



**PSYCHOLOGY DOCTORAL INTERNSHIP
TRAINING PROGRAM
Brochure
2024.2025 Training Year**

**Application deadline November 16, 2023
Interview Notification date December 6, 2023
Internship Dates: August 13, 2024 through August 12, 2025**

**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 First 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. L.P.
Psychology Doctoral Internship Training Director
Email: KathyB@jcmh.org or
Phone: 720.833.1822

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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 in Colorado serving Jefferson, Clear Creek and Gilpin counties for 65 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 27,000 people in 2022. Located in the Denver metro area, 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. 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 2022, 48% of clients served had Medicaid, 50% had serious mental illness, and 45% of clients 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, and across the lifespan.

In CY22 Jefferson Center's population served was 45% children/adolescents, 51% adults, and 5% seniors. Clients self-identified as 45% male, 55% female. Clients self-identified 45% white, 21% Hispanic, 3% biracial, 2% Black, and 44% declined/unknown. In response to sexual orientation, 55% preferred no label or declined to answer. 37% identified as heterosexual and 8% identified as LGBTQ+. Most clients have multiple diagnoses with 65% reporting depressive disorders, 25% substance use disorders, 17% anxiety disorders, and 13% trauma related disorders.

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 Competencies

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:

Competencies 1:

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

Competencies 2:

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

Competencies 3:

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

Competencies 4:

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

Competencies 5:

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

Competencies 6:

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

Competencies 7:

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

Competencies 8:

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

Competencies 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 mid August and concludes the mid 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

Major Clinical Rotation Options	Description	Length of Rotation	Number of Hours per Week
Family Services	Outpatient services: Intakes, Individual, Family and Group Therapy	6 months	16 – 24
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	12 months	4

	measurement-based outcome research using Center's data		
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- **Supervision: 6 – 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 biweekly** 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" (Performance at Exit Level for a psych Intern & Entry PD) on all items for each competency area on their end-of-year Intern Competency Evaluation
- complete 8 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, technical analyst, 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 \$45,000. 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, 20 days of Personal Annual Leave (PAL) for vacation, personal, or sick leave, 5 floating 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: **5/24/2023**

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 16, 2023** 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 Rorschach's 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 our practitioner-scientist model, and we look for applicants 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 6, 2023**.

Based on the quality of the application and the match between the applicant's training goals and the internship program, approximately thirty 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 internship 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.

Vaccine Requirement:

In partnership with Behavioral Health Entity (BHE), Jefferson Center is complying with a Colorado Department of Public Health and Environment (CDPHE) standard requiring facilities track and report flu vaccine immunization rates for staff and direct contractors and ensure that ninety percent (90%) have received the influenza vaccine during a given influenza season. All employees and new employees hired during the flu season (November 1 through March 31) shall provide Human Resources with proof of immunization, or a medical exemption within 30 days of hire. New employees who do not have proof of immunization are required to wear a surgical or procedure mask when in direct contact with clients and in common areas during influenza season.

COVID 19 vaccinations are no longer required.

Application Process and Selection Criteria for 2024-2025 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 2024 - 2025 Full time Interns (2)

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	\$45,000	
Annual Stipend/Salary for Half-time Interns	n/a	
Program provides access to medical insurance for intern?	Yes	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes	No
Coverage of family member(s) available?	Yes	No
Coverage of legally married partner available?	Yes	No
Coverage of domestic partner available?	Yes	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	160	
Hours of Annual Paid Sick Leave	n/a	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes	No
Other Benefits (please describe): Dental insurance, vision insurance, medical and dependent care flexible spending plan, life insurance, professional liability insurance, short and long-term disability insurance, EAP program, 13 holidays		

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

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2019-2022	
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
Academic teaching	PD = 0	EP = 0
Community mental health center	PD = 3	EP = 0
Consortium	PD = 0	EP = 0
University Counseling Center	PD = 0	EP = 0
Hospital/Medical Center	PD = 0	EP = 0
Veterans Affairs Health Care System	PD = 0	EP = 0
Psychiatric facility	PD = 0	EP = 0
Correctional facility	PD = 0	EP = 0
Health maintenance organization	PD = 0	EP = 0
School district/system	PD = 0	EP = 0
Independent practice setting	PD = 1	EP = 1
Other	PD = 0	EP = 0

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting.

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). Most clients have co-morbid illnesses, including addictions, personality disorders, developmental disorders and medical illnesses, and treatment is integrated and comprehensive.

In Calendar Year (CY) 22, 8323 adult clients were served. The race/ethnic breakdown of clients was: American Indian/Alaska Native = 1.9%, Asian/Pacific Islander = 1.2%, Black/African American = 2.5%, More than One Race = 4.3%, Unknown/Declined = 10.5%, White = 79.6%. Hispanic/Latino Ethnicity = 24.7%. The sexual orientation breakdown of clients was: Heterosexual = 62.5%, Homosexual = 3.1%, Bisexual = 6.7%, Other = 3.6%, Prefer no Label/Declined = 24.1%

The highest represented diagnoses were Generalized Anxiety Disorder and PTSD. The five most common diagnosis breakdowns were as follows: PTSD (30.0%), Generalized Anxiety Disorder (27.9%) Major Depressive Disorder, Recurrent (18.3%), Borderline personality disorder (6.7%), and Bipolar Disorder (6.3%).

