



**DOCTORAL PSYCHOLOGY INTERNSHIP
TRAINING PROGRAM
Brochure
2021 – 2022**

**Application deadline November 20, 2020
Interview Notification date December 10, 2020
Internship Dates: August 24, 2021 through August 19, 2022**

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

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

Association of Psychology Postdoctoral and Internships Center Member

JEFFERSON CENTER
Building Hope Changing Lives Strengthening Community

Accreditation Disclosure Statement

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

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

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

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

Kathy Baur, Ph.D.
Doctoral Psychology Internship Training Director
Email: KathyB@jcmh.org or
Phone: 303.425.0300

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4851 Independence St.
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Non-Discrimination Statement

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

Jefferson Center's Mission

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

Jefferson Center's Vision

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

Overview of Jefferson Center

Jefferson Center (Jefferson Center) is a private 501(c) (3) not-for-profit community mental health center serving Jefferson, Clear Creek and Gilpin counties for more than 50 years. Jefferson Center's programs and services are designed to foster recovery and resilience for individuals of all ages who have mental health problems. As a private non-profit, Jefferson Center served more than 36,000 people in 2018. 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 Federally Qualified Health Centers (FQHS's), substance abuse providers, school-based health clinics, and community primary care practices. Our wellness **now!** prevention program offers individualized coaching and classes.

To further our mission, we have chosen to participate in the ongoing training of new professionals by serving as an internship site, both for master's level and Ph.D./Psy.D. interns.

Clientele Served

Jefferson Center serves clients that are predominantly low-income, with health coverage through Medicaid, or who are uninsured or underinsured. Jefferson Center targets those most in need. In CY 2018, 68% of clients served had Medicaid and 50% had serious mental illness. 27.8% of clients in 2018 were under the age of 18. However, Jefferson Center serves individuals of all income strata, with the full range of difficulties from mild or moderate to severe. The client population is diverse, including a relatively large Latino/Hispanic community; Center services stress cultural diversity awareness and appropriate skill bases among staff. 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 Doctoral Psychology 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 outcome research in our Performance, Quality and Effectiveness (PQ&E) department. Our internship program exposes interns to ongoing use of research to inform treatment across all rotations and gives them experience in participating in the design and monitoring of outcomes research.

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 competency area, and by creating an environment that nurtures success for all interns.

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

Training Goals

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

Goal 1:

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

Goal 2:

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

Goal 3:

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

Goal 4:

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

Goal 5:

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

Goal 6:

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

Goal 7:

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

Goal 8:

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

Goal 9:

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

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

Training Schedule

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

- **Major Clinical Rotations**

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

with their area/s of interest.

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

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

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

- 12 month training experience with children/youth/family picking two 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 competency)
- 12 month adult training experience picking two rotations from below:
 - 6 months with Adult Outpatient Services
 - 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 IOP program	6 months	16 - 24
Senior Outpatient Services	Outpatient services: Intakes, Individual, Family and Group Therapy	6 months	16 – 24
Family Services	Outpatient services: Intakes, Individual, Family and Group Therapy	6 months	16 – 24

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

- **Minor Rotations**

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

Minor Rotation	Description	Length of Rotation	Number of Hours per Week
Access / Emergency	Behavioral health assessment, crisis and emergency assessment and intervention	6 months	8 – 10
Research	Outcome research experience using Center data to explore clinical issues impacting the Center and the clients	12 months	4
Psychological Assessments	Psychological evaluation (testing, report writing, consultation and feedback).	12 months	6 - 8

- **Specialty Minor – Innovation Team (8 – 10 hours)**

Under the direction of the Chief Innovation Officer (CINO) Dr. Brandon Ward, the Innovation team is chartered with exploring ways to use technology to innovate service delivery, increase community engagement, and support staff growth and productivity. Interns who are interested can do a specialty minor of 6 months working on different projects as they evolve. Current projects include implementing remote client monitoring, implementing telehealth strategies across diverse teams, and evaluation of telehealth services.

- **Supervision (4 - 6 hours)**

- **2 hours** – Individual with primary supervisor
- **2 hours** – psychological assessment supervisor
- **1 hour** – Access rotation supervisor
- **1 hour** – supervision of supervision

- **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	September – 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	Access / Emergency Rotation	
4 – 6 HOURS	SUPERVISION. 2 hours – Primary 2 hours – psych assessment 1 hour – Access/ER supervision 1 hour - Research 1 hour - supervision of supervision	SUPERVISION. 2 hours – Primary 2 hours – psych assessment 1 hour - Research 1 hour - supervision of supervision
2 HOURS	Didactic Trainings	Didactic Trainings
6 - 8 HOURS	Psychological Assessments	Psychological Assessments
4 HOURS	Outcome Research and Evaluation	Outcome Research and Evaluation

* *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 in order 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. There are 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 schedules in Appendix

Each intern is required to present three times over the course of the training year: 1) a formal case presentation supported by an empirical or theoretical foundation; 2) a research-focused presentation, such as their dissertation project, and 3) a presentation of their research study from the Outcome research rotation. Agency staff is invited to attend these presentations.

