



**PSYCHOLOGY DOCTORAL INTERNSHIP
TRAINING PROGRAM
Brochure
2023.2024 Training Year**

**Application deadline November 17, 2022
Interview Notification date December 7, 2022
Internship Dates: August 22, 2023 through August 21, 2024**

**Kathy Baur, PhD LP
Training Director
Psychology Doctoral Internship Training Program**

**Jefferson Center
70 Executive Center
4851 Independence St.
Wheat Ridge, CO 80033
303-425-0300**

Association of Psychology Postdoctoral and Internships Center Member

JEFFERSON CENTER
Building Hope Changing Lives Strengthening Community

Accreditation Disclosure Statement

Jefferson Center is accredited by the Office of Program Consultation and Accreditation American Psychological Association and participates in the APPIC Internship Matching Program. Applicants must complete the APPIC on-line [APPI](#). This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

Questions related to Jefferson Center Internship program accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979
Email: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

All other questions about the internship program may be directed to:

Kathy Baur, Ph.D.
Psychology Doctoral Internship Training Director
Email: KathyB@jcmh.org or
Phone: 720.833.1822

Jefferson Center
4851 Independence St.
Wheat Ridge, CO 80033
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Non-Discrimination Statement

Jefferson Center is committed to a policy of providing educational opportunities to all qualified students regardless of economic or social status, and will not discriminate on the basis of race, color, religion, sex, marital status, beliefs, age, national origin, sexual orientation, physical or mental disability or any other legally protected category. Jefferson Center is a Drug-Free and Tobacco Free Workplace.

Jefferson Center's Mission

To inspire hope, improve lives and strengthen our community by providing mental health and related solutions for individuals and families.

Jefferson Center's Vision

A community where mental health matters and care is accessible to all.

Overview of Jefferson Center

Jefferson Center (Jefferson Center) is a private 501(c) (3) not-for-profit community mental health center serving Jefferson, Clear Creek and Gilpin counties for more than 50 years. Jefferson Center's programs and services are designed to foster recovery and resilience for individuals of all ages who have mental health problems. As a private non-profit, Jefferson Center served more than 34,000 people in 2020. Our services are provided through numerous clinical locations in our three-county service area, in addition to schools, nursing homes, senior centers, and other partner locations throughout our community.

Jefferson Center recognizes that physical and mental health are linked. Research indicates that better integration of behavioral health and physical health care can have a positive impact on quality, costs and outcomes while also reducing health disparities. Since 1995, Jefferson Center has provided integrated health care to benefit clients through our successful partnerships with health care entities and organizations such as substance abuse providers, school-based health clinics, and community primary care practices. Our wellness **now!** prevention program offers individualized coaching and classes.

Jefferson Center's clinical programs are grounded in the values of resiliency and recovery, and the entire organization strives toward being trauma-informed in view of the high prevalence of trauma among the populations we serve. Jefferson Center services are person-centered and promote hope through care that supports achievable positive outcomes.

Diversity, Equity, and Inclusion Statement

At Jefferson Center, it is our policy and our mission to be inclusive and mindful of the diversity of everyone who comes through our doors. We are passionate about building a community where mental health matters and equitable care is accessible to all races, ethnicities, abilities, socioeconomic statuses, ages, sexual orientations, gender expressions, religions, cultures, and languages.

Outlined below are the principles which guide our commitment to developing a vibrant, sustainable, and resilient mental health care community.

We believe in the dignity of all people and creating a culture where diversity is valued.

We respect and affirm the unique identity of each member of our community.

We aim to inspire hope, improve lives, and strengthen our community by providing

quality mental health and related solutions to everyone who comes through our doors.

We advocate at the local, state, and federal levels to promote equitable access to mental health care resources and improve the lives of community members.

We strive to dismantle systems and policies that create inequity, oppression, and disparity while promoting diversity, equity, and inclusion in all that we do.

We pursue an organizational mindset that values cultural humility, recognition, and accountability in order to improve our ability to offer individualized care.

We encourage all to share their cultural experiences and identities to enrich our community.

We are committed to placing diversity, equity, and inclusion practices at the center of our daily work to create a brighter future for everyone.

Clientele Served

Jefferson Center serves clients that are predominantly low-income, with health coverage through Medicaid, or who are uninsured or underinsured. Jefferson Center targets those most in need. In CY 2018, 68% of clients served had Medicaid and 50% had serious mental illness. 27.8% of clients in 2018 were under the age of 18. However, Jefferson Center serves individuals of all income strata, with the full range of difficulties from mild or moderate to severe.

At Jefferson Center, it is our policy and our mission to be inclusive and mindful of the diversity of everyone who comes through our doors. For all clients, regardless of the program in which they are enrolled, Jefferson Center provides an array of services based upon individual needs: individual, group and family therapy, case management, medication evaluation and management, and emergency services, as needed. Through our Speaker's Bureau, the evidence-based Mental Health First Aid classes, wellness classes and other community outreach presentations, we raise awareness and dispel myths about mental illness, provide tips and tools for mental wellness, and help inform the community about ways to access help, including the wide variety of services that the Center offers (e.g. wellness classes, specialized programs for children/youth, outreach to older adults, etc.).

Training Philosophy

The Jefferson Center Psychology Doctoral Internship Program seeks to train interns to become clinical psychologists with a firm foundation in health services psychology. Our philosophy is three-fold: (1) that training in health services psychology is a continual developmental process, (2) that providing a broad range of training opportunities is optimum for the growth of developing clinical skills, and (3) that clinical health services psychology is a science-based discipline, and it is important to apply research to inform practice.

First, our philosophy emphasizes the continual professional development of our interns. Jefferson Center seeks to build on the skills developed during the doctoral education and practicum placements through systematic assessment and training. As interns

progress through the internship rotations, they are given more and more complex cases in therapy and assessment. By the end of the internship year, interns should graduate as competent entry-level clinical psychologists who can function in a variety of settings and continue to develop professionally throughout their careers. Thus, our developmental approach ensures that training for practice in clinical psychology is sequential, cumulative, and graded in complexity.

Second, our philosophy provides a broad range of training opportunities for optimum development of clinical skills. Jefferson Center offers a broad range of training sites that cover the entire developmental spectrum. Through two major and four minor rotations, interns practice in a variety of settings that gives them a diverse set of clinical experiences and prepares them for work in a variety of professional positions.

Finally, our philosophy is that health services psychology must be a science-based discipline. We seek to further develop the appreciation of science as the foundation for the practice of clinical psychology throughout our training program. Research informs the practice of psychology at Jefferson Center from our use of the evidence-based Partnership in Change Outcome Management System, to our use of evidence based treatment practices (EBPs) throughout our programming, and ongoing research in our Innovation department. Our internship program exposes interns to ongoing use of research to inform treatment across all rotations and gives them experience in participating in research focused on the delivery of effective services.

Training Program Description

Our internship program provides comprehensive training that is broad and general, developmental, and anchored in the practitioner-scientist model. Our training focuses on profession-wide competency areas derived through a multi-step process that is expected for entry-level practice. Ongoing evaluation of intern functioning in specific competency areas allows us to track progress and address areas that may require further training. Interns are evaluated on their demonstration of appropriate knowledge, skills, and attitudes in the key competency areas.

Intern training is enhanced by early identification of individual training needs and interests. During the first month of training, all interns complete a self-assessment that provides information to develop an individualized training plan to address not only individual differences in prior training, but also clinical interests and career goals. Various training approaches are utilized across settings, including direct supervision by experienced clinical supervisor psychologists, direct observation (either live or video/electronic) of the intern, participation in co-therapy, utilization of role-play and enactment, observational learning, formal didactic training, and promotion of reflective practice through self-reflection and self-evaluation to facilitate continuous improvement of professional performance.

By incorporating a mentoring model coupled with experiential training under close supervision, our program is designed to nurture interns toward success. Training is sequential, cumulative, and increasing in complexity over the course of the internship.

Interns are expected to move toward professional independence as they progress through the training year. This ensures that interns will be able to demonstrate the levels of competency that are necessary for entry-level practice or post-doctoral training at the end of their training.

The program's training model promotes appreciation and understanding of diversity by ensuring nondiscrimination in all training approaches, by addressing diversity as a focus of training, and by creating an environment that nurtures success for all interns.

In addition to experiential training, didactic seminars focus on providing current research-based education on the above goals. Interns participate in seminars related to professional development, ethics, culture and practice, theory of assessment, treatment of psychological disorders, and the relationship between psychological and physical health.

