



*Department of Psychiatry and Behavioral Sciences*  
**Psychology Internship Training Program in Child Clinical and Pediatric Psychology**  
**2010–2011**

The Children's Hospital (TCH) offers a psychology internship training program in Child Clinical and Pediatric Psychology. The program is designed as a full-time 12-month program beginning June 29, 2010, and ending on June 24, 2011. The internship is accredited by the American Psychological Association (<http://www.apa.org/ed/accreditation/>) and the program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC-[www.appic.org](http://www.appic.org)).

For additional information or if you have any questions/concerns regarding accreditation please contact:  
Office of Program Consultation and Accreditation  
750 First Street, NE  
Washington, DC 20002-4242  
Phone: 202-336-5979 TDD/TTY: 202-336-6123 Fax: 202-336-5978

Six internship positions are available for the 2010-2011 training year. Interns will receive a salary of \$24,003, subject to the withholding of taxes. Interns are given holiday, vacation, sick, and professional leave. Employee health and dental benefits are also available. ***Proof of malpractice coverage must be provided by the interns' training institution or by the intern.***

### **Requirements for Admission**

The training program is committed to the recruitment of culturally and ethnically diverse interns. We encourage inquiries and applications from all qualified individuals. Applications will be accepted from doctoral candidates who are currently enrolled in an APA or CPA accredited PhD or PsyD program in Clinical, Counseling, or School Psychology. Candidates are expected to have sufficient training and experience in Child Clinical Psychology to be able to provide maximum benefit from the experiences offered.

***Prior to application*** all applicants are expected to have completed the following training experiences:

- Accepted into doctoral candidacy and completed dissertation proposal approval process. ***If the dissertation proposal will be approved after application, but prior to December 10<sup>th</sup>, please notify the Director of Training in writing of successful defense prior to December 10, 2009.***
- Completed at least three years of practicum/field placement or work experience, which includes a minimum of 125 hours direct therapeutic experience with youth (0-18 years old) and families. If

- applicable, please detail work experience in application using practicum experience table format.
- Have written at least seven child or adolescent integrated psychological testing reports.

*By the beginning of the internship year*, the intern is expected to:

- Have a good working knowledge of test administration, scoring, and interpretation with cognitive instruments, including the WISC-IV; projective tests, including the Rorschach Inkblot test; and a variety of objective personality measures.
- Possess an understanding of child and personality development.
- Have a good working knowledge of psychiatric diagnosis.
- Have practicum or work experience providing individual, family and group therapy operating from a variety of theoretical approaches.

### **Application Procedures**

The Children's Hospital internship program abides by APPIC policies and guidelines regarding application and notification procedures, including the APPIC policy that no person in this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

Additional information about the hospital and the University of Colorado can be found at <http://www.thechildrenshospital.org> and <http://www.ucdenver.edu>.

All applicants must use the APPIC on-line AAPI ([www.appic.org](http://www.appic.org)). Please see below for instructions about what needs to be uploaded as supplemental material.

### **A completed application consists of the following materials:**

1. A completed On-line AAPI
2. Cover letter (part of on-line AAPI) stating your elective track preferences
3. A current Curriculum Vitae (as part of the on-line AAPI)
4. Three letters of recommendation, two of which must be from persons who have directly supervised your clinical work (as part of the on-line AAPI). *Please submit no more than three letters*
5. One complete psychological testing report with a child or adolescent client  
*Please delete all identifying information from the report (must be uploaded as supplemental materials)*
6. Official transcripts of all undergraduate and graduate coursework  
*(undergraduate transcripts must be uploaded as supplemental materials).*
7. TCH addendum two essay questions *(see end of brochure-must be uploaded as supplemental materials)*

It is the candidate's responsibility to make arrangements with the recommending persons and transcript offices so that all materials are received by the application deadline.

***Completed applications must be received by November 2, 2009.*** Applicants who we believe are best qualified to benefit from our program will be invited to interview with our staff. All applicants will be informed of our interview decisions by email by the APPIC notification deadline. In person

interviews are strongly recommended, but invited applicants who are unable to travel to Denver will be interviewed by telephone.

The internship includes required components completed by all interns, and elective components, which are chosen by each intern. *At the time of application, candidates state their elective track preferences.* The tracks are described in the body of this brochure to follow. *Please submit only one application, but specify in your cover letter and in the site specific essay to which tracks you are applying.* Applicants have the potential to be interviewed for all electives to which they apply, and they may rank-order all electives for which they are interviewed, but applicants will match with only one elective.

The Children's Hospital participates in the APPIC Computer Match Program. *Our program code match numbers are specific to the elective track choices.* The program codes are:

|        |                                           |
|--------|-------------------------------------------|
| 117112 | Neuropsychology                           |
| 117113 | Pediatric Health Psychology (2 positions) |
| 117114 | Eating Disorders                          |
| 117115 | Developmental Disabilities                |
| 117116 | Rehabilitation Psychology                 |

Any questions or concerns can be directed to our Program Assistant, Reesie Witten at 720-777-6152 or to the Training Director at 720-777-8108. You may also email Ms. Witten or Dr. Williams at [witten.jo@tchden.org](mailto:witten.jo@tchden.org) and [williams.jason@tchden.org](mailto:williams.jason@tchden.org).

## **The Children's Hospital, Denver**

The Children's Hospital (TCH) is a pediatric health care facility serving Colorado and the nation. <http://www.thechildrenshospital.org/>. The Children's Hospital Mission is "to improve the health of children through the provision of high quality coordinated programs of patient care, education, research, and advocacy." The Vision states: "The Children's Hospital will be the leader in providing the best healthcare outcomes for children. We will be the driving force, in partnership with others, in providing children and their families with an integrated pediatric health-care delivery system. We will be a national leader in pediatric research and education." The hospital's core values are quality patient care, employee excellence, teamwork, and innovation.

The Children's Hospital in Denver has gained a national reputation as a leader in newborn, pediatric and adolescent care. Board-certified pediatricians from the American Medical Association have ranked TCH as the 4<sup>th</sup> best pediatric hospital in the nation in the 2007 *US News & World Report* issue on "American's Best Hospitals." More than 4,000 metro Denver physicians have consistently rated The Children's Hospital as the place they would entrust with the care of a loved one. [http://www.usnews.com/usnews/health/best-hospitals/directory/glance\\_6840280.htm](http://www.usnews.com/usnews/health/best-hospitals/directory/glance_6840280.htm)

Since its founding in 1908, The Children's Hospital has grown to a 250-bed tertiary care hospital with more than 100 specialty clinics that treat both outpatients and inpatients. The Children's Hospital is a pediatric health-care facility staffed by more than 1,000 physicians employed in over 40 sub-specialties. The hospital staff, including associated professional staff members, number approximately 5,000 employees and volunteers. The hospital is the only Level 1 pediatric trauma facility in the region.

In September 2007, The Children's Hospital moved to a new, world-class pediatric hospital unlike any other. The department of Psychiatry and Behavioral Sciences is located within the Gary Pavilion, adjacent to the main hospital. Located eight miles east of its historic downtown Denver location, The new Children's Hospital joins the University of Colorado and the University of Colorado at Denver Health Sciences center within the Fitzsimons Life Science District.

The hospital staff treats newborns, infants, toddlers, school-age children, adolescents, and young adults. Individual psychological therapy is provided to parents of children, as a collateral treatment with their children, and much care is provided in a family therapy context. Patients served by the hospital come from all socioeconomic levels, and from urban, rural, and frontier settings. The patients and their families are diverse in terms of their ethnic, cultural, and religious backgrounds and affiliations. The hospital provides services to all individuals who seek treatment in the facility, thus it often provides care to the underserved populations in the region. TCH is both a private insurance and Medicaid provider, and its reimbursement mix is consistently about equal parts private and public funding.

In addition to the Department of Psychology and Behavioral Sciences, psychologists are sited in the Departments of Neuro-trauma Rehabilitation, Neuropsychology, Neonatal Intensive Care Unit (NICU), Adolescent Medicine, Pain Team, Burn Unit, Child Health Clinic, International Adoption Clinic, HIV Clinic, Metabolic and Good Life Clinics, Child Development Unit, and the Kempe Center. Other specialized services within the hospital include Pediatric and Neonatal Intensive Care, Inpatient and Outpatient Surgery, Adolescent Medicine, Cardiology, Gastroenterology, Orthopedics, Neurosurgery,

Pulmonary, Hematology/Oncology, and Organ Transplant, among others.

The Children's Hospital affiliated with the University of Colorado Health Sciences Center (UCDenver) pediatric programs in 1990. ([www.ucdenver.edu](http://www.ucdenver.edu)) This affiliation strengthened the hospital's commitment to research and training, and enhanced the hospital's ability to provide access to cost-effective primary, secondary and tertiary care. In 2002, Marianne Wamboldt, MD was appointed chair of both the Department of Psychiatry and Behavioral Sciences at TCH and the Division of Child Psychiatry at the UCHSC, further strengthening the affiliation at a departmental level. This enhanced relationship has resulted in greater cross-fertilization between the research expertise at the UCHSC and the clinical expertise at TCH, as well as movement toward more integrated interdisciplinary training.