Psychological Assessment

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

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

Successful Completion of Internship

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

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

Administration of the Internship

The Doctoral Psychology Internship Training Director approves the training program and its resources and ensures the integrity and quality of the program. The Training Director oversees the organizational and administrative aspects of the program; oversees the clinical aspects including the provision of quality care to clients, documents and maintains interns' training records, monitors and evaluates the training program's goals and activities, and seeks to ensure that the training program consistently meets all APA standards. In the rare event of an unsuccessful internship resulting in a recommendation of termination from the program and Jefferson Center, the Chief Executive Officer of Jefferson Center has final responsibility.

The Psychology Internship Training Committee members are responsible for the selection of interns, for provision of primary supervision by a licensed psychologist which includes clinical responsibility for all of the interns' clinical work and cases, and are significantly involved in the operation of the training program, including contributing toward the didactic training seminars.

This internship program 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.

Stipend & Benefit

Jefferson Center currently has two Doctoral internship positions budgeted. The current stipend for the internship is \$25,000. In addition, the Center's benefit package is available. Psychology interns receive a full benefit package, including the Center's contributions toward health and dental insurance, a medical and dependent care flexible spending plan, life insurance, professional liability insurance, short and long-term disability insurance, an EAP program, 16 days of Personal Annual Leave (PAL) for vacation, personal, or sick leave, 4 "working" holidays (holidays when the Center is open and the individual may take that day or a subsequent day off in order to respect diversity of cultural/religious practice), and 8.5 holidays when the Center is closed.

Bilingual Salary Differential

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

Internship Program Admissions

Date Program Tables are updated: 7/28/2020

Jefferson Center and its Doctoral Psychology 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 20, 2020** and are expected to meet the following requirements:

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

Applications are reviewed by members of the Training Committee. Our selection criteria are based on a "goodness-of-fit" with our practitioner-scientist model, and we look for Interns whose training goals match the training that we offer. The program looks not only at the total number of practicum hours but the quality of those hours in terms of the type of setting as well as experience with empirically supported treatments. If you have no Rorschach experience or limited Rorschach experience your application will 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 10, 2020**.

Based on the quality of the application and the goodness of fit between the applicant's training goals and the internship program, approximately twenty-five applicants are invited for an interview. Interviews are conducted in January and although on-site interviews are preferred, we accommodate interviews via Skype when travel is not possible for the applicant.

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

Application Process and Selection Criteria for 2021 – 2022 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 2021 – 2022
 Full time Interns (2)**

Annual Stipend/Salary for Full-time Interns	\$25,000	
Annual Stipend/Salary for Half-time Interns	n/a	
Program provides access to medical insurance for intern?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If access to medical insurance is provided:		
Trainee contribution to cost required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Coverage of family member(s) available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Coverage of legally married partner available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Coverage of domestic partner available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	160 PAL	
Hours of Annual Paid Sick Leave	0 - included in PAL	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Other Benefits (please describe): Dental insurance, vision insurance, a medical and dependent care flexible spending plan, life insurance, professional liability insurance, short and long-term disability insurance, an EAP program, 12 holidays		

Initial Post-Internship Positions

	2016-2019	
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		
	PD	EP
Community mental health center		1
Federally qualified health center	1	
Independent practice setting	2	1
School district/system	1	

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

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

Appendix

- **Training Site Descriptions**
- **Seminar Schedule from Training Year 2018/2019**
- **COVID modifications for training year 2019.2020**
- **Potential modifications 2021.2022 due to COVID**

Training Site and Rotation Descriptions

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

Major Clinical Rotations

1. Adult Outpatient – Independence Office

Population: Adult Outpatient Services (AOP) is the largest clinical network at Jefferson Center. It provides individual and group therapy to adults 18 – 60 years old who have been diagnosed with a Serious Mental Illness or Severe and Persistent Mental Illness, and who meet a level of acuity appropriate for a relatively brief episode of treatment (approximately 35 sessions annually). The majority of consumers have co-morbid illnesses, including addictions, personality disorders, developmental disorders and medical illnesses, and treatment is integrated and comprehensive. In FY 18, 10,064 clients were served, 88.3% adults and 11.7% children or adolescents. The race/ethnic breakdown of clients was: American Indian = 1.7%, Asian/Pacific Islander = 1.1%, Black/African-American = 2.3%, More than One Race = 3.8%, Other = 1.8% Unknown/Declined = 6.1%, White = 83.2%. Hispanic/Latino Ethnicity = 17.1%

The highest represented diagnoses were depression and PTSD. The five most common diagnosis breakdowns were as follows: Alcohol use Disorder = 8%, Bipolar II Disorder = 5%, Generalized Anxiety Disorder = 15%, Major Depressive Disorder = 17%, PTSD (post-traumatic stress disorder) = 22%.

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 have the opportunity to participate in a dialectical behavior therapy skills group. Interns participate in team meetings and group supervision.

2. Senior Services Outpatient – North Wadsworth 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 FY 18, 516 clients were served. The race/ethnic breakdown of clients was: American Indian = .8%, Asian/Pacific Islander = 0.4%, Black/African-American =

4.6%, More than One Race = 1%, Other = 1.6% Unknown/Declined = 13%, White = 81.8%. Hispanic/Latino Ethnicity = 7.6%.

