, evaluates, and implements feedback from others

Expressive skills (Effective command of language and ideas): Demonstrates descriptive, understandable command of language, both written and verbal; Communicates clearly and effectively with clients

Individual and Cultural Diversity

Self as shaped by individual and cultural diversity (e.g., Cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status; and Context [Independently monitors and applies knowledge of self as a cultural being in assessment, treatment and consultation]): Independently articulates, understands, and monitors own cultural identity in relation to work with others; Regularly uses knowledge of self to monitor and improve effectiveness as a professional; Critically evaluates feedback and initiates consultation or supervision when uncertain about diversity issues

Others as shaped by individual and cultural diversity (e.g., Cultural, individual, and role differences, including those based on age, gender, gender identity,

race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status, and Context [Independently monitors and applies knowledge of others as cultural beings in assessment, treatment, and consultation]); Independently articulates, understands, and monitors cultural identity in work with others; Regularly uses knowledge of others to monitor and improve effectiveness as a professional; Critically evaluates feedback and initiates consultation or supervision when uncertain about diversity issues with others

Interaction of self and others as shaped by individual and cultural diversity (e.g., Cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status, and Context[Independently monitors and applies knowledge of diversity in others as cultural beings in assessment, treatment, and consultation]): Independently articulates, understands, and monitors multiple cultural identities in interactions with others; Regularly uses knowledge of the role of culture in interactions to monitor and improve effectiveness as a professional; Critically evaluates feedback and initiates consultation or supervision when uncertain about diversity issues with others

Applications based on individual and cultural context (Applies knowledge, skills, and attitudes regarding intersecting and complex dimensions of diversity, for example, the relationship between one's own dimensions of diversity and one's own attitudes towards diverse others to professional work); Articulates an integrative conceptualization of diversity as it impacts clients, self, and others (e.g., organizations, colleagues, systems of care); Habitually adapts one's professional behavior in a culturally sensitive manner, as appropriate to the needs of the client, that improves client outcomes and avoids harm; Articulates and uses alternative and culturally appropriate repertoire of skills and techniques and behaviors; Seeks consultation regarding addressing individual and cultural diversity as needed; Uses culturally relevant best practices

Ethical Legal Standards and Policy

Knowledge of ethical, legal, and professional standards and guidelines (Routine command and application of the APA Ethical Principles and Code of Conduct, and other relevant and ethical, legal, and professional standards and guidelines of the profession): Spontaneously and reliably identifies complex ethical and legal issues, analyzes them accurately and proactively addresses them; Aware of potential conflicts in complex ethical and legal issues and seeks to prevent problems and unprofessional conduct; Aware of the obligation to confront peers and/or organizations regarding ethical problems or issues and to deal proactively with conflict when addressing professional behavior with others

Awareness and application of ethical decision making (Commitment to integration of ethics knowledge into professional work): Applies applicable ethical principles and standards in professional writings and presentations; Applies applicable ethics concepts in research design and subject treatment; Applies ethics and professional concepts in teaching and training activities; Develops strategies to seek consultation regarding complex ethical and legal dilemmas

Ethical conduct (Independently and consistently integrates ethical and legal standards with all foundational and functional competencies): Integrates an understanding of ethical-legal standards policy when performing all functional

competencies; Demonstrates awareness that ethical-legal-standards policy competence informs and is informed by all foundational competencies; Takes responsibility for continuing professional development

Processes:

Interns receive training in these areas at their sites (through supervised clinical experience) and in Friday seminars (Professional Issues Seminar; Multicultural Seminar)

Outcomes:

Proximal

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

Outcomes for the program in this area is 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 are measured by licensure rates and employment data.

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 the 5 competency areas on the final written evaluation by their primary supervisor (with input from secondary supervisors and Friday Consortium seminar leaders, including confirmation from the Multicultural Seminar co-leaders that they have participated in a satisfactory manner in that Friday seminar). In addition, completion of the requirements in any developmental or probation plan must be met prior to graduation.

