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Denver Health

Doctoral Psychology Internship Program

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INTRODUCTION

The mission of the Denver Health Doctoral Psychology Internship Program is to foster the growth and development of highly skilled, culturally aware psychologists through a comprehensive and integrated training environment that is committed to positive community impact. Our vision is to be a doctoral psychology internship center of excellence that supports interdisciplinary collaboration, diversity, and innovation in clinical practice, research, and education. Residents will serve the community with compassion, competence, cultural humility, and self-awareness.

In 2007, the official job title was changed from “Psychology Intern” to “Psychology Resident” to promote recognition within a medical setting of the extensive prior clinical training our program participants have had prior to starting at Denver Health. We produce highly skilled doctoral-level clinicians with a strong professional identity as psychologists. We provide outstanding clinical training and supervision in a safety net healthcare system. We have a strong track record of consistently producing highly effective health service psychologists who are valued members of health care organizations. In addition to active learning through a core clinical curriculum that includes psychotherapy, psychological assessment, and acute psychopathology, psychology residents develop an early career area of expertise through participation in collaborative care with other professionals. The internship is highly experiential, with residents immersed as fully functioning clinicians on interdisciplinary teams providing comprehensive care to diverse, traditionally underserved populations. The atmosphere of the internship program and of the overall organization is conducive to training and learning.

The mission and vision of the Psychology Internship Program is facilitated considerably by the rich, vibrant environment provided by Denver Health as a teaching affiliate of the University of Colorado School of Medicine. Denver Health is a large, integrated health care system that is a national model for high-quality efficient care and is Colorado’s largest safety net institution by a wide margin. Denver Health’s long tradition of community involvement, civic responsibility, and professional excellence are reflected in the institution’s mission to:

- *Provide access to the highest quality health care, whether for prevention, or acute and chronic diseases regardless of ability to pay;*
- *Provide life-saving emergency medicine and trauma services to Denver and the Rocky Mountain region;*
- *Fulfill public health functions as dictated by the Denver Charter and the needs of the citizens of Denver;*
- *Provide health education for patients;*
- *Participate in the education of the next generation of health care professionals; and*
- *Engage in research, which enhances our ability to meet the health care needs of Denver Health system patients.*

THE PSYCHOLOGY INTERNSHIP PROGRAM

Philosophical Model

The Denver Health Doctoral Psychology Internship Program is philosophically grounded in the practitioner-scholar model of professional psychology and accepts students from accredited doctoral programs in clinical or counseling psychology. We follow the Standards of Accreditation in Health

Service Psychology, and program participants must demonstrate knowledge and abilities in each of the nine profession-wide competencies. Residents are expected to utilize critical thinking and analytical skills in applying empirical knowledge and relevant theoretical frameworks to the unique individuals with whom they work. Residents are encouraged to develop their own clinical approach within this overall framework. Faculty members are practicing clinicians within interdisciplinary teams and are well-positioned to provide clinical teaching and to serve as professional role models. The program includes consideration of ethical practice, professional standards, and evidence-based treatment in didactics and in supervision. The program promotes knowledge of and respect for diversity, as well as continued learning and growth, as core values of professional identity. Residents bring their own knowledge and skills from a variety of strong doctoral programs. There is an expectation that residents will learn from each other and that the faculty also will benefit and grow professionally. The environment is one of teamwork and professional collaboration.

Assessment and treatment are provided on interdisciplinary teams with psychology using a developmental biopsychosocial model as an overarching framework. Psychology residents have frequent opportunities to interact with medical trainees as well as with trainees in nursing, social work, and other professions. Consideration of psychological and social factors in addition to biology improves the understanding of health and disease, as well as the ability of the team to align with and assist patients. Life span developmental models as well as applied understanding of cultural and individual diversity also bring valuable perspectives for many patients and populations. The Internship Program provides a core clinical curriculum in assessment and treatment, but can usually be flexible to meet the training needs of individual residents.

Diversity

Recognition of and respect for individual and cultural diversity is central to the mission of Denver Health and to the philosophical framework of the internship training program. A majority of patients at Denver Health are from ethnic minority groups. Overall our population is 45% Hispanic, 29% Caucasian, 13% Black, 3% Asian/Native Hawaiian/Pacific Islander, 1% Native American, and 9% as Other or Unknown. The population is largely low-income and experiences high rates of poverty-related stress. Denver Health employees receive yearly training on Cultural Diversity, Medical Interpretation and Translation Service, Understanding Sexual Harassment, Domestic Violence, and Elder Abuse. Internship seminars also cover a wide range of relevant issues, such as sexual identity issues, age, religion, language, and working with refugees. Consideration of diversity issues is an integral part of all of our major rotations and is included as a regular part of supervision. At the same time, we remain mindful that while an individual may have membership in certain identified groups, everyone should be approached as an individual who may or may not fit exactly with the “average” characteristics of individuals in these groups.

Program Organization

The Denver Health Doctoral Psychology Internship includes a generalist core curriculum component, an early-career area of specialization chosen through the Match process, and the opportunity to choose elective experiences in various areas of Denver Health’s large medical system.

The core curriculum includes:

1. **Psychotherapy and consultation with interdisciplinary teams:** Residents function as professional staff members with supervision and mentoring by skilled and experienced psychologists.

2. **Clinical experience with acute psychopathology:** This occurs through participation on the Adult or Adolescent Psychiatric Units, the Inpatient Psychiatric Consult-Liaison Service, the Psychiatric Emergency Service.
3. **Psychological or neuropsychological assessment:** Residents provide testing, scoring, and interpretation of standardized psychological assessments with adult or pediatric patients referred from a variety of services.
4. **Didactic seminars:** Residents participate as a cohort in seminars that include Psychiatric Grand Rounds at the University of Colorado School of Medicine, foundational training in areas such as Psychopharmacology, Working in Medical Settings, and Self-Awareness, as well as on going presentations relevant to working with the Denver Health populations and the clinical rotations through which the psychology residents rotate.

Denver Health Internship Tracks

Denver Health offers clinical focus areas through several internship tracks, each with its own unique match number. The Denver Health Internship has been awarded three HRSA training grants including the Behavioral Health Workforce Education and Teaching (BHWET), Graduate Psychology Education (GPE), and Opioid Workforce Enhancement Program (OWEP) grants. These grants further expand our training program's efforts to address substance use and comorbid disorders. The development of training in video telehealth psychotherapy and psychoeducation for rural Coloradoans is supported by grant-funding. These awards support the training for 16 additional residents in 5 tracks for the 2020-2021 training year for a total of 20 residents across 7 tracks:

Adult Psychology (two positions)

Adult Integrated Substance Use Disorders (four positions)

Adult Substance Use and Corrections (five positions)

Child & Adolescent Psychology (two positions)

Child & Family Integrated Substance Use Disorders (five positions)

Adult Integrated Primary Care (one position)

Adult Neuropsychology (one position)

The **Adult Psychology** track focuses on the provision of psychotherapeutic services across a wide range of psychiatric disorders as part of the Outpatient Adult Mental Health team. The Adult track residents also rotate through the Psychiatric Consult-Liaison service and/or the Adult Inpatient Psychiatric Unit.

The **Child and Adolescent Psychology** residents have a major focus on provision of psychotherapeutic services with the Outpatient Child and Adolescent Mental Health Team. The Child and Adolescent Psychology track has additional possible rotations including: Inpatient Child and Adolescent Psychiatric Unit, Pediatric Primary Care, Pediatric Urgent Care Clinic and the Psychiatric Emergency Service.

The HRSA grant-funded **Adult Integrated Substance Use Disorders** track includes an emphasis on assessment and psychotherapy as part of an interdisciplinary team for persons with substance abuse and mental health diagnosis, including Post-Traumatic Stress Disorder (PTSD). Residents on this track rotate through the Outpatient Adult Mental Health and Substance Use Disorders Clinics with major and minor opportunities that may include the Psychiatric or Addiction Consult-Liaison Service, Adult Inpatient Service, Correctional Psychology, Psychiatric Emergency Service, Screening Brief Intervention and Referral to Treatment, and/or in integrated behavioral primary care.

The HRSA grant-funded **Adult Substance Use and Corrections** track residents also gain experience with the assessment and treatment of individuals with substance and mental health dual diagnoses. In

addition to completing a major rotation through the Adult Mental Health and Substance Use Disorders Clinic (with and without telehealth), these residents complete a major rotation in Correctional Psychology and a minor rotation in the Psychiatric Emergency Service. Additional rotation opportunities are available on the Psychiatric or Addiction Consult-Liaison Service, Adult Inpatient Service, Correctional Psychology, Psychiatric Emergency Service, and/or Screening Brief Intervention and Referral to Treatment.

As part of the HRSA grant-funded **Child & Family Integrated Substance Use Disorders** track, residents work with children, adolescents, and families adversely affected by family substance use disorders. Residents on this track work with the Outpatient Child Mental Health and Family-Oriented Resilience, Growth, and Empowerment (FORGE) teams as well as the Substance Treatment, Education, and Prevention (STEP) and/or school-based STEP clinics. Residents may rotate through the Psychiatric Emergency Service and the Pediatric Emergency Department and Urgent Care Clinic as well as the Child and Adolescent Inpatient Unit.

The HRSA grant-funded **Adult Integrated Primary Care** track resident has a major focus on Integrated Primary Care at La Casa-Quigg Newton Family Health Center (LCQN), one of Denver Health's nine Federally Qualified Health Centers (FQHCs). A majority of the patients seen at LCQN identify as Latina/Latino and LCQN is now in the process of establishing a medication assisted treatment (MAT) program to provide increased support to patients who have substance use disorders.

The HRSA grant-funded **Adult Neuropsychology** track resident receives training in neuropsychology consistent with the Houston Conference Guidelines and completes a full-time rotation in neuropsychological assessment on the Neuropsychological Service during the first six months of the internship. In the second half of the year, the neuropsychology resident will have the option to complete a major rotation on another service such as the Psychiatric Consult-Liaison Service, the Adult Outpatient or Inpatient Services, or Corrections with options for additional minor or elective experiences.

Through these various experiences, all of the Denver Health internship positions provide training in a range of settings and include acquisition of experience with acutely ill and dual or triple diagnosis patients (psychiatric, substance, and medical).

In addition, the internship may include elective experiences during the internship year. The faculty will make every effort to be flexible in order for the internship to accommodate the clinical training and professional growth needs of each resident, depending on the availability of supervisors or mentors.

The Denver Health Doctoral Psychology Internship provides a structured sequence of learning with hands-on supervision by licensed psychologists. The resident is considered a developing clinician who brings skills, but also can benefit from a supervisory relationship with an experienced clinician. Seminars and case conferences cover a variety of topics and clinical training experiences. A minimum of two hours of individual supervision are scheduled each week. Additional supervision and case review of at least two hours per week is provided by individual supervisors or through the interdisciplinary team.

Residents are closely supervised at the beginning of clinical rotations, including direct observation of interactions with patients. Residents have increasing autonomy as they demonstrate clinical abilities during the rotations and during the year. Elective experiences also receive clinical supervision. Peer supervision also may be an effective learning tool and residents are expected to make presentations of selected clinical cases in seminars periodically during the year. Training experiences and supervision can be individualized as is appropriate to meet the specific training needs and goals of residents, within the

constraints of the service requirements of the specific rotations and the availability of faculty.

Expected Experiences During the Internship Year:

1. Treatment of patients across a range of problems and pathology.
2. Treatment of patients in several age groups.
3. Treatment of patients in a range of settings and levels of care (inpatient psychiatric/medical care, outpatient mental health, outpatient primary care or school-based medical clinics, correctional care, and acute or emergency service).
4. Treatment of patients who are diverse with respect to racial and ethnic background, social and economic status, age, sexual orientation, religion, and ability status.
5. Assessment and case formulation, including a minimum of three integrated psychological assessment batteries or the equivalent in abbreviated batteries.
6. Participation on interdisciplinary teams including physicians, nurses, and social workers.
7. Clinical work with dual or triple diagnosis patients (i.e. mental health, medical, and/or substance use).
8. Interaction with interdisciplinary teams and/or with community agencies as a consultant or resource.
9. Substantial responsibility for the delivery of professional psychological services on the units and clinics where residents work, given the individual resident's experience and training needs.
10. Opportunities to teach and to learn from medical students, interns, and residents, as well as other professional trainees.
11. Scholarly activity by participating on existing research projects or program evaluation.

For Sample Schedules, please see [Appendix A](#).

Denver Health Doctoral Psychology Internship Program

Goals

The goals of the Denver Health Internship Program follow the nine profession-wide competencies of the Standards of Accreditation in Health Service Psychology. The program provides training and expects residents to demonstrate competency in each of these areas:

1. Demonstrates knowledge of and acts in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct; relevant laws, regulations, rules, and policies governing health service psychology in Colorado, and relevant professional standards and guidelines.
2. Trainees develop the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Must demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities. The CoA defines cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status.
3. Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
4. Demonstrates effective and meaningful communication and interpersonal skills with clients, co-workers, team members, and the internal/external community.

5. Demonstrates competence in conducting evidence-based assessment consistent with the scope of Health Service Psychology.
6. Demonstrates competence in interventions derived from a variety of theoretical orientations or approaches.
7. Consultation and interprofessional/interdisciplinary skills are reflected in the intentional collaboration of professionals in health service psychology with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities.
8. Demonstrates knowledge and ability in direct or simulated practice with psychology trainees or other health professionals, including but not limited to, role-played supervision with others and peer supervision with other trainees.
9. Demonstrates knowledge, skills, and competence sufficient to produce new knowledge, to critically evaluate and use existing knowledge to solve problems, and to disseminate research.

For more detailed information about the program goals, objectives, competencies, and expectations, please see [Appendix B](#).