The highest represented diagnoses were depression and Generalized Anxiety Disorder. The five most common diagnosis breakdowns were as follows: Generalized Anxiety Disorder = 10%, Major Depressive Disorder = 8%, Major Depressive Disorder, recurrent, mild = 6%, Major Depressive Disorder, recurrent, moderate = 16%, PTSD (post-traumatic stress disorder) = 8%.

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

3. **Family Services Outpatient – West Colfax office**

Population: Clients are children, adolescents and families. The number of clients enrolled in FY 18 was 3,073 clients. Of those served, 78% were adults and 22% children or adolescents. The race/ethnic breakdown of clients was: American Indian = 1.6%, Asian/Pacific Islander = 1.3%, Black/African-American = 3.1%, More than One Race = 5.5%, Other = 3.4% Unknown/Declined = 10.5%, White = 74.7%. Hispanic/Latino Ethnicity = 27.4%.

The most frequent diagnoses were PTSD, Generalized Anxiety Disorder and ADHD. The five most common diagnosis breakdowns were as follows: Attention-deficit hyperactivity disorder, combined type = 10.8%, Generalized Anxiety Disorder = 14%, Major Depressive Disorder = 10.1%, Major Depressive Disorder, recurrent, moderate = 7.5%, PTSD (post-traumatic stress disorder) = 18.3%.

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.

4. **Early Childhood Family Services – Jeffco Family Health Services building**

Population: Children aged 0-8 and their families.

In FY 18, 609 clients were served, 83% adults and 17% children or adolescents. The race/ethnic breakdown of clients was: American Indian = 1.6%, Asian/Pacific Islander = 0.7%, Black/African-American = 3%, More than One Race = 5.6%,

Other = 2.5% Unknown/Declined = 22.2%, White = 64.5%. Hispanic/Latino Ethnicity = 27.1%.

The most frequent diagnoses were Adjustment Disorder, Anxiety Disorder and ADHD. The five most common diagnosis breakdowns were as follows: Adjustment disorder = 43.7%, ADHD (attention deficit hyperactivity disorder) = 10.4%, Anxiety Disorder = 14%, Impulse Control Disorder = 4.5%, Oppositional Defiant Disorder = 4%.

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

5. **Centro Dones – Jefferson Plaza**

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 FY 18, 470 clients were served, 74% adults and 26% children or adolescents. The race/ethnic breakdown of clients was: American Indian = 1.9%, Asian/Pacific Islander = 0.9%, Black/African-American = 3%, More than One Race = 4.3%, Other = 13.4% Unknown/Declined = 11.3%, White = 65.3%. Hispanic/Latino Ethnicity = 41.7%

The most frequent diagnoses were PTSD, Alcohol use disorder and generalized anxiety disorder. The five most common diagnosis breakdowns were as follows: Posttraumatic Stress Disorder = 23.4%, Alcohol Use Disorder = 10.4%, Generalized Anxiety Disorder = 14%, Major Depressive Disorder = 11.9%, Cannabis Use Disorder = 8.5%.

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

Minor Rotations

1. **Access/Emergency – Crisis and Recovery Center**

Population: children, adolescents and adults in Jefferson, Gilpin and Clear Creek counties. In FY 18 the population using Access/ Emergency services was 11.7% children or adolescents and 88.3% adults. The ethnic diversity was: American

Indian = 1.7%, Asian/Pacific Islander = 1.1%, Black/African-American = 2.3%, More Than One Race = 3.8%, Unknown/Declined = 6.1, White = 83.2%, and Other = 1.8%. Hispanic/Latino Ethnicity = 20.6%.

The most frequent diagnoses were PTSD and Depression. The five most common diagnosis breakdowns were as follows: Alcohol Use Disorder = 8%, Bipolar II Disorder = 5%, Major Depressive Disorder, recurrent, moderate = 17%, PTSD (post-traumatic stress disorder) = 22%.

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 should be 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 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. **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. A minor rotation of 4 hours per week provides the intern with the opportunity to work in the area of program evaluation by participating in the Center's Performance, Quality and Effectiveness team. Interns may assist in program evaluation for various evidenced-based programs within the Center.

3. **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.

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

4. **Innovation team – Independence office**

Training experience: Innovation team is chartered with exploring ways to use technology to innovate service delivery, increase community engagement, and support staff growth and productivity.

2018-2019 Doctoral Internship - Weekly Didactic & Monthly Seminars				
Date Time	Presenter	Title	Description	Learning Objectives
9/6/18 12 - 2pm	Tom Olbrich, LCSW Dan Fishbein, PhD	Legal and Ethical Issues in Psychology	Review of mandated reporting basics, including, JCMH procedures, with emphasis on application of Colorado reporting standards and discussion of exceptions to standard reporting situations. Review of APA ethical code as it relates to the practice of psychology.	<ol style="list-style-type: none"> 1. Identify personnel responsible for reporting. 2. Apply knowledge to unusual client scenarios which might generate challenging ethical dilemmas. 3. Understand the application of APA ethical code in the practice of professional psychology.
9/11/18 1:00-5:00 EBP Seminar	Kathy Baur, PhD	Acceptance and Commitment Therapy (ACT)	Acceptance and Commitment therapy is a cognitive behavioral approach with the goal of creating psychological flexibility rather than symptom reduction. Looking at Relational Frame theory as the underpinning of ACT, learn how the processes relate to change and practice strategies in class.	<ol style="list-style-type: none"> 1. Understand the underlying theory of ACT. 2. Define the 6 processes of ACT and how they relate to therapy. 3. Demonstrate application of ACT processes in therapeutic setting.
9/20/2018 9:00-2:00	Joseph Pachta	Partners for Change Outcome Management System (PCOMS)	PCOMS uses two brief scales, the Outcome Rating Scale (ORS) and the Session Rating Scale (SRS) to measure the client's perspective of benefit and the alliance, respectively.	<ol style="list-style-type: none"> 1. Understand how PCOMS can help improve the therapeutic relationship. 2. Learn how to integrate PCOMS into therapy sessions.

