

**Pediatric Mental Health Institute
Psychology
Internship Training
Program in Child
Health Service
Psychology**

2019-2020



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**Children's Hospital
Colorado**

Psychology Internship Training Program in Child Health Service Psychology 2019-2020

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Children’s Hospital Colorado offers a doctoral psychology internship training program in Child Health Service Psychology. **The program is designed as a full-time 12-month program beginning June 24, 2019 and ending on June 19, 2020. Mandatory orientation will be the first two weeks of internship.** The internship is accredited by the American Psychological Association (<http://www.apa.org/ed/accreditation/>) and the program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC-www.appic.org).

For additional information or if you have any questions/concerns regarding accreditation please contact:

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Six internship positions are available for the 2019-2020 training year. Interns will receive a salary of \$25,261.24, subject to the withholding of taxes. Interns are given holiday, vacation, sick, and professional leave of absence. Employee health and dental benefits are also available. Proof of malpractice coverage must be provided by the interns’ training institution or by the intern.

Requirements for Admission

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

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

- Accepted into doctoral candidacy and completed dissertation proposal approval process. If the dissertation proposal will be approved after application, but prior to December 10th, please notify the Director of Training in writing of successful defense.
- Completed at least three years of practicum/field placement or work experience, which includes a minimum of 350 hours direct therapeutic experience with youth (0-18 years old) and families. Have written at least five child and/or adolescent integrated psychological testing reports.

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

- Have a good working knowledge of test administration, scoring, and interpretation with cognitive and achievement assessments, Executive Functioning Scales, Behavior Rating Scales, and objective personality/psychopathology measures
- Possess an understanding of child and personality development.
- Have a good working knowledge of current psychiatric diagnoses.
- Have practicum or work experience providing individual, family, and group therapy operating from a variety of evidence based approaches.

Application Procedures

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

All applicants must use the APPIC AAPI on-line (www.appic.org). A completed application consists of the following materials:

1. Cover letter - Including your order of interest in elective track preferences, **maximum of three tracks**, (please also note this when designating/submitting your application in the AAPI Online system).
2. A current Curriculum Vitae.
3. Three letters of recommendation, two of which must be from persons who have directly supervised your clinical work. Please submit only three letters
4. One complete psychological testing report (a child or adolescent client). **Please delete all identifying information from the report (must be uploaded as supplemental materials).**
5. Official transcripts of all graduate coursework.
6. Because our program is strongly committed to diversity please specifically discuss your experiences and commitment to diversity in Essay #3.

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

*Completed applications must be received by **November 1, 2018**.* Applicants who we believe are best qualified to benefit from our program will be invited to interview with our staff. Interview dates for selected applicants are **January 7th, 11th, 14th, and 18th of 2019**. All applicants will be informed of our interview decisions by email by the APPIC notification deadline. In person interviews are strongly recommended, but invited applicants who are unable to travel to Denver due to extenuating circumstances may request to be interviewed by telephone or via Skype.

The internship includes required components completed by all interns, and elective tracks, which are chosen by each intern. **At the time of application, candidates state their elective track preferences.** The tracks are described in the body of this brochure. Applicants have the potential to be interviewed for multiple tracks, to which they apply, and they may rank-order all tracks for which they are interviewed, but applicants will match with only one track.

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

117112	Neuropsychology
117113	Pediatric Health Psychology (two positions available)
117116	Rehabilitation Psychology
117117	Primary Integrated Care
117118	Developmental Pediatric Psychology

Any questions or concerns can be directed to our Operations Coordinator, Ms. Dianna Torgerson at Dianna.Torgerson@childrenscolorado.org, or our Training Director, Dr. Jenna Glover at Jenna.Glover@childrenscolorado.org.



Children’s Hospital Colorado

Children’s Hospital Colorado (<http://www.childrenscolorado.org>) is a pediatric health care facility serving Colorado and the nation. Children’s Hospital Colorado mission is “to improve the health of children through the provision of high quality coordinated programs of patient care, education, research, and advocacy.” This mission is carried out through our vision: “Child Health. Reimagined. Realized.”, and our values:

“For a child’s sake... We are a caring community called to honor the sacred trust of our patients, families and each other through humble expertise, generous service and boundless creativity. ...This is the moment.”