Mandatory Minimum Expectations:

1. Twelve months of full time service and 2000 hours as part of the Denver Health Doctoral Psychology Internship.
2. 200 hours of supervision, including 100 hours of individual supervision.
3. Administration, scoring, and writing of three psychological assessment batteries or the equivalent as agreed on by the faculty.
4. Three clinical case presentations presented during seminar, and one didactic presentation which may be presented at seminar or another approved setting.
5. Participation in a minimum of 120 hours of didactic training.
6. Final evaluation of “3 = Meets Expectations” or higher on each of the nine profession-wide competency areas. The trainee’s performance meets expectations for his/her level of training.

Assessment of Goals and Progress

Formative Assessment Methodology:

- Direct or video observation of clinical work, with subsequent discussion.
- On-going discussion with and feedback from other professionals.
- Review of written work samples, with feedback.
- Resident case conceptualization presentations to the clinical team and to the cohort.
- Professional Development Reviews are completed 6 weeks after starting a new rotation.

Summative Assessment Methodology:

- Weekly Hours Tracking Report (reviewed with and signed by supervisor and turned in monthly).
- Psychology Resident Profession-Wide Competency Evaluations
 - Completed at three, six, nine, and twelve months
 - Goal 1 (Ethics and Legal Standards)
 - Goal 2 (Individual and Cultural Diversity)
 - Goal 3 (Professional Values and Attitudes)
 - Goal 4 (Communication and Interpersonal Skills)

- Goal 5 (Assessment, when the trainee is acquiring experience with formal psychological assessment)
- Goal 6 (Intervention)
- Goal 7 (Consultation and Interprofessional/Interdisciplinary Skills)
- Completed at six months and at twelve months
 - Goal 8 (Supervision)
 - Goal 9 (Research/Program Evaluation/Special Projects).

Psychology Internship Faculty

Major rotation supervisors are licensed psychologists who are members of the Denver Health Medical Staff. Licensed Physicians provide additional supervision on some rotations. Psychologists are licensed by the State of Colorado and are regulated by the Colorado Department of Regulatory Agencies and the Board of Psychologist Examiners. Many Denver Health psychologists have faculty appointments at the University of Colorado through our affiliation with the School of Medicine. Licensed Psychologists are privileged members of the Denver Health Medical Staff through the Denver Health Allied Health Professionals Committee to provide independent psychological services in specific areas of clinical competence and experience. See [Appendix D](#) for a complete list of the current psychology internship faculty.

It is notable that many of the current faculty members completed their internship and/or their postdoctoral year at Denver Health. Opportunities for postdoctoral positions at Denver Health in previous years have generally been *ad hoc* rather than formal postdoctoral fellowships. For the training year beginning in August 2020, Denver Health has two formal psychology postdoctoral fellowships with the Department of Integrated Behavioral Health.

CLINICAL ROTATION DESCRIPTIONS

Denver Health is a large and diverse medical center with several opportunities for major, minor, and elective experiences. The faculty aims to support the residents in meeting their training objectives and in obtaining specialty training experiences without becoming overextended. Our residents consistently let us know that the clinical opportunities and the flexibility we give our residents in their selections is a notable strength of the Denver Health internship. The availability of electives can vary somewhat from year to year depending on the availability of supervision and cohort interests.

Addiction Consult-Liaison Service

Addiction consult-liaison referrals are made when substance use issues impact patient presentation or management for medical inpatients. Consult requests come from a variety of inpatient services including medicine, surgery, intensive care, rehabilitation, dialysis, obstetrics, pediatrics, and the correctional care medical facility. The addiction consult-liaison works closely with the psychiatric consult-liaison service. A typical consult may address issues such as substance use treatment referrals/resources, adherence to/engagement in treatment, assessment of danger to self or others, treatment compliance, dual diagnosis, certification status, medical management of withdrawal, or initiation/management of medication-assisted treatment.

The psychology resident serves as a member of the Addiction Consult-Liaison (C/L) Service team which includes internal medicine physicians, psychiatry residents or interns, physician assistants, clinical nurse specialists, and medical/PA students. Consults are assigned to the resident for a variety of reasons and may be completed individually or in collaboration with other team members. In addition to direct patient

interviews, consults often require clarification of referral questions, gathering of collateral information, psychoeducation, and facilitating communication between patients and primary care team members. The resident's role may involve brief intervention (e.g., motivational interviewing, supportive psychotherapy) or introduction/coordination of outpatient referrals/resources. This is available as a minor rotation with preference given to those on the **Adult Integrated Substance Use Disorders** and **Adult Substance Use and Corrections** tracks.

Adult Integrated Behavioral Health

Denver Health has a robust Integrated Behavioral Health division including psychologists, social workers, substance use counselors, and psychiatrists. Currently psychologists are embedded in most of Denver Health's nine Federally Qualified Health Center (FQHC) primary care clinics throughout the Denver metropolitan area. Psychology residents will work in collaborative interdisciplinary teams in primary care that include physicians, physician assistants, nurse practitioners, nurses, social workers, and counselors. Clinical training will include exposure to the integrated behavioral health model, working alongside medical providers and other professionals in a team-based approach. Residents will gain skill in behavioral health consultations, brief diagnostic assessments, health behavior change, and brief therapy. Specific training opportunities and patient populations may differ based on clinic. Availability to rotate in integrated primary care clinics is available as a minor rotation with preference given to residents on the **Adult Integrated Substance Use Disorders** track.

Adult Mental Health Outpatient Service

The Outpatient Adult Mental Health Team is an interdisciplinary service that includes psychologists, psychiatrists, advanced practice nurses, and clinical social workers. The service provides psychotherapy and assessment services to adults with a wide variety of psychiatric conditions that affect their daily lives. The resident typically carries a large caseload and provides psychotherapeutic services as well as some case management services. Patients in this clinic frequently have substance use disorders and/or medical diagnoses that need to be included in the treatment plan. Residents may provide conjoint or group therapy but individual treatment constitutes the majority of the clinical work on this rotation. Residents may continue to treat patients they evaluated at intake, or may assist in referring to other appropriate providers and locations. Psychological evaluations are provided on a consultative basis. Prescribers are available on this team for medication consultation and management, and therapist coordination of services with the prescribers is essential. Clinical supervisors' theoretical orientations cover a wide range and supervisors are open to working with different orientations according to the resident's needs. This is available as either a major or minor rotation.

Adult Mental Health and Substance Use Outpatient Service

Adult patients seen for substance use treatment at the Outpatient Behavioral Health Services (OBHS) clinic have very high rates of co-occurring mental health disorders, often associated with high rates of violence and multiple traumatic events. Residents will focus on the application of assessment and clinical interventions with the strongest empirical support to treat a wide array of presentations, with an emphasis on co-occurring substance abuse and PTSD with both in-person and telehealth services. Residents may provide conjoint or group therapy, but individual treatment constitutes the bulk of the clinical work. Many patients are engaged in medication assisted treatment through the Methadone and Suboxone program at OBHS, which allows the residents in this track the ability to work closely with interdisciplinary teams including primary care, psychiatry, nursing, counseling, and social work.

Denver Health has a longstanding history of collaboration with Crossroads' Turning Points (CTP), a non-profit substance abuse treatment facility serving rural counties in southern Colorado. In addition to in-

person services, residents will provide high quality psychology telehealth services to patients at CTP's central Pueblo location as well as its additional treatment centers in rural counties where there are very few psychologists (i.e., fewer than 10 per 100,000), such as Huerfano, Las Animas, Otero, and Prowers Counties. In this collaboration, CTP will identify patients who need evaluation and treatment, and will refer them to Denver Health Behavioral Health Services for care with evidence-based treatments by supervised psychology residents. This is available as either a major or minor rotation, depending on track. Residents on the **Adult Integrated Substance Use Disorders** and **Adult Substance Use and Corrections** tracks complete major rotations on this service.

Bariatric Evaluations/Clinic

The psychology resident works with the supervising psychologist to conduct pre-surgical evaluations with patients to determine candidacy for bariatric surgery. The resident may also serve as a consultant one half day per week to the bariatric clinic providing integrated care to patients who are pre or post-bariatric surgery in the form of consultation, brief assessment, interventions, coordination of care, family and patient education and referrals. In prior years, some residents have conducted pre or post-operative bariatric support groups. This is a minor rotation.

Child and Adolescent Inpatient Service

The adolescent unit is presently a 21-bed unit serving youth aged 12-21. Patients present with a complex mix of mood, anxiety, psychotic, and behavioral disorders. Some patients presently live at home, while others reside in residential treatment centers, group homes, or detention centers. Many of the patients served have a history of abuse and/or neglect, and many have had multiple past placements. The population is diagnostically interesting and often quite challenging.

Treatment staff consists of attending psychiatrists, resident psychiatrists, psychiatric nurse practitioners, social workers, psychologists, occupational therapists, and nurses. Patients are provided individual, family, and group therapy. Individual and group therapy occurs daily and most patients participate in 2-3 family therapy sessions during their admission. Patients attend school daily from a teacher certified in special education. Patients also participate in daily occupational therapy sessions. Psychological assessment is administered to patients who are referred by their attending psychiatrist.

While rotating on the unit, residents co-lead Dialectical Behavior Therapy (DBT) and/or Multifamily groups with the supervising psychologist. DBT material must be heavily modified to meet the intellectual and developmental needs of our patient population, and residents are expected to be involved in the modification of material, both in advance of the session and as the session is progressing. The Child and Adolescent Inpatient rotation is offered as a major rotation with preference given to residents on the **Child and Adolescent Psychology** and **Child & Family Integrated Substance Use Disorders** tracks.

Child and Adolescent Outpatient Mental Health Service

The Outpatient Child and Adolescent team provides psychological evaluation and therapy for children, adolescents, and families. The interdisciplinary team consists of psychologists, psychiatrists, a psychiatric nurse practitioner, and social workers in addition to the trainees. The resident is an integral member of the team and is involved in all levels of treatment as well as general team functions. Patients are thoroughly evaluated at intake. The patient is then referred for a medication evaluation as needed and provided with outpatient psychotherapy services as appropriate.

The children seen have a wide variety of behavioral and emotional disorders, ranging in severity from

adjustment disorders to major mental illnesses. Many of our patients have experienced traumas, come from low income communities, and/or present from culturally diverse backgrounds (e.g., Latino, African American, and immigrants from around the world). Interpretation services are available and often utilized. Therapy modalities include individual, family, and parenting interventions. Evidence-based practices are incorporated into treatment with children and families. These may include, but are not limited to, Cognitive Behavioral Therapy (CBT), Trauma-Focused CBT (TF-CBT), Acceptance and Commitment Therapy (ACT), and Dialectical Behavior Therapy (DBT).

Common diagnoses include mood, anxiety, PTSD, ADHD, and disruptive behavior disorders. Case coordination and consultation are provided through communication with physicians, school personnel, and other individuals involved in the lives of the children. Prescribers are a resource for consultation and medication evaluations. Psychological assessment will be completed as part of the major rotation. This is available through several rotations with a child focus.

Correctional Psychology

For more than a decade, Denver Health (DH) & the Denver Sheriff Department (DSD) have provided mental health services to our incarcerated population at the Denver County jails. Residents on the Correctional Psychology rotation have the opportunity to provide individual and group therapy, full assessment batteries, education about and shadowing of competency evaluations, and working as part of an interdisciplinary team (psychiatric nurses, physician assistants, psychiatrists, psychologists, social workers, and case managers). Individuals working in this rotation will have the opportunity to work with our Men's and Women's Transition Units, our Men's and Women's High Acuity Treatment Units (HAT), and our medication-assisted treatment program (MAT program). This is available as either a major or minor rotation, depending on track.

In the Transition and HAT units, residents provide individual and group therapy services, assist in screening and intakes, and help with designing individual treatment plans.

On the MAT team, residents will provide individual and group therapy services. Substance abuse groups use traditional substance abuse group models and/or the SMART Recovery model. Residents will be involved in screening and intakes for individuals referred for MAT services and will provide case management and transitional services in conjunction with our social workers. This is available as a major rotation for residents on the **Adult Substance Use and Corrections** track and as a minor rotation for others.

Family Oriented Resilience, Growth and Empowerment (FORGE)

Residents on the Child and Family Integrated Substance Use Disorders track will have a primary rotation providing consultation, assessment and psychotherapy with our Family Oriented Resilience, Growth and Empowerment (FORGE) service. Children and caregivers seen through FORGE have been impacted by direct experience with familial substance use and associated high risk conditions. Caregivers may be enrolled in Opioid Medication Assisted Treatment or with the non-opiate Substance Use Disorders team, and many parents are engaged in treatment with the Women and Family Services team. Children and families can also be referred from pediatric or primary care clinics. Residents and supervisors will provide behavioral and parent management therapy, as well as child and family skills training for younger children. Teenagers will be provided with individual or family psychotherapy as is appropriate for the clinical presentation. Trauma-focused cognitive behavioral therapy, as well as other evidence-based and empirically supported treatments, will be taught and practiced by residents for both rotations. These services are available as major or minor rotations, for the **Child & Family Integrated Substance Use**

Disorders track residents.

Health Lifestyle Clinic

The Healthy Lifestyle Clinic (HLC) is an interdisciplinary team approach to treating obesity and related medical conditions. The Healthy Lifestyle Clinic Adult team consists of a registered dietitian, behavioral health consultant, and medical provider. The Healthy Lifestyle Clinic Pediatric team consists of a registered dietitian, behavioral health consultant, medical provider, and health coach. The HLC team floats to all Denver Health primary care clinics to provide services within the patient centered medical home. The psychologist role includes addressing patient's psychiatric comorbidities that present as barriers to making health behavior changes as well as focusing on eating behaviors, sleep, and stress. The trainee will become familiar with how patient's cognitive beliefs heavily influence the weight management process and how to address guilt, shame, stigma, self-esteem, and self-efficacy. The supervisor will provide supervision during the HLC session. This is a minor rotation offered to residents with previous experience working in integrated behavioral health and must apply for approval from the supervising psychologist.