Training Goals

The Psychology Doctoral Internship Program at Jefferson Center is committed to training that emphasizes both the professional and personal development of interns in a community mental health setting. After the completion of the internship year, interns will have the skills necessary to enter the field of psychology based on the following goals:

Goal 1:

Interns will achieve competence appropriate to their professional developmental level in the area of evidence-based practice in intervention.

Goal 2:

Interns will achieve competence appropriate to their professional developmental level in the area of evidence-based practice in assessment.

Goal 3:

Interns will achieve competence appropriate to their professional developmental level in the area of ethical and legal standards.

Goal 4:

Interns will achieve competence appropriate to their professional developmental level in the area of individual and cultural diversity.

Goal 5:

Interns will achieve competence appropriate to their professional developmental level in the area of research.

Goal 6:

Interns will achieve competence appropriate to their professional developmental level in the area of professional values and attitudes

Goal 7:

Interns will achieve competence appropriate to their professional developmental level in the area of communications and interpersonal skills

Goal 8:

Interns will achieve competence appropriate to their professional developmental level in the area of consultation/inter-professional/interdisciplinary.

Goal 9:

Interns will achieve competence appropriate to their professional developmental level in the area of Supervision.

Each of these goals will be achieved through focus on specific objectives and the development of specific related competencies.

Training Schedule

The internship training year starts in late August and concludes the end of August the following year (52 weeks, excluding Personal Annual Leave and holidays). Interns are expected to work 45 – 50 hours per week (approximately 25 - 50% of time is spent in face-to-face contact depending on the intern's rotation). Interns must reach competency across goals and complete 2000 hours for successful completion of the internship program. The schedule below provides an *approximation* of the number of hours interns will spend each week in the following activities:

- **Major Clinical Rotations**

Each intern will participate in one 16 – 24 hour/week Major Clinical Rotation each six-month period. Time for team meetings, group supervision, documentation and other paperwork is built into the rotation. The Internship Program will attempt to match the interns with their major rotation of choice during each six-month rotation. In the event of competing interests, the desired rotations can be alternated at the end of the first six-month period, allowing interns to be matched with their area/s of interest.

There may be consideration of individualized programs that include specialty training in an intern's area of interest while on a rotation. For example,

- On Adult Outpatient rotation doing 1 day with the Senior Services team
- On Family Outpatient rotation doing 1 day with the Early Childhood Family Services team

For interns wishing to do a year-long training experience with a specific age group, major rotations can be designed to allow for two 6 month training rotations with either children/youth or adults. For example,

- 12 month training experience with children/youth/family picking two major rotations from below:
 - 6 months with the Family Services Outpatient clinic
 - 6 months with the Early Childhood Family Services team (serving 0 – 8 years of age)

- 6 months Centro Dones (for interns with bilingual/bicultural major competency)
- 12 month adult training experience picking two major rotations from below:
 - 6 months with Adult Outpatient Services
 - 6 months with Integrated care
 - 6 months with Senior Services Outpatient
 - 6 months Centro Dones (for interns with bilingual/bicultural competency)

Major Clinical Rotation Options	Description	Length of Rotation	Number of Hours per Week
Adult Outpatient Services	Intakes, Individual and Group Therapy; DBT program, Substance Abuse	6 months	16 - 24
Senior Outpatient Services	Outpatient services: Intakes, Individual, and Group Therapy	6 months	16 – 24
Integrated Care	Brief behavioral health interventions in a primary care setting; psycho-educational classes on health and wellness	6 months	16 - 24
Family Services	Outpatient services: Intakes, Individual, Family and Group Therapy	6 months	16 – 24

Major Clinical Rotation Options	Description	Length of Rotation	Number of Hours per Week
Early Childhood Family Services	In-home and outpatient services providing intakes, family therapy, parenting support, and attachment-focused dyadic treatment for children 0-8 and their caregivers.	6 months	16 – 24
Centro Dones	Outpatient services: intakes, individual with Spanish speaking clientele. Must be bilingual/bicultural	6 months	16 – 24

- Minor Rotations**

Each intern will participate in 3 minor rotations to provide experience in several key competencies of health services psychologists.

Minor Rotation	Description	Length of Rotation	Number of Hours per Week
Crisis Services	Behavioral health assessment, crisis and emergency assessment and intervention	6 months	8
Psychological Assessments	Psychological evaluation (testing, report writing, consultation and feedback).	12 months	6 - 8
Innovation/ Research	Human centered design thinking skills and measurement-based outcome research using Center's data	12 months	4

- **Supervision – 7 – 9 hours**
 - **2 hours** Individual with primary supervisors
 - **2 hours** Psychological assessment
 - **1 hour** Crisis rotation
 - **1 hour** Supervision of supervision
 - **2 hours** Research/innovations
 - **1 hour/month** Reflective
 - **1.5 hour/bi-monthly** Cultural Focus
- **Didactic Training and Seminars – 2 hours**
- **Committee Involvement - optional**
Interns are also encouraged to participate on one of several Jefferson Center committees, as an added value to their experience, time and interest permitting.

Jefferson Center uses multidisciplinary teams across all settings. Interns will have the opportunity to interact daily with staff from virtually all mental health disciplines including social work, psychiatry, nursing, licenses counselors, and peer specialists.

Sample Weekly Schedule

Weekly Schedule	August – February (6 Months)	March – August (6 Months)
16 - 24 hours Includes staff meetings, documentation, etc.	MAJOR CLINICAL ROTATION #1 Adult Outpatient Intakes, DBT, Individual therapy	MAJOR CLINICAL ROTATION #2 Family Outpatient services Intakes, Individual and family therapy
8 hours	Crisis Rotation	
6 - 8 hours	Psychological Assessments*	Psychological Assessments*
3 – 6 hours	Research/Innovation (3h)	Research/Innovation (6h)
2 hours	Didactic / Seminars	Didactic / Seminars

* Each intern will be expected to complete 6 Psychological Evaluations (6 hours to administer full battery, 4 hours to score & synthesize, 2 hours to review with supervisor, 4 hours to final write up; 1 hour to give feedback to client, 2 hours to chart documentation, 1 hour to communicate with referral source = 20 hours total)

Supervision

Each intern will be assigned a licensed psychologist as their primary clinical supervisor who will provide two hours per week of face-to-face, formal, individual supervision. After six months, interns will rotate supervisors to broaden their experience of supervisory styles. Supervision will focus on review of the intern's caseload, discussion of specific cases, professional development, assessments, and evaluation of training progress. Interns will also receive supervision from on-site supervisors, specific to their major and minor rotations.

Training Seminars

Interns will attend at least two hours per week of didactic training. Foundational didactics are built to be sequential, graded in complexity, and cumulative. There are also topic specific seminars covering a variety of evidence-based approaches, psychological assessment, and professional development as well as didactics by professionals from different disciplines. (Please see sample schedule in Appendix)

Each intern is required to complete three presentations during the training year: 1) the intern's dissertation /research based doctoral paper, 2) formal case presentation, and 3) the intern's research from research/innovation rotation. Agency staff is invited to attend these presentations.

Psychological Assessment

The program recognizes that the ability to competently perform psychological evaluations is one of the distinctive features of practicing psychologists. Interns are expected to have acquired knowledge and technical skills in graduate school sufficient to accurately administer and score a full psychological battery of tests. The emphasis in the internship program is to further develop the intern's ability to integrate data and to write succinct, high-quality reports.

Each intern will be required to complete six integrated psychological evaluations during the year. Assessment referrals may come from Adult or Family Services teams. Evaluations will generally include a clinical interview; administering, scoring and interpreting a full battery of intellectual and personality assessments, including projective and objective measures; writing a report and providing feedback to the person being tested (for children, including parent/guardian) and referral sources.

Successful Completion of Internship

In order for interns to successfully complete the program they must:

- obtain ratings of at least a "3" (Entry Level Professional Mastery) on all items for each goal/competency area on their end-of-year Intern Performance Evaluation
- complete 6 integrated psychological assessments
- present a case study utilizing evidence-based interventions or psychological assessments before the Psychology Doctoral Internship Training Committee
- dissertation presentation to psychology panel

- innovation/research presentation to Jefferson Center staff
- not be found to have engaged in any significant ethical transgressions.