The Children's Hospital is also affiliated with the Kempe Center, an internationally renowned research and treatment facility for children who have been physically or sexually abused or who have witnessed violence. <http://kempecenter.org/about/index.html>. The Kempe Center publishes the International Journal of Child Abuse and hosts a biennial international conference on child abuse issues. Researchers within the institute have significant local and federal funding to conduct long term outcome studies with infants at risk and with children in the foster care system.

The Children's Hospital is an affirmative action equal opportunity employer and the hospital abides by all laws pertaining to fair employment practices. Established policies regarding race, color, religion, creed, age, gender, national origin, ancestry, marital status, physical or mental disability, veteran status, or sexual orientation have been approved by the Board of Directors to ensure equitable treatment of all employees and applicants. This policy also bans sexual harassment and/or intimidation, including verbal harassment or abuse, demands or subtle pressure for sexual activities or favors.

### **The Department of Psychiatry and Behavioral Sciences Mission**

Consistent with the mission of the hospital, the shared mission of the UCHSC Division of Child Psychiatry and The Children's Hospital's Department of Psychiatry and Behavioral Sciences is "to improve the mental, physical and emotional health of children, adolescents and families through the provision of high quality, coordinated programs of patient care, research, education, and advocacy. We, in partnership with the community, will enhance our position as a national leader in child psychiatry and behavioral health sciences." The specific objectives of the department include provision of:

1. High quality treatment along a continuum of care with emphasis on crisis management, stabilization, and short-term care
2. Comprehensive intake and assessment services for children, adolescents, and families
3. Collaboration with affiliated agencies and internal departments to enhance optimal integration of service
4. Specialized services that address the needs of children, adolescents and families with co-morbid psychiatric and medical problems
5. Provision of care to children and families living in rural communities and other under-served populations
6. Direct education and consultation services for the professional and lay communities

- related to the treatment of children, adolescents and families
7. Training of students in pediatrics, child psychiatry, psychology, social work, nursing, creative arts, and other therapies
  8. Research regarding the mental health treatment and outcomes of children, adolescents, and families
  9. Advocacy for the mental health needs of children, adolescents, and families

The patient population served by the Department covers the life span from newborns through 21 years-old. Patients are from a broad spectrum of socio-economic levels and diverse ethnic and cultural backgrounds. Patients present with difficulties ranging from age-typical problem behaviors and situational reactions to serious mental disorders. Many patients and their families also seek psychological assistance to cope with acute or chronic medical problems.

The hospital and department staff is culturally, ethnically, and theoretically diverse in composition. Interns participate as members of multidisciplinary teams in order to experience first-hand the roles and functions assumed by practitioners of different disciplines working in collaboration. This process ensures that the interns are exposed to many professional role models. Interns are provided with numerous formal and informal opportunities to cultivate professional understanding of the social, ethical, and legal responsibilities of a professional psychologist in the current health care environment.

The Department of Psychiatry & Behavioral Sciences includes the following multidisciplinary programs:

1. Eating Disorder program (EDU, EDT, 4N, IOP)
2. Intensive Services team (IST), includes:
  - Child and Adolescent Psychiatric Inpatient Units (CPU, APU)
  - Child and Adolescent Psychiatric Day Treatment program (PDT)
3. Medical Day Treatment program (MDT)
4. Neuropsychiatric Special Care Unit (NSCU)
5. Outpatient Behavioral Health Clinic (formerly CACCH clinic), includes:
  - Intensive Outpatient (IOP) groups for children, adolescents and parents
  - Specialty Care Clinics (Anxiety disorders, Developmental Disabilities, Mood disorders, and Disruptive Behavior disorders)
  - General outpatient services
6. Ponzio Creative Arts Therapy team (CAT)
7. Psychiatric Consultation-Liaison Emergency Services team (PsyCLES)

The Department offers the following services in all programs:

- Diagnostic evaluations and treatment planning
- Psychological testing
- Individual, family, and group psychotherapy
- Parent counseling
- Consultation to staff and families

The Research and Training program provides educational opportunities in the fields of psychiatry, psychology, social work, creative arts therapy, and nursing for the purpose of professional development.

The Department has training programs for six pre-doctoral psychology interns, eight psychology graduate students on field placement (Externs), four social work interns, 10 child psychiatry residents, four creative arts therapy interns, as well as nursing and medical interns. Psychology interns participate jointly in some seminars and supervision with trainees from these other disciplines. They also participate together on multidisciplinary teams, in family sessions, and as co-leaders for group therapy.

### **The Psychology Internship Training Model**

The Children's Hospital Psychology Internship Training program reflects an integration of the scientist-practitioner and practitioner-scientist models of psychological practice. The aspiration of our internship is to provide a clinically intensive training year within the context of encouraging and modeling practice that meets the broader definition of evidence-based practice adopted by the Institute of Medicine (IOM, 2001). The IOM definition attaches equal weight to three core values: best research evidence, clinical expertise, and patient values. We value the professional practice of psychology in which clinical and research expertise mutually influence each other. Additionally, as a family centered care organization, we share the value of tailoring treatment to take into account patient and family values.

The integration of clinical practice and science is achieved through direct clinical experience; supervision and mentorship by clinicians who advocate evidence-based and empirically-supported practices; didactic instruction in seminars and conferences; and assigned and self-directed reading materials. These separate veins of experience are woven together through supervision, individual reflection, and discussion with mentors, peers, and colleagues. They are most profoundly integrated through the clinical venue. In the clinical environment, interns may expand their knowledge base, their skill repertoire, and their understanding of system dynamics in ways that greatly enhance their awareness, competence and confidence. In the face of the demand to provide meaningful assistance to their patients and families, the interns rapidly acquire and internalize their own sense of expertise and effectiveness as they further consolidate their professional identities.

### **The Goals and Objectives of the Internship Program**

The overarching goal of the internship is to prepare interns for the professional practice of psychology by providing them with high quality training. Our specific goals are: 1) to train psychology interns to become competent child clinical psychologists with expertise in therapy, assessment, and consultation, and 2) to train psychology interns who will become competent pediatric psychologists with expertise in therapy, assessment, and consultation. In order to achieve these goals, interns are exposed to a variety of treatment approaches, interventions, and modalities through instruction and observation to augment their previous clinical experience. The training experiences are organized to provide direct clinical, assessment, and consultation experiences in child clinical and pediatric psychology. The intern year is structured to provide a core set of required training opportunities, and is flexible enough to accommodate individual training preferences.

Direct experience is guided, processed, and integrated with information about best practices through supervision provided by appropriately trained and credentialed psychologists who are active members of the teams where the interns provide service. These experiences are further augmented by formal didactic instruction in seminars and conferences; by collateral consultation with multidisciplinary

colleagues and their intern peers; and by reading supplementary materials.

Over the course of the year, and across the individual rotations, the interns are progressively encouraged to identify their areas of competence and need for improvement. They are guided to function increasingly autonomously in the areas where they are competent to do so. They are simultaneously guided to seek appropriate support and instruction in areas where they are challenging themselves to learn a new skill and work with a new patient population, in order to further develop their knowledge, skills, and abilities.

The interns and supervisors mutually evaluate each other in order to promote communication and growth for both, and to ensure that the training needs of the interns are being met. The training director works with the interns and the training committee members (supervisors) to develop an individualized training plan for each intern. Feedback from the interns, and intern applicants, in formal and informal settings, is used to continuously evaluate the training program, and to inform program modifications in an on-going manner.

### **The Psychology Internship Training Program Structure**

The program is structured with required components to provide interns with therapeutic, assessment, and consultation experience along the full continuum of care in child clinical psychology, and with an elective component to provide the same opportunities for experience in pediatric psychology. The child clinical psychology continuum of services offered through The Children's Hospital includes emergency evaluation, crisis stabilization, intensive, and routine outpatient therapy. Direct experience with youth and families in these varied contexts enable interns to recognize the appropriate level of care needed by a child at any given point in treatment, and to access those services in both medical and psychiatric settings. The elective rotations are designed to provide interns with experience functioning as a pediatric psychologist to children and adolescents with co-morbid medical and psychiatric diagnoses in a medical care setting.

The internship includes yearlong expectations and six-month rotations. The required and elective rotations are both of six months duration. The internship is structured with longer-term service exposures in order to facilitate the interns' immersion in what is often a new field of experience, and to give the intern time to develop confidence and competence before changing training focus. The program components are first summarized briefly and then described in more detail as follows:

#### Yearlong training components

1. Individual, family and group therapy in the Outpatient Behavioral Health Clinic - the expectation is five billable hours per week, which includes intake evaluations, diagnostic evaluations, and on-going therapy cases. The interns co-facilitate one group per week through one of the outpatient specialty clinics. Interns will have the opportunity to participate in two clinics over the course of the year (each separately for six months). One hour per week individual supervision is provided with additional as needed availability, and consultation occurs in the clinic team meetings.
2. Psychological testing - the expectation is eight complete batteries over the course of the year. Testing requests come from the Intensive Services programs (psychiatric inpatient and day treatment), Outpatient Behavioral Health Clinic, medical units, community referrals, and some research protocols. Supervision is provided at all phases of evaluation.