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 CY22, 1131 clients were served. The race/ethnic breakdown of clients was: American Indian = .6%, Asian/Pacific Islander = 1.1%, Black/African-American = 1.4%, More than One Race = 2.8%, Unknown/Declined = 12.9%, White = 81.2%. Hispanic/Latino Ethnicity = 14.9%. The sexual orientation breakdown of clients was: Heterosexual = 76.9%, Homosexual = 1.6%, Bisexual = 1.7%, Other = 1.3%, Prefer no Label/Declined = 18.5%

The highest represented diagnoses were Depression and Generalized Anxiety Disorder. The five most common diagnosis breakdowns were as follows: Generalized Anxiety Disorder (27.2), Major Depressive Disorder, Recurrent (21.2%), PTSD (17.3%), Bipolar Disorder (6.7%) and Adjustment disorder with mixed anxiety and depressed mood (5.3%)

Training experiences: Interns will have the opportunity to provide direct clinical services to older adults such as individual 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. Interns must have generalist training.

In CY22, 4422 clients were served. The population using Integrated Care Services was 28.0% children or adolescents and 72.0% adults. The ethnic diversity was: American Indian = 1.2 %, Asian/Pacific Islander = 0.9%, Black/African American = 1.6%, More Than One Race = 2.8%, Unknown/Declined = 33.2%, White = 60.2%. Hispanic/Latino Ethnicity = 21.1%. The sexual orientation breakdown of clients was: Heterosexual = 47.8%, Homosexual = 2.3%, Bisexual = 4.1%, Other = 2.5%, Prefer no Label/Declined = 43.3%

The most frequent diagnoses were Anxiety and Depressive Disorders. The five most common diagnosis breakdowns were as follows: Generalized Anxiety Disorder (19.8%), Unspecified Anxiety Disorder (13.0%), Major Depressive Disorder, Recurrent (8.0%), Unspecified Depressive Disorder (7.3%), and PTSD (4.8%).

Training Experience: Training under an onsite licensed psychologist, 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 CY22 was 3226 clients. Of those served, 39.0% were adults and 61.0% were children or adolescents. The race/ethnic breakdown of clients was: American Indian = 2.3%, Asian/Pacific Islander = 1.5%, Black/African American = 2.2%, Native Hawaiian = 0.1%, More than One Race = 6.0%, Unknown/Declined = 19.5%, White = 68.4%. Hispanic/Latino Ethnicity = 39.0%. The sexual orientation breakdown of clients was: Heterosexual = 34.5%, Homosexual = 2.5%, Bisexual = 8.6%, Other = 5.3%, Prefer no Label/Declined = 49.1%

The most frequent diagnoses were Generalized Anxiety Disorder and PTSD. The five most common diagnosis breakdowns were as follows: Generalized Anxiety Disorder (26.2%), PTSD (26.7%), Major Depressive Disorder, Recurrent (23.4%), Depressive Disorder (19.5%), and ADHD (5.0%)

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 CY22, 438 clients were served, 36.5% adults and 63.5% children or adolescents. The race/ethnic breakdown of clients was: American Indian = 1.8%, Asian/Pacific Islander = 0.7%, Black/African American = 3.7%, More than One Race = 3.9%, Unknown/Declined = 28.8%, White = 61.2%. Hispanic/Latino Ethnicity = 34.9%. The sexual orientation breakdown of clients was: Heterosexual = 33.1%, Homosexual = 1.8%, Bisexual = 6.4%, Other = 3.7%, Prefer no Label/Declined = 55.0%

The most frequent diagnoses were Depressive Disorder and Anxiety Disorder. The five most common diagnosis breakdowns were as follows: PTSD (9.0%), ADHD (8.1%), Generalized Anxiety Disorder (6.3%), Major Depressive Disorder, recurrent (4.5%), and Autism spectrum disorder (3.6%).

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 CY22, 527 clients were served: 77.2% adults and 22.8% children or adolescents. The race/ethnic breakdown of clients was: American Indian = 3.2%, Asian/Pacific Islander = 0.6%, Black/African American = 2.5%, More than One Race = 2.8%, Unknown/Declined = 30.9%, White = 58.6%. Hispanic/Latino Ethnicity = 52.9% The sexual orientation breakdown of clients was: Heterosexual = 59.2%, Homosexual = 3.4%, Bisexual = 5.1%, Other = 2.5%, Prefer no Label/Declined = 28.5%

The most frequent diagnoses were Generalized Anxiety Disorder and Major Depressive Disorder.

The five most common diagnosis breakdowns were as follows: Generalized Anxiety Disorder (27.8%), Major Depressive Disorder, Recurrent (24.1%), Major depressive disorder, single episode (11.1%), Adjustment disorder with mixed anxiety and depressed mood (7.4%) and PTSD (4.6%).

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 CY22 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 sexual orientation breakdown of clients was: Heterosexual = 62.5%, Homosexual = 3.1%, Bisexual = 6.7%, Other = 3.6%,

Prefer no Label/Declined = 24.1%

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 CY22 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 sexual orientation breakdown of clients was: Heterosexual = 62.5%, Homosexual = 3.1%, Bisexual = 6.7%, Other = 3.6%, Prefer no Label/Declined = 24.1%

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.