Children’s Hospital Colorado in Aurora, CO has gained a national reputation as a leader in newborn, pediatric, and adolescent care. *Children’s Hospital Colorado once again has been honored as one of the nation’s top 10 children’s hospitals following the release of U.S. News & World Report’s 2018-2019 America’s Best Children’s Hospitals listing (www.usnews.com/childrenshospitals).*

Children’s Hospital Colorado is an academic medical center affiliated with the University Of Colorado Health Sciences Campus (CU Anschutz) (<http://www.ucdenver.edu/anschutz>). This affiliation supports the hospital’s commitment to research and training, and enhances the hospital’s ability to provide access to cost-effective primary, secondary, and tertiary care.

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

The Pediatric Mental Health Institute Mission

The internship program is housed in the Pediatric Mental Health Insitutute. Consistent with the mission of the Children’s Hospital Colorado, the shared mission of the Pediatric Mental Health Institute is:

“to improve the mental, physical, and emotional health of children, adolescents, and families through the provision of high quality, coordinated programs of patient care, research, education, and advocacy.”

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

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

Psychology interns participate jointly in some seminars and supervision with trainees from these other disciplines. They also participate together on multidisciplinary teams and as co-leaders for group therapy.

The Psychology Internship Training Model

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

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

Aims of the Psychology Internship Program

The overarching goal of the internship is to prepare interns for the professional practice of health service psychology in the profession wide competencies which include:

- a. Research
- b. Ethical and legal standards
- c. Individual and cultural diversity
- d. Professional values, attitudes, and behaviors
- e. Communication and interpersonal skills
- f. Assessment
- g. Intervention
- h. Supervision
- i. Consultation and interprofessional/interdisciplinary skills

Our specific program aims are: **1) to train psychology interns to become competent child clinical psychologists with expertise in therapy, assessment, and consultation, and 2) to train psychology interns who will become competent pediatric psychologists with expertise in therapy, assessment, and consultation.** In order to achieve these goals, interns are exposed to a variety of treatment approaches, interventions, and modalities through instruction and observation to augment their previous clinical experience. The training experiences are organized to provide direct clinical, assessment, and consultation experiences in child clinical and pediatric psychology. The intern year is structured to provide a core set of required training opportunities, and is flexible enough to also meet individual training goals.

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

The interns and supervisors mutually evaluate each other in order to promote communication and growth for both, and to ensure that the training needs of the interns are being met. The Training Director works with the interns and the Training Committee members (supervisors) to develop an individualized training plan for each intern.



Feedback from the interns, and intern applicants, in formal and informal settings, is used to continuously evaluate the training program, and to inform program modifications in an on-going manner.

The Psychology Internship Training Program Structure

The program is structured with required components to provide interns with therapeutic, assessment, and consultation experience along the full continuum of care in child clinical psychology, and with a selected elective track to provide the same opportunities for experience in pediatric psychology. The child clinical psychology continuum of services offered through Children's Hospital Colorado includes transdiagnostic therapeutic assessment, crisis stabilization, and individual and group therapy experiences. Direct experience with youth and families in these varied contexts enable interns to recognize the appropriate level of care needed by a child at any given point in treatment, and to access those services in both medical and psychiatric settings. The elective tracks are designed to provide interns with experience functioning as a pediatric psychologist to children and adolescents with comorbid medical and psychiatric diagnoses in a medical care setting.

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

Description of the Required Program Elements

Major rotations:

- Elective Tracks (intern will match on only one of these tracks, but may apply to a maximum of 3 tracks) - (12 months, 16-20 hours/week dedicated clinical)
 - Neuropsychology
 - Pediatric Health Psychology
 - Developmental Pediatric Psychology
 - Rehabilitation Psychology
 - Primary Care Psychology
- Generalist Rotation - (12 months, 12 hours /week):
 - Transdiagnostic Therapeutic Assessment Clinic
 - Outpatient Psychotherapy: individual and family therapy
 - Group Therapy in Anxiety Disorders, Mood Disorders, and Disruptive Behaviors
 - Supervision of a doctoral level extern

Minor rotations:

- Intensive Care Rotation - (6 months, 4 hours/week)
 - Assessment, intervention, and consultation in higher levels of care with acute psychiatric patients.
- Research Rotation - (12 months, 4 hours/week)

Didactic seminars:

- Some seminars exclusively include psychology interns, and some include child psychiatry residents (first and second year) to facilitate interdisciplinary training.