3. Emergency on-call evaluations - along with all department clinicians, the interns serve as back-up on-call clinicians to the PsyCLES team in the Emergency Department (ED). The PsyCLES team staffs the ED from 8:00 am to 2:00 am. The interns serve as back-up to the team from 7:00 am to 7:00 am one weekend per month. Back-up clinicians are called in when additional staff are needed to evaluate patients within the one-hour response time. There is supplemental hourly pay for being on-call and additional payment for each evaluation conducted. Specific on-call training and supervision are provided.
4. Didactic seminars - are clustered on Tuesday mornings. Currently seminars are held from 9:00 am to 2:00 pm. Some seminars exclusively include psychology interns, others include psychology externs (practicum students), and child psychiatry residents (first and second year) to facilitate interdisciplinary training. Interns also participate in academic community didactics and Denver-wide internship training events.

### Six-month training components

#### ***Child Clinical Psychology required rotation***

Intensive Services Team (IST) – participation in one of the four multidisciplinary IST teams is a required child clinical component of the internship. The IST is the professional clinical team that provides coordinated care to children and adolescents on both the psychiatric inpatient units and in psychiatric day treatment. This integrated team allows a youth to move between the two levels of care with the same professional care team. On the IST, interns provide family therapy and case disposition planning (case management) to youth and families in acute and stabilized states of psychiatric distress. Other members of the team include psychologists, psychiatrists, child psychiatry fellows, medical students, social workers, social work interns, and advanced practice nurses. Milieu staff include nurses and mental health counselors. Creative arts therapists and other specialty services also provide therapy. Weekly supervision is provided by the psychologist on the intern’s team. Opportunities exist for doing co-therapy with the intern’s supervisor, and with other members of the clinical care team. On some teams, group supervision behind a one-way mirror is utilized for family therapy sessions.

#### ***Pediatric Psychology elective rotation choices (Applicants may apply to be considered from the elective choices listed below, but will match to only one elective.)***

1. Developmental Disabilities (DD) – this rotation consists of training opportunities on two services:
  - Neuro-developmental Special Care Unit (NSCU) – a psychiatric inpatient and day treatment program for children diagnosed with Autism, Aspergers, other Pervasive Developmental Disorder (PDD) spectrum disorders. Interns provide milieu based behavioral interventions using the TEACH method, family therapy, case coordination with other DD system providers, psychological evaluation, and diagnostic assessment. The intern may also be involved with on-going research projects, assist with program planning and evaluation, and provide guidance to the milieu staff. The team psychologist provides weekly and as needed supervision.
  - Child Development Unit (CDU) – a multidisciplinary outpatient evaluation team providing psychological assessment and evaluation of infants, toddlers, and young children suspected of having an Autism, Aspergers, or other PDD spectrum disorder. Also includes single discipline evaluations of psychologically complex children. The intern will choose to work on one or two evaluation teams, and supervision is provided in vivo by the team

- psychologist. One-way mirror observation is a feature of this rotation.
- Optional – the intern on the DD rotation may also choose to participate in monthly evaluations in the outpatient DD clinic.
2. Eating Disorders – this rotation consists of training opportunities on two services:
- Eating Disorders Unit - a full-continuum of care treatment program, which spans medical inpatient and outpatient care, and psychiatric inpatient, day treatment, and outpatient care. Treatment is provided by a multidisciplinary team, which includes physicians, psychiatrists, child psychiatry residents, medical students and residents, psychologists, social workers, nutritionists, creative arts therapists, nurses, and milieu staff. Interns provide individual, family, and group psychotherapy with children and adolescents diagnosed with a weight restricting eating disorder.
  - Metabolic Syndrome Clinic – a medical subspecialty clinic that provides treatment to children and adolescents who are overweight or obese. In this setting, the intern provides consultation as a member of the medical care team, and targeted, brief follow-up interventions. In both settings, supervision is provided by the team psychologists, and opportunities exist for side by side consultation and co-therapy.
3. Pediatric Health Psychology – this rotation consists of training opportunities on three pediatric psychology services:
- Pediatric Primary Care Psychology - Project CLIMB (Consultation Liaison in Mental Health and Behavior) is a collaborative effort between the Department of Psychiatry and Behavioral Sciences and the Child Health Clinic at The Children’s Hospital to facilitate early identification and treatment of mental health and behavioral issues within a primary pediatric care setting and to increase access to mental health services in an underserved population. Project CLIMB is staffed by a transdisciplinary team, which includes a psychiatrist, psychologist, pediatricians, psychiatry fellows, psychology interns, pediatric residents, and staff from the Child Health Clinic. The team provides developmental interventions, diagnostic assessments, medication evaluations, staff consultation and training, psychosocial and behavioral group and individual interventions, and recommendations for treatment of infants, children and adolescents seen in a primary care setting. Supervision is provided by the on-site Project CLIMB team psychologist and psychiatrist.
  - Psychiatric Consultation Liaison and Emergency Services (PsyCLES) – the C&L service within the PsyCLES team is a multidisciplinary team that provides consultation to staff and families, targeted interventions, and brief treatment to medically ill youth in both the inpatient and outpatient services of The Children’s Hospital. Other members of the team include psychologists, psychiatrists, child psychiatry fellows, medical students, and social workers. Supervision is provided by team members and the psychologists working on the service.
  - Medical Day Treatment (MDT) – a multidisciplinary day treatment program for medically fragile youth. The program is a partnership between Denver Public Schools (DPS) and The Children’s Hospital designed to provide a full-time teacher, on-site nursing care, and psychological services, thus providing a complete bio-psycho-social approach to treatment.

Interns provide individual, group, and family therapy, as well as consultation to the medical staff. Supervision is provided by the team psychologist.

4. Neuropsychology – neuropsychological evaluation and consultation is provided by both the Departments of Neurology and Rehabilitation. In Neurology, the team consists of three neuropsychologists and two masters-level psychometricians. In Rehabilitation, two neuropsychologists provide primary supervision. Through both departments, the intern will assess patients with a wide range of neurologic disease and injury. Interns have the opportunity to work side-by-side with board-certified neuropsychologists, with an emphasis on skill and knowledge development. Interns will complete evaluations in tandem with a neuropsychologist to assure that the intern has adequate supervision and support. The intern will also complete readings regarding relevant conceptual topics and specific disorders and will have the opportunity to attend various case rounds and conferences.
5. Rehabilitation Psychology – psychological services provided in the Department of Neuro-trauma Rehabilitation. The Rehabilitation Department has a strong psychosocial focus which manifests in integration of medical care with other therapies (OT, PT, speech, psychology, etc.). Rehab psychologists provide clinical, diagnostic, and assessment services on the inpatient rehabilitation and burn units and in the outpatient specialty clinics. Interns may tailor the rotation to their areas of interest by choosing to focus in select patient care areas including: 1) inpatient consultation, 2) Multidisciplinary Outpatient Rehabilitation Evaluation (MORE) team multidisciplinary psychological assessment, 3) Neuropsychological evaluation, 4) International Adoption clinic developmental assessments, and 5) participation in the BRAINSTARs study with patients with spina bifida. Interns completing this rotation will also help co-lead the monthly traumatic brain injury (TBI) support group for youth and their parents. Supervision is provided by the psychologists working in the chosen areas of focus.

## **Detailed Description of the Required Program Elements**

### **Outpatient Behavioral Health Clinic (formerly called CACCH Clinic)**

Psychology interns provide individual, family and group psychotherapy in the Outpatient Behavioral Health clinic throughout the year. The outpatient clinicians conduct urgent, routine, complex, and comprehensive evaluations for children and families in the Denver metropolitan area, as well as rural areas within Colorado and surrounding states. Services include diagnostic evaluation, medication evaluation, psychological testing, psychotherapy, intensive outpatient, specialty care group therapies, and consultation to children, adolescents, adults, families, schools, and professional health care providers. Children are referred to the clinic by patients, physicians, schools, mental health professionals, social service agencies, residential treatment centers, and other hospitals. The services are provided by psychiatrists, psychologists, psychology interns and externs (practicum students), and child psychiatry residents. Therapy provided in the outpatient mental health clinic may be longer-term than in other areas of the department. Interns receive weekly supervision by an on-staff psychologist who is available as needed for additional consultation.

### *Intensive Outpatient Services (IOP)*

Children and adolescents who are being stepped down from higher levels of care in the department, and youth who need to step up to a more intensive level of outpatient treatment may be referred to IOP. The IOP has two components: 1) a psycho-educational and skills based group therapy intervention with four separate groups: a) children, b) adolescents, c) parents of children, and d) parents of adolescents, and 2) a multifamily group intervention staffed by creative arts therapists (art, music, and dance). Parents are required to participate, and the families are required to attend three groups per week. Psychology externs may serve as co-leaders of the skills based groups.