Goal #2: To produce entry-level clinical psychologists who exhibit functional skills in applied areas of psychology.

Objectives:

To produce entry-level clinical psychologists who are competent in *Assessment* (Assessment and diagnosis of problems, capabilities, and issues associated with individuals, groups, and/or organizations)

To produce entry-level clinical psychologists who are competent in *Intervention* (Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations)

To produce entry-level clinical psychologists who are competent in *Consultation* (The ability to provide expert guidance or professional assistance in response to a client's needs or goals)

To produce entry-level clinical psychologists who are competent in *Supervision* (Supervision and training in the professional knowledge base and evaluation of the effectiveness of various professional activities)

Competencies:

Assessment

Measurement and psychometrics (Independently selects and implements multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families, and groups and context); Demonstrates awareness and competent use of culturally sensitive instruments, norms; Seeks consultation as needed to guide assessment; Demonstrates limitations of assessment data clearly reflected in assessment reports

Evaluation methods (Independently understands the strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis and treatment planning): Selection of assessment tools reflects a flexible approach to answering the diagnostic questions; Comprehensive reports include discussion of strengths and limitations of assessment measures as appropriate; Interview and report leads to formulation of a diagnosis and the development of appropriate treatment plans

Application of methods (Independently selects and administers a variety of assessment tools and integrates results to accurately evaluate presenting question/s appropriate to the practice site and broad area of practice): Independently selects assessment tools that reflect awareness of client population served at practice site; Interprets assessment results accurately taking into account limitations of the evaluation method/s; Provides meaningful, understandable and useful feedback that is responsive to client need

Diagnosis (Utilizes case formulation and diagnosis for intervention planning in the context of stages of human development and diversity); Treatment plans incorporate relevant developmental features and clinical symptoms as applied to presenting problem; Demonstrates awareness of DSM and relation to ICD codes; Regularly and independently identifies problem areas and makes a diagnosis

Conceptualization and recommendations (Independently and accurately conceptualizes the multiple dimensions of the case based on the results of assessment): Independently prepares reports; Administers, scores, and interprets test results; Formulates case conceptualizations incorporating theory and case material

Communication of findings (Communication of results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner): Writes an effective comprehensive report; Effectively communicates results verbally; Reports reflect data that has been collected via interview and its limitations

Intervention

Knowledge of interventions (Applies knowledge of evidence-based practice, including empirical bases of intervention strategies, clinical expertise, and client preferences); Writes a case summary incorporating elements of evidence-based practice; Presents rationale for intervention strategy that includes empirical support

Intervention planning (Independent intervention planning, including conceptualization and intervention planning specific to case and context): Accurately assesses presenting issues taking into account the larger life context, including diversity issues; Conceptualizes cases independently and accurately; Independently selects an intervention or range of interventions appropriate for the presenting issue/s

Skills (Clinical skills and judgment): Develops rapport and relationships with wide variety of clients; Uses good judgment about unexpected issues, such as crises, use of supervision, confrontation; Effectively delivers intervention

Intervention implementation (Implements interventions with fidelity to empirical models and flexibility to adapt where appropriate): Independently and effectively implements a typical range of intervention strategies appropriate to practice setting; Independently recognizes and manages special circumstances; Terminates treatment successfully; Collaborates effectively with other providers or systems of care

Progress evaluation (Evaluates treatment progress and modifies planning as indicated, even in the absence of established outcome measures): Independently assesses treatment effectiveness and efficiency; Critically evaluates own performance in the treatment role; Seeks consultation when necessary

Consultation

Role of Consultant: Recognizes situations in which consultation is appropriate; Demonstrates capability to shift functions and behavior to meet referral needs

Addressing Referral Questions: Demonstrates ability to gather information necessary to answer referral question; Clarifies and refines referral question based on analysis/assessment of question

Communication of Findings: Prepares clear, useful consultation reports and recommendations to all appropriate parties; Provides verbal feedback to consultee of results and offers appropriate recommendations

Application of Methods: Identifies and implements consultation interventions based on assessment findings; Identifies and implements consultation interventions that meet consultee goals