Inpatient Adult Psychiatry Service

While on the Adult Inpatient Psychiatric part of this rotation, residents work with patients who have major psychiatric disorders (including bipolar disorder, schizophrenia, and major depression with or without psychosis) and/or substance use disorders. Many patients are admitted with psychosis and/or suicidal urges or behavior. The average length of stay is brief, sometimes less than a week.

The psychology resident provides inpatient group psychotherapy (open to all patients) and individual psychotherapy for selected patients. The focus of psychotherapy varies by the patient's needs and length of stay, and evidence-based techniques (such as DBT, CBT, or ACT) are commonly used. Psychological assessment also may be provided to evaluate intellectual functioning, assist in differential diagnosis, or to determine a patient's personality and character structure.

The resident helps the team (i.e., attending psychiatrist, psychiatry intern, social worker, and nurses) develop treatment and discharge plans, and participates in decisions regarding the need for involuntary treatment. A psychiatric resident provides psychopharmacologic treatments and coordinates medical care under the supervision of the attending psychiatrist. This is available as a major rotation.

La Casa-Quigg Newton Family Health Center

Originally located inside of the Quigg Newton subsidized housing community, La Casa-Quigg Newton Family Health Center (LCQN) is in the Sunnyside neighborhood in the Northwest part of Denver. For over 100 years, Sunnyside has been a diverse community that has become home for many immigrants and their descendants. A majority of the patients seen at LCQN identify as Latina/Latino and have strong family ties in Sunnyside. The resident on the **Adult Integrated Primary Care** track will complete a 1-year major rotation at LCQN.

Neuropsychology

On the neuropsychology rotation, residents will have the opportunity to perform in-depth neurocognitive evaluations with diverse patients having complex histories of neurological disorders, medical conditions, psychiatric disorders, and substance abuse that are affecting their ability to function adequately. Referrals for neuropsychological evaluations come from a variety of sources including primary care, neurosurgery,

psychiatry, neurology, rehabilitation, OBHS including substance use treatment teams, medical units within the hospital, and other outpatient medical services. Residents will learn a traditional, comprehensive neuropsychological battery and gain increasing autonomy as they demonstrate mastery over interviewing and test administration.

Residents on the **Adult Neuropsychology** track complete a full-time experience in neuropsychology during the first 6 months of internship (i.e., 50% of total clinical hours on the neuropsychology service). The Neuropsychology track resident also has the opportunity to participate in geriatric and pre-surgical epilepsy evaluations as well as supervision of a doctoral level neuropsychology practicum student. Additional didactic and seminar opportunities are integrated into the Neuropsychology track resident's curriculum (e.g., case conference, mock fact-finding oral exams, monthly team research meetings, journal club, neurology rounds, epilepsy conference, etc.). The neuropsychology training for Adult Neuropsychology track residents is consistent with Houston Conference Guidelines, with the goal of preparing the resident to continue on to postdoctoral training and board certification in neuropsychology.

Objectives for the minor rotation include becoming better consumers of neuropsychology including greater understanding of the details of a neuropsychological evaluation and knowing when to refer. Residents will further develop their skills in case conceptualization and report writing that can be generalized to other psychological assessment settings through collaboration with the supervising neuropsychologist.

This is a major rotation for the **Adult Neuropsychology** track resident. All others may rotate on the service as a minor rotation in the second half of the training year with preference given to those on adult focused tracks.

Oncology Fellows Clinic/Oncology Breast Clinic

In the Oncology Fellows Clinic as well as in the Breast Clinic, the psychology resident serves as a consultant for one half day per week providing integrated care to hematology/oncology patients in the form of consultation, brief assessment, interventions, coordination of care, family and patient education and referrals. The multi-disciplinary team includes medical oncology fellows, physician attendings, nursing, and social work. This is a minor rotation.

Pediatric Emergency Department and Urgent Care Center (PEDUCC)

The PEDUCC rotation is an integrated, interdisciplinary team that provides emergency and urgent care services to children and adolescents in the main hospital. Emergency presentations include illness and injury as well as primary and co-occurring mental health problems which are frequently encountered in the emergency setting. The resident works alongside medical providers including emergency medicine physicians and nursing staff, and serves in a consultation-liaison role. Consultations for primary or co-occurring mental health problems inform the emergency medicine staff regarding clinical presentation and disposition. Additionally, the resident serves as a liaison to Psychiatric Emergency Services (PES), and conducts PES evaluations in the PEDUCC when the PES is at full capacity. Last, the resident is viewed as the primary mental health provider in the PEDUCC, and therefore provides brief assessment, intervention, and referral to appropriate follow-up care for PEDUCC patients and their families. This is a minor rotation.

Pediatric Integrated Primary Care

Psychology residents will provide a wide range of behavioral health services at the pediatric primary care

clinic, including warm handoffs between medical providers and patients, brief assessment, crisis management, brief treatment, parenting education/interventions, and curbside consultation with medical providers regarding challenging patient presentations. Depending on patient needs, residents will provide a blend of same-day, integrated care visits, scheduled follow-up sessions, and frequent communication with medical providers about their patients' behavioral health needs. The resident will participate in the clinic-wide postpartum depression and anxiety screening and triage process. Residents will have the opportunity to shadow licensed psychologists during their time in the clinic and consult with a variety of interdisciplinary teams embedded within the primary care clinic (e.g., pediatric neurology clinic). This is a minor rotation for **Child & Adolescent Psychology** track residents.

Psychiatric Consult-Liaison Service

Psychiatric consult-liaison referrals are made when psychiatric issues affect patient presentation or management for medical inpatients. A typical consult may address issues such as capacity to participate in treatment decisions, assessment of danger to self or others, treatment compliance, differential diagnosis, certification status, or medication recommendations. Consult requests come from a variety of inpatient services including medicine, surgery, intensive care, rehabilitation, dialysis, obstetrics, pediatrics, and the correctional care medical facility.

The psychology residents serves as a member of the Psychiatric Consult-Liaison (C/L) Service team which includes attending psychiatrists, psychiatry residents or interns, psychiatric nurse practitioners, and medical students. The psychology resident is assigned consults to be performed individually or in collaboration with other team members. In addition to direct patient interviews, consults often require clarification of referral questions, gathering of collateral information, psychoeducation, and facilitating communication between patients and primary care team members. There are some opportunities for brief psychotherapy. Neuropsychological evaluations are provided by the resident when C/L cases require further objective evaluation usually regarding decisional capacity. These evaluations will consist of brief screening batteries that can be completed, scored, and reported to the medical team on an expedited basis. This is available as a major or minor rotation.

Psychiatric Emergency Service (PES)

Some residents will rotate through the Integrated Psychiatric Emergency Service (PES) during the internship year. The PES is a self-contained unit adjacent to the Denver Health Medical Emergency Room. Residents commit to a full day in the PES which includes the Psychiatric/Alcohol/Drug Emergency Services and the Mobile Crisis Team. The psychology resident works in an integrated setting with professional staff (psychiatrists, medical interns, nurses, and psychologists). Residents will evaluate cases, provide crisis interventions, and arrange dispositions. The resident also will participate in admission of patients to the adolescent and/or adult inpatient units.

The PES provides a rich clinical experience with a wide variety of patients in acute crisis. The resident will learn how to do rapid emergency evaluations and refine their clinical decision making skills. Residents will receive close supervision by the attending psychiatrist, with a licensed psychologist available when needed. This is a minor rotation.

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is a service tasked with providing screening/intervention and resources to patients in the emergency department. The resident is typically housed in the extended stay, medicine, and trauma units and attends to patients in the adult urgent care

center (AUCC), pediatric emergency department or urgent care center (PEDUCC) by request. You may work independently or alongside another SBIRT health educator, and coordinate with emergency medical personnel and nursing staff as necessary.

Patients often present to the emergency department with complex medical, psychiatric, and substance use co-morbidities. Many are actively intoxicated or in acute withdrawal. Some utilize the emergency department as primary care, so you may encounter the same patients who present at different stages of change. Finally, throughout this rotation, there may be opportunities to coordinate direct referrals to care for patients alongside the Treatment on Demand Team for opioid use disorders, psychiatric consults via the psychiatric emergency department, and training/teaching opportunities. This is as a minor rotation with prior given to residents on the **Adult Integrated Substance Use Disorders** and **Adult Substance Use and Corrections** tracks.

Substance Treatment, Education and Prevention (STEP)

STEP is a strength-based program that focuses on acceptance and understanding. Residents on this rotation work with youth age 10-21 with substance use and mental health disorders as part of the in-clinic or school-based STEP teams. The interdisciplinary STEP team includes psychiatry, social work, addiction counselors and behavioral health techs, as well as students from a number of disciplines. The school-based clinics provide mental health services for students via an interdisciplinary team of providers, including Clinical Social Workers, Psychiatric Nurse Practitioners, and Child Psychiatry Fellows. Residents also work with the school staff, most frequently teachers and deans, to coordinate appropriate treatment considerations for students in treatment. The school-based STEP program is available to all Denver Public School students. Once they graduate, students are able to continue their therapy with the STEP program located on the Denver Health main campus.

The STEP program has a close working relationship with the Addiction Medicine Fellowship program through the University of Colorado School of Medicine. Psychology residents provide weekly individual, family, and couples therapy as well as parental support through evidence-based practices including Acceptance and Commitment Therapy, Motivational Interviewing and Motivational Enhancement, and Contingency Management. There are opportunities for academic as well as clinical roles with the STEP service. This is a major rotation for the **Child & Family Integrated Substance Use Disorders** track residents.

Due to the impact of the Covid-19 Pandemic on student return to public schools, the school-based STEP rotation has been suspended for the 2020-21 training year; however, the main campus STEP rotation is available. We anticipate the return of the school-based option for the 2021-22 training year.

Special Projects

Although supervised clinical experience is the primary focus of the Denver Health Internship, residents are required to demonstrate competence in Research/Program Evaluation consistent with the profession-wide competencies. Projects in program development and evaluation under the supervision of a faculty member that can be continued by future cohorts are especially encouraged. Participation in research can possibly be supported for interested program participants. Residents in recent cohorts have joined existing research teams at Denver Health and have established successful collaborative research relationships. Several peer reviewed publications and regional poster presentations have been generated and have been helpful in obtaining postdoctoral fellowships with a strong research component. There is active research on a variety of topics throughout the hospital including pediatric and adolescent substance use, diabetes prevention, and psychiatric emergency services. There also is opportunity to collaborate with local

researchers in the community such as at the University of Colorado, with approval from the Training Director and Faculty. Research teams are interdisciplinary and may be led by a physician. Typically the Special Projects rotation is four hours a week. Please note that residents generally are not able to use the Denver Health population to recruit participants for their own research studies or for their dissertation.

Didactic Training

One half-day per week is reserved for didactics and a wide range of learning experiences is provided. Psychiatry Grand Rounds from the University of Colorado School of Medicine features local speakers as well as nationally prominent physicians and psychologists to speak on a variety of topics of current professional interest. Grand Rounds are available by closed circuit TV, or the cohort might occasionally attend in person at the Anschutz medical campus. There are often other learning opportunities at Denver Health or in collaboration with other area internship programs.

Denver Health psychologists provide presentations on evidence-based interventions, health psychology, substance use disorders and treatment, psychological and neuropsychological assessment, diversity, supervision, and program evaluation and research. The first seminar each month is split into child and adult focused tracks to gain more in-depth learning on adult and child psychology topics. There are presentations about Colorado regulations and legal procedures, and there are also two to three presentations per year about ethical and professional issues. Finally, the residents themselves are expected to contribute clinical case presentations as well as didactic presentations to their fellow residents and to interested faculty members.

SUPERVISION

Each resident receives at a minimum two hours of scheduled individual supervision and four hours per week total supervision time. In addition, group supervision and case review through the multi- and interdisciplinary teams occurs on a regular basis (on some teams several times per month, on some teams daily). On site supervision is provided by the staff psychologists assigned to the clinical service on which the resident is working. A physician or licensed mental health practitioner might provide onsite supervision on some days in particular rotations (e.g., the Psychiatric Emergency Service and the Psychiatric Consult-Liaison Service). In this case, a psychologist also is assigned as a supervisor for issues that warrant input. The residents also meet “as needed” or “curbside” with their supervisors, and the Training Director also is available for consultation regarding issues or cases. Supervisors are always available by cell phone or by pager.

SALARIES AND BENEFITS

Denver Health recognizes the value of internship level psychology trainees. All Denver Health psychology residents are employees of Denver Health and Hospital Authority, with a job title of Psychology Resident, and a salary of \$17.18 per hour, or \$35,734 per year. Excellent employee benefits include seven paid holidays and twenty days per year of paid time off (PTO) used for both vacation and sick leave. PTO may be restricted in the first ninety days (leave time is generally granted for Thanksgiving), and may only be used as it is accrued. Other benefits include several medical health insurance coverage options at competitive rates, with family coverage available. Dental coverage and a range of other benefits (including a free pass for the public transportation system) are also provided. Professional liability coverage is provided under an organizational self-insurance plan paid for by Denver Health. The Psychology Resident position is classified as a non-exempt position. The organization and the psychology internship faculty support a healthy work-life balance, and residents can expect that their job responsibilities can generally be accomplished in 40-45 hours per week.

The Denver Health Psychology Internship supports psychology residents' participation in scholarly and professional activities including those that occur outside of the regular training schedule. As such, psychology residents are granted time off, in addition to their standard PTO, for educational and administrative leave. Each resident may use three (3) days for travel and attendance to professional conferences, three (3) days for dissertation defense/graduation, and three (3) days for postdoctoral/employment interviews. If the resident does not use all three days for one of these activities then, with approval, the resident may apply the additional days to one of the other activities. For example, if a resident starts internship having already defended the dissertation, then the resident may apply those three days to additional time for interviews and/or conference attendance. If a resident requests additional time off for educational and/or professional activities beyond this allotment, then he/she may use accrued PTO. Additional education days may be approved with using PTO for travel and attendance to professional conferences for which the resident is a presenter.