2022.2023 Didactic and Seminar Schedule

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
8/25/2022 10 - 12:30p	Kirsten Kloock, PsyD	DKEFs Training Part 1	Training 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 		2.5
8/26/2022 2:30 -3:30	computer based training	HIPPA	Overview of HIPPA background and regulations	Understand HIPPA and how it applies to mental health clients and practice at Jefferson Center		1
8/30/2022 8:30a - 10:30	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 		2
8/31/2022 2:00p to 4:00	Matthew Enright, PsyD Jill Kauffman PsyD	Legal and ethical issues for psychologists	Interactive training discussion of Colorado law regarding clinical practice and APA ethics code	Review, compare, and apply the following: <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. 		2

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
September Online Training		LGBTQ+ Inclusive Care Provider Training (1): Social and Cultural Foundations	Introductory course to increase awareness of social and cultural foundations for the LGBTQ+ community and current issues impacting this community.	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. 4. Understand how the intersectionality of identities (race, ethnicity, religion) can create multiple and overlapping oppressions. 5. Recognize the impact of minority stress on LGBTQ+ individuals and the risk of negative health and mental health outcomes. 6. Understand a few steps you can take right now to become affirming and supportive as a provider.		1

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
September Online Training		LGBTQ+ Inclusive Care Provider Training (2): Human Growth and Development	Understand the stages of identity development and how it might correlate to the tasks of childhood, adolescence, adulthood, and late adulthood.	1. Identify and define key terms related to gender and sexual identity 2. Explore evidence surrounding social and community norms and expectation as key influences to a person's gender and sexual development		1
September Online Training		LGBTQ+ Inclusive Care Provider Training (3): Professional Orientation and Ethical Practice	Using the principals of affirming clinical care, understand best practices for Documentation as it relates to use within Jefferson Center.	1. Identify and define key terms related to gender and sexual identity 2. Explore evidence surrounding social and community norms and expectation as key influences to a person's gender and sexual development		1
9/1/2022 1:30p - 5p	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.	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.		3.5

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
9/2/2022 1 - 2p	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.	<ol style="list-style-type: none"> 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 4. Identify perceptions of consultation by requesting parties in order to provide appropriate and effective service. 	<p>* American Psychological Association. Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations. http://www.apa.org/pi/oema/resources/policy/provider-guidelines.aspx. Bower, P. & Gask, L. (2002). The changing nature of consultation-liaison in primary care: bridging the gap between research and practice. <i>General Hospital Psychiatry</i> Volume 24, Issue 2, 63-70.</p> <p>* Brown, D., Pryzwansky, W. B., & Schulte, A. C. (2001). <i>Psychological consultation</i> (5th ed.). Boston, MA: Allyn and Bacon.</p> <p>Dougherty, A. M. (2000). <i>Psychological consultation and collaboration</i> (3rd ed.). Belmont, CA: Wadsworth/Thomson Learning.</p>	1

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
					Kirmayer, LJ, Groleau, D., Guzder, J., Blake, C., & Jarvis, E. (2003). Cultural Consultation: A model of Mental Health Service for Multicultural Societies. * Gillies, D., Buykx, P., Parker, AG., Hetrick, SE. (2015). Consultation liaison in primary care for people with mental disorders. Medline. Cochrane Database Syst Rev. 2015 Sep 18;(9):CD007193 . doi: 10.1002/14651858.CD007193.pub2. Mattan, Rowena and Isherwood, Tom (2009) A Grounded Theory Investigation of Consultees' Perception and Experience of Psychological Consultation. Mental Health and Learning Disabilities Research and Practice, 6 (2). pp. 169-183. ISSN 1743-6885	

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
9/2/2022 2:00p - 4:00	Kathy Baur, PhD	Theories and Models of Clinical Supervision	Review of current models of clinical supervision exploring similarities and differences. 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.	<ol style="list-style-type: none"> 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. 	<p>Evidence-based practice in psychology. American Psychological Association Presidential Task Force on Evidence-Based Practice Washington DC US American Psychologist, Vol 61(4), May-Jun 2006, 271-285. http://dx.doi.org/10.1037/0003-066X.61.4.271</p> <p>Bernard & Goodyear, B. (1998). Fundamentals of Clinical Supervision. (2nd ed.). Boston: Allyn & Bacon.</p> <p>Bernard, J. M., & Goodyear, R. K. (2009). Fundamentals of clinical supervision (4th ed.). Needham Heights, MA: Allyn & Bacon.</p> <p>Falender, C. A., & Shafranske, E. P. (2004). Clinical supervision: A competency-based approach. Washington, DC: American Psychological Association.</p>	2

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
					<p>Friedlander, M & Ward, L (1984). Development and validation of the Supervisory Styles Inventory. Journal of Counseling Psychology, Vol 31(4), Oct 1984, 541-557.</p> <p>Friedlander, M & Ward, L (1984). Development and validation of the Supervisory Styles Inventory. Journal of Counseling Psychology, Vol 31(4), Oct 1984, 541-557.</p> <p>Liese, B. S., & Beck, J. S. (1997). Cognitive therapy supervision. In C. E. Watkins, Jr. (Ed.), Handbook of psychotherapy supervision (pp. 114-133). New York: John Wiley & Sons.</p> <p>McLeod, S.A. (2010). Kolb's Learning Style. Retrieved October 30, 2014 from http://www.simplypsychology.org/learning-kolb.html</p>	

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
9/6/2022 1 - 3:30	Tiffany Shelton, PhD	DKEFs Training Part 2	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 		2.5
9/9/2022 9 - 11	Allyson Drayton, LPC	Avatar Caseload management	Overview of how to efficiently manage caseloads in EMR	<ol style="list-style-type: none"> 1. Understand the importance of balancing schedule to provide best clt care 2. Learn how to manage calendar 		2
9/22/2022 3:00 -5:00 pm	Tiffany Shelton, Ph.D.	Orientation to Leadership Seminar. What does leadership mean to you? How does leadership fit into your future goals? What would you 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	<ol style="list-style-type: none"> 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. 		2