Date Time	Presenter	Title	Description	Learning Objectives
9/21/18 9:00 - 11:00	Human Resources	Safety Training	This training focuses on safety policies and procedures at the Center and addresses the specific concerns of clinicians.	<ol style="list-style-type: none"> 1. Learn the safety protocols of the Center. 2. Identify resources at each location for safety questions or concerns.
9/27/18 9:30 - 12:00	Human Resources	Whole Health Integration	Review of the importance of integrated treatment to provide relevant services that address the full range of biopsychosocial needs of our clients.	<ol style="list-style-type: none"> 1. Review the biopsychosocial model of care. 2. Identify ways to integrate whole health into treatment planning and client care.
10/4/18 1:00 - 2:00 Professional Development	Dr. Kuenzler & Dr. Anderson	Transition from Graduate School to the Professional World	Open discussion of interns' expectations for the training years and what to expect during this important transition year.	<ol style="list-style-type: none"> 1. Explore issues that commonly occur during the internship year.
10/11/18 12:00-2:00 Psychological Assessment Seminar	Kathy Baur, PhD	Writing Recommendations That Work	This two hour seminar will teach doctoral interns how to write targeted evidence-based recommendations based on testing results that encompass the whole person perspective of the client and answer the referral question.	<ol style="list-style-type: none"> 1. Interns will learn the systematic approach to treatment planning created by Groth-Marnat. 2. Interns will learn how to write specific and individualized recommendations based on testing results. 3. Interns will learn how to answer the referral question and provide evidence-based treatment recommendations that are targeted to the diagnosis/population. 4. Interns will learn how to write recommendations that are holistic, culturally appropriate and trauma-informed.

Date Time	Presenter	Title	Description	Learning Objectives
10/25/18 11:30 - 4pm	Dr. Joshua Weil Tony Niel	2017 California Wild Fire Seminar	The NCR HCC is pleased to welcome Dr. Joshua Weil of Kaiser Permanente Santa Rosa and Santa Rosa Firefighter, Tony Niel, to speak on their experiences during the wild-fires. Dr. Weil, and his staff, successfully evacuated 122 patients from their facility while the fire burned at their back door.	Learn best practices, lessons learned, and tactics, all intertwined with personal stories from the front lines.
10/31/18 10:00 - 12:00 Cultural Relevance Quarterly Colloquium	Roberto Gurza, LCSW facilitator	Cultural Relevance Quarterly Colloquium: Impacts of Faith, Culture, Language and Social Determinants on Understanding Health and Mental Health of Mexican-Americans and Mexican Immigrants	Our community includes a substantial proportion of Latin and Spanish-speaking residents and a larger proportion of the Medicaid and uninsured populations. While the "Latin" community is diverse, this presentation and discussion will highlight the ways in which faith, cultural and linguistic traditions impact conceptions of health by persons of Mexican and Mexican-American backgrounds. Attention will also be devoted to the impacts of social determinants of health on these communities.	<ol style="list-style-type: none"> 1. Identify the intersectionality of faith, culture, and linguistics impact health in the Mexican and Mexican American population. 2. Understand the complexity and subtleties of culture when working with this population. 3. Discuss health disparities in this community and strategies to address it within clinical practice.

Date Time	Presenter	Title	Description	Learning Objectives
11/1/18 12:00 - 1:00p	Kathy Baur, PhD	Theories and Models of Supervision	Review of current models of clinical supervision exploring similarities and difference. Learn the important differences in how clinical supervision differs from administrative supervision and how to strike a balance. Discuss supervisor transference and countertransference issues and how to explore them with supervisees.	<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.
11/1/18 1:00 - 2:00 Professional Development	Dr. Kuenzler & Dr. Anderson	After the Doctoral Internship	Post Docs Common Interviewing Mistakes How to Present your Skills, Experience and Strengths.	<ol style="list-style-type: none"> 1. Identify experiences that enhance your CV's. 2. Learn strategies to manage interview anxiety.
11/2/18 8:00 - 10:30	DU hosting	Postdoctoral symposium for Colorado interns	Panel discussion of available Post Doc positions in Colorado.	<ol style="list-style-type: none"> 1. Identify post-doctoral opportunities and their requirements.