ADMINISTRATIVE AND TECHNICAL SUPPORT

Administrative support for residents and for the internship is provided by Denver Health and by Behavioral Health Services. Human Resources works with residents after the APPIC Match to guide new residents through the Denver Health employment system and to complete background checks and health screens so that all residents can begin their internship in a timely manner. An administrative assistant supports the Internship Training Director in obtaining necessary access to Denver Health systems and other resources, including phones, pagers, keys, and professional provider numbers. The administrative assistant also supports the residents throughout the year if any additional administrative issues arise.

All residents are provided with work space that includes storage space and access to a computer and telephone. Denver Health has a number of software applications that are part of the healthcare system. There is an electronic medical record system that assists in the provision of integrated services throughout Denver Health. Residents are provided with individual accounts to access and utilize these systems, as well as more standard computer systems, such as internet access and email capability. Denver Health provides IT support as needed to address any difficulties in information technology.

BRIEF HISTORY OF THE INTERNSHIP PROGRAM

The Denver Health Doctoral Psychology Internship Program was initiated in 1968 with two interns. The development and expansion of the program was facilitated by grants from the National Institute of Mental

Health from 1969 until 1976, and from the City and County of Denver beginning in 1973. There are currently 18 internship positions, four funded through operational funding from the Department of Behavioral Health Services and an additional 12 positions funded through a three Health Resources and Services Administration (HRSA) training grants including the Behavioral Health Workforce Education and Training (BHWET), Opioid Workforce Expansion Program (OWEP), and Graduate Psychology Education (GPE) grants.

The program received provisional accreditation from the American Psychological Association in 1978 and has been fully accredited since 1980. The program had a site visit in 2018 and was awarded 10 years full APA-accreditation with the next site visit planned for 2028. In 2007, the official job title was changed from “Psychology Intern” to “Psychology Resident” to promote recognition within a medical setting of the extensive prior clinical training our program participants have had prior to starting at Denver Health.

The Internship Program is represented within the Behavioral Health operating budget and is under the direction of the Training Director supported by the Chief Psychologist and the other members of the Psychology Internship Faculty.

APPLICATION INFORMATION & INSTRUCTIONS

The Denver Health Doctoral Psychology Internship Program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and will be participating in the APPIC Internship Matching Program through National Matching Services, Inc. (NMS) for the February 2021 match. Denver Health adheres to the APPIC policies for matching and acceptance (see the APPIC web site at <http://www.appic.org>) and follows the ranking instructions and deadlines as defined by APPIC and NMS, Inc. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any internship applicant.

Our NMS, Inc. Program Code Numbers are:

117313 Adult Psychology (two positions)

117311 Adult Integrated Substance Use Disorders (four positions)

117319 Adult Substance Use and Corrections (five positions)

117314 Child & Adolescent Psychology (two positions)

117320 Child & Family Integrated Substance Use Disorders (five positions)

117316 Adult Integrated Primary Care (one position)

117317 Adult Neuropsychology (one position)

For the 2020-2021 year, the Rank Order List Submission Deadline for Phase I is February 5, 2021. Match results will be released February 19, 2021.

The Denver Health Doctoral Psychology Internship Program is full-time, completed in no less than twelve months, beginning August 9, 2021 and ending August 5, 2022. **Please anticipate and plan ahead to the end of the internship year regarding your university or program graduation plans.** If you successfully complete all internship program requirements, a letter will be sent to your program by August 10, 2022.

Selection Criteria and Application Process

A minimum of 500 hours of face-to-face combined intervention and assessment training hours (at least 30 hours must be assessment hours) and four completed testing batteries are required by application submission. The desired ratio of intervention to assessment hours may vary by track. Denver Health reviews the APPI, a letter of interest from the applicant, transcripts, and three letters of recommendation. **No supplemental materials are reviewed.** Research experience relevant to Denver Health is given credit. Bilingual skills are a plus, especially Spanish. Preference is given to applicants with clinical experience in the following areas:

Medical systems

Low income populations

Ethnically diverse populations

Serious mental illness

Substance use disorders

Equal opportunity is a fundamental principle of Denver Health and of the Psychology Internship Program. We are committed to recruit, hire, promote, and administer all human resource actions in a nondiscriminatory manner.

We strive to ensure that applicants and resident-employees are treated without regard to age, sexual orientation, race, color, religion, sex, national origin, marital status, physical or mental handicap, or veteran status (except for veteran's preference). This includes, but is not limited to: employment, performance evaluation, promotion, demotion, transfer, recruitment, layoff, terminations, compensation actions, and all other decisions and actions by the internship faculty, the Training Director, or Employee Services and Resources. For HRSA grant funded positions (Adult Integrated Substance Use Disorders, Adult Substance Use and Corrections, Child & Family Integrated Substance Use Disorders, Adult Integrated Primary Care, Adult Neuropsychology) we are restricted to students who are “in an APA accredited program, a citizen of the United States, a noncitizen national of the United States, or a foreign national who possesses a visa permitting permanent residence in the United States. Individuals on temporary or student visas are not eligible participants.” Applicants with student visas are encouraged to apply to the operationally funded positions (117313 Adult Psychology and 117314 Child & Adolescent Psychology tracks).

Denver Health typically receives over twenty five applications per position. Applications are screened according to the criteria noted above as well as for the quality of written communication. Applications that pass the initial screen are examined in depth two members of the selection committee. Six to eight applicants per position are invited to participate in interviews based on the in-depth reviews.

Due to the Covid-19 Pandemic, we will be conducting 100% virtual interviews. Applicants will be notified if they are invited to interview by December 15th. Interviews will be held late in December or in January. Virtual interviews will include a group presentation of the internship with the opportunity to ask questions, individual interviews with faculty and current residents, and small group time with current residents.

Deadline: All application materials must be available for review via the on-line APPIC system by November 1, 2020.

As noted, psychology residents at Denver Health are full-time employees. As with all Denver Health employees, being hired is contingent upon the applicant satisfying certain other eligibility requirements. These include a recent/current TB test, a physical exam, and current immunizations (these are usually done at Denver Health). Denver Health also completes a consumer background, child abuse database and criminal investigative report. Each applicant needs to be aware of these policies and procedures prior to submitting an application to us. **Once matched with us, you will be asked to satisfy these and any remaining eligibility requirements and complete the hiring process. *If you "fail" the consumer or criminal investigative background check, or fail the TB test, physical exam, or immunizations, you may not be permitted to do your internship with us, even though matched to our program, and might also therefore be excluded from the possibility of going elsewhere for the year.***

In addition, any misrepresentation, misstatement, omission or distortion about your credentials, readiness for internship, professional competence, character, legal, or ethical history may be cause for immediate de-selection, dismissal, or termination from this program.

Consistent with Denver Health and Hospital Authority (DHHA; Equal Employment Opportunity, PolicyStat ID: 5018837) it is the policy of the Denver Health Doctoral Psychology Internship Program to provide equal treatment and equal employment opportunities to all applicants and employees with respect to any employment decision, including recruiting, hiring, transfers, layoffs, termination, discipline, testing, training, promotion, job assignment, compensation, fringe benefits, retirement plans, and all other terms and conditions of employment. We maintain a work environment free of unlawful discrimination,

harassment, and retaliation. All employment decisions are based upon organizational needs, job requirements and individual qualifications without regard to age, race, color, national origin, genetic information, religion, sex, pregnancy, disability, sexual orientation, gender identity, transgender status, gender expression, marital status, or veteran status and any other basis protected under Federal, State or local law (collectively "protected status"). In accordance with Federal, State and local law, our program will make good faith efforts to recruit, hire, retain, and advance in employment qualified minorities, women, individuals with disabilities and protected veterans.

DENVER HEALTH RESIDENTS 2009-2020

YEAR	NAME	DEGREE
2009-2010	Susan Bennett Rhonda Casillas Megan Twomey Mary Quinn Juli Vierthaler Yuko Yamato	University of Denver (Counseling) Arizona State University (Counseling) Colorado State University (Counseling) Antioch University New England (Clinical) Chicago School of Professional Psychology (Clinical) University of Denver GSPP (Clinical)
2010-2011	Irina Banfi-Mare Nathaniel Burt Jennifer L. Grote Jessica Young Pae Natalie Dawn Ritchie Lindsay C. Sharp	American School of Professional Psychology (Clinical) Indiana State University (Counseling) University of Denver (Counseling) Wheaton College (Clinical) University of Illinois at Chicago (Clinical) Colorado State University (Counseling)
2011-2012	Kathryn DeLonga Kenneth Gladstone Daubney Harper Catherine Munns Eric Neumaier Gillian Taylor	PGSP-Stanford Consortium (Clinical) PGSP-Stanford Consortium (Clinical) New Mexico State University at Las Cruces (Counseling) James Madison University (Clinical) University of Wisconsin at Madison (Counseling) University of Denver (Clinical)
2012-2013	Katherine Belendiuk Tyler Barratt Bries Deerrose Laura Cote Gonzalez Elaine Allison Hess Julie Marie Kaprelian	University of Pittsburgh (Clinical) Arizona State University (Counseling) PGSP-Stanford Consortium (Clinical) New Mexico State University (Counseling) University of Texas at Austin (Counseling) The Chicago School of Professional Psychology (Clinical)
2013-2014	Darryl Etter Sarah Kelly Gwendoline Lander Lilia Luna Sheri Nsamenang Megan Petrik	PGSP-Stanford Consortium (Clinical) Wheaton College (Clinical) University of Buffalo/North (Counseling) George Fox University (Clinical) East Tennessee State University (Clinical) Marquette University (Clinical)
2014-2015	Ava Drennen Adriana Nevado Leslie Minna Jill Hersch Pamela Hamer Brian Goetsch Kim (Turek) Sheffield Amy Starosta	University of Colorado, Denver (Clinical) PGSP-Stanford Consortium (Clinical) University of Denver (Clinical) Immaculata University (Clinical) University of Denver (Clinical) George Fox University (Clinical) Louisiana State University (Clinical) University at Albany, SUNY (Clinical)
2015-2016	Beatriz Mann Brinda Prabhakar Caroline Scheiber Casey Cavanagh Jacqueline Hidalgo Joan Jou Robert Matthew Tolliver Yuliana Noniyeva	University of Texas at Austin (Clinical) University of Denver (Counseling) Alliant International University (Clinical) West Virginia University (Clinical) Carlos Albizu University (Clinical) PGSP-Palo Alto University (Clinical) East Tennessee State University (Clinical) PGSP-Palo Alto University (Clinical)

2016-2017	Alexandra Branagan Ivelisse Barreiro Rosado Jacob Lowen Jesse Wynn Kaitlin Venema Kerry Cannity	Florida State University (Counseling) Carlos Abizu University (Clinical) George Fox University (Clinical) University of Denver (Counseling) PGSP-Palo Alto University (Clinical) University of Tennessee-Knoxville (Clinical)
2017-2018	Kasturi Bhattacharjee Jessica Farrar Kerry Gagnon J. Quyen Nichols Britney Tibbits	Regent University (Clinical) University of Oregon (Counseling) University of Denver (Clinical) University of Vermont (Clinical) University of Denver (Counseling)
2018-2019	Christopher Akins Maria Boero-Legge Gabriel Casher Matthias Darricarrere Christian Goans Tess Kilwein Jeremy Kozak Rachel Narr Evelyn Plumb Lucia Walsh Iwei Wang	Fielding Graduate University (Clinical) Tennessee State University (Counseling) Southern Illinois University (Clinical) University of Denver (Clinical) University of Northern Texas (Clinical) University of Wyoming (Clinical) Palo Alto University (Clinical) University of Virginia (Clinical) University of California-Santa Barbara (Combined) University of Miami (Clinical) University of Denver (Clinical)
2019-2020	Jessica Alpizar Holly Batchelder Elizabeth Demeusy Stefanie Griglak Neilou Heidari Shaza Karam Leigh Kunkle Diane Lee Kate Zachary Ivori Zvorsky	Carlos Albizu University (Clinical) Palo Alto University (Clinical) University of Rochester (Clinical) University of Denver (Clinical) University of Denver (Clinical) George Fox University (Clinical) University of Denver (Clinical) University of Denver (Clinical) University of Denver (Clinical) Chicago School of Professional Psychology (Clinical) University of Vermont (Clinical)
2020-2021	Craig Anderson Mallory Bolenbaugh Autumn Marie Chilcote Jeremy Coleman Eleanore Hall Sean Hatch Jacqueline Kantor Shane Kentopp Rachel Kovensky Steve Livingston Tiffany Lyon Stephanie Mojena Alexandra Nicoletta Roni Rubins Erin Soares Naomi Spilka Kelli Tahaney Wren Yoder	Georgia Southern University (Clinical) University of Iowa (Counseling) Duquesne University (Clinical) University of Denver (Counseling) Rutgers University (Clinical) Palo Alto University (Clinical) Palo Alto University (Clinical) Colorado State University (Counseling) University of Oregon (Counseling) University of Oregon (Counseling) Carlos Albizu University-Miami Campus (Clinical) William James College (Clinical) East Carolina University (Clinical) William James College (Clinical) Palo Alto University (Clinical) University of Denver (Clinical) Boston University (Clinical) Illinois Institute of Technology (Clinical)

DENVER HEALTH 2019 FACTS

Denver Health was founded as City Hospital in 1860 to serve the health care needs of the rapidly developing city of Denver. Since then, we have grown alongside the community to become a complete health care system, proudly providing care for all residents -- at every point in their lives. We believe healthy people are the foundation of a vibrant community, and Denver Health has been treating and healing the people of Denver for more than 150 years.

Today, Denver Health delivers preventative, primary, and acute care services. We are committed to making our community a healthy place to live, work, and raise a family. You'll see that commitment in the programs we offer, through the care we provide and in our determination to achieve continuous improvement so our community always has the best care available.