### *Specialty Care Clinics*

The specialty care programs are designed to become centers of excellence combining clinical best practices with on-going research and evaluation. The clinics are structured as half-day clinics with intakes, team meetings and medication clinics in the early afternoon, and individual, family and group therapy in the afternoon. Interns have the opportunity to provide group therapy using Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), and other skills-based and empirically supported approaches. The specialty clinics include:

- Developmental disabilities
- Disruptive behaviors
- Stress and Anxiety disorders
- Mood disorders

### **After-hours Emergency On-call**

The emergency on-call service is an extension of the Psychiatric Consultation-Liaison and Psychiatric Emergency Services team (PsyCLES). On-call clinicians provide telephone triage, authorize admissions from other facilities to the inpatient psychiatric units, and conduct emergent evaluations in the Emergency Department as back-up for the PsyCLES clinicians. Evenings and week-ends a psychiatrist and nursing administrator are also on-call. Interns receive back up on-call supervision from their outpatient supervisor. All interns and postdoctoral fellows, are required to cover approximately two shifts a month throughout the year: week-end shift (7:00 a.m. to 7:00 a.m.). The on-call clinician is expected to return pages within 15 minutes, and to be able to arrive in the Emergency Department to conduct an emergent evaluation within one hour of the initial page. Training is provided prior to beginning this service. The intern is paid for each hour of being on call, and an additional flat rate amount for coming into the ED to conduct an evaluation.

### **Psychological Testing**

Interns perform psychological evaluations throughout the year. Referral questions include diagnostic clarification, assessment of cognitive capacity, and clarification of intrapsychic and interpersonal dynamics. Testing findings are used to guide treatment and discharge planning, and as a second opinion to clarify complex and treatment refractory diagnostic presentations. Test batteries are constructed based on the referral question. Commonly used instruments include: cognitive measures (WISC-IV, DAS, or WASI), projective measures (incomplete sentences, drawings, story cards and the Rorschach), patient and parent self-report measures (BASC, Conners, ACT-ers, TSCL, MMPI-A, MACI, CBCL), visual-motor tasks (VMI, Bender), and developmental assessments (Mullens, Bayley, Vineland).

Interns are provided with supervision on assessments at all phases of the testing process. A weekly seminar also focuses on training in assessment. However, it is very beneficial for applicants to have a strong foundation in test administration, scoring, and interpretation prior to beginning the internship year. Due to the short term length of staff in the acute treatment settings, testing, report writing, and feedback to the patient, parents and staff must occur in a timely manner. Applicants should have prior coursework that taught factors underlying test construction, norms, and advantages/disadvantages of different test instruments. Projective instruments are utilized in our site due to the nature of the referral questions, which are not as well addressed by other measures. Applicants with prior exposure to projective measures will be better prepared for the internship experience.

### **Didactic Seminars, Meetings, and Conferences**

Intern seminars are held on Tuesday mornings and early afternoon. Attendance and participation in seminars is required, and the time is protected from other clinical demands. The Assessment, Consultation, and Diagnosis & Treatment (Dx & Rx) seminars are designed to provide didactic instruction in the three core areas of training. Other didactics provide interns with exposure to the broader academic research community, and with the opportunity to present their own research studies in an academic setting. Interns also attend local trainings and conferences that address Colorado law, psychology ethics in practice, and risk management considerations. Interns are provided with five conference leave days in order to attend required and optional conferences. Registration fees are paid for required conferences.

1. Assessment Seminar – provides instruction by a variety of speakers on administration, scoring, and interpretation of cognitive, projective, personality, developmental, academic, neuropsychological, and functional assessment instruments.
2. Consultation Services Seminar – held jointly with first year Child Psychiatry Residents - speakers include in-house medical and mental health professionals who provide information about medical disorders and their treatment, and how to intervene as a psychological and psychiatric consultant in the treatment of medically ill children.
3. DX and RX Seminar – speakers present in depth information about a variety of empirically validated treatment approaches, including: CBT, DBT, ACT, PICT, as well as other therapeutic modalities, including: family therapy, play therapy, and psychodynamic treatment. Diagnostic formulations, legal and ethical issues are also addressed.
4. Child Psych Grand Rounds – research and clinical presentations by invited speakers, faculty, child psychiatry residents, and psychology interns to the combined UCHSC Child Psychiatry faculty and the Department of Psychiatry and Behavioral Sciences staff.
5. Developmental Psycho-biological Research Group (DPRG – research presentations by academic faculty, post-doctoral research fellows, and invited speakers.
6. Department of Psychiatry and Behavioral Sciences Meetings – monthly meetings. Topics include research presentations, clinical interventions, and information about departmental policies, procedures and activities.
7. Group training in evidence based treatment approaches for anxiety, disruptive behaviors, and mood related disorders. These include CBT, DBT and Parent Training among others.
8. The Rosenberry Conference– sponsored by the Department of Psychiatry and Behavioral Sciences is held each year in April. Previous conference speakers have included: Stuart Ablon, Ph.D.; Dimitri Papolos, M.D.; Neil Bernstein, Ph.D.; Matt Selekman, LCSW; Efrain Bleiberg, M.D.; Mark Katz, Ph.D.; Anna Ornstein, M.D.; Bruce Perry, M.D., Ph.D.; Michael Rutter, M.D.; Alan Sroufe,

Ph.D.; and Lenore Terr, M.D.

9. Colorado Psychological Association conferences – Fall Risk Management and Spring special topic conferences.
10. Colorado Mental Health law training events – participate in at least two trainings open to all Denver psychology interns on the Colorado mental health laws and their implementation in practice. Discussion includes ethical considerations.

Interns and staff are encouraged to attend continuing education, technical assistance, and wellness programs offered within and outside of the hospital.

In order to foster their professional development, and their affiliation with professional associations, interns are encouraged to become student members of the Colorado Psychological Association and other professional organizations.

### **Intensive Services Team (required 6 month rotation)**

#### *Psychiatric Intensive Services Overview*

Psychiatric Intensive Services offers a full range of treatment for children/teens who are experiencing significant emotional and/or behavioral distress and who need a high level of psychiatric intervention. The Program is designed on a continuum of care model, accepting children/teens ages 3-18 for inpatient admissions and ages 6-18 for Psychiatric Day Treatment. Admission to the specific level of care within the service is determined by the severity of the presenting psychiatric symptoms of the child/teen. Children/teens can be admitted directly to Inpatient service or Day Treatment service, or may transition from one to the other as clinically indicated. Our curriculum does not include treatment that specifically targets substance abuse.

There are separate child and adolescent classrooms in both services. Unit Based Day Treatment is also offered as part of this service for children/teens that have been hospitalized and require several days of transition before being discharged back to the community. Unit Based Day Treatment and Inpatient programming are the same, although children/teens on the Unit Based Day treatment track go home overnight. A special track is also available for children and adolescents with school refusal issues in Psychiatric Day Treatment.

While treatment is individualized for each patient, average length of stay on the Inpatient Psychiatric Unit is six to seven days. The average length of stay on the Psychiatric Day Treatment Service is between three to six weeks.

#### *Clinical and Developmental Profile of Patients*

The Psychiatric Intensive Services Program provides treatment for children and adolescents with significant mental illnesses and disorders which include but are not limited to: attention deficit with hyperactivity disorder, impulse control disorder, bipolar disorder, depressive disorder, schizophrenia and other psychotic disorders, post traumatic stress disorder, oppositional defiant disorder, pervasive developmental disorder, dissociative disorder, and anxiety disorder.

#### *Family Role*

The family is considered essential in the treatment of patients admitted to Psychiatric Intensive Services.

Interventions that assist in improving the “fit” for a child/teen with a family and in reducing family stress are emphasized. Families themselves are greatly impacted by having a psychiatrically impaired child. Extensive education and ongoing support is vital to help a family optimally care for, treat and cope with their child’s condition. Family therapy is initiated on admission and is incorporated into the discharge plan. Families with children in the program are required to be involved in therapy and treatment planning.

#### *Services Provided by Clinical Staff*

Services are provided by four teams consisting of a psychiatrist, advanced practice nurse and/or a resident, a social worker, social work intern, a psychologist, psychology intern, and milieu staff which consist of nurses and mental health counselors.

Program goals are designed to stabilize the child/adolescent and to provide short-term treatment. Activities focus on individual, family, group and milieu therapy. Education is also provided to each patient and their family in terms of their specific psychological and medical needs. Milieu groups target individual coping, anger/stress management, communication skills and appropriate behavior development. School activities, music and art therapies, and Dialectical Behavioral Therapy (DBT) are also included in the daily curriculum. Use of the skills learned in these groups is encouraged and reinforced during the treatment process. In certain circumstances when issues of safety are immediate, time outs, locked seclusion, and four or five point restraints or wrist-to-waist restraints may be implemented on the inpatient setting.

A complete discharge plan is developed by the multidisciplinary treatment team and is reviewed with the patient and family. Resources and services are incorporated into this plan that will provide continuing support after discharge.

#### *Intern Role*

Psychology interns function as members of the multidisciplinary clinical teams. Other team members include a psychiatrist, APN, psychologist, social worker, psychiatric resident and social work intern. Psychology interns function as active members of their team, meeting frequently to discuss and oversee treatment of approximately 10 patients. Interns primarily have responsibility for providing family therapy and working with the family to design the most appropriate after-care plans. On a case-by-case basis they may also provide individual therapy, and may also function as a group co-therapist.