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
			on their own personal goals as a leader.			
9/23/2022 3:30 - 5pm	organizer: Dr. Glover	Intern Racial Identify Caucusing Session 1/6	Interactive group process to explore racial identity as it pertains to internalized messages to improve inclusive communications and environments	<ol style="list-style-type: none"> 1. Build antiracist collectives that can work together to dismantle racism. 2. Allow the two groups to better understand & deal with racism within our respective groups, larger institutions, and the world. 3. To improve wellbeing, communication, and inclusion among interns and faculty 		1.5
9/29/2022 2:30 - 4:00	Jamila Holcomb, Ph.D., LMFT	Understanding how Trauma impacts Black communities	<p>Racism, whether unconscious or overt, has long-term impacts on the mental and behavioral health of Black communities. While and racial injustice protests may have brought on new trauma, years of systematic racism, discrimination, and microaggressions have forced Black communities to live in a constant state of high alert, causing traumatic stress.</p>	<ol style="list-style-type: none"> 1. Understand how racial trauma affects the mental, emotional, and physical health of the Black community 2. The impacts racial discrimination can have on Black youth and emerging adults 3. Strategies to help clinicians and organizations better connect with their Black clients 4. How organizations can help all staff members understand their own implicit bias 		1.5

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
October online training		Dialectical Behavioral Therapy: An Introduction	This course introduces the origins and theoretical underpinnings of DBT. You will learn about the structure and processes involved in conducting DBT as well as the evidence supporting this approach. You will also learn the strategies DBT facilitators use to engage people, and you will be guided through the key elements of the DBT skill-based treatment modules. This course is designed to help you avoid common pitfalls in dealing with individuals who have difficulties regulating emotions. The course concludes with a discussion of the primary therapeutic strategies used in DBT and the core qualifications of DBT providers.	<ol style="list-style-type: none"> 1. Describe the core principles and treatment strategies used in DBT. 2. List primary applications where DBT is effective. 3. Explain how the 4 psychosocial skills modules are used in DBT. 		1.5

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
October online training		Dialectical Behavioral Therapy: Advanced Techniques	This course assumes the learner has foundational knowledge of DBT theory and concepts, and it presents advanced concepts related to the theory and treatment components of DBT as it is used with specific populations and in various settings. The course is designed to impart knowledge about advanced DBT skills, but it does not replace live training or constitute DBT certification. To apply these principles ethically, you must have appropriate live training and supervision in addition to taking this online course.	1.learn how to conceptualize cases within a DBT framework 2.understand how to optimize treatment through the DBT structure 3.Learn how to apply advanced techniques for common challenges.		1.3

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
10/13/2022 2:30 - 4:30	Sharon Stremel, PsyD Esther Weiner, PsyD Maria Kraemer, M.A.	Exploring Post Doc options for after the internship year	Discussion of career goals and post doc options to assist in launching an early career psychologist	<ol style="list-style-type: none"> 1. Discuss pros and cons of formal and informal post docs 2. Explore how post doc year can support career goals 3. Identify important questions to ask at the post doc symposium to determine if a site is a good fit 4. Understand licensure requirements and DORA regulations 		2

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
10/17/2022 2:30 - 4:30 pm	Tiffany Shelton, Ph.D.	Leadership Seminar - Mentorship	Mentorship enhances professional development and gives one the opportunity to learn firsthand by observation and implementation. For developing psychologists, learning about mentorship has many 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 mentor 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.	<ol style="list-style-type: none"> 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. 		2
10/21/2022 2 - 4pm panel 4 - 5p networking	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		2

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
10/26/2022 2:30 - 4p	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.	<ol style="list-style-type: none"> 1. Review history of integrated care 2. Learn models of integrated care in current practice. 3. Discuss ongoing challenges of conducting integrated care and how to maintain and grow these services. 4. Review latest related research. 	Slatterly, Leon (2008). Queensland Health Practice Supervision Program for Mental Health Practitioners. Retrieved October 28, 2014	1.5
10/27/2022 1 - 4:30pm	Kathy Baur, PhD	Acceptance and Commitment therapy Part 2	This training builds on the skills learned in Part I to learn how to apply ACT in case conceptualizations and more advanced skills. Training will include using ACT with adolescents, exposure therapy, and in group settings.	<ol style="list-style-type: none"> 1. Apply ACT to case conceptualizations to guide ACT processes 2. Learn and practice advanced ACT skills 3. Understand how to apply ACT with specialized populations and settings 		3.5
10/27/2022 1 - 5	PITDOC	Racial identity Caucusing Session 1	Interactive group process to explore racial identity as it pertains to internalized messages to improve inclusive communications and environments	<ol style="list-style-type: none"> 1. Build antiracist collectives that can work together to dismantle racism. 2. Allow the two groups to better understand & deal with racism within our respective groups, larger institutions and the world. 3. To improve wellbeing, communication, and inclusion among residents and faculty 	Stoltenberg, C. D., McNeil, B., & Delworth, U. (1998). IDM Supervision: An Integrated Developmental Model for Supervising Counselors and Therapists. Jossey-Bass Publishers, San Francisco, CA	1.5