We care for:

- Thirty-three percent of Denver's population annually; Denver Health sees nearly 930,000 total patient visits annually.
- One in three Denver-area children each year.
- The needs of special populations such as the poor, uninsured, pregnant teens, persons addicted to alcohol and other substances, victims of violence, and the homeless.

Ernest E. Moore Shock Trauma Center

Denver Health Medical Center is home to the Ernest E. Moore Shock Trauma Center, the region's only ACS certified Adult Level I and Pediatric Level II trauma center. It is highly regarded as one of the best trauma centers in the nation.

911 Emergency Response

Denver Health operates Denver's 911 medical emergency response system. In 2019, Denver Health paramedics responded to more than 118,000 calls for emergency medical assistance and transported more than 75,000 patients to 12 area hospitals.

Community Health Services

Denver Health's Community Health Services managed 603,321 visits in 2019. Nine family health centers located throughout Denver neighborhoods provide convenient primary care services.

School-based Health Centers — Seventeen School-based Health Centers in Denver Public Schools offer on-

site medical care to elementary, middle, and high school students.

Public Health

Denver Public Health (DPH) serves as the center for communicable disease reporting, surveillance, investigation, and control for the City and County of Denver. An integral part of Denver Health, infectious disease physicians from DPH work with hospital physicians on disease prevention and treatment throughout the hospital and family health centers. Through numerous grant-funded programs, DPH conducts important research on infectious diseases including hepatitis surveillance, tuberculosis clinical trials, HIV/AIDS prevention, counseling, testing and treatment, and vaccine trials.

The LGBT Center of Excellence

Established so every LGBT person in the region can come to Denver Health for treatment, the center's vision is to establish Denver Health as the source of health care for the LGBT community.

Rocky Mountain Poison and Drug Center

Denver Health offers many alternatives to expensive emergency room visits and/or hospitalization. The Rocky Mountain Poison and Drug Center (RMPDC) handles many minor poisoning emergencies by telephone. In addition, the Center's staff of toxicologists cares for seriously ill patients in the hospital. RMPDC answered 121,692 calls in 2019.

Through Denver Health's 24-hour NurseLine, more than 227,000 patients get free and confidential answers to health-related questions, to avoid costly emergency room visits.

Denver CARES

Behavioral Health Services manages Denver CARES, a 100-bed, non-medical facility, which provided a safe setting for more than 34,000 detoxifying episodes in 2019.

Quality

Among 121 leading academic hospitals in the US (University HealthSystem Consortium), Denver Health has ranked in the best ten percent for inpatient survival for seven consecutive years and has received a 4 or 5 star ranking in overall quality for 10 consecutive years.

DENVER HEALTH 2019 FIGURES

Denver Health Medical Center

Total Inpatient Admissions.....	24,252
Total Inpatient Surgeries.....	4,206
Total Outpatient Surgeries.....	9,174

Emergency Medical Services

Responded to 911 Medical Emergency Calls....	118,839
Patients Transported to Area Hospitals (12).....	75,246
Emergency Department Encounters.....	60,089
Denver Emergency Center for Children Visits...	26,492
Adult Urgent Care Clinic Visits.....	38,443
Federico F. Peña Southwest Urgent Care.....	25,918
Downtown Urgent Care Clinic.....	850
Winter Park Medical Center Urgent Care.....	1,487
Total Emergency/Urgent Care Visits.....	153,279

Ernest E. Moore Shock Trauma Center

Pediatric Trauma.....	164
Adult Trauma.....	2,897
Total Trauma Admissions	2,427

Behavioral Health Services

Adults (inpatient).....	1,761
Pediatrics (inpatient).....	773
Total Inpatient Admissions.....	2,453
Adults (outpatient) mental health admissions.....	770
Adults (outpatient) substance treatment admissions.....	1,213
Child (outpatient) mental health admissions.....	457
Child (outpatient) substance treatment admissions.....	124
Total Outpatient Admissions.....	2,564
Total doses of MAT (Methadone and Suboxone) dispensed through Narcotic Treatment Program.....	206,172

Denver Health Nurseline

Total Calls	227,972
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Rocky Mountain Poison and Drug Center

Total Human Exposures.....	92,754
Total Calls	121,692

Community Health Services

Clinic Visits	503,661
Dental Services	53,393
Mental Health	40,921
Case Management/Community Education.....	3,346
Total Patient Visits.....	603,321

Specialty Care Clinics

Medical Specialty Division	27,166
Surgery Clinic	14,676
Orthopedic Clinic	25,954
Urology Clinic.....	4,007
Eye Clinic	27,876
Ear, Nose and Throat Clinic	5,883
Total Specialty Care Patient Visits.....	105,562
Physical Therapy Encounters	146,606
Women's Care Visits	61,649

Denver Public Health Clinics

Immunization and Travel Clinic.....	10,565
Infectious Disease/AIDS Clinic.....	12,094
Metro Health (STD) Clinic	15,206
Tuberculosis Clinic	18,659
Vital Records.....	4,654
Total Patient Visits	56,524

Denver CARES Community Detoxification

Detoxification Episodes	34,927
DUI Episodes	289
Total Encounters	35,216

DENVER AT A GLANCE

Founded as a gold mining camp in 1858, Denver has grown from one boom to another into the second largest city in the mountain west. The metro area has grown rapidly in recent years, with a population over 3 million. Denver has one of the largest city park systems in the nation and the nation's second largest performing arts center. The international airport is geographically the largest and is the fifth busiest in the United States. One of the nation's premier stock shows and rodeos is held in January. Denver is Colorado's capital and is home to pro teams in all major sports. The Denver Art Museum and the Denver Museum of Nature and Science are noteworthy representatives of a vigorous cultural community. There are many venues for live music of various genres. There are numerous festivals and multicultural celebrations year-round.

Population

The City and County of Denver had over 716,000 people as of July 2018. There are high rates of high school and college graduates, and it is relatively young in age. The great weather and abundance of recreational opportunities contribute to Denver being the “thinnest” city in America. The population of Denver is quite diverse: 9.9 % African American, 29.9% Hispanic, 4% Asian American, 1.8% Native American, and 3.2% Multi-Racial.

Location

Geographically, Denver is not actually in the west – it is in the middle of the country, just 340 miles from the geographical center of the United States. Nor is it in the mountains – the city sits on high, flat plains 12 miles east of the Rockies. One hour west of Denver, you can drive 14,240 feet above sea level on the highest auto road in North America, but the city itself is flatter than Manhattan. The fifteenth step on the west side of the State Capitol is exactly one mile high at 5,280 feet above sea level. Most people don't feel the altitude in Denver, but some feel it in the mountain resorts, which are 8,000 to 10,000 feet above sea level.

Climate

Denver has a fairly mild, semi-arid climate area. The sun shines about 300 days a year – far more than San Diego or Miami Beach. Denver offers the pleasures of four distinct and spectacular seasons. Spring includes snow that usually melts quickly alternating with beautiful sunny days and colorful cherry trees and flowers. Summer means warm sunny days but generally cool evenings, perfect for outdoor activities. Fall is one of Denver's most delightful seasons, with colorful aspen leaves in the mountains and extended warm days down on the plains. Winter in Denver means bright days and surprisingly comfortable temperatures. Denver's average daily high in February is 45 degrees – warmer than New York, Chicago, Philadelphia, Boston or St. Louis.

Housing

Housing rates in Denver are moderate to high, with somewhat lower prices available in the suburbs.

Transportation

The Regional Transportation District (RTD) has good bus and light rail routes, including the A-line to the Denver International Airport. Public transportation passes are available at a reduced rate to Denver Health employees. Denver is also “bike-friendly” with accessible bicycle lanes and trails, as well as a bike-share program. Parking at Denver Health is offered at no-cost to residents.

See Denver Metro Convention and Visitors Bureau at <https://www.denver.org/> for additional information.

APPENDIX A. MAJOR ROTATION & ELECTIVE HOURS SAMPLES

Adult Psychology	
<i>Semester 1</i>	<i>Semester 2</i>
Inpatient Adult – 24 Outpt Adult MH – 8 Special Projects – 4 Didactics – 4	Outpt Adult MH – 24 Elective - 8 Special Projects – 4 Didactics – 4

Adult Integrated Substance Use Disorders	
<i>Semester 1</i>	<i>Semester 2</i>
SUDS – 8 Outpt Adult MH – 16 Integrated Primary Care – 8 Special Projects – 4 Didactics – 4	Consult Liaison-Psych – 12 Consult-Liaison-Addiction - 12 Elective – 8 Special Projects – 4 Didactics – 4

Adult Substance Use and Corrections	
<i>Semester 1</i>	<i>Semester 2</i>
SUDS/AMH Telehealth– 8 Corrections - 16 Elective – 8 Special Projects – 4 Didactics – 4	SUDS/AMH Telehealth– 16 SUDS - 8 PES – 8 Special Projects – 4 Didactics – 4

Adult Integrated Primary Care	
<i>Semester 1</i>	<i>Semester 2</i>
IPC – 20 SUDS/AMH Telehealth– 12 Special Projects – 4 Didactics – 4	IPC – 20 Elective – 8 Healthy Lifestyles Clinic - 4 Special Projects – 4 Didactics – 4

Adult Neuropsychology	
<i>Semester 1</i>	<i>Semester 2</i>
Neuropsychology – 32 Special Projects – 4 Didactics – 4	Consult Liaison-Psych – 24 Elective – 8 Special Projects – 4 Didactics – 4

Child & Adolescent Psychology	
<i>Semester 1</i>	<i>Semester 2</i>
Outpt Child MH – 20 Inpatient Child – 12 Special Projects – 4 Didactics – 4	Outpt Child MH – 24 Peds Primary Care – 8 Special Projects – 4 Didactics – 4

Child & Family Integrated Substance Use Disorders	
<i>Semester 1</i>	<i>Semester 2</i>
FORGE – 24 School-Based Clinic – 8 Special Projects – 4 Didactics – 4	FORGE – 16 Elective – 8 School-Based Clinic – 8 Special Projects – 4 Didactics – 4

PES = Psychiatric Emergency Service
 FORGE = Family Oriented Recovery Growth and Empowerment

APPENDIX B. PROFESSION-WIDE COMPETENCIES

The Denver Health Doctoral Psychology Internship Program adheres to the following overall training requirements as set forth by the Commission on Accreditation (CoA) of the American Psychological Association (APA):

- *Consistency with the professional value of individual and cultural diversity.*
- *Consistency with the existing and evolving body of general knowledge and methods in the science and practice of psychology.*
- *Broad and general preparation for entry-level independent practice and licensure.*
- *Evaluation as an integral part of the curriculum based in part on direct observation.*

Each Competency should be rated according to the following scale:

- **Marginal (1):** The student's performance is at the *marginal* level of skill expected at this level of training and is in need of additional training and/or maturation in order to be effective. An action plan is required for targeted skill growth.
- **Below Average (2):** The student's performance is at the *below average* skill level and further supervision and experience are needed to assist in developing this skill. Routine, but intensive, supervision is needed and an action plan may be necessary.
- **Meets Expectations (3):** The student's performance *meets expectations* for his/her level of training. This is a common rating throughout internship. Activities require routine supervision.
- **Above Average (4):** The student's performance is *above average* and he/she can function well independently. This is a frequent rating at completion of internship with competency attained in all but non-routine cases. Depth of supervision varies as clinical needs warrant.
- **Highly Developed (5):** The student's performance is *highly developed* and he/she has attained competency at full psychology staff privilege level; however, as an unlicensed trainee, supervision is required while in training status. This rating is expected at completion of postdoctoral training.

Competency I: Ethical and Legal Standards

- Demonstrates knowledge of and acts in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct; relevant laws, regulations, rules, and policies governing health service psychology in Colorado, and relevant professional standards and guidelines.
- Recognizes ethical dilemmas as they arise, and applies ethical decision-making processes.
- Conducts self in an ethical manner in all professional activities.

Competency II: Individual and Cultural Diversity

- Trainees develop the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Must demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities. The CoA defines cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status.
- Demonstrates understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.

- Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities.
- Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles.
- Demonstrates the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.
- Demonstrates the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered.
- Demonstrates the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

Competency III: Professional Values and Attitudes

- Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
- Demonstrates personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.
- Actively seeks and demonstrates openness and responsiveness to feedback and supervision.
- Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

Competency IV: Communication and Interpersonal Skills

- The CoA views communication and interpersonal skills as foundational to education, training, and practice in health service psychology.
- Relates effectively and meaningfully with clients, co-workers, team members, and the internal/external Denver Health community.
- Verbal, nonverbal, and written communications are informative, articulate, succinct, sophisticated, and well-integrated; demonstrates thorough grasp of professional language and concepts.
- Demonstrates the ability to manage difficult communication well.

Competency V: Assessment

- Trainees demonstrate competence in conducting evidence-based assessment consistent with the scope of Health Service Psychology.
- Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
- Demonstrates understanding of human behavior within its context (e.g., family, social, societal, and cultural).
- Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.
- Selects and applies assessment methods that draw from the current empirical literature and that reflect the science of measurement and psychometrics with relevant and appropriate methods and procedures for service recipients.
- Interprets assessment results following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.

- Communicates orally and in written documentation the findings and implications of the assessment.

Competency VI: Intervention

- Intervention includes but is not limited to psychotherapy. Interventions may be derived from a variety of theoretical orientations or approaches.
- Establishes and maintains effective relationships with the recipients of psychological services.
- Develops evidence-based intervention plans specific to the service delivery goals.
- Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- Applies the relevant research literature to clinical decision making.
- Modifies and adapts evidence-based approaches effectively when a clear evidence base is lacking.
- Evaluates intervention effectiveness and adapts intervention goals and methods as is appropriate.
- Demonstrates ability to assess, diagnose, and manage acute psychiatric presentations.