Supervision

Expectations and roles (Understands complexity of the supervisor role including ethical, legal, and contextual issues): Articulates a philosophy or model of supervision and reflects on how this model is applied in practice, including integrated contextual, legal, and ethical perspectives

Processes and procedures (Knowledge of procedures and practices of supervision): Prepares supervision contract; Demonstrates knowledge of limits of competency to supervise (assesses meta-competency); Constructs plans to deal with areas of limited competency

Skills development (Engages in professional reflection about one's clinical relationships with supervisees, as well as supervisees' relationships with their

clients): Clearly articulates how to use supervisory relationships to leverage development of supervisees and their clients

Awareness of factors affecting quality (Understanding of other individuals and groups and intersection dimensions of diversity in the context of supervision practice; Able to engage in reflection on the role of one's self on therapy and in supervision): Demonstrates integration of diversity and multiple identity aspects in conceptualization of supervision process with all participants (client/s, supervisee/s, supervisor/s); Demonstrates adaptation of own professional behavior in a culturally sensitive manner as appropriate to the needs of the supervision context and all parties in it; Articulates and uses diversity appropriate repertoire of skills and techniques in supervisory process; Identifies impact of aspects of self in therapy and supervision

Participation in supervision process (Provides supervision independently to others in routine cases). Provides supervision to less advanced students, peers, or other service providers in typical cases appropriate to the service setting

Ethical and legal issues (Command of and application of relevant ethical, legal, and professional standards and guidelines): Spontaneously and reliably identifies complex ethical and legal issues in supervision, and analyzes and proactively addresses them; Demonstrates awareness of potential conflicts in complex ethical and legal issues in supervision

Processes:

Interns receive training in these area at their sites (through supervised clinical experience) and in Friday Consortium seminars (Professional Issues Seminar; Assessment Seminar)

Outcomes:

Proximal

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

Outcomes for the program in this area is 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 are measured by licensure rates and employment data.

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 the 4 competency areas on the final written evaluation by their primary supervisor (with input from secondary supervisors and Friday Consortium seminar leaders, including confirmation from the Assessment Seminar co-leaders that they have participated in a satisfactory manner in that Friday seminar). In addition, completion of the requirements in any developmental or probation plan must be met prior to graduation.

Goal #3: To produce entry-level clinical psychologists who possess and utilize a solid foundation in the scientific/scholarly foundation that underlies professional psychology

Objectives:

To produce entry-level clinical psychologists who are competent in *Scientific Knowledge and Methods* (Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan; Respect for scientifically derived knowledge)

To produce entry-level clinical psychologist who are competent in *Research/Evaluation* (Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities)

Competencies:

Scientific Knowledge and Methods

- Scientific mindedness* (Independently applies scientific methods to practice): Independently accesses and applies scientific knowledge and skills appropriately and habitually to the solution of problems; Readily presents own work for the scrutiny of others
- Scientific foundation of psychology* (Knowledge of core science): Demonstrates advanced level of knowledge of and respect for scientific knowledge of the bases for behaviors
- Scientific foundation of professional practice* (Knowledge and understanding of scientific foundations independently applied to practice): Reviews scholarly literature related to clinical work and applies knowledge to case conceptualization; Applies evidence-based practice (EBP) concepts in practice; Compares and contrasts EBP approaches with other theoretical perspectives and interventions in the context of case conceptualization and treatment planning

Research/Evaluation

- Scientific approach to knowledge generation* (Generation of knowledge): Engages in systematic efforts to increase the knowledge base of psychology through implementing and reviewing research; Uses methods appropriate to the research question/s, setting, and/or community; Consults and partners with community stakeholders when conducting research in diverse communities
- Application of scientific method to practice* (Evaluation of outcomes): Evaluates the progress of own activities and uses this information to improve own effectiveness; Describes how outcomes are measured in each practice activity

Processes:

Interns receive training in these area at their sites (through supervised clinical experience) and in Friday Consortium seminars (Professional Issues Seminar; Research Seminar)

Outcomes:

Proximal

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

Outcomes for the program in this area is 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 are measured by licensure rates and employment data.