Due Process for Intern Training Problems

The training program at Jefferson Center is committed to maintaining a positive working environment. Effective communication between an intern, supervisor and/or Training Director is essential to fostering a respectful and courteous environment. It is the right and responsibility of the intern to report problems with training and/or supervision. The Psychology Doctoral internship is a program of Jefferson Center and as such, psychology interns are expected to abide by all agency policies, regulations and guidelines governing organizational practices and individual conduct. Interns are also expected to abide by the ethical standards and principles set forth by the American Psychological Association and Association of Psychology Postdoctoral and Internship Centers (APPIC). Alleged intern misconduct or violation of organizational practices will come under the jurisdiction of the training program. Interns are subject to remediation and are protected by due process (please refer to Section 2: Policies and Procedures, Psychology Doctoral Intern Manual).

Administration of the Internship

The Internship Training Director directs and organizes the organizational and administrative aspects of the training program and its resources, ensures the integrity and quality of the program, including the provision of quality care to clients. The Training Director maintains the internships' documents, maintains interns' training records; monitors and evaluates the training program's goals and activities and seeks to ensure that the training program consistently meets APPIC and APA requirements. The Training Director is responsible for the minutes of the quarterly meetings and facilitating program changes that are identified during mid-year and end of year evaluations.

The Psychology Doctoral Internship Training Committee is comprised of the Training Director, primary supervisors, and adjunct supervisors. The Training Committee meets quarterly for ongoing planning, quality improvement, and training needs of the interns. The Training Committee also meets extensively in November, December, and January to screen new applicants, participate in interviews, ranking and the selection of the new internship class. As committee members they are responsible for provision of primary supervision (including clinical responsibility for all the interns' clinical work and cases), and for the operation of the training program, including the didactic training seminars.

Stipend & Benefit

Jefferson Center currently has two psychology doctoral internship positions budgeted. The current stipend for the internship is \$30,000. In addition, the Center's benefit package is available. Psychology interns receive a full benefit package, including the Center's contributions toward health and dental insurance, a medical and dependent care flexible spending plan, life insurance, professional liability insurance, short and long-term disability insurance, an EAP program, 16 days of Personal Annual Leave (PAL) for vacation, personal, or sick leave, 4 "working" holidays (holidays when the Center is open and the individual may take that day or a subsequent day off in order to respect diversity of cultural/religious practice), and 8.5 holidays when the Center is

closed.

Bilingual Salary Differential

For interns who are bilingual and bicultural and doing a rotation with Centro Dones, there is a bilingual salary differential of 10%. The incentive is part of a broader framework by which Jefferson Center seeks to attract and retain employees who possess skills critical to serving diverse consumer communities with responsive, respectful and effective care focused on eliminating disparities related to access, retention, and outcomes for marginalized and/or non-English speaking communities.

Internship Program Admissions

Date Program Tables are updated: 5/21/2022

Jefferson Center and its Psychology Doctoral Internship Program are committed to the recruitment of culturally and ethnically diverse interns. We encourage inquiries and applications from all qualified individuals.

Completed applications are to be received no later than **November 17, 2022** and are expected to meet the following requirements:

- Doctoral student in an APA-accredited Clinical or Counseling Psychology program or in a re-specialization training program in Clinical or Counseling Psychology within an APA-accredited program
- Approval for internship status by graduate program Training Director
- Academic coursework completed by the end of the academic year preceding the start of internship
- Cumulative GPA of 3.4 or greater
- Completion of 4 integrated psychological reports (25 direct contact hours), including projective, objective and cognitive assessments:
 - minimum of 1 child/adolescent administered
 - minimum of 1 adult battery administered
 - minimum of 1 WISC or WAIS administered
- preferred applicants with have a minimum of 2 Rorschachs administered, preferably to both an adult and child/adolescent (Exner or RPAS)
- Completion of at least 300 practicum intervention hours by the start of the internship including:
 - adults/older adults
 - children/adolescents
 - evidence based practices
- Approval of dissertation proposal by application deadline
- Dissertation defended by the start of the internship
- A de-identified psychological assessment report is required with the application

Applications are reviewed by members of the Training Committee. Our selection criteria are based on a "goodness-of-fit" with our practitioner-scientist model, and we look for Interns whose training goals match the training that we offer. The program looks not only at the total number of practicum hours but the quality of those hours in terms of the type of setting as well as experience with empirically supported treatments. If you have no Rorschach experience or limited Rorschach experience your application will still be considered as we look at your total assessment experience. All students who submitted a completed application will be notified of their interview status by **December 7, 2022**.

Based on the quality of the application and the goodness of fit between the applicant's training goals and the internship program, approximately twenty-five applicants are invited for an interview. Interviews are conducted in January and all interviews will be conducted remotely via zoom. Interviews are conducted with individual applicants by a panel of no less than three psychology supervisors in a group format. Standardized questions are asked and scored for all candidates interviewed.

Following the completion of the interviews, the Training Committee meets to rank order applicants, which is based on both the submitted application and the interview. The final ranking order is determined by consensus of the Training Committee. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. Following the results of the APPIC Match, a letter confirming the match with Jefferson Center's Psychology Doctoral Internship will be sent to the incoming intern with a copy to the DCT of their program.

Results of the APPIC Match constitute a binding agreement between the matched applicants and the program. However, as stated in our listing in the APPIC directory, final appointment of applicants to the internship at Jefferson Center is contingent on applicants passing a criminal background check. A pre-employment background check is completed on all matched applicants. Felony assault convictions will be considered a failed background check. Federal misdemeanors and misdemeanors are handled on a case-by-case basis.

If not a US Citizen, you will be required to provide documentation to verify eligibility following match and before employment.

Jefferson Center for Mental Health is committed to a safe, healthy, and productive work environment for all employees free from the effects of substance abuse. Abuse of alcohol, drugs, and controlled substances impairs employee judgment, resulting in increased safety risks, injuries, and faulty decision-making. Jefferson Center for Mental Health follows Federal Law regarding cannabis and other drugs. We do not do a pre-employment drug test but all employees may be asked to submit a random urine drug screen should there be indications that substances may be affecting job performance.

COVID-19 Vaccination or an approved medical or religious exemption is required for employment with Jefferson Center for Mental Health. Psychology interns must be fully vaccinated (Received final dose of an authorized COVID-19 vaccine regimen) and provide proof, or have an approved medical or religious exemption, prior to their first day of internship. Information on how to request an exemption will be provided at the time of offer.

Application Process and Selection Criteria for 2023-2024 Training year

Direct Hour Requirements

Total Direct Contact Intervention Hours	Yes	300 hours
Total Direct Contact Assessment Hours	Yes	25 hours

Financial and Other Benefit Support for Upcoming Training Year 2023 - 2024 Full time Interns (2)

Financial and Other Benefit Support for Upcoming Training Year 2022.23

Annual Stipend/Salary for Full-time Interns	\$30,000	
Annual Stipend/Salary for Half-time Interns	n/a	
Program provides access to medical insurance for intern?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If access to medical insurance is provided:		
Trainee contribution to cost required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Coverage of family member(s) available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Coverage of legally married partner available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Coverage of domestic partner available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	160 PAL	
Hours of Annual Paid Sick Leave	0 - included in PAL	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Other Benefits (please describe): Dental insurance, vision insurance, a medical and dependent care flexible spending plan, life insurance, professional liability insurance, short and long-term disability insurance, an EAP program, 12.5 holidays		

Initial Post-Internship Positions

	2018-2021	
Total # of interns who were in the 3 cohorts	6	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	1	
	PD	EP
Community mental health center	1	0
Independent practice setting	2	1
School district/system	1	0

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position in more than one setting, select the setting that represents their primary position.

Thank you for your interest in our internship program. Please feel free to contact Dr. Kathy Baur at (KathyB@icmh.org) with any questions about the Internship Program.

Appendix

- **Training Site Descriptions**
 - **Seminar Schedule from Training Year 2020.2021**
 - **COVID modifications for training year 2019.2020**
 - **COVID modifications for training year 2020.2021**
 - **COVID modifications for training year 2021.2022**
- **Potential COVID modifications for subsequent training years**

Training Site and Rotation Descriptions

The Psychology Doctoral Internship offers six major rotations, including a choice of specialty programs within the Family Services and Adult Outpatient rotations. There are three minor rotations.