Competency VII: Consultation and Interprofessional/Interdisciplinary Skills

- Consultation and interprofessional/interdisciplinary skills are reflected in the intentional collaboration of professionals in health service psychology with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities.
- Demonstrates knowledge and respect for the roles and perspectives of other professions.
- Applies knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior, including but not limited to, role-played consultation with others, peer consultation, and provision of consultation to other trainees.
- Knowledge of key issues and concepts in related healthcare disciplines. Able to identify and interact with professionals in multiple disciplines.
- Provides expert guidance or professional assistance in response to a consultation request.
- Demonstrates ability to work effectively as an interdisciplinary team member.
- Determines situations that require different consultative role functions and shifts roles accordingly.

Competency VIII: Supervision

- Supervision involves the mentoring and monitoring of trainees and others in the development of competence and skill in professional practice and the effective evaluation of those skills.
- Demonstrates knowledge and ability in direct or simulated practice with psychology trainees or other health professionals, including but not limited to, role-played supervision with others and peer supervision with other trainees.
- Understands the ethical, legal, and contextual issues of the supervisor role.
- Articulates a model of supervision; integrates contextual, legal, and ethical perspectives in supervision.
- Demonstrates knowledge of supervisory contract that accurately reflects roles and expectations of supervisor and supervisee.

Competency IX: Research/Program Evaluation/Special Projects

- Demonstrates knowledge, skills, and competence sufficient to produce new knowledge, to critically evaluate and use existing knowledge to solve problems, and to disseminate research.
- Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g. case conferences, presentation, publications).

- Demonstrates introductory knowledge of program evaluation in behavioral health and in healthcare systems.

APPENDIX C. MAINTENANCE OF RECORDS POLICY

It is the policy of the Denver Health Doctoral Psychology Internship to retain permanent records of all participants in our training program. These records will include:

- Documentation of rotations and supervisors;
- Total hours worked as well as total hours of direct clinical work, supervision and didactic training;
- Evaluations
- Letters of acceptance and completion; and
- Certificates of internship completion

APPENDIX D. PSYCHOLOGY FACULTY

June Ashley, PhD is a licensed clinical psychologist in the Integrated Behavioral Health Department. Dr. Ashley provides behavioral health consultation, short-term therapy, and brief evaluation to a diverse population of patients in both the Lowry and La Casa/Quigg Newton Family Health Centers. She started at Denver Health during a postdoctoral fellowship in integrated primary care through the Colorado Health Foundation, during which she trained at both Lowry Family Health Center and the Swedish Family Medicine Residency. She returned to Denver Health as a full-time Staff Psychologist following fellowship. Previous experiences include VA hospitals (for pre-doctoral internship and for a doctoral research practicum), a neuro-rehabilitation hospital, a university counseling center, and an additional family medicine residency. Dr. Ashley's clinical interests include chronic pain, posttraumatic stress and posttraumatic growth, and suicidality.

Jodie Benabe, PsyD is a licensed clinical psychologist at the ACUTE Center for Eating Disorders. Dr. Benabe received her undergraduate degree from Occidental College and her doctorate from Phillips Graduate Institute, which emphasized Multicultural Psychology. She completed her internship at Utah State University and post-doctoral training at Metropolitan State University of Denver, where she founded the annual Higher Education Diversity Summit. She has worked in a variety of settings, including universities, community mental health, residential eating disorder treatment, and with law enforcement. In addition to eating disorders, her clinical interests include trauma, OCD and repetitive body-focused behaviors, and addiction. Her research interests include understanding the role of harm avoidance and reward dependency in eating disorders. Dr. Benabe is also a Child and Family Investigator (CFI) for the Colorado 1st Judicial District.

Kamila Cass, PhD is a licensed clinical psychologist at the ACUTE Center for Eating Disorders. Dr. Cass received her undergraduate degree from Skidmore College and her Master's and Doctorate from the University of Missouri-Columbia. Dr. Cass completed her internship at Wardenburg Health Center, Psychological Health and Psychiatry, at the University of Colorado-Boulder. Dr. Cass specialized in eating disorders throughout her training and has explored the impact of pro-anorexia websites. Dr. Cass has worked in a variety of settings, including private practice, community mental health centers, forensic state hospitals, universities, as well as integrated medical settings. Prior to working at ACUTE, Dr. Cass worked as a bariatric psychologist on a surgical team, assessing and treating patients in the bariatric surgery process. In addition to eating disorders, Dr. Cass's clinical interests include trauma, OCD, anxiety, and depression. Dr. Cass is a Diplomate of the Academy of Cognitive Therapy.

Caroline W. Corrigan, PhD is a licensed clinical psychologist in the Integrated Primary Care Department. Dr. Corrigan provides a mixture of co-located mental health and integrated primary care at the Level One Physicians Clinic on the main campus. Dr. Corrigan's interests and expertise include individual and couples psychotherapy, parenting and family relationships, health behavior change, provider self-care and career longevity, and supervision. She facilitates the Resident Cohort Development Group and served as a clinical supervisor for several years.

Laura M. Cote Gonzalez, PhD is a licensed clinical psychologist in the Integrated Behavioral Health Department. Dr. Cote Gonzalez provides clinical services at the Southwest Primary Care Clinic and in the Women's Care Clinic through the Gestational Diabetes Program. Her professional interests include the treatment of depressive, anxiety, and traumatic stress disorders; health behavior change and wellness; culturally-responsive prevention; and bilingual and multicultural training. Dr. Cote Gonzalez collaborates in the development and facilitation of the diversity seminar series for psychology residents. She currently

serves as co-chair of the Special Interest Group on Bilingual Issues in Latina/o Mental Health for the National Latina/o Psychological Association (NLPA).

Lauren Dent, PsyD is licensed clinical psychologist working at the Denver Detention Center. She received her undergraduate degree at Calvin College and her doctorate at the University of Denver where she specialized in couples counseling. She currently works as generalist at the jail providing clinical services to incarcerated patients as well as supervision to students. She works closely with patients who identify as transgender and patients who have been sexually victimized while in correctional custody. Her areas of interest include transgender care, complex trauma, multicultural competency within supervision, and severe and persistent mental illness.

Thom Dunn, PhD supervises residents who spend time on the Consult – Liaison team. The team advises physicians about their patients who are admitted anywhere in the hospital except to inpatient psychiatry. The C/L team is commonly brought into cases where a patient is psychiatrically decompensated, status post suicide attempt, when there are questions of safety, and to assess decision making capacity. Patients may be admitted to a variety of services, including medicine, surgery, pediatrics, mom/baby, and the correctional care unit. Dr. Dunn also serves on the hospital's ethics committee and advises the Denver Paramedics peer support team. He is a professor of psychological sciences at the University of Northern Colorado and is works intermittently at Denver Health. Research interests include eating disorders that result in malnutrition, but do not have body image disruption (ARFID, orthorexia nervosa).

Colleen Fischer, PhD is a licensed clinical psychologist on Child & Adolescent Outpatient Behavioral Health Services (OBHS – Child). Dr. Fischer currently provides clinical services on the Outpatient Child and Adolescent team and in the Webb Pediatric Primary Care clinic. She is an investigator for a HRSA grant to increase psychology training in integrated primary care with high-need pediatric clinics. Dr. Fischer's clinical interests include trauma-informed care and adolescent self-injury and suicidality. Dr. Fischer is an Instructor at the University of Colorado School of Medicine, Department of Psychiatry.

Kerry Gagnon, PhD is a licensed clinical psychologist in the Integrated Behavioral Health Department. Dr. Gagnon provides clinical services at the Webb Pediatric Primary Care Clinic. Her professional interests include providing accessible, trauma-informed, evidence-based treatment to children, adolescents, and families. Dr. Gagnon is an Instructor at the University of Colorado School of Medicine, Department of Psychiatry.

Jennifer Grote, PhD is a licensed clinical psychologist and Director of the Integrated Behavioral Health Department. In addition to her administrative roles, Dr. Grote currently provides clinical services at Westwood Family Health Center and at Eastside OB/GYN clinic.

Caitlin Hernandez, PhD is a licensed clinical psychologist and behavioral health consultant in the Westside Pediatric Primary Care Clinic. She currently leads the Pediatric Consultation Group for the Integrated Behavioral Health team and pursues trainings in the birth to three and perinatal populations. Dr. Hernandez is an Instructor at the University of Colorado School of Medicine, Department of Psychiatry.

Laura Jacobs, PsyD is a licensed clinical psychologist and Team Lead on Child & Adolescent Outpatient Behavioral Health Services (OBHS – Child). Dr. Jacobs' clinical interests include trauma-informed care, psychotherapy with young children, and adolescent self-injury/suicidality. Dr. Jacobs is an Instructor at the University of Colorado School of Medicine, Department of Psychiatry.

Alison Lieberman, PsyD is a licensed clinical psychologist specializing in integrated care. She presently provides clinical services to the Women's Care, Bariatric, Oncology, and Geriatric Primary Care teams and supervises residents on these rotations. Dr. Lieberman is an Instructor at the University of Colorado School of Medicine, Department of Psychiatry.

Kristen Lohse, PsyD is a licensed clinical psychologist on the ACUTE unit at Denver Health, specializing in the treatment of eating disorders. She graduated from the PGSP-Stanford PsyD Consortium, completed her Post-doctoral Fellowship at Children's Hospital Colorado Eating Disorder Program, and has been a Denver Health employee since fall 2018. Her dissertation was exploring feasibility, acceptability, and efficacy of a peer-led body image group for college students. In the past, Dr. Lohse has done clinical trial research for Fragile X Syndrome and has worked as a Behavioral Therapist for children with autism. Dr. Lohse is an active member of the Academy of Eating Disorders and assists in research efforts on the ACUTE unit.

KC Lomonaco, PsyD is a licensed clinical psychologist who specializes in Issues of Social Justice and Diversity, Integrated Primary Care, and Women's Health Issues, including chronic disease management, adjustment to chronic disease, perinatal and postpartum mood disorders, trauma, and health behavior change. She received her doctorate from the University of Denver Graduate School of Professional Psychology in 2008 and has practiced in multiple FQHC clinics and taught both psychology and medical residents as well as in the University of Colorado Medical School since that time.

Anna Loney, PsyD is a licensed clinical psychologist on the Adult Outpatient Behavioral Health Services (OBHS-Adult) team. She received her undergraduate degree in psychology from Lawrence University in Appleton, WI and her doctorate in clinical psychology from the Chicago School of Professional Psychology. Dr. Loney has worked in a variety of settings including community mental health, inpatient and ER settings, private practice, and other hospital/clinic settings. Her clinical interests include doing crisis intervention and consultation, assisting with LGBTQ+ matters, working with older adults, working with grief, managing life transitions, as well as helping with relational issues. She utilizes a largely humanistic/person-centered and relational approach in therapy, as well as motivational interviewing, solution focused, and CBT strategies in treating clients.

Joseph Longo, PhD is a licensed clinical psychologist in the Integrated Behavioral Health Department. Dr. Longo provides diagnostic evaluation, brief intervention, and psychology consultation within the primary care setting. In addition, he serves as the principal psychologist in the Early Intervention HIV Primary Care Clinic, a co-located model of treatment. Previous experiences include federally qualified community health center, Denver County Jail, and college counseling centers. Dr. Longo conducts and has published research in the area of diversity competency and is an adjunct faculty at the University of Denver.

Laura Lovato, PhD is a licensed clinical psychologist on the Adult Outpatient Behavioral Health Services (OBHS-Adult) team. Dr. Lovato's clinical interests include treatment of anxiety and mood disorders, relational concerns, management of chronic pain and illness, as well as compassion and mindfulness-based approaches to treatment. She provides clinical services for patients and clinical supervision of psychology residents. She completed her internship with the Colorado State University Health Network and her post-doctoral fellowship with Aurora Community Mental Health. She has had experience working in a variety of settings, including community mental health centers, primary care, and university counseling centers.

Kate McCallum, PhD is a licensed clinical and forensic psychologist in the Denver Sheriff's Behavioral Health Services Team. She received her doctorate degree in clinical psychology, with forensic emphasis, from Sam Houston State University. She completed her clinical internship at the United States Medical Center for Federal Prisoners in Springfield, MO. She completed a post-doctoral fellowship in forensic psychology at the Denver Forensic Institute for Research, Service and Training (Denver FIRS), where she received a year of specialized experience in forensic assessment. Currently, she provides clinical services and supervises students in the Men's Mental Health Transition Unit in the Denver County Jail – a unit for detainees with severe and persistent mental illness. She remains actively involved in research and publication. Her research interests include field validity of forensic assessment, bias and impaired decision making among mental health professionals, risk assessment of sexual offenders, and the construct validity of psychopathy. Her clinical interests include therapeutic treatment for severe and persistent mental illness, continuity of care between correctional and community environments, competency restoration, forensic assessment, extreme social/cultural belief, and supervision of graduate students. Dr. McCallum also maintains a private practice offering forensic mental health evaluations (competency, sanity, risk) for the State of Colorado.

Bradley McMillan, PhD is the lead psychologist for Denver Health's Behavioral Health Services Team. He graduated with his PhD in Clinical Psychology from the University of Rhode Island in 1999. He has been working in private practice in Denver since 2001 and at the Denver County Jail since 2004. He specializes in trauma-related disorders and is a member of APA, APA's Division 29, and EMDRIA. As part of Denver Health and the Denver Sheriff Department, he oversees the psychologists, social workers, and case managers for Behavioral Health. He provides individual and group counseling, is involved with crisis management and consultation, coordinates with DSD's executive staff and works with the Sheriff's Department and Denver Health on training initiatives. He is trained in EMDR (level II certification), CISM/CISD and many other therapeutic techniques. In addition, Dr. McMillan has a background in community and health psychology and organizational consultation. He has been published in the field and has done work with several organizations, including: The North Denver Fire Protection District, Coca-Cola, the City of Aurora, the City of Denver, Forrest General Hospital, the University of Southern Mississippi, Butler Hospital, and Brown University, amongst others.