### **Detailed Description of the Elective Rotation Services (6 month rotation)**

#### **Psychiatric Consultation Liaison and Emergency Services (PsyCLES)**

The PsyCLES service is staffed by a multidisciplinary team, which includes a psychiatrist, psychiatry residents, psychologists, psychology interns, and social workers. The team provides diagnostic assessments, medication evaluations, staff consultation, psychosocial and behavioral interventions, and recommendations for treatment of children and adolescents who are medically hospitalized, treated in outpatient medical clinics, and who present in the Emergency Department. Inpatient services are provided upon request of the medical staff in Hematology/Oncology and Bone Marrow Transplant (BMT) units, solid organ transplant, pulmonology, and the PICU and CICU. Outpatient consultation is provided in the Surgery, Pain Clinic (acute and chronic pain), Endocrinology and

Nutrition Clinics (obesity), Hematology/Oncology/Bone Marrow Transplant (blood disorders and cancer), Orthopedics, Pulmonology, and transplant outpatient services. Children and adolescents may be treated during acute phases of their illness when in inpatient and followed on a longer-term basis across repeat admissions or outpatient in the outpatient mental health clinic. Interns will accompany the other team members on diagnostic and medication consultations to children with a wide range of medical disorders. They may also provide on-going or short-term follow-up treatment to these children. Interns will have the opportunity to provide behavioral assessment and treatment to outpatient pediatric populations. In addition to direct clinical experiences, interns participate in the weekly PsyCLES meetings, and attend psychosocial rounds on medical units depending on their interest and hospital need. Interns receive weekly supervision from the on-staff psychologist who is also available for additional consultation as needed.

All interns participate in a weekly didactic seminar that provides training in the consultation process and information about medical illnesses and their treatment from the perspective of both medical and mental health practitioners.

### **Child Development Unit (CDU)**

The Child Development Unit utilizes an interdisciplinary team approach to provide outpatient diagnostic services to children from birth to 18 years who have developmental, learning and behavioral problems. Depending on the nature of the problem, a child may be seen by a developmental pediatrician, pediatric nurse practitioner, psychologist, language and learning disability specialist, occupational and physical therapist, as well as other needed medical specialists. Arena evaluations are provided for infants and toddlers, while individual psychological assessments are provided in conjunction with other disciplines for older children in order to provide diagnostic clarification so that the appropriate interventions can be identified and implemented within the community. The CDU often sees children with ADHD, poor school performance, developmental delays, birth defects, failure to thrive, autism, fetal alcohol syndrome and Fragile X syndrome. The CDU also houses the Fragile X Treatment and Research Team, which provides evaluations and supportive counseling to families affected by this disorder.

In the CDU, interns participate as members of the interdisciplinary team to provide assessment and consultation to children who are seen on an outpatient basis. Interns may also participate in working with families with Fragile X syndrome. Interns receive weekly supervision from one of the on-staff psychologists who are also available for additional consultation as needed.

### **Eating Disorders Program (EDU, IOP, EDT)**

The Eating Disorders Program provides evaluation and treatment to children, adolescents and young adults with anorexia nervosa, bulimia nervosa and other eating disorders. The treatment services are provided in conjunction with the outpatient Adolescent Medicine outpatient clinic, inpatient medical unit, Eating Disorder Inpatient Unit, and Eating Disorder Day Treatment Program. This inter-departmental programming allows for a full continuum of services including medical hospitalization, psychiatric hospitalization, day treatment programming, residential eating disorder treatment, outpatient assessment and follow-up services. The Eating Disorder staff includes physicians, psychiatrists,

therapists, nutritionists, recreational specialists, nurses and other psychiatric staff working collaboratively as a multidisciplinary team.

In the Eating Disorders Program, interns conduct initial diagnostic evaluations, make referrals and treatment recommendations, and provide individual, family and group therapy as part of the multidisciplinary team. Interns are also involved in performing formal psychological testing of patients with eating disorders. All team members follow their patients across the continuum of care within the hospital as needed, including medical, residential and psychiatric hospitalization, day treatment and outpatient care. Interns may participate in community education programs and possibly attend a variety of professional meetings. Interns receive weekly supervision from the on-staff psychologist who is also available for additional consultation as needed.

While working in the Eating Disorders Program, interns will have the opportunity to work with patients with various co-morbid diagnoses including Major Depressive Disorder, Obsessive Compulsive Disorder, Posttraumatic Stress Disorder and Axis II disorders. Interns will also be exposed to a variety of treatment approaches, including cognitive-behavioral therapy, family based therapy (FBT), psychodynamic therapy, dialectical behavioral therapy (DBT), and motivational interviewing. Approximately 40% of the eating disorder patients also engage in self-injurious behavior. As a result, interns will have opportunities to develop and implement appropriate treatment plans for this problem as well.

#### **Medical Day Treatment Program (MDT)**

The Medical Day Treatment Program provides medical, educational, and psychosocial interventions to children and adolescents with chronic medical illnesses. The Medical Day Treatment program is partially funded by the Denver Public Schools as an educational placement alternative for children who are too medically compromised or whose medical needs are too complicated to attend regular school. A certified teacher from the Denver public school system is employed full-time by the program. The program is also staffed with nurses, other medical personnel, and a psychologist. Patients include children and adolescents with respiratory disorders, neurological disorders, diabetes, seizures, cancer, and recovering from transplants. The length of stay in this program averages one year, and is often longer. Children and adolescents in this program who have co-morbid psychiatric disorders or who have difficulties coping with their medical illness receive individual, group, and family therapy services from the program psychologist or psychology intern. Interns may also perform psychological evaluations, and provide treatment to their patients on medical units during periods of acute exacerbation of their illnesses.

#### **Neuropsychiatric Special Care Program (NSC)**

Children ages 4-18 years with diagnoses of either Autism Spectrum Disorder and/or a diagnosis of Mental Retardation as defined by: 1) IQ < 70, 2) Non-verbal or limited language skills, and/or 3) Limited self care skills, who have psychiatric and/or medically-related behavioral symptoms requiring assessment, stabilization and treatment are treated on this unit. The program includes inpatient and day treatment patients.

In order to provide a structured setting tailored to the developmental needs of this special population, this program will work from the TEACCH (Treatment and Education of Autistic and Related

Communication Handicapped Children) approach. TEACCH is a statewide parent-professional collaborative intervention model developed in the 1970's at the University of North Carolina, Chapel Hill. TEACCH works from a cognitive-behavioral philosophy, which combines behavioral techniques and cognitive social learning strategies (i.e. environmental modifications) within a developmental framework to develop effective treatment and learning environments that maximize a person's sense of competency, thus decreasing undesirable behavior and emotional expression. TEACCH strategies are well documented as successful strategies for children with autism and other developmental disabilities.

The clinical program is directed by a licensed clinical psychologist with expertise in autism and developmental disabilities. Additional staff in this program include a board-certified child and adolescent psychiatrist also serving as the medical director, a developmental pediatrician, mental health counselors (MHC), nurses, care coordinators, along with services from art therapy, dance therapy, music therapy, occupational therapy and speech therapy. Trainees in a variety of disciplines, e.g., child psychiatry, developmental and behavioral pediatrics, child psychology, social work, arts therapy, occupational therapy, and speech and language therapy are also integrated into the program. All staff, trainees, and volunteers will have specialized training in the TEACCH methods, as well as specific policies and procedures for working with the special population of children and adolescents in this program.

### **Neuropsychology** (through both Neurology and Rehabilitation Departments)

The successful candidate for the Neuropsychology rotation will have had both didactic and clinical exposure to clinical neuropsychology at a pre-doctoral level. During the Neuropsychology rotation, the intern will spend half-time each in the Neurology Department and the Rehabilitation Department working under the supervision of board-certified neuropsychologists (the Neuropsychology experience through Rehab is distinct from that offered through the primary Neuro-trauma/Rehab Psychology rotation). Interns will have the opportunity to gain basic skills in taking histories, conducting behavioral observations, choosing test batteries, integrating results, and writing reports. The intern will have exposure to a variety of patient populations, all of whom have clear, documented evidence of neurological disease or injury. Some examples of the patient populations the intern may work with include children who have seizures, prematurity, spina bifida, traumatic brain injury, stroke, brain tumors, and genetic disorders, including neurofibromatosis. Both inpatient and outpatient opportunities are available. The neuropsychologists work with a variety of specialty clinics, including Concussion Clinic, Oncology-Hematology, Stroke Clinic, Seizure Clinic, Neurofibromatosis Clinic, and Tuberous Sclerosis clinic, and the intern will have the opportunity to accompany the neuropsychologist to certain clinics, as schedules allow. Interns will also have the opportunity to attend seizure surgery conference and participate in Wada testing (sodium amytal testing), cortical mapping, and neurosurgery observation. In addition to didactics provided through the internship, the intern will be able to attend neuroradiology rounds and neurology journal club as time allows.