Major Clinical Rotations

1. Adult Outpatient – Independence office

Population: Adult Outpatient Services (AOP) is the largest clinical network at Jefferson Center. It provides individual and group therapy to adults 18 – 60 years old who have been diagnosed with a Serious Mental Illness or Severe and Persistent Mental Illness, and who meet a level of acuity appropriate for a relatively brief episode of treatment (approximately 35 sessions annually). The majority of consumers have co-morbid illnesses, including addictions, personality disorders, developmental disorders and medical illnesses, and treatment is integrated and comprehensive.

In Calendar Year (CY) 21, 3,923 clients were served, 84.8% adults and 15.2% children or adolescents. The race/ethnic breakdown of clients was: American Indian = 1.7%, Asian/Pacific Islander = 1.3%, Black/African American = 2.9%, More than One Race = 3.9%, Other = 3.3%, Unknown/Declined = 8.7%, White = 78.3%. Hispanic/Latino Ethnicity = 19.8%

The highest represented diagnoses were Generalized Anxiety Disorder and PTSD. The five most common diagnosis breakdowns were as follows: Major Depressive Disorder, Recurrent (22.6%), PTSD (22.2%), Generalized Anxiety Disorder (15.8%), Bipolar Disorder (10.8%) and Depressive Episode (7.1%).

Training experiences: Interns are responsible for doing same-day intakes to assess needs. Depending on interns' training needs, they may either follow the case or transfer it to another clinician. Interns provide evidence-based treatments for a variety of behavioral health disorders and can participate in a dialectical behavior therapy skills group. Interns participate in team meetings and group supervision.

2. Senior Services Outpatient – North Wadsworth office and Independence office

Population: The Senior Services Program provides clinical services for older adults aged 60 years and older in a variety of settings, including home-based, traditional outpatient, and co-locations throughout the community. This program provides treatment to individuals with a broad range of clinical presentations including adjustment disorders, depression, anxiety, grief/loss, phase of life issues, loss or change of independence and identity, chronic health conditions, as well as older adults with Serious Mental Illness or Severe and Persistent Mental Illness. Through evidenced-based interventions, the mission of the Senior Services Program is to help older adults regain confidence, increase their ability to cope with everyday changes and assist with maintaining health and independence.

In CY 21, 432 clients were served. The race/ethnic breakdown of clients was: American Indian = .7%, Asian/Pacific Islander = 0.7%, Black/African-American = 1.6%, More than One Race = 2.6%, Other = 2.0%, Unknown/Declined = 6.5%, White = 85.9%. Hispanic/Latino Ethnicity = 14.1%.

The highest represented diagnoses were depression and Generalized Anxiety Disorder. The five most common diagnosis breakdowns were as follows: Major Depressive Disorder, Recurrent (27.3%), PTSD (18.9%), GAD (16.5%), Depressive Episode (11.9%), and Bipolar Disorder (11.6%).

Training experiences: Interns will have the opportunity to provide direct clinical services to older adults such as individual, family, and group therapy. Interns will also be responsible for completing intake assessments for individuals who may either become a client or be transferred to another clinician/team, as appropriate. Other training experiences will include case management, leading wellness classes, and collaboration with various community (medical/social) agencies through meetings and presentations. Interns will also participate in team meetings and group supervision.

3. **Integrated Care – Varied Primary Care offices in Jefferson County**

Population: Children, adolescents, and adults who are patients at the primary care office in which the intern will be co-located.

In CY21 the population using Integrated Care Services was 49.7% children or adolescents and 50.3% adults. The ethnic diversity was: American Indian = .8 %, Asian/Pacific Islander = .6%, Black/African American = 1.6%, More Than One Race = 2.4%, Unknown/Declined = 46.9%, White = 44.4%, and Other = 3.3%. Hispanic/Latino Ethnicity = 14.1%.

The most frequent diagnoses were Anxiety Disorders. The five most common diagnosis breakdowns were as follows: PTSD(33.9%), GAD(23.9%), Major Depressive Disorder, Recurrent (11.5%), Depressive Episode (10.2%) and ADHD(8.8%).

Training Experience: Interns are responsible for completing intakes to assess the needs for primary care clinic patients referred via their PCPs and providing brief solution focused interventions. Interns participate in team meetings and collaborate with clinic staff on patient care. Focus of rotation is to train interns to be active participants on a multi-disciplinary team providing a variety of targeted interventions to assist in improving patients overall health.

4. **Family Services Outpatient – Independence office**

Population: Clients are children, adolescents and families.

The number of clients served in CY21 was 1,935 clients. Of those served, 28.5% were adults and 71.5% children or adolescents. The race/ethnic breakdown of

clients was: American Indian = 2.1%, Asian/Pacific Islander = 1.6%, Black/African American = 3.5%, More than One Race = 5.3%, Other = 6.4%, Unknown/Declined = 15.5%, White = 65.4%. Hispanic/Latino Ethnicity = 31.6%.

The most frequent diagnoses were Generalized Anxiety Disorder and PTSD. The five most common diagnosis breakdowns were as follows: PTSD (28.8%), GAD (20.5%), Depressive Episode (17.5%), Major Depressive Episode, Recurrent (13.0%), and ADHD (6.9%)

Training experiences: Interns are responsible for doing same-day intakes to assess the needs of children, adolescents, and their families. Depending on interns' training needs, they may either follow the case or transfer it to another clinician. Interns provide evidence-based treatments for a variety of behavioral health disorders and can participate in a variety of groups. Interns participate in team meetings and group supervision.

5. **Early Childhood Family Services – Union Square office**

Population: Children aged 0-8 and their families.

In CY21, 468 clients were served, 20% adults and 80% children or adolescents. The race/ethnic breakdown of clients was: American Indian = .4%, Asian/Pacific Islander = 1.3%, Black/African American = 1.7%, More than One Race = 6.0%, Other = 10.2% Unknown/Declined = 36.0%, White = 44.3%. Hispanic/Latino Ethnicity = 26.3%.

The most frequent diagnoses were Adjustment Disorder, PTSD and Anxiety Disorder. The five most common diagnosis breakdowns were as follows: PTSD/Adjustment (61.9%), GAD (9.5%), ADHD (3.9%), Mood Disorder(3.6%), and Major Depressive Disorder, recurrent(3.4%).

Training experiences: Interns are responsible for intakes to assess the needs of young children and their parents/caregivers. Interns provide evidence-based treatments (e.g., play therapy, Child Parent Psychotherapy) using a systemic approach for a variety of early childhood mental health disorders, and have the opportunity to participate in parenting education groups and early childhood consultation activities. Interns participate in team meetings and group supervision.

6. **Centro Dones – Alameda office**

Population: For this rotation you must be fluent in Spanish and English. On the Centro Dones rotation interns work with consumers of all ages from early childhood to older adulthood.

In CY21, 149 clients were served, 50.3% adults and 49.7% children or adolescents. The race/ethnic breakdown of clients was: American Indian = 1.3%, Asian/Pacific Islander = 0.0%, Black/African American = 0.0%, More than One Race = 1.3%, Other = 32.2% Unknown/Declined = 25.5%, White = 39.6%.

Hispanic/Latino Ethnicity = 84.6%

The most frequent diagnoses were Generalized Anxiety Disorder and Major Depressive Disorder (Episode), and Major Depressive Disorder (Recurrent). The five most common diagnosis breakdowns were as follows:

PTSD (30.2%), Depressive Episode (21.1%), GAD (17.3%), Major Depressive Episode, Recurrent (15.6%) and ADHD (4.5%).

Training experiences: Interns will provide individual, group, family, case management, and community outreach services to a population that tends to be underserved in multiple ways by multiple services agencies. Consequently, serving Centro Dones consumers entails the provision of mental health interventions, identification and treatment of the impacts of social determinants on health, promotion of well-being, and brokerage of other needed services. Interns will be offered culturally informed supervision with the aim of supporting the delivery of relevant, responsive and effective care.

Minor Rotations

1. Crisis Services – Crisis and Recovery Center

Population: children, adolescents and adults in Jefferson, Gilpin and Clear Creek counties.

In CY21 the population using Walk-In Crisis services was 32.7% children or adolescents and 67.3% adults. The ethnic diversity was: American Indian = 2.0%, Asian/Pacific Islander = 1.3%, Black/African American = 2.8%, More Than One Race = 4.9%, Unknown/Declined = 15.1%, White = 72.1%, and Other = 1.9%. Hispanic/Latino Ethnicity = 20.1%.