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 the 4 competency areas on the final written evaluation by their primary supervisor (with input from secondary supervisors and Friday Consortium seminar leaders, including confirmation from the Research Seminar co-leaders that they have participated in a satisfactory manner in that Friday seminar). In addition, completion of the requirements in any developmental or probation plan must be met prior to graduation.

STIPEND AND LEAVES

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 SITE.**

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:

Leaves

Vacation: Interns are permitted 10 vacation days. The site supervisors must be notified in advance of vacation plans. A leave form needs to be submitted to and approved by the primary individual supervisor with a copy given to the Internship Training Director.

Sick Leave: Interns are permitted 12 sick days during the internship. A leave form will need to be completed indicating number of hours used for sick time, signed by the supervisor, and turned in to the Internship Training Director. Interns may not use their sick leave in lieu of vacation leave, however it is appropriate to use sick leave for bereavement leave. In addition, sick leave may be used for the intern, and/or when the intern is caring for sick family members/significant others.

Holidays: Interns have 10 holidays (following the DU schedule): Labor Day, Thanksgiving (2), Christmas (3), New Year's Day, Martin Luther King Jr. Day, Memorial Day, and Independence Day.

Professional Leave: Two days of professional leave are provided for interns as approved by their supervisors to attend conventions, workshops, job interviews, doctoral paper defenses, or appropriate professional development activities. A leave form needs to be signed by the primary individual supervisor with a copy to the Internship Training Director.

Workshop/professional development reimbursement: Interns are allowed \$100 to attend professional workshops/meetings.

Research: interns are allowed 3 hours per week for research. These hours may be accrued for no more than one month at a time. In addition, interns 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 as applicable to DU students.

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. Secretarial support services and office supplies are available as needed. Each training site has taping 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
Lisa Backus, PhD

Kaiser Permanente Colorado
Elizabeth Miller PhD, MBA

Legacy Comprehensive Counseling and Consultation
Molly White, PhD

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

Lisa Backus, Ph.D.

Residential Treatment Team Leader, Denver Children's Home
Bowling Green State University, 2013

Theoretical Orientation: Trauma-focused CBT

Interests: Trauma, development, family systems

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

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

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

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

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

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

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

Kimberly Mercer, Ph.D.
Staff Psychologist / Behavioral Health Consultant, University of Denver Health and Counseling Center
Washington University in St. Louis, 2010
Theoretical orientation: Cognitive-behavioral therapy, motivational interviewing, acceptance and commitment therapy, mindfulness-based psychotherapy, biofeedback, and psychoeducation
Interests: Delivery of mental health services in primary care settings

Elizabeth Miller, PhD, MBA
Manager, Kaiser Permanente Colorado
University of Oregon, 1988
Theoretical orientation: CBT, Eclectis
Interests: The range of adult mental health problems, especially women's issues, and family therapy

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

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

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

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

Lisa Abbott, MA, PLPC

Therapist, Denver Children's Home
University of Phoenix, 2014

Theoretical orientation: Attachment

Interests: Early Childhood, Play therapy and trauma

Caitlin Arce, MA

Intensive In-Home Therapist, Denver Children's Home

Naropa University, 2013

Theoretical orientation: In-home family and individual therapy to youth; collaboration with interns on clinical and treatment teams/cases

Interests: Art therapy

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.

Police/Clinical Psychologist, Nicoletti-Flater Associates

University of Denver Graduate School of Professional Psychology, 2002

Theoretical orientation: Cognitive-behavioral

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

Sarah Banks, Ph.D.

Legacy Comprehensive Counseling and Consultation

Theoretical orientation: CBT

Interests: School 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

Travis Boland, LPCC

Treatment Leader of Community-Based Programs, Denver Children's Home

Loyola University of Maryland, 2012

Theoretical orientation: Behavioral modification

Interests: Child and adolescent counseling, family, individual, group and grief counseling; trauma informed care, crisis intervention

Ann Bortz, Psy.D.