### **The Neuro-trauma Rehabilitation Center** (Rehab)

The Neurotrauma/Rehabilitation Center uses an interdisciplinary team approach to provide inpatient and outpatient treatment for children who require rehabilitation services. Treatment is tailored to individual needs for children whose diagnoses include traumatic brain injury (TBI), stroke, encephalitis,

spinal cord injury, spina bifida, amputation, cerebral palsy, and other neuromuscular disorders. The primary goals of the rehabilitation program are: 1) to maximize each child's ability to adapt to injury in the context of his or her life; 2) to evaluate the impact of injury or illness on neurodevelopmental functioning; 3) to consult with family and staff to help them understand the child's developmental needs; and 4) to facilitate the child's adjustment while promoting full inclusion in community living. Success in this program comes from the collaboration of the family with a highly trained team of pediatric specialists. Outpatient services include multidisciplinary team evaluations (M.O.R.E.), neuropsychological assessments, and consultation to service providers, consultation to medical specialty clinics, individual therapy, social skills groups, and cognitive training and parent/child groups. Inpatient services include neuropsychological assessment, psychological consultation, individual therapy, family education and support, co-leadership of a weekly cognitive group, and staff consultation. The rehabilitation psychologists evaluate and develop treatment plans for all inpatients on the rehabilitation unit. Research is supported and encouraged.

On the Rehabilitation Service, interns participate as members of the interdisciplinary team to provide assessment, treatment and consultation for children and adolescents who are hospitalized in the Neurotrauma/Rehabilitation Center. Interns may also follow children and adolescents for ongoing outpatient follow-up care. Consultation to outpatient clinics and participation in neuropsychological assessments is also a part of the intern's experience. Consultation to the burn unit is an optional part of the rotation. Interns may participate in the grant-funded BRAINSTARS research project. Interns receive weekly supervision from the Rehabilitation Psychology staff, and additional consultation as needed.

### **Pediatric Primary Care Psychology**

Project CLIMB (Consultation & Liaison in Mental health & Behavior) is a collaborative effort between the Department of Psychiatry and Behavioral Sciences and the Child Health Clinic at The Children's Hospital to facilitate early identification and treatment of mental health and behavioral issues within a primary pediatric care setting and to increase access to mental health services in an underserved population. The Child Health Clinic is the main source of pediatric primary care and continuity clinics at The Children's Hospital, providing 18,000 visits each year. Project CLIMB is staffed by a transdisciplinary team, which includes a psychiatrist, psychologist, pediatricians, psychiatry fellows, psychology interns, pediatric residents, and staff from the Child Health Clinic. The team provides developmental interventions, diagnostic assessments, medication evaluations, staff consultation and training, psychosocial and behavioral group and individual interventions, and recommendations for treatment of infants, children and adolescents seen in a primary care setting.

With CLIMB, Interns provide consultation, assessment, and treatment to infants, children and adolescents in the primary care setting and through the outpatient mental health clinic. Treatment modalities include developmental and psychoeducational interventions during well-child visits, individual and group therapy for children and parents, consultation and staff training, co-facilitation of post-partum depression groups, and assessment and screening for psychological and behavioral difficulties. Interns will also function as developmental specialists in the Healthy Steps for Young Children program and carry a case load of newborns during well-child checks in the first year of life. A central focus of the rotation involves ongoing collaboration with primary care physicians in developing and delivering coordinated and comprehensive services that include both pediatric and mental health components to children and their families. Interns interested in infancy and early

childhood will have an opportunity to focus on providing services to this age group.

## **Psychology Internship**

### **Administrative Structure**

The Psychology Internship Training Program is under the supervision of the Training Director, Dr. Jason Williams, and the Psychology Internship Training Committee. The Director and the Committee are charged with overseeing the progress of the interns, facilitating interdisciplinary clinical experiences, and developing the program. The Training Committee meets regularly to review the interns' performance and training needs, and to discuss program development. Interns provide ongoing verbal feedback on the program to the Training Director. At the end of the training year the training director conducts an exit interview with the interns covering all major aspects of the training year to elicit their feedback. Intern feedback is consistently used to make adjustments to caseload expectations, program structure, and available rotations.

### **Training Plan**

Each psychology intern, in coordination with his or her supervisors and the Training Director, will develop a specific program that addresses the requirements and goals of the training program, the intern's individual training needs and interests, and the patient care needs within the Department and Hospital. It is expected that interns will spend approximately 60% of their training hours in direct patient care activities. The remaining hours will be spent in associated clinical activities and in didactic seminars. As they demonstrate readiness over time, interns are given increasing clinical responsibility, autonomy, and exposure to more challenging treatment cases. All of these experiences are titrated and reviewed by supervisors who are active treatment providers and team members on the units. The intern's development of increasing competence is evaluated informally in supervision, and formally every three months through oral and written evaluations.

### **Supervision**

The internship training staff provides close supervisory support while guiding trainees toward assuming increasing autonomy in the clinical responsibility of their cases. The goal of supervision is to support the intern during exposure to new patient populations, assessment tools and intervention strategies, and to build feelings of competence and functional autonomy in areas of strength.

Weekly supervision for all rotations is provided by licensed psychologists. Most supervising psychologists are full-time staff members on the service where they supervise. Staff members of other mental health disciplines who are qualified and experienced may provide additional supervision in specific areas for duties that they regularly perform. Interns have a supervisor for each of the required and elective rotations. At a minimum, four hours of regularly scheduled face-to-face supervision is provided per week. Additional supervision and consultation is provided as needed.

Interns meet individually with the Training Director weekly in a group and individually as needed to discuss administrative and professional development issues. The Training Director coordinates the interns' programs and the evaluation process. The Training Director also serves as an auxiliary advisor to help the interns integrate and synthesize their training experiences and supervisory feedback.

### **Intern and Supervisory Evaluation**

The evaluation process is designed to provide interns with on-going information that will inform them about their progress and professional growth. The Training Committee meets twice monthly to address issues relevant to psychology in general and training in particular. The Training Director maintains regular contact with all supervising psychologists regarding the progress and functioning of interns under their supervision. Every three months each intern's supervising psychologists meet to discuss the intern's level of functioning on their rotations, and to evaluate the effectiveness of their current training plan. The intern is provided with verbal feedback from the supervisor and training director after each of these reviews. At the end of each six-month period, the intern and supervisor complete a written evaluation of each other. The mutual exchange of feedback between the supervisor and intern is designed to enhance professional growth of both by identifying strengths, areas needing improvement, and personal goals.

### **Expected Outcomes**

Given the diverse background experiences of our interns, and the flexibility of our training program to meet their individual interests and aptitudes, we expect a range of outcomes from our interns. Follow-up surveys, and contact with interns who request employment references and proof of internship completion for state licensure, provide us with information about the outcomes achieved by our interns. Through these mechanisms, we find that we are meeting our goal of preparing interns for professional practice in psychology as child clinical and pediatric psychologists. Our former interns are working in a variety of pediatric settings and community agencies, private practice, and academic settings. The balance of their reported activities are well distributed between therapy, testing, and consultation. In recent years, an increasing number of interns have completed post-doctoral fellowship training in the year immediately following internship.

### **Orientation**

Interns are provided with an orientation period at the beginning of the training year. In the first phase of orientation, interns must complete hospital required human resource (HR) activities, some of which must be completed prior to employment. Information will be provided about these requirements. Interns are also provided with an orientation to the hospital and their shared yearlong components of training. This allows the interns to get to know each other and to become grounded in the hospital environment. During this phase of orientation, the interns will be assigned their yearlong outpatient supervisor. They will also meet individually with the Training Director to develop their personal training goals for the year. In the second phase of orientation, the interns will begin orientation on their first six-month rotation. Decisions will be made in advance of beginning the training year as to which order the intern will complete the required and elective rotations (first or second six months of the year).

### **Resources and Support**

The psychology interns are considered first year hospital employees, therefore they are granted the same rights and responsibilities as employees. However, interns are provided with 10 more days of paid time off than regular first year employees. Interns are provided with seven paid holidays; fourteen days to take as vacation or sick time; five professional leave days for dissertation, graduation and interviews; and five conference leave days. The training programs pays for the interns to attend two conferences: 1) an all-day all-Denver metro intern conference on Colorado law and ethics, and 2) the Department's annual Rosenberry conference. As a condition of employment, interns must pass a Colorado Bureau of

Investigation background screening and fingerprint test, and a urine drug screen before beginning work. A health screening with proof of immunizations is also required.

Interns may choose benefits from a cafeteria plan of options including health, dental, vision and life insurance benefits. Interns are provided with parking at the employee cost per pay period. Proof of malpractice coverage must be provided by the interns' training institution. As employees, the interns have access to the on-site employee health service, and they may also access the employee assistance program (EAP).

The interns are provided with individual desks, phones, and computers. The interns share offices (two to an office) with other interns. The shared offices are designed to be used for therapy and testing. Additional therapy offices are available for use, as well as larger offices for families and group therapies. Many of the shared therapy and group therapy offices have video monitoring and taping capacity. The training program has regularly scheduled access to rooms for seminars and other training opportunities.