The most frequent diagnoses were PTSD and Depression. The five most common diagnosis breakdowns were as follows: PTSD (23.3%), Depressive Episode (16.9%), Major Depressive Disorder, Recurrent (13.2%), GAD(10.8%), and Bipolar Disorder (8.7%)

Training experiences: Interns provide thorough evaluations on clients in crisis at the Jefferson Center's Crisis and Recovery office and at the Juvenile Assessment Center. These evaluations are used to determine appropriate level of care. Evaluations are comprehensive and provide ample justification of their determinations and recommendations, which may include admitting the client to a hospital or alternative facility. Interns function as professionals alongside WIC staff at these various facilities. Many of these crisis evaluations involve use of Motivational Interviewing and a Solution-Focused approach to helping the client develop a safety plan, manage their crisis, and plan for follow-up services. Interns collaborate with clients, family members, and/or other interested individuals. Interns also conduct intakes on clients referred from local psychiatric hospitals.

2 **Psychological Assessment – Independence office – primary location**

Population: Referrals are for all age groups, children through adults for the purpose of differential diagnoses and for treatment recommendations in complex cases.

In CY21 the population using MH Evals/Assessments services was 21.8% children or adolescents and 78.2% adults. The ethnic diversity was: American Indian = 1.1%, Asian/Pacific Islander = .4%, Black/African American = .8%, More Than One Race = 2.4%, Unknown/Declined = 51.2%, White = 42.9%, and Other = 1.1%. Hispanic/Latino Ethnicity = 13.5%.

The most frequent diagnoses were Generalized Anxiety Disorder, PTSD and problems related to other legal circumstances. The five most common diagnosis breakdowns were as follows: PTSD (21.8%), GAD (16.8%), Problems relating to legal circumstances (9.9%), Major Depressive Episode, Recurrent (8.8%), and ADHD (8.8%).

Training experiences: Interns participate in assessment seminars and complete a minimum of 6 integrated batteries over the course of the year.

3. **Innovation/Research – Independence office**

Training experiences: Jefferson Center's internship program supports the continued development and refinement of interns' research skills through promotion of their identity as practitioner-scientists and the integration of research skills with clinical experience. The Innovation Research Rotation facilitates a well-balanced blend between academic research and real-world business applications of program evaluation. Interns will learn important program evaluation skills, such as dissemination and implementation strategies, human centered design thinking skills, and measurement-based outcome research.

2020.2021 Doctoral Internship - Didactic & Seminars				
Date Time	Presenter	Title	Description	Learning Objectives
8/27/2020 10 - 12:30-p	Kirsten Kloock, PsyD	DKEFs Training Part 1	Presentation will cover how to administer and score the DKEFS as well as a discussion of what this tool measures.	<ol style="list-style-type: none"> 1. Understand psychometrics of DKEFS 2. Overview of subtests and what they are meant to measure 3. Observe and practice administering subtests 4. Scoring the DKEFS
8/30/2020	computer based training	Consent to treat and mandatory disclosure	Learn Colorado law regarding obtaining consent to treat and mandatory disclosure	<ol style="list-style-type: none"> 1. learn the legal requirements for mandatory disclosure and proper documentation
8/31/2020 9:30a - 11:30	Kirsten Kloock, PsyD	WRAML training	This training provides overview of the WRAML, psychometric properties, administration, scoring and interpretation	<ol style="list-style-type: none"> 1. Understand psychometric properties of WRAML and how to administer 2. Learn how to score and interpret
9/1/2020 1:00 - 4:30	Joey Pachta, LPC	Avatar Intakes	Understand the intake process at the Center using a remote platform. Learn about risk assessment and treatment planning.	<ol style="list-style-type: none"> 1. Know how to navigate the intake process. 2. Review the importance of risk assessment and how to document.
9/2/2020	computer based training	27-65 law and mental health holds	this training covers mental health holds within the state of Colorado	Understand the requirements for mental health holds in Colorado
9/2/2020	computer based training	HIPPA and Behavioral Health	Overview of HIPPA background and regulations	Understand HIPPA and how it applies to mental health clients and practice at Jefferson Center
9/2/2020 8a - 12p	Kathy Baur, PhD	Acceptance and Commitment therapy	Acceptance and Commitment therapy is a cognitive behavioral approach with the goal of creating psychological flexibility rather than symptom reduction. Looking at Relational Frame theory as the underpinning of ACT, learn how the processes relate to change and practice strategies in class.	<ol style="list-style-type: none"> 1. Understand the underlying theory of ACT. 2. Define the 6 processes of ACT and how they relate to therapy. 3. Demonstrate application of ACT processes in therapeutic setting.
9/2/2020 1 - 3p	Matthew Enright, PsyD Kathy Baur, PhD	Legal and Ethics in the practice of clinical psychology	In this seminar we will discuss Colorado mental health laws and review APA ethical guidelines.	<p>Review, compare, and apply the following:</p> <ol style="list-style-type: none"> 1. APA Ethical Principles of Psychologists and Code of Conduct. 2. Colorado Mental Health Practice Act (C.R.S. 12-43-101, et seq.). 3. Colorado State Board of Psychologist Examiners Regulations (3CCR 721-1). 4. Colorado State Board of Psychologist Examiners Policies.

Date Time	Presenter	Title	Description	Learning Objectives
9/8/2020 9:30 - 12p	Tiffany Shelton, PsyD Priya McLennan, PhD	DKEFs overview	Presentation will cover how to administer and score the DKEFS as well as a discussion of what this tool measures.	1. Understand psychometrics of DKEFS 2. Overview of subtests and what they are meant to measure 3. Observe and practice administering subtests 4. Scoring the DKEFS
9/10/2020	Pearson Webinar	MMPI-3 overview	This presentation will provide a brief overview of the most up-to-date, newly normed version of the MMPI, the MMPI-3. The test co-author will describe the rationale and methods used to develop the MMPI-3, as well as materials available to score and interpret the MMPI-3 in multiple settings including mental health, medical, forensic, and public safety	1. Understand the norming on the MMPI-3 2. Learn the scoring interpretation process with MMPI-3
9/16/2020	computer based training	Behavioral Health Services and the LGBTQ+ Community	This course will help you to improve your ability to understand the unique needs of the LGBTQ+ population and provide affirming care that addresses those needs. We will review some foundational terms and issues pertaining to inclusive language, discuss the barriers that individuals frequently encounter when attempting to access healthcare, and strategies you can implement to help individuals overcome such barriers.	1. Summarize the concerns of the LGBTQ+ community-at-large regarding behavioral health needs and services. 2. Identify specific roadblocks to care, including care for medical and integrated services. 3. Describe outreach efforts and interventions that can assist LGBTQ+ community members to obtain effective healthcare and meet behavioral health needs.
9/21/2020	computer based training	LGBTQ+ Inclusive Care Provider Training: Social and Cultural Foundations	Learn steps you can take right now to become affirming and supportive as a provider. Understand how the intersectionality of identities (race, ethnicity, religion) can create multiple and overlapping oppressions. Recognize the impact of minority stress on LGBTQ+ individuals and the risk of negative health and mental health outcomes.	1. Develop an understanding of LGBTQ+ culture including the terms, symbols, cultural traditions, and rites of passage. 2. Become familiar with the shared histories of LGBTQ+ people and recognize major events in the timeline of LGBTQ+ rights in the United States. 3. Develop an understanding of current issues impacting LGBTQ+ people on a governmental, social, and personal level