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, training a therapy dog for use with law enforcement, risk assessments, and training

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

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

Chelsea Custer, RBT

ABA Paraprofessional, Legacy Comprehensive Counseling and Consultation

Theoretical orientation: PECS, PCIT

Interests: Social communication training to children

Rebecca DeHass, Psy.D.

Staff Psychologist, Treatment and Evaluation Services

University of Denver Graduate School of Professional Psychology, 2014

Theoretical orientation: integrated, with an emphasis on behavioral orientations

Interests: forensic treatment and evaluations, trauma therapist, sex offense specific treatment, psychological/cognitive/trauma assessment

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

Lyndsey DiOrio, LCSW

Therapist, 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, DU GSPP

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.

Clinical and Assessment Supervisor, 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

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 Counselor, 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

Sibyl Graham, MSW

Treatment Leader of Community-Based Programs, Denver Children's Home

University of Denver, 2012

Theoretical orientation: Strength-based, system-focused, trauma-informed social work

Interests: Trauma (attachment & intergenerational), animal assisted therapy, experiential therapy (i.e., meditation and yoga)

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

Rena Hodge, MFT, PMFT

Therapist, Denver Children's Home

University of Phoenix, 2014

Theoretical Orientation: Family systems, rational-emotive, and cognitive behavioral therapy (CBT)

Interests: EMDR, traumatic brain injuries, trauma, and offense specific youth

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

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

Joelle Kruml, Psy.D., ABPP

Police/Clinical Psychologist, Nicoletti-Flater Associates

University of Denver Graduate School of Professional Psychology, 2007

Theoretical orientation: CBT and humanistic/existentialism

Interests: Neuropsychology, psychological assessment, issues in police and public safety, and mentoring and career development of early psychologists

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

Susan Lurie, M.D.

Psychiatric Consultant, Denver Children's Home

University of the Witwaters Medical School, Johannesburg, South Africa

Theoretical orientation: Integrative

Interests: Adolescent psychiatry, school refusal

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

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

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)

Myriam Reynolds, MA
Daytime Program Director, Denver Children's Home
Naropa University, 2001
Theoretical orientation: Trauma-Informed, Cognitive-Behavioral
Interests: Trauma-Informed Art Therapy, EMDR

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

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

*Laura Thompson, Ph.D.**

Staff Psychologist, Regis University Office of Counseling and Personal Development

Syracuse University, *(to be conferred Fall 2015)

Theoretical Orientation: Humanistic, Integrative

Professional Interests: Substance abuse (*Certified Addiction Counselor*), college student mental health, mindfulness, and intercultural adjustment

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

Breanna Van Der Most, MA, NCC, PLPC

Intensive In-Home Therapist, Denver Children's Home

The University of Northern Colorado, 2014

Theoretical orientation: Systemic therapy with emphasis on Structural Therapy and Transgenerational and Emotion Focused Therapy.

Interests: Adolescents and families, specifically caregivers, and couples

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

Melissa Weiler, LPCC, NLC

Therapist, Denver Children's Home

Florida State University, 2013

Theoretical orientation: Behavioral therapy

Interests: Family therapy, and crisis intervention for adolescents

Amy Whitley, MT-BC

Neurologic Music Therapist, Denver Children's Home

Seattle Pacific University, 2012

Theoretical orientation: Behavioral influenced through music

Interests: Music therapy

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

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

(Also sometimes a secondary supervisor – see above)

Kim Gorgens, Ph.D.

Clinical Associate Professor, DU GSPP

Southern Illinois University, 1998

Interests: rehabilitation, neuropsychology, psychological assessment, health psychology

Michael Karson, Ph.D., ABPP

Professor, DU GSPP

University of Michigan, 1978

Interests: child welfare, personnel selection, performance theory, integrative assessment, early memories

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

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 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 can communicate well.