Date Time	Presenter	Title	Description	Learning Objectives
11/8/2018 12:00-2:00 Psychological Assessment Seminar	Kimberly Bertelsen, PsyD	Culturally-informed testing and feedback considerations	Learn about the difference cultural considerations in psychological testing including; bias in testing materials, choosing an appropriate battery that fits the client's cultural background and utilizing language in the report writing that is appropriate. Interns will also consider how these cultures are best approached during feedback sessions.	<ol style="list-style-type: none"> 1. Learn about the different bias inherent in the primary assessment measures utilized during internship. 2. Learn how to adapt testing sessions and feedback to be culturally sensitive to the client and/or their families. 3. Learn how to interpret testing materials within the context of the individual's life. 4. Specific focus to include; LGBTQ, minority populations and immigrants, linguistically diverse individuals.
11/15/2018 12 - 2pm Psychological Assessment Seminar	Kirsten Kloock, PsyD	DKEFS Part I	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.
11/29/18 12 - 2pm Psychological Assessment Seminar	Kirsten Kloock, PsyD	DKEFS Part 2	Presentation will cover how to administer and score the DKEFS as well as a discussion of what this tool measures.	<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.

Date Time	Presenter	Title	Description	Learning Objectives
12/6/18 12:00 - 1:30pm Professional Development	Dr. Angela Green, PhD Director of Behavioral Health, MCPN	“So you’re a psychologist; now what?”	Psychologist Roles The field of psychology has grown and changed dramatically over the last decade. Dr. Green will address current career paths in the field with emphasis on behavioral services in medical settings.	1. Review career paths in psychology. 2. Learn about the field of behavioral medicine and integrated health care.
12/13/2017 12:00-2:00 Psychological Assessment Seminar	Kimberly Bertelsen, PsyD	Legal and ethical issues in psychological assessment	This two hour seminar will extensively cover the primary areas of legal and ethical considerations for psychological assessments. Interns will walk away with a thorough understanding of APA’s ethical guidelines for testing including exploration of recent advances in the field.	Interns will learn primary components of the following: ethical/legal implications in psychological testing, competence/training, informed consent, confidentiality including a review of tricky issues such as custody arrangements, test taker rights, maintaining test security, access to testing and determining who the client is prior to testing.

Date Time	Presenter	Title	Description	Learning Objectives
12/20/18 12:00 - 2:00 EBP Seminar	Kathy Baur, PhD Tom Olbrich, LCSW Roberto Gurza LMFT	Models and Theories of Clinical Consultation Cultural and Diversity Training	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. 4. Discuss cultural and diversity issues as it applies to consultation – liaison services. 3. Identify perceptions of consultation by requesting parties in order to provide appropriate and effective service.
12/27/2018	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.	<ol style="list-style-type: none"> 1. Complete online training to be certified in TF-CBT.

Date Time	Presenter	Title	Description	Learning Objectives
12/27/2018	Computer based Training	CPT	CPT is a manualized therapy used by clinicians to help people recover from posttraumatic stress disorder (PTSD) and related conditions. It includes elements of cognitive behavioral therapy (CBT) treatments. CPT has proven effective in treating PTSD across a variety of populations, including combat veterans, sexual assault victims, and refugees. CPT can be provided in individual and group treatment formats.	Complete online training to be certified in CPT.
1/10/18 12:00 - 2:00 Psychological Assessment Seminar	Kimberly Bertelsen, PsyD	Differential Diagnosis of Autism Spectrum Disorder and ADHD	This seminar will focus on teaching the interns the fundamentals of utilizing assessment in the diagnosis and treatment of Autism Spectrum Disorder. They will engage in a lesson on the difficulty of differential diagnoses of ASD vs ADHD. We will explore evidence-based interventions that will help expand the intern's ability to write effective treatment recommendations for this population.	<ol style="list-style-type: none"> 1. Learn about how to appropriately utilize assessment measures in the diagnosis of Autism Spectrum Disorder Interns will understand the different measures available for the purpose of Autism evaluations and their relative strengths and weaknesses based on their psychometric properties. 2. Learn about the subtle differences between Autism and ADHD presentations and things to assess for when making a diagnosis.

Date Time	Presenter	Title	Description	Learning Objectives
1/17/19 12 - 2pm EBP Seminar	Hailey Hegland, PhD	Overcoming Insomnia	This treatment program uses evidence-based cognitive-behavioral therapy (CBT) methods to correct poor sleep habits. Learn about assessment and tracking tools as well as behavioral strategies to reduce time awake in bed, and cognitive strategies to reduce worrying that interrupts sleep.	<ol style="list-style-type: none"> 1. Learn efficacy of insomnia treatments. 2. Learn assessment tools and diagnostic criteria for insomnia vs. other disorders that cause poor sleep. 3. Understand and apply behavioral and cognitive strategies to improve poor sleep.
1/23/2019	Jefferson County Human services	Terrorism Awareness Training	Completion of this awareness-level web based training course will prepare learners to successfully recognize, report, and react to potential terrorist incidents. In the first two lessons, learners will develop a broad understanding of terrorism to include a definition of terrorism as well as examples of terrorist groups and targets. Additionally, learners will gain insight into the importance of protecting private sector resources through awareness-level training.	<ol style="list-style-type: none"> 1. Define and describe various factors of terrorism. 2. Recognize suspicious activity, vehicles, and objects. 3. Understand impact on the community and behavioral health's disaster response.