Haley Medlin, PsyD is a licensed clinical psychologist on the Adult Inpatient Psychiatry unit. Dr. Medlin received her undergraduate degree from the University of Georgia and her doctorate degree from the University of Indianapolis's School of Psychological Sciences. In addition to spearheading and supporting program development on the adult inpatient unit, Dr. Medlin provides evaluation, consultation, and individual and group therapy to adult inpatients at Denver Health. Clinical and research interests include serious mental illness, mood and anxiety disorders, acute/brief treatment, and trauma-informed care. She utilizes evidence-based approaches and techniques, including Dialectical Behavior Therapy, Cognitive-Behavior Therapy, and Acceptance and Commitment Therapy.

Blair Nyline, PhD is a staff psychologist with Denver Health's Denver Sheriff Department Behavioral Services team. She is the program director for the High Acuity Treatment Unit (HAT) at the Downtown Detention Center (DDC). She has been part of the DDC's behavioral health team since 2018 and graduated from the University of Northern Colorado in 2016. She specializes in providing behavioral health services in forensic settings and has worked for the Department of Corrections, the Minnesota State Forensic Hospital, and mandated outpatient therapy services. She has two publications focused on sexual trauma and domestic violence. She currently oversees the HAT program, provides group and individual therapy, crisis intervention, conducts competency evaluations, and provides mental health training for the Denver Sheriff Department and community organizations.

Jennifer Peraza, PsyD, ABPP-CN is the Psychology Internship Training Director and a licensed clinical psychologist, Board Certified in Clinical Neuropsychology. She is an adjunct Instructor with the University of Colorado School of Medicine's Department of Psychiatry. Dr. Peraza completed her doctoral degree in clinical psychology in the neuropsychology track at Pacific University. She completed her internship in the neuropsychology track at Central Arkansas VA Healthcare System and a two-year clinical neuropsychology post-doctoral fellowship at New Mexico VA Health Care System. Dr. Peraza specializes in adult and geriatric outpatient and inpatient neuropsychological assessment with interests in human diversity.

Christopher Pierce, PhD is a licensed clinical psychologist and the Director of Neuropsychology. Dr. Pierce is also an Associate Professor in the Department of Psychiatry at the University of Colorado School of Medicine. He received his doctoral degree in Medical (Clinical) Psychology from the University of Alabama at Birmingham, with a neuropsychology internship at the University of Washington School of Medicine. He completed his Residency in Neuropsychology and Rehabilitation Psychology at the Rehabilitation Institute of Michigan. He specializes in outpatient and inpatient neuropsychological assessment of adult and geriatric patients.

Brinda Prabhakar-Gippert, PhD is a licensed clinical psychologist in the Integrated Behavioral Health Department. Dr. Prabhakar-Gippert provides clinical services at the Healthy Lifestyle Clinic and runs the Tele-Counseling Program. Her professional interests include health behavior change and wellness, obesity management, and self-compassion. She has her certification in nutritional psychology. Dr. Prabhakar-Gippert is an Instructor at the University of Colorado School of Medicine, Department of Psychiatry.

Laura M Ramzy, PhD is a licensed clinical psychologist in the Integrated Behavioral Health Department. Dr. Ramzy provides clinical services involving culturally competent brief assessment, consultation, triage, and short term behavioral health treatment at the Lowry Family Health Center. Dr. Ramzy has experience working primarily in community mental health, primary care, and refugee healthcare settings to serve underrepresented, marginalized populations. Dr. Ramzy's interests and expertise include multicultural competency, immigrant and refugee health, trauma, and integrated care. Dr. Ramzy provides didactics and seminars to medical and psychology residents per request of supervisors and faculty colleagues.

Natalie Ritchie, PhD is a licensed clinical health psychologist at Denver Health Managed Care, where she enjoys providing supervision for the Health Coaching rotation. At Denver Health since 2010, she has served in a variety of health psychology roles and currently directs multiple grants on diabetes prevention and management. Dr. Ritchie's clinical and research interests are in health behavior change, including for weight and diabetes management in underserved populations. Dr. Ritchie is a Visiting Instructor at the University of Colorado School of Medicine's Department of Psychiatry.

Daniel S. Schoenwald, PhD is a licensed clinical psychologist on Adult Outpatient Behavioral Health Services (OBHS – Adult) and at Level One Physicians Clinic. In addition to treating patients on these services, he has also supervised residents on rotation with the adult team. His clinical interests include psychopathology, psychotherapy with men, psychopharmacology, and group therapy. Previously, he maintained a full-time private practice and was also an adjunct professor, teaching Adult Psychopathology and Group Therapy and Process.

Trina Seefeldt, PhD is a licensed clinical psychologist and Team Lead on Adult Outpatient Behavioral Health Services (OBHS – Adult). She received her undergraduate degree in psychology from Loyola University Chicago and her PhD in clinical psychology from the University of Utah. She provides

clinical services for patients and clinical supervision for psychology residents and post-doctoral fellows. She holds an instructorship with the University of Colorado School of Medicine's Department of Psychiatry, and is an affiliate professor with Metropolitan State University of Denver's Department of Psychology. Dr. Seefeldt has worked for over a decade with underserved populations, including individuals experiencing homelessness and incarcerated individuals. Her areas of treatment interest include complex trauma; personality disorders; parenting issues; couples and family therapy; and depressive and anxiety disorders.

J. Christopher Sheldon, PhD is the Chief Psychologist. He is also an Associate Professor of Psychiatry at the University of Colorado School of Medicine. He received his undergraduate degree from the University of Texas at Austin and his Doctorate in Clinical Psychology at the University of Texas Southwestern Medical Center. Dr. Sheldon's interests include psychology training, mood disorders and self-injurious behavior in youth. The primary theoretical orientations Dr. Sheldon works from are Cognitive Behavioral, Developmental and Psychodynamic.

Gina Signoracci, PhD is a Rehabilitation Psychologist with the Adult Mental Health (AMH) team and provides intervention using a number of evidence-based practices including: CBT, CPT, DBT, ACT, EMDR, mindfulness-based practices and EFT. She specializes in assisting patients in the process of adjusting to/living with chronic conditions and catastrophic injury (i.e., TBI, SCI, amputation, etc.) and also conducts psychological and neuropsychological assessment. She has published research in the areas of TBI and co-occurring mental health conditions and HIV/AIDS. Dr. Signoracci is involved with local (Colorado Neuropsychological Society) and national (American Psychological Association, Division 22-Rehabilitation Psychology) organizations.

Nathanael Taylor, PhD is a licensed clinical psychologist on the Adult Inpatient Psychiatry unit. Dr. Taylor received his undergraduate degree at Benedictine College and his doctoral degree from Texas Tech University. Dr. Taylor's clinical interests include empirically supported treatments and assessment of serious mental illness (SMI) populations and suicidal patients. He utilizes a variety of evidenced-based treatments including Cognitive-Behavioral Therapy, third-wave interventions, and Interpersonal Psychotherapy. His research interests include suicide risk in SMI populations and psychodiagnostic assessment methods. In his free time, Dr. Taylor loves watching sports (NHL, NCAA basketball, NFL), fishing, and spending time with his Scottish Terrier, Quincy.

Tatiana Turo, PsyD is a licensed clinical psychologist in the Integrated Behavioral Health Department. Dr. Turo provides behavioral health consultation, short-term therapy and diagnostic evaluations at the Westside Adult Clinic. Previous experiences include residential addiction treatment center, federally qualified community health center, and private practice. Her professional interests include treatment of mood disorders, health behavior change and bilingual and multicultural training.

Megan Twomey, PhD is a licensed clinical psychologist on the Adolescent Inpatient Psychiatry Unit. She provides individual, family, and group therapy as well as psychological assessment services. Her areas of clinical and research interest include autism spectrum disorder, mood disorders, anxiety disorders, attachment, and self-injurious behavior. Dr. Twomey has served as an instructor at the University of Colorado School of Medicine.

Denise Vargas, PhD is a clinical psychologist who specializes in the treatment of addictive behaviors. She has a Bachelor's in Psychology from the University of Colorado at Denver, her Master's and Doctorate in Clinical Psychology from Argosy University in San Francisco. Dr. Vargas has been in the field of Psychology since 1995 and has worked with a variety of clients ranging from addiction to

developmentally disabled adults. She uses a combination of Narrative Therapy and Cognitive Behavioral techniques using alternative ideas designed by Dr. Horvath the founder of Practical Recovery in San Diego, California and President of SMART Recovery, where Dr. Vargas studied addiction recovery and practiced treatment. Currently, Dr. Vargas leads the Women's Transitional Unit at the Denver County Jail. In the transitional unit inmates are provided individual and group therapy, case management and medication management. A variety of groups are offered that range from Addiction, PTSD, Anger Management and Psychological Education.

Jeremy Vogt, PhD is a licensed clinical psychologist and behavioral health consultant with the Integrated Behavioral Health Department. Dr. Vogt received his doctorate degree from the University of South Dakota in 2011. He completed his predoctoral internship at the University of Colorado –Denver School of Medicine with an emphasis in primary care psychology and a post-doctoral fellowship with the Western Interstate Commission for Higher Education (WICHE) Mental Health Program in administrative and public health psychology. His professional interests include suicide prevention in primary care and the training of medical providers in behavioral sciences. Dr. Vogt currently provides clinical services at Denver Health's Family and Internal Medicine Clinic (FIM) and the Intensive Outpatient Clinic (IOC), where he also provides clinical supervision to the psychology resident.

Lucia Walsh, PhD is a licensed child clinical psychologist on the Child Mental Health team. Dr. Walsh received her doctorate from University of Miami – Coral Gables and completed her pre-doctoral internship and post-doctoral fellowship at Denver Health Medical Center through a HRSA-funded grant. Dr. Walsh leads the Family-Oriented Resilience, Growth, and Empowerment (FORGE) program and the PCIT training clinic. Clinically, Dr. Walsh loves working with young children and their parents and patients with OCD, Eating Disorders, and/or Substance Misuse. She utilizes empirically-supported treatments such as ERP, ACT, CBT-E, and AF-CBT/TF-CBT, and evidence-based progress monitoring. Her research interests revolve around pragmatic research methods to improve access to care and treatment delivery for children exposed to substance misuse, domestic violence, and homelessness. Dr. Walsh is an Instructor at the University of Colorado School of Medicine's Department of Psychiatry.

Katherine Washington, PhD is a licensed clinical psychologist on Child & Adolescent Outpatient Behavioral Health Services (OBHS – Child). Dr. Washington provides clinical services on the Outpatient Child and Adolescent team. Her clinical interests include psychological evaluations, play therapy, and trauma treatment. Dr. Washington is a member of American Psychological Association and Colorado Psychological Association. Previously, she was instructor of Adolescent Psychology at Washburn University in Topeka, Kansas.

Vanessa Zimmerman, PsyD is a licensed clinical psychologist on the Adult Inpatient Psychiatry units. She received her undergraduate degree at the University of California, Davis and her doctorate at the University of Denver, GSPP. She completed her postdoctoral fellowship at Sharp HealthCare in San Diego, CA, specializing in Severe Mental Illness and Inpatient programming. She provides clinical services including brief individual psychotherapy, group therapy, and psychodiagnostic evaluation. Her areas of interest include severe mental illness, the recovery model, transgender affirmative care, therapeutic assessment, and suicide risk reduction.

APPENDIX E. POLICY ON NONDISCRIMINATION AND PROHIBITION OF HARASSMENT AND RETALIATION

I. PURPOSE

The Denver Health Doctoral Psychology Internship Program is committed to providing equal opportunities to all persons regardless of age, race, color, national origin, ancestry, genetic information, religion, sex, pregnancy, disability, sexual orientation, gender identity, gender expression, marital status or veteran status (collectively "protected status"). The program is committed to avoiding any actions that would restrict program access on grounds that are irrelevant to success.

This policy applies to all residents and faculty involved in the training program. Conduct prohibited by this policy is unacceptable in the program environment and in any program-related setting outside the workplace, such as program-related meetings, professional conferences and program-related social events.

II. POLICY

- A. Discrimination is specifically prohibited regarding a person's age, race, color, sex, religion, national origin, ancestry, marital status, sexual orientation, veteran status, genetic information, disability, pregnancy, gender identity, or gender expression. The Denver Health Doctoral Psychology Internship Program prohibits discrimination based on any protected status in regard to any program decision including recruiting, selection, supervision, termination, discipline, testing, training, rotation assignment, compensation, fringe benefits, retirement plans, and all other terms and conditions of program participation. All internship program practices shall be conducted without regard to a person's protected status.
- B. The program avoids any actions that would restrict program access on grounds that are irrelevant to success by utilizing screening and evaluation procedures that are the same for all applicants and that consider specific information across all applicants that are relevant to success at this internship program.
- C. The program prohibits all forms of sexual harassment. Unwelcome sexual advances, requests for sexual favors, and other physical, verbal, or non-verbal conduct of a sexual nature constitute sexual harassment when:
 1. submission to the conduct is an implicit or explicit term or condition of participation in program activities;
 2. submission to or rejection of the conduct is used as the basis for a program decision;
 3. the conduct has the purpose or effect of unreasonably interfering with a resident's performance or creates an intimidating, hostile or offensive program environment.
- D. All faculty and residents in the training program are expected to conduct themselves in a professional manner at all times. Inappropriate sexual conduct is expressly prohibited by this policy. Such conduct includes, but is not limited to, sexually implicit or explicit communications whether in:
 1. Written form, such as cartoons, posters, calendars, notes, letters, e-mail.