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
10/28/2022 3:30 - pm	organizer: Dr. Glover	Intern Racial identify Caucusing Session 2/6	Interactive group process to explore racial identity as it pertains to internalized messages to improve inclusive communications and environments	<ol style="list-style-type: none"> 1. Build antiracist collectives that can work together to dismantle racism. 2. Allow the two groups to better understand & deal with racism within our respective groups, larger institutions, and the world. 3. To improve wellbeing, communication, and inclusion among interns and faculty 		1.5
November online training		Question Persuade Refer (QPR)	QPR stands for Question, Persuade, and Refer — the 3 simple steps anyone can learn to help save a life from suicide.	<ol style="list-style-type: none"> 1.How to Question, Persuade and Refer someone who may be suicidal 2.How to get help for yourself or learn more about preventing suicide 3.The common causes of suicidal behavior 4.The warning signs of suicide 5.How to get help for someone in crisis 	Weinert, Franz E. Rychen, Dominique Simone (Ed); Salganik, Laura Hersh (Ed), (2001). Concept of competence: A conceptual clarification. Defining and selecting key competencies. , (pp. 45-65). Ashland, OH, US: Hogrefe & Huber Publishers, xii, 251 pp.	1.5
11/3/2022 2:30 - 4:30	Brandon Ward, PsyD Sharon Stremel PsyD	Professional Development Transition from Graduate School to the Professional World	It is important for leadership development for psychologists to have an understanding of our personal strengths and how to use them effectively. In this seminar we will explore strengths identified using	<ol style="list-style-type: none"> 1. Introductions of Seminar, mentors, and participants. 2. Identify interns' goals and interests for seminar topics. 3. Identify your personal strengths and explore how they impact your professional and personal goals. 		2

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
			Strength Finder 2.0			
11/10/2022 2:30 - 4:30	Danielle Gapinski, LPC NCC	Working with older adults and suicidal ideation	With the overall population of older adults growing exponentially in the coming years, it is critical to review and discuss suicidal ideation as it relates to this age group. Factors including but not limited to social isolation, physical health conditions, grief and loss, and many others play a role in suicidal ideation and completion rates of this population.	<ol style="list-style-type: none"> 1. Review the statistics of suicide rates nationally and locally for older adults with an emphasis on cultural impacts and intersectionality 2. Learn how to identify SI in the older adult population and how it may differ from younger age groups 3. Utilizing meaning-making and existential approaches with passive SI 4. Identify resources to explore with older adults experiencing SI 5. Look at case examples to practice identifying SI and approaches 		2
		Thanksgiving Break				
December	computer based training	Gender Affirming Letter Writing	Review of procedures for supportive letter writing for gender affirming care	learn policy and procedures for writing letters in support of client request for gender affirming care with client's health care providers		1

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
Relias	Jamila Holcomb, Ph.D., LMFT	Understanding how Trauma impacts Black communities	<p>Racism, whether unconscious or overt, has long-term impacts on the mental and behavioral health of Black communities. While and racial injustice protests may have brought on new trauma, years of systematic racism, discrimination, and microaggressions have forced Black communities to live in a constant state of high alert, causing traumatic stress.</p>	<ol style="list-style-type: none"> 1. Understand how racial trauma affects the mental, emotional, and physical health of the Black community 2. The impacts racial discrimination can have on Black youth and emerging adults 3. Strategies to help clinicians and organizations better connect with their Black clients 4. How organizations can help all staff members understand their own implicit bias 		1
12/15/2022 2:30 p - 4:30p	Tiffany Shelton, Ph.D.	Leadership Seminar - Setting Boundaries	<p>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</p>	<ol style="list-style-type: none"> 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. 	Michelle Obama Podcast: Episode 7: Part 1: Working Women: Valerie Jarrett and the Importance of Mentorship	2

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
			setting professional boundaries in their current positions.			
12/1/2022 2:30p - 4:30p	Shannon Cosentino PsyD Sharon Stremel, PsyD	Forensic Assessment and Board Certification process	Many psychologists believe their career opportunities are limited to employment in an agency or a solo clinical private practice. This seminar will present options for creating unique opportunities to build a career as an independent assessment specialist and/or consultant in the forensic world.	<ol style="list-style-type: none"> 1. Understand options for career opportunities in Forensic Psychological Assessments. 2. Learn strategies for marketing yourself as an assessment psychologist. 3. Learn how to develop a niche market for yourself as a psychologist, rather than work in a traditional structured position or private clinical practice. 4. Learn about the process to become board certified with Psy Pact and be able to practice across state lines. 		2
12/9/2022 3:30 - 5:00	organizer: Dr. Glover	intern racial identify caucusing 3/6	Interactive group process to explore racial identity as it pertains to internalized messages to improve inclusive communications and environments	<ol style="list-style-type: none"> 1. Build antiracist collectives that can work together to dismantle racism. 2. Allow the two groups to better understand & deal with racism within our respective groups, larger institutions, and the world. 3. To improve well being, communication, and inclusion among interns and 		1.5

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
				faculty		
12/15/2022 2:30 - 4:30	Tiffany Shelton, Ph.D.	Leadership Seminar: Vulnerability in 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.	<ol style="list-style-type: none"> 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. 	Coaching for Leaders Podcast: Lois Frankel: How to Say No Without Saying No	2

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
	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.	TFCBT-Web (musc.edu)	3

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
	Computer based Training	CPT	<p>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.</p>	<p>1. Complete online training to be certified in CPT</p>	<p>https://cpt2.musc.edu/</p>	3