Neuropsychology

Leadership within the rotation

- Jennifer Janusz, PsyD, ABPP-Cn - Neuropsychology Training Director

Supervisors through Division of Neurology

- Gretchen Berrios-Siervo, PsyD., ABPP-Cn
- Richard Boada, PhD., ABPP-Cn
- Christa Hutaff-Lee, PhD.
- Jennifer Janusz, PsyD., ABPP-Cn
- Arianna Martin, Psy.D.
- Andrea Miele, PhD.
- Greta Wilkening, PsyD., ABPP-Cn
- Kelly Wolfe, PhD.

Supervisors through Department of Rehabilitation and Physical Medicine

- David Baker, PsyD., ABPP-Cn
- Amy Connery, PsyD., ABPP-Cn
- Michael Kirkwood, PhD., ABPP-Cn
- Robin Peterson, PhD., ABPP-Cn
- Sarah Tlustos-Carter, PhD., ABPP-Cn

The Neuropsychology Rotation provides specialized training in neuropsychological assessment with pediatric populations. This rotation is focused on preparing interns for postdoctoral training in pediatric neuropsychology and is geared towards applicants interested in pursuing a career in pediatric neuropsychology. The rotation is for 24 hours per week (20 hours clinical work; 4 hours research). The intern will work in the Division of Neurology for 6 months and the Department of Physical Medicine and Rehabilitation for 6 months. For both rotations, the intern will complete one neuropsychological evaluation and attend one inter-disciplinary clinic per week, with all activities conducted in close collaboration with their supervisor. The complete neuropsychological evaluation will include conducting the interview, selecting the test battery based on presenting problem, testing, scoring, and completing feedback sessions with parents/guardians. The goal of attending inter-disciplinary clinics is to learn brief, focused evaluation models, as well as to gain skills in collaborating with physicians and other allied health professionals in assessing children and developing treatment plans. Faculty neuropsychologists are involved in the following inter-disciplinary clinics and the intern will attend certain clinics based on schedules: Concussion Clinic, Oncology-Hematology Long-Term Follow-Up Clinic, Seizure Clinic (including evaluating children on the Epilepsy Monitoring Unit), Multiple Sclerosis Clinic, Single Ventricle Care Program, Neurofibromatosis Clinic, 22q11.2 Deletion Syndrome Clinic, Turner Syndrome Clinic, and Tuberous Sclerosis Clinic. Based on the qualifications of the intern and the availability of faculty, opportunities for conducting evaluations with Spanish bilingual populations may also be available. Interns will also have the opportunity to attend seizure surgery conference and participate in Wada testing (sodium amytal testing) and cortical mapping. Opportunities to observe neurosurgery are also available.

Patient populations served through Neurology

- Genetic disorders (Neurofibromatosis Type 1; 22q11.2 Deletion Syndrome; Tuberous Sclerosis; XY variants)
- Metabolic disorders (PKU, SMA)
- Demyelinating disorders
- Cardiac conditions (congenital heart disease; heart transplantation)
- Epilepsy, including epilepsy surgery candidates
- Stroke
- Brain tumors
- Leukemia



Patient populations served through Rehabilitation

- Concussion/ mild traumatic brain injury
- Moderate to Severe traumatic brain injury
- Spina bifida
- Hydrocephalus
- Cerebral palsy
- CNS infections
- Prematurity and Very low birthweight

Aims and Competencies of Rotation

Competency - Assessment

Aim: Interns will apply current knowledge and practice to the administration, scoring, interpretation, and report writing involved in neuropsychological assessment of children and adolescents. They will integrate research on psychometrics, diagnostics, and neuropsychological theory, and gain knowledge regarding brain-behavior relationships. Interns will obtain specialty training in neuropsychological assessment in preparation for postdoctoral training in neuropsychology.