Date Time	Presenter	Title	Description	Learning Objectives
9/21/2020	computer based training	LGBTQ+ Inclusive Care Provider Training (2): Human Growth and Development	Review of human development including development of gender and sexual identification.	1. Identify and define key terms related to gender and sexual identity 2. Understand the stages of identity development and how it might correlate to the tasks of childhood, adolescence, adulthood, and late adulthood 3. Explore evidence surrounding social and community norms and expectation as key influences to a person's gender and sexual development
9/21/2020	computer based training	Whole Health Integration	Seminar focuses on the importance of whole health care to address all aspects of a person's life	1. Identify dimensions of wellness and how they relate to mental health
9/21/2020	computer based training	LGBTQ+ Inclusive Care Provider Training: Professional Orientation and Ethical Practice	Explore the importance of inclusive practice as it relates to professional ethics and good client care.	1. Understand the importance of, and how to create an Affirming Clinical Environment, 2. Understand the importance of ethical and competent clinical practice with LGBTQ+ clients 3. Understand best practices for Documentation as it relates to use within Jefferson Center.
9/24/2020 12-1:30	Brandon Ward, PsyD Katie Greisch, PsyD	Introduction to Professional Development Seminar	Discuss the topics of interests for upcoming training year and identify areas for further exploration	1. Introduction to mentors and identify topics for training year
10/1/2020 12:00 - 1:00	Kathy Baur, PhD	Theories and Models of Supervision	Review of current models of clinical supervision exploring similarities and difference. Learn the important differences in how clinical supervision differs from administrative supervision and how to strike a balance. Discuss supervisor transference and countertransference issues and how to explore them with supervisees.	1. Identify the role of supervision in clinical work. 2. Review existing models of clinical supervision. 3. Explore developmental models of supervision. 4. Understand the impact of culture and diversity factors in the supervision relationship.
10/8/2020 10:00 - 11:00	Sari Sukis, LCSW	CAMS: Updated Introduction-2019	Introduction of CAMS as an evidence-based, suicide-specific, therapeutic clinical framework for effectively working with suicidal risk	Learn the basics of CAMS and how it can be used in community mental health
10/3/2020 9:30 - 11:30	Kirsten Kloock, PsyD	DKEFS Part 2	Presentation will cover how to administer and score the DKEFS as well as a discussion of what this tool measures.	1. Understand psychometrics of DKEFS 2. Overview of subtests and what they are meant to measure 3. Observe and practice administering subtests 4. Scoring the DKEFS

Date Time	Presenter	Title	Description	Learning Objectives
10/13/2020 1:00 - 2:30 pm	Priya McLennan, Ph.D. Tiffany Shelton, Ph.D.	Orientation to readings/podcasts. What does leadership mean to them? How does leadership fit into their future goals? What would they like to learn about leadership through this course?	The Leadership Seminar is designed to enhance and build on interns' current leadership abilities. This seminar is intended to help interns explore their leadership capabilities and to expand their capacity to perform in leadership roles within organizations. This session will orient the interns to the monthly leadership seminar which is designed to help interns learn new leadership techniques, refine old skills, reflect on their own personal goals as a leader.	1. Interns will identify their own personal definitions of leadership. 2. Interns will identify how leadership may fit into their future goals. 3. Interns will identify current leadership goals they have for themselves.
10/22/2020 12 - 1:30	Brandon Ward, PsyD Katie Greisch PsyD	Transition from Graduate School to the Professional World -Post Doc exploration	Open discussion of interns' expectations for the training years and what to expect during this important transition year.	1. Explore issues that commonly occur when during the internship year.
10/23/2020 2 - 4p	Post Doc Training Directors in Colorado	Post-Doctoral Panel: Post Doc opportunities in Colorado	Panel of all post doc training directors in Colorado answering questions about their training program and application process	Learn about formal post doc options in Colorado
10/27/2020	computer based training	Gender Affirming Letter Writing	Review of procedures for supportive letter writing for gender affirming care	Learn Center policy and procedures for writing letters in support of client request for gender affirming care with client's health care providers
10/29/2020 8:30 - 10:00	Allyson Drayton, LPC	Cultural Consultation	Ongoing training consultation group to review cultural factors in clinical work	1. Identified and discuss cultural factors in clinical work 2. Reflect on intersectionality of cultural factors for clinicians to enhance work with diverse population
11/1/2020 12:00 - 2:00p	Sari Sukis, LCSW	CAMS: Clinical Demonstration: Session 1	Training that teach to conduct a first session of CAMS using the Suicide Status Form (SSF) for assessment, stabilization planning and the identification of patient-defined suicidal drivers that will be targeted and treated in the course of CAMS-guided care	1. Learn process of engaging in first session of CAMS and practice with other practitioners

Date Time	Presenter	Title	Description	Learning Objectives
11/12/2020 12 - 2p	Tiffany Shelton, Ph.D. Priya McLennan, Ph.D.	Mentorship	Mentorship enhances professional development and gives one the opportunity to learn firsthand by observation and implementation. For developing psychologists, learning about mentorship has faces including learning about the benefits of receiving optimal mentorship from other senior psychologists, as well as learning about the benefits of serving as a mentorship to colleagues and potentially even clients. The nuances of both these roles is an important discussion as it pertains to developing leadership skills as a psychologist.	1. Interns will identify their perspective of receiving mentorship and reflect upon their own experiences of mentorship. 2. Upon reflection of these experiences, interns will assess their own qualifications for the most valuable mentor experiences. 3. Interns will reflect upon and discuss their perspective of themselves as developing mentors to their peers and clients.
11/16/2020	computer based training	Question Persuade Refer (QPR)	This course is designed to teach crisis workers, case managers, first responders, paraprofessionals and residential staff how to interview potentially suicidal persons and determine the immediate risk of suicide, as well as what to do to effectively	1. Be able to use common language and terminology in order to reduce resistance from professionals when making referrals 2.Be familiar with a suicide risk assessment method used by thousands of mental health professionals 3. Understand basic information about the nature of suicide and what people are most at risk of attempting or dying by suicide
11/18/2020 3:00 - 5:00 pm	Joy Wishtun, LPC	Brain Architect Game	The Brain Architecture Game is an engaging, experiential training rooted in developmental science to inform a deeper understanding of experiences as key to shaping a person's brain. By engaging players in a carefully designed, hands-on, group experience, the game helps people see and feel the implications of the science of early brain development. Utilizing teamwork and cooperative play, TBAG will encourage a reflective discussion on a range of early childhood issues, policies, and programs.	1. Understand the importance of experiences on the developing brain 2. Discuss healthy social emotional play and behaviors
11/26/2020		Thanksgiving Break		
12/3/2020 12 - 2	Brandon Ward, PsyD Katie Greisch, PsyD	Postdocs, DORA and Preparing for Licensure	Discussion of next steps after graduation including post-doc positions and licensure.	1. Explore options for the post doc year 2. Understand licensure requirements and DORA regulations

Date Time	Presenter	Title	Description	Learning Objectives
12/10/2020 12:00 - 1:30 pm	Priya McLennan, Ph.D. Tiffany Shelton, Ph.D.	Setting Boundaries	Healthy boundaries are a necessary component for self-care and are often not taught in the professional environment. Within this seminar, interns will reflect on their own personal comfort/discomfort with setting boundaries, learn new techniques for creating professional boundaries, and identify areas where they can begin practicing setting professional boundaries in their current positions.	1. Interns will reflect on their own personal comfort/discomfort with setting boundaries. 2. Interns will learn new techniques for creating professional boundaries. 3. Interns will identify areas where they can begin practicing setting professional boundaries in their current positions.
12/23/2020	Computer based Training	TF-CBT	TF-CBT addresses the multiple domains of trauma impact including but not limited to Posttraumatic Stress Disorder (PTSD), depression, anxiety, externalizing behavior problems, relationship and attachment problems, school problems and cognitive problems. TF-CBT includes skills for regulating affect, behavior, thoughts and relationships, trauma processing, and enhancing safety, trust, parenting skills and family communication.	1. Complete online training to be certified in TF-CBT.
12/30/2020	Computer based Training	CPT	CPT is a manualized therapy used by clinicians to help people recover from posttraumatic stress disorder (PTSD) and related conditions. It includes elements of cognitive behavioral therapy (CBT) treatments. CPT has proven effective in treating PTSD across a variety of populations, including combat veterans, sexual assault victims, and refugees. CPT can be provided in individual and group treatment formats. CPT incorporates trauma-specific cognitive techniques to help individuals with PTSD more accurately appraise these "stuck points" and progress toward recovery.	1. Complete online training to be certified in CPT

Date Time	Presenter	Title	Description	Learning Objectives
1/21/2021 12 - 2	Kirsten Kloock, PsyD	Equity in Psychological Testing: A Historical Perspective	Training discussed the history of psychological testing, with a focus on bias and fairness. They	1.Examine how the early tests were developed and used, the purposes of early testing and the rising awareness of methods to address bias in test development. 2.Develop understanding of inherent bias in testing
1/26/2021 8:30 – 10a	Allyson Drayton, LPC	Cultural Consultation	Peer-led consultation group in discussing various cultural considerations when working with clients and colleagues. The group will seek to improve the quality of care for our diverse clients as well as increase understanding and communication among staff members. Bring a case to discuss, or be available to provide insight and support to your colleagues.	1. Identified and discuss cultural factors in clinical work 2. Reflect on intersectionality of cultural factors for clinicians to enhance work with diverse population
1/29/2021 11:00 - 12:30	Tiffany Shelton, Ph.D. Priya McLennan, Ph.D.	Vulnerability and Leadership	This seminar explores the facets of how vulnerability can aid one's leadership style and development. Discussion of related concerns, fears, and professional expression of vulnerability will help interns develop how they incorporate vulnerability into their own leadership style.	1. Interns will reflect upon their own world view related to the importance of vulnerability when leading. 2. Interns will determine how various leadership styles conflict with the prescription for vulnerability such as authoritarian styles, and brainstorm how to reconcile these conflicts. 3. Interns will identify areas where they can begin practicing vulnerability within their own leadership development.
2/11/2021 12:00 - 1:30	Priya McLennan, Ph.D. Tiffany Shelton, Ph.D.	The Infinite Game	This leadership seminar will explore the differences between an infinite mindset in leadership versus a finite mindset. This seminar will focus on identifying ways in which an infinite mindset can build stronger, more innovative, more inspiring organizations. This seminar will also begin discussing the leadership skills that help a team promote trust and cooperation.	1. Learn to identify the difference between finite and infinite games. 2. Identify finite games and infinite games (values/passions). 3. Identify opportunities where they can cultivate their leadership skills and incorporate some of these techniques that promote trust and cooperation in the organization.