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
12/26/22 through 12/29/22	Lane Pederson, PhD	2 Day DBT Intensive	This intensive training explores DBT's theoretical basis, specific DBT interventions, and how to teach skills in individual and group settings. Familiarity with these skills and techniques along with experiential exercises will enhance your clinical skills and professional development.	<ol style="list-style-type: none"> 1. Understand clinical process and content of DBT 2. Learn essentials such as validation, dialectical strategies, & communication styles 3. Apply DBT skills to assist clients in the change process 	-	11
1/12/2023 2:30 - 4:30	Kirsten Kloock, PsyD	Equity in Psychological Testing	Review of psych assessment examining issues of current norms and test development with diverse populations	<ol style="list-style-type: none"> 1. Develop understanding of inherent bias in testing 2. Explore how to address test biases when developing test batteries and taking a more contextual approach to assessment 		2

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
1/19/2023 2:30 - 4:30	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.	<ol style="list-style-type: none"> 1. The interns will learn to identify the difference between finite and infinite games. 2. The interns will identify their own finite games and infinite games (values/passions). 3. Interns will identify opportunities where they can cultivate their leadership skills and incorporate some of these techniques that promote trust and cooperation in the organization. 	1) Infinite game: https://www.youtube.com/watch?v=tye525dkfi8&t=252s 2) Empathy: https://www.youtube.com/watch?v=IjyNoJCAuzA	2
1/26/2023 2:30p 4:30p	Elizabeth Shumann, MD	Psychopharmacology for children and adolescents	This class is an overview of psychopharmacology for adolescents and children with behavioral health disorders. Basic classes of medications will be reviewed along with the research supporting their use on and special concerns for younger populations.	<ol style="list-style-type: none"> 1. Understand the different classes of medication for behavioral health disorders. 2. Learn the basic mechanisms by which these medications work, their contraindications, and special concerns with youth. 		2

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
2/2/2023 2:30 - 4:30	Sharon Stremel, PsyD	Careers in Community Mental Health	Discuss traditional and non-traditional career paths within CMHCs. Discuss how flexibility and initiative can lead to roles one might not have previously considered.	<ol style="list-style-type: none"> 1. Learn about the different types of clients served and community collaborations that exist in the CMHC setting. 2. Learn about different professional opportunities and roles available to psychologists across different settings and populations in CMHCs. 3. Learn ways psychologists can develop new opportunities for themselves and their communities through a CMHC setting. 		2
2/9/2023 2:30 - 4:30 pm	Tonya Grieb, MA Emily Turinas, MA	Dissertation presentation	Presentation of Dissertations by the Psychology Interns			
2/17/2023 12 - 1pm		A Social Justice Approach to Black Mental Health	The purpose of this training is to provide an overview of how inequity, implicit bias, and systemic racism has influenced the development of mental health disparities in the Black/African American community. Basic strategies for moving beyond cultural competency will be introduced.	<ol style="list-style-type: none"> 1. Understand how implicit bias and systemic racism impact Black/African American communities and your clients. 2. Learn strategies to acknowledge and address these factors in your work and world 		1

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
2/16/2023 2:30 - 4:30	Tiffany Shelton, PhD	Leadership Seminar - Leadership and World Change	This leadership seminar examines the impact of leadership on world change. Discussion will focus on how psychologists can lead in a way that 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.	<ol style="list-style-type: none"> 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. 		2

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
2/24/2023 3:30 - 5 p	organizer: Dr. Glover	intern racial identify caucusing 4/6	Interactive group process to explore racial identity as it pertains to internalized messages to improve inclusive communications and environments	1. Build antiracist collectives that can work together to dismantle racism. 2. Allow the two groups to better understand & deal with racism within our respective groups, larger institutions, and the world. 3. To improve wellbeing, communication, and inclusion among interns and faculty	https://brenebrown.com/podcast/brene-with-ibram-x-kendi-on-how-to-be-an-antiracist/Recovering from Mistakes: Race and medicine	1.5
3/2/2023 2:30p - 4:30p	Sharon Stremel, PsyD Harlan Austin, PhD (tentative)	Professional Development t Early Career Psychologist : Planning for a successful career	Discuss how a broad training background and creative thinking can contribute to increased career options.	1. Examine how generalist training can benefit the post doc search . 2. Explore post doc strategies as part of career development strategies		2
3/9/2023 2:30 - 4:30 p	Esther Weiner, PsyD	White Racial Identity in the Therapy Room	This training will allow participants to further explore their racial identity, learn research on White normativity, discuss implications of and ways to navigate White clinician-White client dyads, and identify tools to use in continuously building an antiracist lens in their professional and personal practice.	1. Participants will be able to define White normativity and identify 3 ways it impacts the field of psychology. 2. Participants will be able to apply concepts and tools to a clinical vignette. 3. Participants will be able to describe one goal for applying knowledge and tools in their clinical work.		2

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
3/16/2023 2:30 - 4:30 pm	Allyson Drayton, LPC	Assessing Racial Trauma	In 2020, The Center for the Study of Hate and Extremism found that hate crimes are at their highest level in a decade with Black/African Americans being the most targeted group. However, while Post-Traumatic Stress Disorder (PTSD) is commonly assessed and treated, the ambiguous nature of race-based trauma has meant that mental health professionals often lack appropriate tools to assess and treat racial trauma in their clients.	<ol style="list-style-type: none"> 1. Become familiar with clinical tools used for the assessment of racial trauma 2. Learn how to differentiate between racial trauma and PTSD 3. Become familiar with biopsychosocial factors that influence the development of racial trauma 		2