Competencies:

- Conduct interview to obtain relevant developmental, educational, medical, and social/emotional history.
- Demonstrate competent administration and scoring of standardized neuropsychological test instruments (including measures of intelligence, language skills, nonverbal skills, memory, attention, executive functions, motor skills, academic skills, and emotional/behavioral functioning).
- Develop test battery appropriate to referral question.
- Demonstrate awareness of the expected neurocognitive/behavioral/emotional sequelae of specific medical disorders.
- Interpret test results and develop recommendations based on referral question and test findings.
- Provide written and oral feedback to family and physicians.

Competency- Research

Aim: The intern will contribute to the neuropsychology research literature through participation on one of the ongoing research projects.

Competencies:

- Complete research tasks including literature review, data collection, data entry, statistical analyses, and writing of results.
- Prepare research-based presentation for faculty/interns.

Competency- Consultation and Interprofessional/Interdisciplinary Skills

Aim: The intern will develop skills in consulting with physicians and allied health professionals in inter-disciplinary clinics regarding child's cognitive and behavioral functioning. The intern will also develop brief, focused assessment methods within the context of an inter-disciplinary clinic.

Competencies:

- Conduct brief interviews within inter-disciplinary clinic settings.
- Complete brief, focused neuropsychological assessments within certain clinics (Concussion; Epilepsy Monitoring Unit).
- Provide immediate feedback to team during clinic.
- Complete consultation notes in the medical record.

Competency- Professional Values, Attitudes, and Behaviors

Aim: Interns are engaged in ongoing professional development.

Competencies:

- Practices in an ethical manner and seeks supervision/consultation appropriately when faced with ethical dilemmas.
- Demonstrates the ability to communicate effectively.
- Receptive to feedback regarding professional issues and is able to integrate feedback into practice
- Seeks consultation/guidance with respect to development of professional identity, professional challenges, and self-assessment.

Competency- Individual and Cultural Diversity

Aim: Interns will demonstrate ongoing awareness and integration of multicultural diversity while providing direct clinical services to an ethnically, racially, socially, demographically and physically diverse population.

Competencies:

- Considers assessment issues in working with bilingual/multicultural populations
- Works effectively with interpreters in providing direct clinical services.

Learning Elements to Develop Competencies

Assessment:

- Intern will complete one neuropsychological assessment per week under the supervision of a faculty neuropsychologist, including interviewing, testing, and report writing.
- Interviews and parent feedback sessions will be observed by the neuropsychologist with active feedback provided.
- Intern will receive multiple forms of supervision including “on-line” supervision on the day of assessment, formal hour-long supervision, and written comments on report drafts.
- Supervision prior to assessment will focus on discussing referral question, medical disorder, and test battery selection.
- Supervision after assessment will focus on report writing and preparation for feedback with family.
- Intern will be provided readings regarding neuropsychological assessment and theory, as well as specific medical disorders.
- Intern will attend neuropsychology seminars.

Research

- The intern will be involved in an ongoing research project. The neuropsychology training director will meet with the intern to discuss possible projects. Ongoing studies involve children with the following disorders (faculty involved included in parentheses):
 - Epilepsy (Wilkening; Boada)
 - XY variants (Boada; Janusz)
 - Stroke (Boada; Wilkening)
 - Brain tumors (Wilkening)
 - Moderate/severe TBI (Kirkwood)
 - Concussion/ mild TBI (Kirkwood; Connery; Baker; Peterson)
 - Performance/ symptom validity testing (Kirkwood; Connery; Baker; Peterson)



Consultation and Interprofessional/Interdisciplinary Skills

- Intern will attend one inter-disciplinary clinic per week with neuropsychology faculty member.
- Conduct brief interviews and assessments under supervision of faculty member.
- Integrate findings with other team members during team meeting at end of clinic.
- Write brief documentation in Epic multi-disciplinary team note.