Date Time	Presenter	Title	Description	Learning Objectives
3/11/2021 12:00 - 1:30	Tiffany Shelton, Ph.D. Priya McLennan, Ph.D.	Leadership and World Change	This leadership seminar examines the impact of leadership on world change. Discussion will focus on how psychologist can lead in a way than affects needed world change through micro and macro efforts. Interns are asked to explore their own perspective of psychologist leadership within the domain of world change and consider professional psychologist ethics and values that support their perspective.	1. Interns will identify leadership activities on a micro level through their client work as well as through a macro-lens through efforts such as advocacy that can affect value driven world change. 2. Interns will evaluate which psychologist ethics, codes of conduct, and professional values support psychologist leadership affecting positive world change. 3. Interns will identify areas of opportunity to utilize leadership skills in their current positions to begin practicing professional development and leadership in the arena of affecting world change.
3/24/2021	National Hispanic and Latino MHTTC	Trauma-Focused Cognitive Behavioral Therapy	A culturally adapted therapy to work with Latino Families	1. Learn evidence re telehealth service for underserved Hispanic youth with TF-CBT 2. Learn tips for using telehealth to implement TF-CBT. 3. Learn considerations for TF-CBT use during COVID 4. Identify cultural and linguistic resources re TF-CBT telehealth
3/25/2021	National Hispanic and Latino MHTTC	Supervision as co-vision	A multi-dimensional framework for cultural and social equity in psychotherapy and supervision	Learn the concepts and tools of a Multidimensional Ecological Comparative Approach (MECA) for assessment, treatment and co-vision practices that integrate issues of Migration; Ecological Stressors, Family Organization and Family Life Cycle.
3/31/2021 1:00 - 2pm	Lawrence G. Weiss, PhD	Racial/Ethnic Differences in IQ Test Scores: The Case for Environmental and Social Justice	The presenter will explain that cognitively enriching environments stimulate intellectual growth and development while cognitively impoverishing environments inhibit intellectual development. In addition, compelling data will be presented showing that SES is unequally distributed across racial/ethnic groups, and this intersectionality of class and environmental opportunity is a matter of social justice.	1. Review 12 years of research into differences in Wechsler FSIQ scores between Whites, African Americans, and Hispanics are summarized for WISC®-V, WAIS®-IV, and WISC® -IV both before and after controlling for socioeconomic status (SES). 2. Recommendations for cognitive testing for diverse populations
4/15/2021 12 - 2	Interns	Case presentations to Psych Panel		

Date Time	Presenter	Title	Description	Learning Objectives
4/22/2021 12 - 2	Brandon Ward, PsyD Kelly Naylor PhD	Professional Development	Meredith Smith, PsyD Director Family Services JCMH	1. Interns will review components of specialization in family services 2. Interns will identify their own training needs to better serve families 3. Interns will develop skills on how to resource plan for families and best practices in family therapy treatment
4/29/2021 12 - 2	ADHD webinar	Cultural issues in diagnosing ADHD	Racism, structural bias, and individual discrimination are linked in research new and decades old to adverse health outcomes for racial and ethnic minorities. This is a fact of American medicine. And it plays out every day in the assessment and treatment of attention deficit hyperactivity disorder (ADHD or ADD) in African American children, who are both under-diagnosed with and inadequately treated for the condition.	Learn to skills to work towards more equitable health care, by recognizing issues that impact African American children without assuming that a universal African American experience exists
5/6/2021 12 - 2pm	Kathy Baur, PhD	Models and Theories of Clinical Consultation	Consultation is one of the core roles of a clinical psychologist. An understanding of the underlying theories and models of consultation is critical to providing appropriate and effective service to the consultee. The importance of taking a contextual approach in consultation to provide culturally appropriate services will also be discussed.	1. Learn the basic theories and models of consultation as they relate to psychologists. 2. Understand the application of consultation in a behavioral health setting. 3. Discuss cultural and diversity issues as it applies to consultation – liaison services 3. Identify perceptions of consultation by requesting parties in order to provide appropriate and effective service.
5/13/2021 12 - 2pm	Kelly E. Naylor, PhD	Career Goals and leadership roles	This seminar will focus on change/development of Intern's next steps in their career goals and intentions for leadership roles, based on their growth and learning during the internship training year.	1. Interns will review their personal definitions of leadership determined earlier in the training year and examine how/if those definitions have changed over time. 2. Interns will review career goals and discuss how these have developed over time and due to training experiences. 3. Interns will consider how telehealth practices and pandemic events have shaped their views of services provision and what is possible for research and clinical practices.
5/20/2021 12 – 2p	Interns	Doctoral Interns Dissertation Presentations	Dissertation presentation to Psychologists, externs, and Senior management	

Date Time	Presenter	Title	Description	Learning Objectives
5/25/2021 8:30 – 10a	Allyson Drayton, LPC	Cultural Consultation	Peer-led consultation group in discussing various cultural considerations when working with clients and colleagues. The group will seek to improve the quality of care for our diverse clients as well as increase understanding and communication among staff members. Bring a case to discuss or be available to provide insight and support to your colleagues.	1. Identified and discuss cultural factors in clinical work 2. Reflect on intersectionality of cultural factors for clinicians to enhance work with diverse population
5/27/2021	Brandon Ward PsyD Kelly Naylor PhD	Professional Development	This meeting will review impact of COVID on clinical populations and providers.	1. Interns will review APA research relevant to clinical practice in the time of COVID 2. Interns will review recommendations moving forward in practice and indications of working with specific populations, particularly underserved groups in pandemic times
6/3/2021 12 - 2pm	Kirsten Kloock, Psy.D.	Setting up a private practice for success	This seminar will focus on creating, building, and maintaining a private practice.	1. Discuss the pros and cons of private practice 2. Understanding business models and revenue streams 3. Discuss self-pay vs. insurance
6/10/2021 12pm - 2:00	Priya McLennan, Ph.D.	Leading Without Authority	This seminar explores the skills a leader can incorporate in order to help those around him/her cooperate and collaborate to reach their full potential. It will discuss how changing your mindset towards what Mr. Ferrazzi calls "co-elevation" (working to elevate those around you) can help everyone on the team. Drawing on emerging research in organizational and behavioral psychology, this seminar will discuss important components of leadership which include building trust, creating candor, and driving transparency and purpose.	1. Interns will discuss and identify the difference between leadership that uses authority versus co-elevation. 2. Interns will examine components of their own leadership style that they would like to improve upon in order to lead without authority.
6/10/2021 11:30 – 1:30p	Webinar Legal panel	Subpoenas and Testifying	Legal experts will cover the basics of subpoenas and testifying in court.	1. Learn the different types of subpoenas 2. Understand the difference between expert witness and testimony as a mental health professional