Interns have access to the hospital medical and patient libraries and to the University of Colorado at Denver Health Sciences Center Library for access to books and journals. Interns have access to resources on the hospital Intranet, and to on-line medical search engines and journals. The interns are provided with an email account, access to transcription services, voice mail and text pagers.

## **Psychology Staff: Special Interests**

*\* Colorado Licensed Psychologist*

**Beth Bennett, PhD 1999, University of Denver\***

Primary Program - Child Development Unit

- Cognitive, learning, and emotional assessment
- Interest in developmental delays, autism spectrum disorders
- Interest in Neuropsychology
- Interest in cognitive patterns associated with genetic conditions
- Interest in collaboration with schools to design interventions and accommodations
- Interest in comorbidity; multiple diagnoses

**Richard Boada, PhD, ABPP-CN, 2001, University of Denver\***

Primary program - Neuropsychology Service, Neurology Department

- Bilingual assessment (Spanish)
- Research in neurodevelopmental disorders/learning disabilities
- Child clinical neuropsychology
- Neurological sequelae of medical illnesses
- Neuropsychological assessment of children with stroke, seizures, and brain tumors

**Richard E. Boles, PhD 2006, University of Kansas\***

Primary Programs –GoodLIFE Clinic, BAND Clinic

- Behavioral therapy for pediatric obesity
- Adolescent bariatric surgery
- Environmental factors related to early childhood weight development
- Childhood food preferences and nutritional intake
- Psychometric instrument development
- Observation-based methodology

**Joy Browne, Ph.D., PCNS-BC, IMH-E (IV), 1990, University of New Mexico,; Fielding Graduate**

University, Santa Barbara, California, 2006 \*Primary Program – *Center for Family and Infant Interaction; Neonatal Intensive Care Unit*

- Neurobehavioral assessment and intervention in newborns.
- Transition from NICU to home
- Infant Mental Health—Newborns to early childhood
- Systems building and change

**Susan Crane, Psy.D., 2005**, University of Northern Colorado  
Primary Program - Pulmonary Sleep Clinic

- Behavioral/psychological aspects of sleep disorders
- Empirically supported trauma interventions
- Play therapy [filial, PCIT, child-centered, sand trays]
- Family/systems interventions
- Effective parenting training & interventions

**Jeanne E. Dise-Lewis, PhD 1984**, University of Denver\*  
Primary program - Neuro-trauma Rehabilitation Department

- Pediatric rehabilitation psychology
- Post-traumatic stress assessment and intervention
- Developmental issues related to chronic illness or disability
- Stress and coping
- Psycho-educational consultation program following brain injury

**Jeffrey I. Dolgan, PhD 1967**, Ohio State University\*  
Primary programs - Outpatient Mental Health Clinic, Intensive Service Team

- Psychotherapeutic process
- Therapeutic assessment
- Child and adolescent psychology and sexuality
- Solution-focused therapy
- Adolescent behavioral medicine
- Inpatient / residential / milieu treatment and Hospital psychology
- Transitional objects and process research
- Board of Psychologist Examiners issues for Colorado
- Professional ethics and affairs and professional development

**Jennifer H. Epstein, PsyD 1994**, Wright State University\*  
Primary Program - Child Development Unit

- Psycho-diagnostic Evaluation
- Assessment of/Designing intervention for Developmental Disabilities
- Autism Spectrum Disorders
- Fragile X Syndrome
- Behavioral Intervention
- School Consultation

**Robin Gabriels, PsyD 1997, University of Denver\***

Primary Program – Neuropsychiatric Special Care Program

- Autism Spectrum Disorders and other developmental and genetic disorders
- Diagnostic assessment of individuals with disabilities from a medical, psychiatric, behavioral, and family perspective
- Cognitive-behavioral treatment of Developmental Disabilities
- Family therapy and assessments
- School Consultation
- Art Therapy

**Jennifer Janusz, PsyD, ABPP-CN, 1998, Virginia Consortium Program in Clinical Psychology**  
Primary programs –Neuropsychology Service, Neurology Department

- Neurological sequelae of medical illnesses
- Neuropsychological evaluation of children with neurofibromatosis and other genetic disorders, brain tumors, and prematurity
- Research in neuropsychological and social consequences of neurofibromatosis
- Research in longitudinal evaluation of children with genetic disorders

**Michele Kelly, PsyD 1990, University of Northern Colorado\***

Primary program - Kempe Center - Child Protection Team

- Psychotherapy with children and families using play therapy and a developmental therapeutic approach
- Assessment and treatment of child abuse cases, group therapy for child victims of sexual abuse, children who have witnessed violence, and post-traumatic stress disorder
- Forensic court testimony

**Sheryl Kent, PhD 2006, Virginia Commonwealth University\***

Primary Program - Pain Consultation Service

- Acute, Chronic, and Procedural Pain Management
- Inpatient consultation-liaison services
- Psychotherapy with medically ill children
- Stress and coping

**John Kirk, PsyD, ABPP/CN, 2002, University of Denver**

Primary Program – Neuropsychology / Rehabilitation Department / Concussion Program

- Neuropsychological assessment
- Neurobehavioral effects of brain injury and other medical problems – particular interest in concussion
- Research in concussion and symptom validity testing in pediatric neuropsychological assessment

**Michael Kirkwood, PhD, ABPP/CN, 1998, DePaul University \***

Primary Program - Neuropsychology/ Rehabilitation Department / Concussion Program

- Neuropsychological assessment within a developmental systems model
- Neurobehavioral effects of brain injury and other medical problems – particular interest in concussion and other traumatic brain injury
- Research in moderate/severe TBI and concussion

**Javier Negrón, PsyD 2007, Carlos Albizu University**

Primary program - Neuro-trauma Rehabilitation Department

- Pediatric medical and rehabilitation psychology
- Psychotherapy with medically ill children and their families (specialty in brain injury)
- Bilingual assessment (Spanish)
- Psycho-educational consultation program following brain injury

**Kristin Nicholas Vaver, PhD 1997, University of Virginia \***

Primary program - Neuro-trauma Rehabilitation Department, International Adoption Clinic

- Rehabilitation psychology
- Neurological development
- Infant mental health
- Early intervention

**Alyssa Oland, Ph.D., 2006, University of Pittsburgh**

Primary Programs – MedPsych Clinic, Consult-Liasion Service, Intensive Services Team:

- Psychological adjustment, coping, and quality of life in medically ill children and their families
- Helping children and families with grief issues and death/dying
- Self injurious behavior and suicidality in children and adolescents
- Psychological assessment

**Lina Patel, PsyD, 2006**, University of Denver

Primary Program - Example: Intensive Services, Clinical Director of Mood and Thought Disorder Clinic, Stress and Anxiety IOP

- Multicultural Issues
- Family Therapy
- Group Therapy
- Multisystemic Interventions
- Training and supervision in psychodiagnostic testing
- Mood and Thought Disorders
- Interest in developmental delays, autism spectrum disorders

**Diane Reichmuth, PsyD 2004**, Pepperdine University

Primary program - Medical Day Treatment

- Behavioral medicine
- Youth with acute psychiatric illness
- Youth with chronic medical illness
- Mental Health Evaluation

**Tami Roblek, PhD, 2003**, University of Louisville

Primary program – Stress and Anxiety Program

- Cognitive Behavioral treatment of children and adolescents with anxiety disorders
- Specific interest in anxiety based school refusal behavior, obsessive compulsive disorder
- Research interest in family factors related to the prevention, development and maintenance of anxiety disorders; Co-morbidity of anxiety and eating disorders; treatment outcome in group therapy
- Clinical supervision, internship training, and professional development
- 

**Wendy Smith, PhD 1979**, University of Denver\*

Primary program - Intensive Services - Day Treatment

- Integrative treatment from a psychodynamic background with children, adolescents and adults
- Individual, family and group therapy
- Case management with day treatment children and adolescents
- School psychology issues
- Parent counseling
- Eating disorder treatment

**Mindy Solomon, PhD., 2005** California School of Professional Psychology, LA\*

Primary program - Psychologist for the Eating Disorder Program

- Eating Disorder treatment in children and adolescents

- Psychological Assessment/work with gifted children
- Training and supervision
- Teaching Child Development

**Ayelet Talmi, PhD 2001, University of Denver\***

Primary programs - Child Health Clinic, NICU, C&L, Infant Care Center

- Birth to five/infant mental health specialist
- Pediatric Primary Care consultation services
- Clinical consultation and supervision
- Neurodevelopmental assessment of fragile babies
- Training and professional development in systems of care
- Trauma and child abuse

**Natalie Walders Abramson , PhD 2002, Case Western Reserve University\***

Primary program - Metabolic Syndrome Clinic

- Behavioral treatment of pediatric obesity
- Pediatric endocrinology
- Pediatric pulmonology
- Outpatient consultation-liaison services
- Research specializations in Type II Diabetes, Pediatric asthma, and physical activity

**Elizabeth (Beth) Wehner, PhD 1992, University of Denver\***

Primary program - Child Development Unit

- Psycho-diagnostic Evaluation
- Autism Spectrum Disorders
- Behavioral Intervention
- Attachment/Assessment and treatment of young children