Professional Values, Attitudes, and Behaviors

- Intern utilizes supervision to discuss professional issues
- Intern will conduct self-assessments regarding their own professionalism
- Intern will be aware of Colorado and national laws and statutes and will practice ethically
- Intern will complete clinical responsibilities in a timely fashion

Individual and Cultural Diversity

- Intern will consider and integrate diversity issues throughout the assessment process
- Intern will consider assessment issues for bilingual populations
- Interns will work with interpreters when needed

Evidence Base of Activities on Rotation

Training experiences are designed to be consistent with Houston Conference Guidelines for training in clinical neuropsychology [Reference: Hannay, H. J., Bieliauskas, L. A., Crosson, B. A., Hammeke, T. A., Hamsher, K. deS., & Koffler, S. P. (1998). Proceedings: The Houston Conference on Specialty Education and Training in Clinical Neuropsychology. Archives of Clinical Neuropsychology, 13(2).]

Practical expectations

1. Times of meetings
 - a. Individual supervision for 1 hour, 1x/week
 - b. Pediatric Neuropsychology Seminar, Mondays, 3:30-4:30 pm
2. Paperwork Expectations
 - a. Specific writing expectations for each rotation will be reviewed with the supervisor and will include writing completing appropriate documentation for neuropsychological evaluations and inter-disciplinary clinics in the electronic medical record.

Hours breakdown/typical week (this is based on 24 hours/ 3 days per week)

Neurology rotation

- 1 outpatient evaluation (including testing and scoring) = 8 hours/ 1 day
- 1 inter-disciplinary clinic = 4 hours/ .5 day
- Feedback, supervision, writing = 8 hours/ 1 day
- Research = 4 hours/ .5 day

Rehabilitation rotation

- 1 outpatient evaluation (including testing and scoring) = 8 hours/ 1 day
- Concussion Clinic = 4 hours/ .5 day
- Feedback, supervision, writing = 8 hours/ 1 day
- Research = 4 hours/ .5 day

Pediatric Health Psychology - Subspecialty

This specialty track consists of three, 4-month rotations for 16 hours per week, and one, 6-month rotation for 4 hours per week. The goal of this specialty track is to provide interns with a learning experience that offers breadth and depth of training across different pediatric psychology settings and populations. Interns will rank their preferences for rotations from the options listed below. While efforts will be made to accommodate the intern's top choices and address each trainee's goals, rotations will be available dependent upon availability of supervisors and scheduling considerations for the given internship year.

Location within the Hospital: Interns will provide clinical intervention, consultation, and assessment on inpatient medical floors and in outpatient medical clinics located in the Children's Hospital of Colorado (CHCO) and in the Pediatric Mental Health Institute (PMHI).

Patient Population Served: Patients range in age from infancy to young adults with medical and psychological concerns.

Description of the Experiences and Leadership of the Rotation

Consultation-Liaison (C/L) Service - Supervisor: Laura Judd-Glossy, PhD

- Overview: The C/L Service is available to children and adolescents receiving inpatient medical care at CHCO. Consults are requested from a wide range of medical services (e.g., General Medical, Surgery, Gastroenterology, and Pulmonary) and typically include individual and family-focused assessment, consultation, and intervention. Referral concerns include adjustment/coping with chronic illness, medical adherence, quality of life, behavior problems, pain management, mental health concerns (e.g., depression, anxiety), trauma, mental status, delirium, and safety. Interns provide brief, short-term consultation/intervention services to patients and families and may provide ongoing psychotherapy for patients with longer hospital admissions. The C/L Service, which includes psychiatrists, psychologists, behavioral health clinicians, and psychiatry and psychology trainees, engages in multidisciplinary collaboration with medical professionals at CHCO (e.g., physicians, nurses, child life specialists, social workers, physical/occupational/speech-language/respiratory therapists), as well as outside of the hospital (e.g., community mental health agencies, schools). Interns attend daily C/L rounds as well as other multidisciplinary rounds and patient care conferences to assist with coordination of patient care.