Date Time	Presenter	Title	Description	Learning Objectives
6/17/2021 2-3:30p	Joy Wishtun, LPC	Infant Health	This training will provide an overview of the factors that influence infant and early childhood social emotional health and development, including attachment with caregivers, the importance of serve-and-return, and building an early foundation for healthy social emotional functioning.	1. Outline the important tasks of age 0-3 development 2. Discuss healthy social emotional play and behaviors
6/22/2021 8:30 – 10a	Allyson Drayton, LPC	Cultural Consultation	Peer-led consultation group in discussing various cultural considerations when working with clients and colleagues. The group will seek to improve the quality of care for our diverse clients as well as increase understanding and communication among staff members. Bring a case to discuss or be available to provide insight and support to your colleagues.	1. Identified and discuss cultural factors in clinical work 2. Reflect on intersectionality of cultural factors for clinicians to enhance work with diverse population
6/24/2021 12 - 2pm	Brandon Ward PsyD Kelly Naylor PhD	Professional Development	Kiara Kuenzler, PsyD, Jefferson Center's CEO will lead the discussion	1. interns will state phases moving through different stages of career development
7/8/2021 12 - 2pm	Tiffany Shelton, Ph.D. Priya McLennan, Ph.D. 7/8/2021	Inspiring Action	As a psychologist, an essential component of leading is the ability to inspire change within clients, communities, and professional settings. This leadership seminar will explore tools, mechanisms, and values associated with interacting leadership to inspire action that changes lives for the better.	Interns will reflect upon their own education and experience related to being a catalyst for positive action and evaluate leadership skills that are most effective in doing so.
7/15/2021 12 - 2p	Meghan Pataky, LCSW	Models of Integrated Care	Integrated care has vastly improved accessibility to mental health care by providing services where people are more likely to receive care. This seminar reviews the basic principles of integrated care in a variety of medical settings.	1. Interns will review history of integrated care 2. Interns will learn models of integrated care in current practice. 3. Interns will discuss ongoing challenges of conducting integrated care and how to maintain and grow these services. 4. Interns will review latest related research.
7/22/2021 12 - 2p	Brandon Ward PsyD Kelly Naylor PhD	Professional Development	Explore how spirituality can be incorporated in clinical practice. Guest Speaker Beth Chandler, PhD	1. Explore Dr. Chandler's untraditional career path 2. review Dr. Chandler's expertise in spirituality and clinical work with seniors

Date Time	Presenter	Title	Description	Learning Objectives
7/27/2021 8:30 – 10	Allyson Drayton, LPC	Cultural Consultation	Peer-led consultation group in discussing various cultural considerations when working with clients and colleagues. The group will seek to improve the quality of care for our diverse clients as well as increase understanding and communication among staff members. Bring a case to discuss or be available to provide insight and support to your colleagues.	1. Identified and discuss cultural factors in clinical work 2. Reflect on intersectionality of cultural factors for clinicians to enhance work with diverse population
7/29/2021 12-2 pm	Kathy Baur, Ph.D.	Treating Chronic Pain	Chronic pain can be a complicating factor in many of the clients one treats. It is important to understand the impact of chronic pain on behavioral health disorders and the most effective treatment. Using ACT, an EBP for chronic pain allows one to treat the pain within the overall context of the client's life.	1. Review basic principles of ACT and how they apply to chronic pain 2. Apply MI to ACT interventions to improve adherence to treatment 3. Learn and practice skills to help clients improve overall functioning 4. Look at pain from a contextual perspective
8/12/2021 12 - 2pm	Priya McLennan, Ph.D. Tiffany Shelton, Ph.D.	Reflection	This seminar is ended to help the interns reflect on what they have learned about themselves and the meaning of leadership in general. This seminar will be a reflective exercise that will allow the interns to identify how they have improved as a leader and how they can continue to grow as a leader within the field.	1. Interns will reflect on what they have learned about themselves and the meaning of leadership in general. 2. Interns will identify how they have improved as a leader and how they can continue to grow as a leader within the field.
	Interns	Interns' Research presentation		Final project for the research rotation

Response to COVID-19 by Jefferson Center Internship training program 2019.2020
Jefferson Center Psychology Doctoral Internship follows the guidelines adopted by APPIC as a part of CCTC.

Guiding principles:

- *Safety.* The safety of HSP service recipients, trainees, trainers, and our communities is of utmost importance.
- *Equity.* It is vital to make the HSP recruitment and selection process as accessible and fair as possible for diverse applicants and programs.
- *Ethics.* Reliance on an ethical framework for decision making to guard against bias and lapses during a stressful time when systems and the people in them are taxed.
- *Science.* Use of science, evidence-based findings, and the recommendations of public health experts to inform our process and recommended procedures.

Modifications in training program due to COVID-19 in the 2019.2020 Training Year

Service Delivery Changes:

By mid-March all therapy was being conducted via telephone or zoom and by April all clinicians were converted to zoom for individual therapy. Group therapy was converted to virtual sessions by May with DBT program starting up again for virtual sessions mid-June.

All supervision was completed remotely. All didactics were completed remotely with some in person trainings converted to webinar trainings to address immediate skills for telehealth.

Rotation Changes:

Integrated Care rotation: Due to the UCH/Infectious Disease/HIV clinic mid-March going fully remote, the integrated care rotation was modified. The intern assigned to that rotation was reassigned to a newly developed rotation on the Innovation team and was an integral part of the conversion of services to a video platform. The intern also participated in a virtual group for newly diagnosed patients with HIV with the other intern who had done the integrated care rotation in the fall.

Adult Outpatient (AOP): The intern assigned to the AOP rotation was assigned individual clients, but was unable to do intakes. The DBT group experience was delayed until June 17 rather than beginning in March.

Psychological Assessment: All cognitive assessments were cancelled until mid-June. The required battery of 6 assessments was lowered to 4 and the interns were able to complete social emotional test batteries remotely.

Crisis rotation. This is considered an essential service at the Center. Intern participation on this rotation was delayed until full safety procedure at the Crisis Center was in place.

Changes to the Training Program for the 2020.2021 Training year due to COVID

Onboarding / Orientation: A hybrid of both in person and remote orientation process was used. Opportunities to engage in team building activities with the internship class, supervisors, and assigned team was present throughout the fall/winter in a combination of in person or remote events.

Supervision – All supervision was done remotely until June 2021 with both in person and remote supervision offered.

Didactics/Trainings: Didactics occurred remotely with webinars augmenting regular trainings.

Rotation Changes:

Integrated Care rotation: The return to in person services at the Infectious Disease clinic (IDC) at either full time or part time was delayed in the fall with restricted clinic days due to IDC protocol. Neuropsychological testing requirement was reduced and test administration was done onsite with the clinical interview and feedback sessions occurring remotely. Individual therapy cases remained remote. Interns participated in minor specialty rotation on the Innovative team to augment hours and carried cases from Jefferson Center's Adult Outpatient team where services were delivered remotely.

Adult Outpatient (AOP): The intern assigned to the AOP rotation had the same training opportunities, however, services were delivered remotely. Mid-June services will be provided both remotely and in person.

Psychological Assessment: Following Center protocols and CDC guidelines, in person testing for cognitive testing referrals continued. Social emotional testing, clinical interviews, and feedback sessions occurred remotely. Interns were required to complete 6 psychological assessments over the training year.

Crisis rotation. This is considered an essential service at the Center. Based on interns' preference, another training opportunity was provided in the fall and full return to Crisis training was available by January 2021.

Changes to the Training Program for the 2021.2022 Training Year due COVID

Jefferson Center has adopted a hybrid mode and interns does a combination of remote and in person work. The impact on the training program followed the same modifications that were present for the 2020.2021 Training year.

1. Individual and group therapy will be done using a combination of in person and remote video platform. In person sessions will be done virtually following CDC guidelines.
2. All supervisions will be done in a combination of in person and virtual.
3. Didactics and other trainings will be done both in person and remotely with webinars added to augment training
4. Psychological assessments will continue in person for cognitive and neuropsychological referrals following CDC guidelines for in person testing. Social emotional testing, clinical interviews, and feedback sessions will be done remotely.
5. Crisis Services are considered essential services and in person sessions are conducted following CDC guidelines.

Possible Changes to the Training Program for subsequent training years due to COVID resurgences.

Jefferson Center has adopted a hybrid mode ongoing and interns will do a combination of remote and in person work. The impact on the training program will follow the same modifications that were present for the 2021.2022 Training year.

1. Individual and group therapy will be done using a combination of in person and remote video platform. In person sessions will be done virtually following CDC guidelines.
2. All supervisions will be done in a combination of in person and virtual.
3. Didactics and other trainings will be done both in person and remotely with webinars added to augment training
4. Psychological assessments will continue in person for cognitive and neuropsychological referrals following CDC guidelines for in person testing. Social emotional testing, clinical interviews, and feedback sessions will be done remotely.
5. Crisis Services are considered essential services and in person sessions are conducted following CDC guidelines.