Date Time	Presenter	Title	Description	Learning Objectives
1/31/19 12 - 2pm	Joy Wasmundt, LPC	Infant Health	This training will provide an overview of the factors that influence infant and early childhood social emotional health and development, including attachment with caregivers, the importance of serve-and-return, and building an early foundation for healthy social emotional functioning.	<ol style="list-style-type: none"> 1. Outline the important tasks of age 0-3 development. 2. Discuss healthy social emotional play and behaviors.
2/7/19 12:00 - 1:00	Maya Garcia, LCSW	Legal issues in Dealing with Children in Community Mental Health settings	Overview of special issues in the therapeutic treatment of children and families, Navigating the Foster Care system and working with outside caregivers/providers.	<ol style="list-style-type: none"> 1. Understand the interaction of different systems for families/children. 2. Learn how to navigate these systems to facilitate treatment goals with outside providers.
2/7/19 1:00 - 2:00 Professional Development	Dr. Kuenzler & Dr. Anderson	Self Care	Internship year can be exciting, but full of stress. Identify self-care skills and create a self-care plan.	<ol style="list-style-type: none"> 1. Identify self care skills. 2. Create a self care plan.
2/14/19 12:00 - 2:00 Psychological Assessment Seminar	Kimberly Bertelsen, PsyD	An In-Depth examination of the Millon Inventories	The purpose of this in depth exploration of the Millon inventories is to ensure that interns have a strong foundational knowledge of the theory that informed the development of these measures as well as their recent updates and psychometric properties.	<ol style="list-style-type: none"> 1. Learn about Millon's evolutionary theory that underlies the Millon inventories to better understand the theory behind the measures. 2. Understand the updates to the MCMI-IV.

Date Time	Presenter	Title	Description	Learning Objectives
2/21/2019 12:00 - 2:00	Demi Orozco , MA Gesa Kohlmeier, MA	Case Presentations	Assessment case presentations as partial requirement for completing internship.	
2/28/2019 12 - 2	Supervisors	End of Rotation Celebration	Celebrate the successful completion of the first 6 months of internship.	
3/7/19 1:00 - 2pm Professional Development	Dr. Bechtold & Dr. Poletti	Psychiatry and Psychology – How to Work Together Collaboratively	Discussion of the training and background of physicians and psychiatrists and how best to collaborate with psychologists.	<ol style="list-style-type: none"> 1. Understand differences in training and viewpoint between psychiatry and psychology. 2. Learn how to work with psychiatrists most effectively.
3/14/2019 2-3		The Key to Today's Complex Healthcare Environment	Among market consolidation, high turnover, and changing regulations, there's no denying it – healthcare is continuously increasing in complexity and acuity. So how can organizations prepare their workforce to navigate this challenging industry? Strong communication skills across all levels and departments are key to successfully adapting to an ever-changing healthcare landscape.	<ol style="list-style-type: none"> 1. The impact of communication on patient outcomes and employee retention. 2. How “soft skills” are critical to creating a culture of engaged employees and strong leaders. 3. Techniques for making communication and personal development a strategic advantage.

Date Time	Presenter	Title	Description	Learning Objectives
3/21/2019 12:00 - 2:00	Leah Krusich, PsyD	Knowing your audience: Supporting your client in the juvenile justice system	Communicating with the different systems that are engaged with your client can be challenging and the juvenile justice system is one such challenge that many mental health professionals feel unprepared to face. This training will provide tips on how mental health professionals can be more effective within the juvenile justice system.	<ol style="list-style-type: none"> 1. More effectively advocate for client needs in meetings, written documents, and/or phone calls. 2. Deepen their understanding of how the fast paced, dichotomous, and adversarial culture of juvenile justice impacts clients. 3. Better manage the court expectations with clinical recommendations.
3/28/19 12:00 - 2:00pm EBP Seminar	Kathy Baur, Ph.D.	Treating Chronic Pain	Chronic pain can be a complicating factor in many of the clients one treats. It is important to understand the impact of chronic pain on behavioral health disorders and the most effective treatment. Using ACT, an EBP for chronic pain allows one to treat the pain within the overall context of the client's life.	<ol style="list-style-type: none"> 1. Review basic principles of ACT and how they apply to chronic pain. 2. Apply MI to ACT interventions to improve adherence to treatment. 3. Learn and practice skills to help clients improve overall functioning. 4. Look at pain from a contextual and intersectionality perspective.
4/4/2019 12- 1	Samantha Taylor, LCSW	Suicide in Adolescents	Youth suicide is preventable. Learn about the prevalence and trends related to youth suicide, discuss risk factors and warning signs, and collaboratively develop strategies for increasing the influence of youth protective factors.	<ol style="list-style-type: none"> 1. Understand youth suicide prevalence and trends. 2. Learn risk factors and warning signs for youth suicide. 3. Learn youth protective factors and strategies to increase presence and influence of these factors in the lives of youth.