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
3/23/2023 2:30 - 4:30	Tiffany Shelton, Ph.D.	Leadership Seminar: How to lead in a divided world	This leadership seminar examines how to navigate leadership in a polarized world. Discussion will focus on leading amongst a myriad of different political opinions, personal values, visions for the future, and religious beliefs. Interns will be asked to explore how they can show up with integrity and incongruence with who they are while also respecting others	1. Interns will learn strategies for leading with tolerance and authenticity to their own values 2. Interns will evaluate how they can lead with integrity in polarized world 3. Interns will identify growth areas for leading with authenticity amongst a myriad of opinions.	Interview with Barack Obama: https://www.youtube.com/watch?v=9buDC32fKw0 OR https://www.youtube.com/watch?v=iKsz9pd3Kqs	2
3/30/2023 2:30 - 4:30	Kathy Baur, PhD	Panic Control Therapy 1	Panic Control Therapy is an EBP using an exposure protocol to address sx of panic and agoraphobia. In session 1 we will be reviewing theory and data supporting the use of PCT with clts who experience panic	1. Understand underlying theory and research behind PCT 2. Learn relationship between diathesis stress model and panic disorder 3. Learn protocol procedures and important therapist behaviors 4. Review of tracking procedures	Craske, M. G., & Barlow, D. H. (2022). <i>Mastery of Your Anxiety and Panic Therapist Guide</i> (Fifth). Oxford Press. Craske, M. G., & Barlow, D. H. (2022). <i>Mastery of Your Anxiety and Panic: Workbook</i> (Fifth). Oxford Press.	2

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
April Online Training	Relias	Best Practices in Suicide Screening and Assessments	Suicide remains a leading cause of death in the US and across age groups it is the 10th leading cause of death. It is the first leading cause of death in individuals ages 10 - 34. From 2006 to the present time, suicide rates have increased by 2% a year underlining the importance of practicing effective assessment for suicide when working with clinical populations.	1. Recognize risk and protective factors in suicide 2. Learn how to effectively screen and identify individuals at risk of suicide 3. Summarize major components of a comprehensive suicide assessment		2

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
4/6/2023	Sharon Stremel, PsyD Kiara Kuenzler, PsyD	Opportunities for Psychologists to Impact Policy and Legislation in Mental Health.	Learn about the importance of working with state and local leaders to improve the impact of community mental health.	<ol style="list-style-type: none"> 1. Interns will understand the impact that decisions made on state and local levels affect the ability of CMHCs to function and provide the services needed by our communities. 2. Interns will understand the importance of collaborating with community organizations, lobbying groups, advocacy groups, and state and local officials to effectively impact funding and legislation for CMHCs. 3. Interns will learn about ways psychologists at any level can have an impact or policy and legislation. 		1.5
4/13/2023 2:30 - 4:30	Kathy Baur, PhD	Panic Control Therapy 2	PCT session 2 training focus on reviewing structuring sessions and teaching	<ol style="list-style-type: none"> 1. Learn how to structure sessions over the course of the protocol 2. Strategize how to support clients in tracking requirement 3. Practice teaching breathing and cognitive skills to clients 	Craske, M. G., & Barlow, D. H. (2022). <i>Mastery of Your Anxiety and Panic Therapist Guide</i> (Fifth). Oxford Press. Craske, M. G., & Barlow, D. H. (2022). <i>Mastery of Your Anxiety and Panic: Workbook</i> (Fifth). Oxford Press.	2

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
4/21/2023 3:30p- 5 p	organizer: Dr. Glover	intern racial identify caucusing 5/6	Interactive group process to explore racial identity as it pertains to internalized messages to improve inclusive communications and environments	1. Build antiracist collectives that can work together to dismantle racism. 2. Allow the two groups to better understand & deal with racism within our respective groups, larger institutions, and the world. 3. To improve wellbeing, communication, and inclusion among interns and faculty		1.5
4/20/2023 2:30 - 4:30 pm	Tiffany Shelton, Ph.D.	Leadership Seminar: Authentic Leadership	This leadership seminar examines how to navigate leadership with authenticity. Discussion will focus on how authenticity can help lower stress as a leader and lead to more impact. Interns will be asked to continue to explore how they can show up authentically as a leader.	1. Interns will learn strategies for leading with authenticity. 2. Interns will evaluate their own comfort levels with authentically leading. 3. Interns will identify strategies to further their authentic leadership skills.		2
4/27/2023 2:30p - 4:30 p	Tonya Grieb MA & Emily Turinas MA	Case presentation	Interns' presentation of an assessment case in partial fulfillment of internship requirements			

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
5/4/2023 2:30p - 4:30 p	Jody Lovejoy, PsyD, LCSW	Careers in Private Practice and Assessment in clinical practice.	Creating an Operational Business Plan, Pricing, Consent and Agency, Malpractice, Marketing and Financial Planning	1. Students will be able verbalize what they need to set up a private practice and what resources they must employ to guard against malpractice claims. 2. Students will understand logistical considerations as well as the importance of a sound clinical assessment (in terms of treatment planning as well as documentation and risk management).		2