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. There will likely be an opportunity to travel to Antarctica in January during internship year- although it is not required for interns to go it is strongly encouraged. 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 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 with a variety of things, 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 400+), and previous experience with college-aged student is a plus. Previous assessment experience is required and 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. Please address the letter to Dr. Jenny Cornish, Internship Consortium Director, and indicate in the letter the names of the site/s to which you want to apply (you may apply to as many or as few sites as you wish). Please note that for the MHCD site only, you may apply to the child/family track OR the adult track, but not to both tracks, so please indicate the track to which you want to apply

At least three letters of recommendation 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 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 meeting the Legacy Team and touring the clinic. Additionally, there will be a 45 minute structured interview with one of the licensed psychologists. 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, 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.

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, 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.

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

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, etc.) will be shared with APA site visitors during any accreditation visits.

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

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

Interns receive 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 2 hours of group supervision each week at their internship site (with some sites participating in group supervision of supervision led by the Internship Consortium Director).

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, or participate in live observation (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, evidence-based practice, private practice considerations, supervision, and so on. Dr. Jenny Cornish (Internship Consortium Director) coordinates this seminar.

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 a paper published in the *Psychotherapy Bulletin* on supervision during internship.

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. 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. Kim Gorgens and Michael Karson (GSPP faculty) 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 Department, 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). Please be sure to maintain confidentiality 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
Treatment plan
Course of treatment
Therapeutic relationship
Ethical concerns
Show tape
Discussion: integration of theory, research, practice

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 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 valued 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 section in this manual on 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

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/index.aspx>

APA Practice Guidelines

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

Including

Guidelines for the Practice of Parenting Coordination
Record Keeping Guidelines
Guidelines for Child Custody Evaluations in Family Law Proceedings
Guidelines for Psychological Practice with Girls and Women
Guidelines for Psychological Practice with Older Adults
Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists
Practice Guidelines Regarding Psychologists' Involvement in Psychopharmacological Issues
Guidelines for Psychological Evaluations in Child Protection Matters
Guidelines for Psychological Practice in Health Care Delivery Systems
Practice Parameters: Screening and Diagnosis of Autism
Guidelines for Test User Qualifications
Guidelines for Psychological Practice with Lesbian, Gay, and Bisexual Clients
Guidelines for Assessment of and Intervention with Persons with Disabilities
Guidelines for the Evaluation of Dementia and Cognitive Change

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

Colorado Department of Regulatory Agencies (Psychology):

<http://www.dora.state.co.us/mental-health/psy/licensing.htm> (Including Colorado State Board of Psychologist Examiners Rules, Colorado Mental Health Statute)

Colorado Involuntary Commitment Proceedings:

<http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheadername1=Content-Disposition&blobheadername2=Content-Type&blobheadervalue1=inline%3B+filename%3D%22Behavioral+Health+Emergency+and+Involuntary+Commitment+Process+Program+Profile.pdf%22&blobheadervalue2=application%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1251694195238&ssbinary=true>

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.

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, 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 retention. 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>

(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

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 staff member 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 clinical supervisor shall be informed and shall discuss the concern with the intern in a supervisory session. The intern will be provided a time frame for problem remediation as well as potential consequences if unresolved. Should the problem persist, the 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 GSPP PsyD 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 GSPP PsyD program will be notified and consulted.

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

Suspension and Dismissal

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

Temporary Reduction or Removal of Case Privileges

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

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 accommodations to meet any special training needs.

CONTACT INFORMATION

SITES

Denver Children's Home

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Kaiser Permanente

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Mental Health Center of Denver (MHCD)

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University of Denver Health and Counseling Center

Carolee Nimmer, Ph.D. (Site Liaison)