Date Time	Presenter	Title	Description	Learning Objectives
4/4/19 1:00pm - 2:00 pm Professional Development	Dr. Kuenzler & Dr. Anderson	Strengths Finder	Leading from your strengths. Review of individual strengths profiles.	1. Understand personal strengths.
4/18/19 12:00 - 2:00 Psychological Assessment Seminar	Kathy Baur, PhD	Pre-surgical assessments	Assessing risk factors for surgery are a growing area for psych evals. Learn basic concepts underlying doing pre-surgical assessments and ethical considerations.	1. Understand the limits of pre-surgical assessments. 2. Practice interpretation using pre-surgical data sets.
4/11/19	National Hispanic and Latino MHTTC <customercare@gotowebinar.com>	Cultural Formulation Interview: A Novel Approach to Conducting Cultural Assessments	Culture shapes every aspect of patient care, influencing when, where, how, and to whom patients narrate their experiences of illness and distress, the patterning of symptoms, and the models clinicians use to interpret and understand symptoms in terms of psychiatric diagnoses. Culture also shapes patients' perceptions of care, including what types of treatment are acceptable and for how long.	1. Understand the rationale, development, and content of a novel approach for conducting cultural assessments. 2. Discuss training resources and implementation strategies for integrating the CFI in diagnostic and treatment planning.

Date Time	Presenter	Title	Description	Learning Objectives
4/25/19 12:00 - 2:00 EBP Seminar	Belle Graber, LSCW	Barlow Panic Control Therapy	Panic Control Therapy is considered the gold standard of treatment for panic disorders. Following the protocol by Kraske and Barlow learn the fundamentals and how to apply it clinically.	<ol style="list-style-type: none"> 1. Review the mechanisms of anxiety and those that maintain avoidance response. 2. Understand the 3 phases of treatment in Panic Control Therapy. 3. Learn the importance of exposure in the treatment of panic disorder.
4/27/19 8:30 - 4:30	Nancy McWilliams, Ph.D.	Pathological Versions of Narcissism: Clinical and Social Implications	This workshop will consider ways in which narcissistic concerns may infuse personality. It will touch on both the more arrogant presentations of narcissistic personality disorder and the extensive literature on converse versions of narcissistic.	<ol style="list-style-type: none"> 1. Understand the range of narcissism. 2. Identify the dangers of malignant narcissism to others. 3. Discuss clinical implications of narcissism.
5/2/2019 12 - 1:00 pm	Kathy Baur, PhD	The use of metaphors in therapy	Regardless of your orientation, metaphors can be a powerful tool for helping clients experience their struggles in a different light. Using the art of reflection, learn how to create metaphors that speak to clients on a deeper level.	<ol style="list-style-type: none"> 1. Learn how metaphors are processed differently in client's awareness. 2. Refine reflection skills to deepen the client's experience.
5/2/19 1:00 - 2pm Professional Development	Dr. Austin	Early Career Strategies	This seminar will focus on providing interns a perspective on the skills utilized during internship that will be transferable when developing early career strategies.	<ol style="list-style-type: none"> 1. The utility of generalist psychologist skills in multiple settings will be discussed. 2. Examples from one past intern's career path.

Date Time	Presenter	Title	Description	Learning Objectives
5/9/19 12:00 -2:00 Psychological Assessment Seminar	Kathy Baur, PhD	Giving difficult feedback	There are as many reactions to the outcomes of a psych assessment as there are referral questions. Assessments required for court or child custody can be loaded with emotional reactivity. We will discuss the complications of other directed psych assessments and ways to provide balanced feedback to both sets of clients.	<ol style="list-style-type: none"> 1. Understand who the client is when court or CPS are involved. 2. Explore potential areas of conflicts and how best to approach them. 3. Reflect on personal experiences and expectations and how they may relate to unconscious bias.
5/16/2019 12:00 - 2:00pm	Demi Orozco , MA Gesa Kohlmeier, MA	Dissertation Presentations		
5/23/19 12:00 - 2pm Psychological Assessment Seminar	Demi Orozco , MA	Story Telling - Feedback Session	This presentation will focus on providing assessment feedback in a developmentally appropriate manner for children.	<ol style="list-style-type: none"> 1. Learn importance and benefits of integrating storytelling when giving feedback results to a child. 2. Learn how to create their own individualized feedback story.
5/30/2019 12:00 - 2pm	Bethe Feltman	Post-Partum Depression	This presentation is by a consumer who suffered from post-partum depression that resulted in the death of her children. She has graciously agreed to share her experience to help clinicians understand the experience of post-partum depression and its potential severity.	<ol style="list-style-type: none"> 1. Understand PPD from a personal perspective.

Date Time	Presenter	Title	Description	Learning Objectives
6/6/19 12:00 - 1pm	Kathy Baur	Special Topics: Leadership and program design	Using Brene Brown's "Dare to Lead" discuss impact of leadership style on program design.	1. Understand the impact of leadership in making organizational change.
6/6/19 1:00 - 2pm Professional Development	Lisa Fisher	Integrated Health and Working on a Multi-disciplinary Team	Discussion of the different disciplines in a multi-disciplinary team and the unique role of a psychologist.	1. Review of consultation models and the psychologist role.
6/10/19 & 6/11/19 - 5:00 pm EBP Seminar	Jeffery White, LMFT	Level 1: Bridging the Couple Chasm - Professional Training in Gottman Method Couples Therapy	The Gottman Method Couples Therapy provides a research-based roadmap for helping couples compassionately manage their conflicts, deepen their friendship and intimacy, and share their life purpose and dreams.	1. Explain an empirically based theory regarding what makes relationships succeed or fail. 2. Explain at least six interventions to empower couples to solve or dialogue about their solvable, perpetual, and perpetual-gridlocked problems. 3. Describe strategies for couples to process their fights and regrettable incidents.