2. Verbal form, such as comments, jokes, foul or obscene language of a sexual nature, gossiping or questions about another's sex life, or repeated unwanted requests for dates.
 3. Physical gestures and other nonverbal behavior, such as unwelcome touching, grabbing, fondling, kissing, massaging, and brushing up against another's body.
- E. Harassment on the basis of any other protected status is also strictly prohibited. This includes verbal, written or physical conduct that degrades or shows hostility or aversion toward an individual because of his or her protected status and that:
1. has the purpose or effect of creating an intimidating, hostile or offensive program environment,
 2. has the purpose or effect of unreasonably interfering with an individual's performance, or
 3. otherwise adversely affects an individual's internship opportunities.
- F. Harassing conduct includes epithets, slurs or negative stereotyping; threatening, intimidating or hostile acts; jokes and written or graphic material that degrades or shows hostility or aversion toward an individual or group based on his or her protected status.
- G. Discrimination and harassment training is mandatory for all residents at the start of the program and annually for all internship faculty.

III. PROCEDURES

A. Reporting Harassment, Discrimination and Retaliation

1. Any resident who believes they have been subjected to, witnessed, or has any knowledge of unlawful harassment, discrimination, or retaliation in the internship program shall report the misconduct to the Training Director or to the Training Director's supervisor. The Training Director will work with the Denver Health and Hospital Authority (DHHA) Administration to promptly investigate and correct any behavior which may be in violation of this policy.
2. Failure to report harassment, discrimination or retaliation could result in discipline up to and including termination from the Program.
3. All complaints will be kept as confidential as practicable.
4. If the Training Director and/or DHHA Administration determines that a resident or faculty has violated this policy, appropriate disciplinary action will be taken against the offending individual up to and including termination from the program.

B. Non-Retaliation Statement

1. The Program prohibits retaliation against a resident for reporting, participating in, or assisting with the investigation of a complaint under this policy. Any resident or faculty that engages in retaliation in violation of this policy will be subject to disciplinary action up to and including termination from the program.

APPENDIX F. POLICY ON UNSATISFACTORY PERFORMANCE, DUE PROCESS, AND APPEALS

I. PURPOSE

To provide policies and procedures for fair and ethical responses to problematic performance on the part of internship participants as well as to concerns on the part of residents about the training program or other aspects of their supervision or treatment at Denver Health. These will include steps to remediate problematic performance, provisions for resident due process and appeals of decisions about their training as well as procedures for residents to obtain responses to grievances.

II. POLICY

It is the policy of the Denver Health Doctoral Psychology Internship Program to respond to problematic learning or behavior in an open, fair and ethical way and to provide support and remediation consistent with norms in doctoral psychology internship training. The Program is also responsible for upholding standards of training for health service psychology and for protecting the public, and will act accordingly if problematic performance on the part of program participants is identified.

III. PROCEDURES

A. Introduction

The Denver Health Psychology Internship is highly invested in the successful completion of internship for all residents accepted into our program. The faculty recognizes that the internship year can be stressful and that residents are in the process of acquiring the knowledge and skills expected for independent practice and licensure. The faculty is committed to making every reasonable effort to assist program participants. When problematic behavior or failure to progress occurs, the program will generally attempt to work with the resident to remediate the issue or issues unless illegal or grossly unethical behavior has occurred. However, the program may terminate a resident who exhibits inappropriate behavior or who fails to make satisfactory progress in the development of the skills, knowledge, and competencies expected by the program.

B. Definition of Unsatisfactory Performance and Problematic Behaviors

Any behavior that is illegal or grossly unethical is unsatisfactory performance and may be cause for immediate termination from the program. Unsatisfactory performance also is present when there is interference in professional functioning such that the resident demonstrates:

1. An inability or unwillingness to acquire and integrate professional standards into their repertoire of professional behavior.
2. An inability or unwillingness to acquire professional skills in order to reach an acceptable level of competency.
3. An inability or unwillingness to control personal stress, psychological disturbance, and/or excessive emotional reactions which interfere with professional functioning.

Unsatisfactory performance generally includes one or more of the following problematic

behaviors:

1. The resident does not acknowledge, understand, or address the problem when it is identified.
2. The problem is a skill or competency deficit of significant quantity or quality.
3. The quality of clinical services is significantly affected.
4. A disproportionate amount of time and/or attention by supervisors and/or other personnel is required.
5. The resident's behavior does not change as a function of feedback, remediation efforts, and/or time.

C. Procedures for Responding to Problematic Behaviors and Unsatisfactory Performance

Triggers for identifying unsatisfactory learning or behavior include reviews of resident performance in weekly supervision, Professional Development Reviews, and in completion of Profession-Wide Competency Evaluations. Issues may be brought to the attention of the supervisor or Training Director by other staff at Denver Health, or by patients and family members with whom the resident is working. Grossly unethical or illegal behaviors will be addressed by the Training Director in consultation with Denver Health Employee Services, the Legal Department and Risk Management. Problematic behaviors and unsatisfactory performance will generally be addressed by the immediate clinical supervisor. Issues that are not deemed to have responded will be addressed by the Training Director and by the Psychology Internship Faculty. With the advice and consent of the Faculty, one of the following will occur:

1. After discussion, no further action is judged to be needed.
2. The primary supervisor(s) and/or the Training Director will provide verbal feedback to the resident about the problematic behavior.
3. The primary supervisor(s) and the Training Director will write and present to the resident a remediation plan to address the problematic behavior(s).
4. The resident will be placed on probation. The specific problematic behaviors leading to this will be documented, as well as any prior attempts to address and remediate the problematic behavior(s). The resident's graduate program will be provided with written notification.
5. The resident will be terminated from the program. This step will only occur if
 - a. Illegal or grossly unethical behavior has occurred.
 - b. Steps 3 and/or 4 have previously occurred and have not led to satisfactory remediation of the problematic behaviors.

D. Remediation Alternatives

It is an important responsibility of an internship program to have adequate methods to decrease unskilled and problematic behaviors to further resident growth. An internship

program also has an obligation to the profession of psychology and to the public to ensure that graduates of the internship have adequate professional competencies. Remediation plans will include:

1. A description of the specific problems and/or concerns.
2. The action steps and supervisors included in the plan to address the concerns.
3. Time frames for review and for expected completion of remediation.
4. Consequences for failure to remediate.
5. Signatures of the resident, supervisor(s), and the Training Director.

The Director of Clinical Training at the resident's educational institution will be notified and will be provided with a signed copy of the remediation plan. When a remediation plan for problematic behavior(s) is needed it may include:

1. The assignment of extra reading.
2. The provision of extra seminars or didactic experiences.
3. A change in the emphasis, format, or focus of supervision.
4. An increased quantity of supervision or change of supervisor.
5. Change in the quantity or nature of the resident's clinical responsibilities.
6. Recommendation of personal psychotherapy, with the understanding that the resident's professional behavior, not the attendance in psychotherapy, will be utilized as the criterion for evaluating internship performance.
7. When appropriate, recommendation of a leave of absence or second internship.

If at any point during review of a resident's performance it is determined that the welfare of the resident and/or any client has been jeopardized, the resident's case privileges will either be significantly reduced or removed for a specified period of time. At the end of the specified time, the resident's primary supervisor, in consultation with the unit clinical staff and the Training Director, will assess the resident's capacity for effective functioning and determine if the resident's case privileges can be reinstated or if the reduction/removal should continue for another specified period.

E. Resident Due Process and Appeal Procedures

1. Residents may make a formal appeal of any decision, written evaluation, or remediation plan that is directly related to their psychology internship expectation or requirements to the Training Director and/or the Training Committee. Appeals must be in writing and must be submitted within ten working days of the resident receiving the decision, evaluation, or remediation plan. The appeal should include a statement of the reasons the resident is filing the appeal and proposed resolution(s). The resident should provide appropriate documentation regarding the decision/event/action given by the supervisor or Training Committee for its decisions or actions, and why the decisions or actions should be reconsidered or withdrawn. To aid the resident in the appeal process,

they will be provided access to all documentation used by the supervisor or Training Committee in deriving its conclusions.

2. Within seven working days of receipt of the written appeal, the Internship Director, who chairs the Panel, will work with the resident who is making the appeal to appoint an Appellate Review Panel. The Panel will consist of the Chair, two psychology internship faculty selected by the Chair, and two psychology faculty members selected by the resident. If the complaint is against the Training Director, the Training Director's supervisor will appoint a psychology faculty member as Chair. The Denver Health Psychology Internship Faculty is defined as all psychologists who were included in the most recent APA Commission on Accreditation Annual Online Report as Training Supervisors.
3. The Chair is empowered to secure any and all materials and documents related to decision/event/action under appeal and to question persons who may have information helpful to Panel deliberations. A simple majority will decide all appeal decisions. The Chair will cast a vote only in the case of a tie. In addition to the written appeal, the resident may make a personal appearance before the Appellate Review Panel to present oral and/or written testimony or may choose to submit written testimony in lieu of personal appearance.
4. Within seven working days of the adjournment of the Panel the Chair will present the findings and recommendations of the Appellate Review Panel in writing to the Psychology Internship Faculty as a whole and to the Training Director's supervisor. Decisions by the Panel except for termination or suspension are final. For decisions that include termination or suspension the Training Director's supervisor will communicate in writing acceptance of the decision, or may request additional information from the Training Director or from the Appellate Review Panel.

APPENDIX G. POLICY ON COMPLAINTS AND GRIEVANCES

I. PURPOSE

The purpose of this policy is to provide residents with procedures to report concerns, complaints, or grievances they may have about the training program, supervisors, other persons involved in the training program, or other matters associated with their psychology internship training experience at Denver Health.

II. POLICY

It is the goal of the Denver Health doctoral Psychology Internship Program to address and resolve concerns and complaints promptly in an informal manner if possible. If the resident complainant is not satisfied with attempts at informal resolution, the complainant may utilize formal grievance procedures. This policy provides procedures for processing resident grievances and to enhance the training environment at Denver Health.

III. PROCEDURE

A. Concern and Complaint Procedures for Residents

If a resident has a concern or complaint about a general policy or practice in the internship training program that directly impacts the resident's training, he/she should first address this with the immediate supervisor or bring the matter to the attention of the Internship Training Director. Residents may consult with their internship supervisor or the Internship Training Director on avenues for informal resolution. Typically, complainants should first take their concerns to the person(s)/body with whom they take issue and attempt an informal resolution. If this is not feasible or if the complainant is not satisfied with the resolution, he/she should enlist the assistance of the Psychology Internship Training Director or another supervisor in facilitating informal discussion and conflict resolution. If the matter remains unresolved or if a resident is uncomfortable employing informal resolution, the resident may file a formal grievance.

B. Grievances

Formal grievances should be submitted in writing to the Internship Training Director or, if the grievance involves the Training Director, to the Training Director's supervisor. The Training Director or another psychology supervisor appointed by the Training Director's supervisor will serve as Chair of the Grievance Committee and will assemble a three-person committee in seven business days of the grievance being filed. The Committee will be composed of members from the Psychology Internship Faculty, one of whom is chosen by the resident and two of whom are appointed by the Chair. This Committee will, in a timely fashion, gather information regarding the grievance, inform the resident of its findings, and offer recommendations to the Internship Training Director (or, if the complaint involves the Internship Training director, to that person's supervisor) and to the Psychology Internship Faculty. Should the resident contest this decision, s/he can state in writing the issues with which s/he does not agree and any suggestions for resolution. The suggested resolutions will be voted on the Psychology Internship Faculty, with a simple majority of a quorum (defined as 60% of the total faculty) deciding the issue. The decision of the internship faculty is final, to the extent that the staff and resources needed for resolution are part of the internship program. Resolution of grievances requiring staff or resources outside of the internship program will be

reviewed with the Medical Director of Behavioral Health Services and with Denver Health administration. For issues regarding staff or resources outside of the internship program the Medical Director of Behavioral Health Services and Denver Health administration will review the information in consultation with the Training Director and will render a final decision and communicate this decision in writing to the resident and to other persons or bodies responsible for executing any resolution.

Grievances are filed in a Grievance Log by the Training Director electronically in the Psychology Administration confidential folder and are also retained in a locked file cabinet. The file includes the written grievance, documentation of the Grievance Committee proceedings and meeting minutes, along with date/times of meetings, people in attendance, Grievance Committee recommendations, and any votes or actions by the Psychology Internship Faculty in response to the recommendations. Follow up notes by the Training Director will include results of the recommendations, solutions tried, and results of the solutions.

APPENDIX H. TRAINEE ADMISSIONS, SUPPORT, AND OUTCOME DATA

Updated August 2020

Internship Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:

Denver Health considers applicants from accredited programs in clinical or counseling psychology. Preference is given to applicants with clinical experience in medical systems, with low income populations, with ethnically diverse populations, with serious mental illness, and with individuals or families with substance use disorders. Our site typically receives over 25 applications per position; overall quality of written communication is considered.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

Total Direct Contact Intervention Hours	N	Yes	Amount: 500*
Total Direct Contact Assessment Hours	N	Yes	Amount: 30

Describe any other required minimum criteria used to screen applicants:

*A total of 600 combined face-to-face intervention and assessment hours, which must include a minimum of 30 assessment hours. Also, four completed test batteries are required at time of application. The desired ratio of intervention to assessment hours may vary based on track.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	\$35,734	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for intern?	Yes	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes	No
Coverage of family member(s) available?	Yes	No
Coverage of legally married partner available?	Yes	No
Coverage of domestic partner available?	Yes	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	160	
Hours of Annual Paid Sick Leave	N/A	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes	No
Other Benefits (please describe): Psychology interns are employees of Denver Health with a range of benefits. See brochure for details. HRSA interns are allocated \$700 for conference attendance.		

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2018-2020	
Total # of interns who were in the 3 cohorts	26	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	1	
	PD	EP
Community mental health center	2	1
Federally qualified health center	2	
Independent primary care facility/clinic		
University counseling center		
Veterans Affairs medical center	4	
Military health center		
Academic health center	5	
Other medical center or hospital	3	3
Psychiatric hospital		
Academic university/department		
Community college or other teaching setting		
Independent research institution		
Correctional facility		
School district/system		
Independent practice setting	2	1
Not currently employed		
Changed to another field		
Other	1	1
Unknown		

Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.