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FRIDAY SEMINAR LEADERS

Research Seminar

Jenny Cornish, PhD, ABPP 303-871-4737, jennifer.cornish@du.edu

Lavita Nadkarni, PhD 303-871-3877, lavita.nadkarni@du.edu

Multicultural Seminar

Fernand Lubuguin, PhD 303-871-3988 fernand.lubuguin@du.edu

Nikki Kraslin, PsyD nkraslin@msn.com

Assessment Seminar

Kim Gorgens, PhD 303-871-4160, kimberly.gorgens@du.edu

Michael Karson, PhD, JD 303-871-3881 michael.karson@du.edu

CONSORTIUM INTERNS SINCE 2005

2015-2016

Liliana Almeida	Kaiser Permanente Colorado
Ellen Bronder	DU Health and Counseling Center
Trey Cole	DU Health and Counseling Center
Sarah Cooper	Treatment and Evaluation Services
Mariya Dvoskina	Nicoletti-Flater Associates
Hannah Koch	DU Health and Counseling Center
Todd Lukens	Mental Health Center of Denver, Child
Jennifer Marceron	DU Health and Counseling Center
Chase Martin	Mental Health Center of Denver, Adult
Chelsea Towler	Regis University Counseling
Katie Weiss	Kaiser Permanente Colorado

2014-2015

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

2013-2014

Nahed Barakat	DU Health and Counseling Center
Rebecca DeHass	Treatment and Evaluation Services
Alana Fryer	Legacy Comprehensive Counseling and Consultation
Lindsey Harcus	Mental Health Center of Denver, Adult Track
Liz Johnson	Kaiser Permanente Colorado
Emily Laux	Denver Children's Home
RuthAnn Lester	Kaiser Permanente Colorado
Alex McDermott	Regis Counseling and Personal Development
Risa Muchnick	DU Health and Counseling Center
Brian Mund	DU Health and Counseling Center
Nick Sotor	DU Health and Counseling Center
Shane Spears	Denver Children's Home
Ashley Sward	Mental health Center of Denver, Child Track

2012-2013

Christine Devore	DU Health and Counseling Center
Rohini Gupta	Kaiser Permanente Colorado
Alexis Heimann	DU Health and Counseling Center
Shawn Knadler	Nicoletti-Flater Associates
Abigail Lockhart	Kaiser Permanente Colorado
Kimberly Mathewson	DU Health and Counseling Center
Evelyn Owusu	Mental Health Center of Denver, Adult Track
Jennifer Rhoda	Treatment and Evaluation Services

David Shanley DU health and Counseling Center
Shanna Tillman Regis University Counseling and Personal Development
Tiffany Willis Mental Health Center of Denver, Child Track

2011-2012

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

2010-2011

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

2009-2010

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

2008-2009

Casey Casler Regis University Counseling and Personal Development
Tim Doty DU Health and Counseling Center
Tara Eastcott Rape Assistance and Awareness Program
Lisa Fuchs DU Health and Counseling Center
Kirstin Ging DU Health and Counseling Center
Courtney Hergenrother Mental Health Center of Denver

Shaayestah Merchant Mental Health Center of Denver
Kim Pfaff DU Health and Counseling Center
Millie Riss Kaiser Permanente Colorado
Rob Rosenthal Kaiser Permanente Colorado
Brenna Tindall Treatment and Evaluation Services
Kym Thompson Mental Health Center of Denver
Olga Wartenberg Progressive Therapy

2007-2008

Ashraf Ahmed DU Health and Counseling Center
Jennifer Becker Rape Assistance and Awareness Program
Ben Brewer DU Health and Counseling Center
Kiara Marienau Kaiser Permanente Colorado
Jennie Lee Progressive Therapy
Jessico 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
Jon Williams Kaiser Permanente Colorado

2006-2007

Anne Alarie Rape Assistance and Awareness Program
Mark Babula Treatment and Evaluation Services
Jenna Brown DU Health and Counseling Center
William Clancy Kaiser Permanente Colorado
Dan Crystal Mental Health Center of Denver
Andrea Godinez Kaiser Permanente Colorado
Joelle Kruml Nicoletti-Flater Associates
Riley Rhodes Mental Health Center of Denver
Paula Schmidtlein DU Health and Counseling Center
Preeti Vidwans DU Health and Counseling Center
Casey Wolfington DU Health and Counseling Center

2005-2006

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

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