Date Time	Presenter	Title	Description	Learning Objectives
6/13/19 12:00 -2:00 pm Psychological Assessment Seminar	Briana Johannesen	Early Childhood assessment Part I Child Neuropsychological Assessment	Learn more about doing neuropsychological assessments with children including some of the reasons for referral, important considerations of working with children, and how to integrate test information. We will review some assessment data together and talk about how to make relevant and appropriate recommendations.	<ol style="list-style-type: none"> 1. Explore why children may be referred for a neuropsych evaluation, or why a child below age 5 might be referred for an evaluation. 2. Discuss impact of history, culture, family on test administration, results, and recommendations. 3. Review and draw conclusions from various test results.
6/20/19 12 - 2pm EBP Seminar	Susan Seda	Understanding the disability system	Provides overview of the history and development of the system. Understanding the disability process and the role of mental health.	<ol style="list-style-type: none"> 1. Understand how the disability application process works. 2. Identify obstacles for clients when dealing with disability system.
6/27/19 12 - 2	Kathy Baur	Special Topics: Leadership and program design Part II	Using Brene Brown's "Dare to Lead" discuss impact of leadership style on program design	<ol style="list-style-type: none"> 1. Understand the impact of leadership in making organizational change.
7/11/2019 12 - 2 Psychological Assessment Seminar	Briana Johannesen	Early Childhood assessment	Review various methods and considerations of evaluating the 0-5 population.	<ol style="list-style-type: none"> 1. Explore why children may be referred for a neuropsych evaluation, or why a child below age 5 might be referred for an evaluation. 2. Discuss impact of history, culture, family on test administration, results, and recommendations. 3. Review and draw conclusions from various test results.

Date Time	Presenter	Title	Description	Learning Objectives
7/25/2019 12 - 2pm	Kirsten Kloock, PsyD	Private practice	Learn more about the ins and outs of starting a private practice as a psychologist. Review revenue streams, creating a niche, and the nuts and bolts of running your own business	<ol style="list-style-type: none"> 1. Discuss the pros and cons of private practice. 2. Understand basic business planning and revenue streams. 3. Discuss pros and cons of insurance or going self pay only.
8/1/19 1:00 - 2pm Professional Development	Drs. Anderson & Talbot	Where the Field of Psychology and Behavioral Health are Going	Over the next ten years, Medicaid expansion, insurance company consolidation, and accountability requirements will reshape the field of psychology.	<ol style="list-style-type: none"> 1. Learn about the changing dynamics in the field of psychology, how to be ahead of the curve regarding reimbursement and data driven outcome requirements. 2. Become familiar with how to assess an agency for its readiness for all the changes in the field of psychology and behavioral health.
8/7/19 2 - 3pm	Interns' Research presentation		Final project for the research rotation	
8/15/2019 12 - 2 EBP Seminar	Barbara Mannell, MD	Psychopharm	This class is an overview of psychopharmacology for adults, 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 and their contraindications.
8/22/2019		Graduation	Celebrate the accomplishment of the graduating interns of 2018.19	

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.

Planned 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 will be in place. Opportunities to engage in team building activities with the internship class, supervisors, and assigned team will be present throughout the fall/winter in a combination of in person or remote events.

Supervision – will continue be done remotely until public health emergency is resolved.

Didactics/Trainings: Didactics will take place remotely with return to in person trainings based on public health guidelines and Jefferson Center procedures. Interns' preference will be the priority in determining training mode.

Rotation Changes:

Integrated Care rotation: The return to in person services at the Infectious Disease clinic at either full time or part time this fall is uncertain at this point. It is anticipated that it will be full time by the spring rotation In the fall, neuropsychological testing will receive priority and test administration will be done onsite. Individual therapy cases will likely remain remote. Newly diagnosed group will likely remain remote. Intern will also participate in minor specialty rotation on the Innovative team to augment hours and will carry cases from Jefferson Center's Adult Outpatient team where services are delivered remotely.

Adult Outpatient (AOP): The intern assigned to the AOP rotation will have same training opportunities, however, they will be delivered remotely until such time as a vaccine is available and public health emergency is resolved. Services can then also be done in person.

Psychological Assessment: Following Center protocols, in person testing for cognitive testing will happen onsite. Social emotional testing, clinical interviews, and feedback sessions will occur remotely. The required battery of 6 assessments may be lowered to 4 should public health emergency require changes to current procedures. .

Crisis rotation. This is considered an essential service at the Center. Based on interns' preference, another training opportunity may be provided in the fall. It is anticipated that by the spring, the full rotation will be available.

Anticipated changes to the Training Program for the 2021.2022 Training Year due COVID

Should there be a continued public health emergency that may disrupt in person training, the internship will continue to provide services remotely. The impact on the training program will be as below and follow the same modifications that are planned for the 2020.2021 Training year.

1. All individual clients will be seen through video platform; in person sessions will be done virtually.
2. All clinical groups will be done virtually.
3. All supervisions will be done virtually.
4. Didactics and other trainings will be done remotely and webinars added to augment training
5. Psychological assessments will only contain cognitive testing if the Center is open, otherwise all assessments will be socio-emotional and presurgical testing only.
6. Crisis Services are considered essential services. If the Center is closed, interns can choose to replace this rotation with another clinical minor to be based on intern's interest.