**Deedre D. Werner, PsyD 1998, Pepperdine University \***

Primary program - Neuro-trauma Rehabilitation Department

- Pediatric medical and rehabilitation psychology
- Psychotherapy with medically ill children and their families (specialty in Oncology)
- Traumatization and post-traumatic treatment
- Play therapy/developmental therapeutic approach

**Greta N. Wilkening, PsyD, ABPP-CN, 1980, University of Denver\***

Primary program - Neuropsychology/Dept. of Neurology

- Neurological sequelae of medical illnesses
- Neuro-oncology
- Evaluation of children with seizures, including candidates for seizure surgery
- Evaluation of children with neurofibromatosis , metabolic disorders, and stroke
- Multiple multi-center studies focused on use of AED's, and sequelae of treatment for neoplastic and liver diseases

**Jason D. Williams, Psy.D. M.S. Ed., 1996** California School of Professional Psychology, Los Angeles\*  
Primary program-Director of Training, Outpatient Mental Health Clinic-Disruptive Behaviors Clinic,  
Intensive Services Team

- Attention Deficit Hyperactivity Disorders in Children
- Psychological Assessment
- Use of technology in the mental health settings
- Electronic Medical Records

**Rebecca Wilson, PsyD 1996**, University of Denver\*  
Primary Program - Child Development Unit

- Projective assessment of emotional concerns of developmentally delayed children
- Assessment of complex cases, where the concerns are both developmental and psychiatric
- General psychological assessment
- Fragile X assessment and research

## Organizational Structure

### Department of Psychiatry and Behavioral Sciences

#### Department Leadership

|                                                               |                          |
|---------------------------------------------------------------|--------------------------|
| Department Chair.....                                         | Marianne Wamboldt, MD    |
| Outpatient Services Medical Director.....                     | Mary Nord Cook, MD       |
| Program Director.....                                         | Andrea LeClaire, RN, SHA |
| Child & Adolescent Psychiatry Resident Training Director..... | Debbie Carter, MD        |
| Intensive Services Medical Director.....                      | Isabelle Guillemet, MD   |

#### Research and Training

|                                     |                             |
|-------------------------------------|-----------------------------|
| Interim Chief of Psychology.....    | Joy Browne, PhD             |
| Director of Training.....           | Jason Williams, PsyD, MS Ed |
| Social Work Training Director ..... | Terrie Casey, LCSW          |

#### Outpatient Behavioral Health Clinic (formerly CACCH clinic)

|                                            |                             |
|--------------------------------------------|-----------------------------|
| Medical Director.....                      | Mary Nord Cook, MD          |
| Psychotherapeutic Outpatient Services..... | Jeffrey I. Dolgan, PhD      |
| Psychiatrists.....                         | Harrison Levine, MD         |
| .....                                      | Isabelle Guillemet, MD      |
| Psychologists .....                        | Joy Browne, PhD             |
| .....                                      | Robin Gabriels, PsyD        |
| .....                                      | Tami Roblek, PhD            |
| .....                                      | Jason Williams, PsyD, MS Ed |
| .....                                      | Ayelet Talmi, PhD           |
| .....                                      | Lina Patel, PsyD            |
| .....                                      | Alyssa Oland, PhD           |
| .....                                      | Kelly Caywood, PhD          |

#### Psychiatric Consultation Liaison and Emergency Services (PsyCLES)

|                             |                      |
|-----------------------------|----------------------|
| Medical Director.....       | Harrison Levine, MD  |
| Manager.....                | Dru Hunter, LCSW     |
| Clinicians.....             | Lisa Jasin, LCSW     |
| .....                       | Theresa Oliver, MSW  |
| .....                       | Jan Reves, LCSW      |
| .....                       | Danielle Koehn, LCSW |
| .....                       | Sandy Papp, LPC      |
| .....                       | Terese Wolf, LPC     |
| Pain Team Psychologist..... | Susan Crane, PsyD    |

### **Intensive Services Team**

|                                                      |                             |
|------------------------------------------------------|-----------------------------|
| Psychiatric Inpatient Medical Director.....          | Isabelle Guillemet, MD      |
| Psychiatric Inpatient Clinical Nursing Director..... | Angie Witt-Thompson, RN     |
| Psychiatric Day Treatment Medical Director.....      | Susan Lurie, MD             |
| Psychiatric Day Treatment Clinical Coordinator.....  | Dennis Pettigrew, RN        |
| Therapeutic Services Coordinator .....               | Terrie Casey, LCSW          |
| Senior Psychologist.....                             | Wendy Smith, PhD            |
| Psychiatrists.....                                   | Meredith Chapman, MD        |
| .....                                                | Celeste St. John-Larkin, MD |
| .....                                                | Carol Beresford MD          |
| Psychologists.....                                   | Lina Patel PsyD             |
| .....                                                | Alyssa Oland PhD            |
| .....                                                | Kelly Caywood, PhD          |
| Social Workers.....                                  | Laura Anderson, MSW         |
| .....                                                | Terrie Casey, LCSW          |
| .....                                                | Helen Thilly, MSW           |
| .....                                                | Ashley Smith, MSW           |

### **Eating Disorders Program**

|                                       |                     |
|---------------------------------------|---------------------|
| Medical Directors.....                | Jennifer Hagman, MD |
| Director of therapeutic services..... | Jim Masterson, LCSW |
| Lead Psychologist/Director, IOP.....  | Mindy Solomon, PsyD |

### **Neuropsychiatric Special Care Unit**

|                                      |                                   |
|--------------------------------------|-----------------------------------|
| Medical Director.....                | Carol Beresford, MD               |
| Clinical Director/Psychologist.....  | Robin Gabriels, PsyD              |
| Operations/Clinical Manager.....     | Arletta Swain-Cockrell, MS, CPNP  |
| Medical Consultant/Pediatrician..... | Ed Goldson, MD                    |
| Clinical Therapists.....             | Lindsay Gaffney, MS in Counseling |
| .....                                | Keri Green, MS in Counseling      |
| Intake Clinician.....                | Bethany Tavegia, PsyD             |
| MHC Supervisor.....                  | Jamie Gutho, BS                   |

### **Medical Day Treatment**

|                         |                                 |
|-------------------------|---------------------------------|
| Medical Director.....   | Steve Berman, MD                |
| Clinical Manager.....   | Arletta Swain-Cockrell, RN, APN |
| Psychiatrist.....       | Carol Beresford, MD             |
| .....                   | Meredith Chapman, MD            |
| Psychologist.....       | Diane Reichmuth, PsyD           |
| Clinical Therapist..... | Niki Coatney, MS in Counseling  |
| APS Teacher.....        | Rae Johnston                    |
| .....                   | Kerra Zambrano                  |

## **Pediatric Programs in The Children's Hospital**

### **Child Development Unit**

|                                 |                        |
|---------------------------------|------------------------|
| Section Head.....               | Sandra Friedman, MD    |
| Developmental Pediatrician..... | Ed Goldson, MD         |
| .....                           | Ann Reynolds, MD       |
| .....                           | Bill Campbell, MD      |
| .....                           | Nicole Tartaglia, MD   |
| Lead Psychologist.....          | Jennifer Epstein, PsyD |
| Psychology Staff .....          | Rebecca Wilson, PsyD   |
| .....                           | Beth Bennett, PhD      |
| .....                           | Terry Katz, PhD        |
| .....                           | Emily Werner, PhD      |
| .....                           | Samantha Piper, PhD    |

### **Neuropsychology / Department of Neurology**

|                         |                                |
|-------------------------|--------------------------------|
| Chairman.....           | Amy Brooks-Kayal , MD          |
| Neuropsychologist ..... | Greta Wilkening, PsyD, ABPP-CN |
| .....                   | Richard Boada, PhD, ABPP-CN    |
| .....                   | Jennifer Janusz, PsyD, ABPP-CN |
| Psychometrician.....    | Melinda Kohne, MA              |
| .....                   | Michelle Kleman, MA, LPC       |

### **Neuro-trauma Rehabilitation Department**

|                       |                                |
|-----------------------|--------------------------------|
| Chairman.....         | Dennis Mathews, MD             |
| Psychology Staff..... | Jeanne Dise-Lewis, PhD         |
| .....                 | Michael Kirkwood, PhD, ABPP-CN |
| .....                 | Javier Negron, PsyD            |
| .....                 | Kristin Nicholas Vaver, PhD    |
| .....                 | Deedre Werner, PsyD            |
| Social Worker.....    | Leslie Fox, LCSW               |
| .....                 | Lynn Katz, LCSW                |

## **Addendum to the APPIC Application**

Please respond to the questions below and upload with your on-line supplemental materials.

- Please do not use more than one page to answer any one question.
  - We are asking these questions to provide you with an opportunity to tell us more about yourself, as a person and as a professional.
1. What are your interests, and how do you spend your time outside of psychology?
  2. What specific reading has made an impact on your development? Please cite a single author, book or article and discuss the reasons for its importance in your personal or professional development.