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
5/11/2023 2:30p - 4:30p	Kathy Baur, PhD	Panic Control Therapy 3	Panic Control Therapy is an EBP using an exposure protocol to address sx of panic and agoraphobia. In session 3 we will be focusing on principles of exposure and interoceptive exposure.	1. Review research of PCT with diverse populations 2. Review principles of exposure 3. Learn interoceptive exposure protocol 4. Practice interoceptive exercises	Craske, M. G., & Barlow, D. H. (2022). <i>Mastery of Your Anxiety and Panic Therapist Guide</i> (Fifth). Oxford Press. Craske, M. G., & Barlow, D. H. (2022). <i>Mastery of Your Anxiety and Panic: Workbook</i> (Fifth). Oxford Press. Sanderson, W. C., Raue, P. J., & Wetzler, S. (1998). The generalizability of cognitive behavior therapy for panic disorder. <i>Journal of Cognitive Psychotherapy</i> , 12(4), 323–330. https://doi.org/10.1891/0889-8391.12.4.323 Mendoza DB, Williams MT, Chapman LK, Powers M. Minority inclusion in randomized clinical trials of panic disorder. <i>J Anxiety Disord</i> . 2012 Jun;26(5):574-82. doi: 10.1016/j.janxdis.2012.02.011. Epub 2012 Feb 13. PMID: 22445317.	2

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
5/18/2023 2:30p - 4:30p	Tiffany Shelton, 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.		2

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
5/19/2023 3:30 - 5pm	organizer: Dr. Glover	intern racial identify caucusing 6/6	Interactive group process to explore racial identity as it pertains to internalized messages to improve inclusive communications and environments	1. Build antiracist collectives that can work together to dismantle racism. 2. Allow the two groups to better understand & deal with racism within our respective groups, larger institutions, and the world. 3. To improve wellbeing, communication, and inclusion among interns and faculty		1.5
5/25/2023 2:30 - 4:30	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		2
6/1/2023 2:30 - 4:30	Kathy Baur, PhD	Panic Part 4	Panic Control Therapy is an EBP using an exposure protocol to address sx of panic and agoraphobia. In session we will be focusing on in vivo exposure for agoraphobia and ongoing maintenance after protocol completion.	1. Learn in vivo exposure protocol for agoraphobia 2. Practice creating in vivo exercises for agoraphobia 3. Review process for assisting clients to maintain gains	Craske, M. G., & Barlow, D. H. (2022). Mastery of Your Anxiety and Panic Therapist Guide (Fifth). Oxford Press. Craske, M. G., & Barlow, D. H. (2022). Mastery of Your Anxiety and Panic: Workbook (Fifth). Oxford Press.	2

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
6/15/2023 2:30-4:30	Tiffany Shelton, Ph.D.	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 enacting 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.	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.	Coaching for Leaders Podcast: Keith Ferrazzi - Leading Without Authority	2
6/29/2022		Fourth of July break				
7/13/2023 12:00 - 12:15p	Tonya Grieb and Emily Turinas		Intern research presentation	Final project for the research rotation		

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
7/12/2023 11:30 - 1pm	Sharon Stremel, PsyD Laurie Ivey, PsyD	Professional Development creating Community and Networking	<p>Professional networking is important for all aspects of a psychologist's career. Networking not only helps individuals with obtaining jobs and building practices, but also ensures a network for professional consultation and personal support. We will discuss all aspects of networking and professional community building, with the goal of helping interns begin to vision how they will build their own networks over the next 3-5 years.</p>	<ol style="list-style-type: none"> 1. Interns will understand importance of building and sustaining a professional network 2. Interns will garner ideas about networking on local, state, and national level 3. Interns will gain understanding of academic track/promotion track and how to manage professional accomplishments 4. Interns will begin to think about their own future path and what building blocks they will develop/implement in the next 3-5 years 		2

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
7/20/2023 2:30-4:30PM	Tiffany Shelton, Ph.D.	Leadership Seminar: Advancing your career	This seminar explores how to advance your career as a leader in psychology. Discussion will focus on how to navigate next steps in their psychology careers and how to begin to establish themselves as leaders in our field. Interns will be asked to create a working plan of how they will achieve their career aspirations, foster strong relationships, and lay the foundation as an impactful leader.	<ol style="list-style-type: none"> 1. Interns will learn strategies to support their career aspirations 2. Interns will gain leadership consultation for their specific working career plan. 	https://www.ted.com/talks/simon_sinek_how_great_leaders_inspire_action?language=en	2
8/3/2023 2:30 - 4:30 pm	Sharon Stremel, PsyD; Stephanie Johnson, LMFT	Professional Development	Discuss what couples therapy work looks like in outpatient practices. Discuss goals of couples therapy and the role of the couples therapist. Discuss contraindications to couples therapy.	<ol style="list-style-type: none"> 1. Learn different modalities of couples therapy and the benefits/drawbacks of each 2. Learn how one would get trained in these modalities. 3. Learn difficulties and joys of working with this population 	-	2

Date Time	Presenter	Title	Description	Learning Objectives	References	HRS
8/10/2023 2:30 - 4:30p	Tiffany Shelton, Ph.D.	Reflection	This seminar is intended 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.		2
					Total Hours	128

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.

Vaccination Requirements

COVID 19 vaccinations are no longer required by Jefferson Center.

Flu vaccination requirement

In partnership with Behavioral Health Entity (BHE), Jefferson Center is complying with a Colorado Department of Public Health and Environment (CDPHE) standard requiring facilities track and report flu vaccine immunization rates for staff and direct contractors and ensure that ninety percent (90%) have received the influenza vaccine during a given influenza season. All new employees hired during the flu season (November 1 through March 31) shall provide Human Resources with proof of immunization, or a medical exemption within 30 days of hire. New employees who do not have proof of immunization are required to wear a surgical or procedure mask when in direct contact with clients and in common areas during influenza season.

Changes to the Training Program During the COVID pandemic

As a result of the COVID pandemic Jefferson Center has adopted a hybrid mode and interns do a combination of remote and in person work.

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 supervision 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.