Cystic Fibrosis (CF) Center - Supervisor: Emily Muther, PhD

- Overview: Interns will have the opportunity to work with patients diagnosed with CF, from infancy through young adulthood. Support and intervention will be provided in the outpatient CF Clinic as part of patient's routine CF care and during sick visits and on the medical floor during CF-related admissions. Interns will work collaboratively within the multidisciplinary team that includes pulmonologists, nurse practitioners, pharmacists, dietitians, physical therapists, respiratory therapists, nurses, and social workers. Common referral issues for psychology to address include grief and stress at the time of diagnosis, adjustment to diagnosis and coping with CF, medical adherence, mood difficulties, behavioral challenges, school and social challenges, coping with medical admissions, and coping with the impact of CF on quality of life. Interns will provide a range of clinical services, including brief consultation and assessment, longer-term psychotherapy, and consultation within the larger community and with schools.

Medical Day Treatment Program - Supervisor: Jennifer Lindwall, PhD

- Overview: Medical Day Treatment is a unique school housed at Children's Hospital Colorado that provides educational, medical, and psychotherapeutic support for children and adolescents with chronic medical illness who have difficulty attending a traditional public school due to their medical needs. Youth present with a wide range of medical conditions (e.g., Type I Diabetes, seizure disorders, cancer, GI conditions, chronic pain, sickle cell disease, obesity) and psychosocial difficulties



(adjustment and coping with chronic medical, quality of life, depression, anxiety, and trauma). The psychology intern will conduct initial evaluations, provide individual and family therapy, and will co-facilitate weekly group therapy. Treatment using CBT, ACT, mindfulness, behavioral therapy, and motivational interviewing principles typically focuses on improving medical adherence, coping with chronic illness, improving social skills, and decreasing anxiety and depressive symptoms that are often associated with medical illness. The intern will assist with administering, scoring, and interpreting self-report and parent-report measures that assess patient outcomes (including depression, anxiety, quality of life, and resiliency) and inform treatment planning. In addition, the intern will collaborate on a daily basis with the classroom teachers and nursing staff, attend daily team rounds, and participate in weekly psychosocial rounds to provide comprehensive, multidisciplinary care in an alternative school setting.

Oncology - Supervisor: Bob Casey, PhD

- Overview: The psychology intern will have the opportunity to participate in a multi-disciplinary team dedicated to the psychosocial and emotional care of children and their families who are treated in the Center for Cancer and Blood Disorders (CCBD). Patients include those actively being treated for cancer and hematologic disorders, as well as cancer survivors. Clinical opportunities for the psychology intern will include initial psychological assessments, shadowing of CCBD clinicians, and participation in medical rounds and specific team meetings (e.g. Bone Marrow Transplant, Leukemia, Solid Tumor). The ability to provide ongoing psychotherapy to specific patients/families will depend on scheduling. The goals of this placement include: becoming familiar with specific medical information related to pediatric oncology and hematology, observing the coordination of services provided by a large multi-disciplinary team (psychology, social work, child life, art therapy, chaplaincy, acupuncture, and resource support), and identifying basic challenges encountered by a family with a seriously ill child and associated interventions.

Solid Organ Transplant - Supervisors: Cindy Buchanan, PhD & Elizabeth Steinberg, PhD

- Overview: The psychology intern will have the opportunity to complete pre-transplant psychological evaluations for children undergoing evaluation for heart, liver, or kidney transplantation. All children, adolescents, and families meet with psychology during the transplant evaluation process on either an inpatient or outpatient basis. The evaluation includes an assessment of family functioning, adjustment, and mood—factors that impact a child’s ability to cope with a solid organ transplant. Many children, adolescents, and families continue to meet with psychology throughout the transplant process; the psychology intern has the opportunity to complete short-term treatment during their rotation. The intern will see children during hospitalizations and during their outpatient medical clinic visits. The psychology intern has the opportunity to meet with children to help them adjust to new treatments or medical illnesses. The psychology intern also works with children and adolescents on treatment adherence, coping with procedure-related distress, and providing support around managing emotional reactions to their health conditions.

GI Clinic - Supervisors: Monique Germone, PhD, BCBA & Christine Reinhard, PhD

- Overview: Interns will participate in the interdisciplinary Neurogastroenterology/Motility, Inflammatory Bowel Disease, and Celiac Disease Clinics. Children and families are seen for evaluation of: coping with illness, symptom management (pain, nausea, vomiting, sleep, and defecation disorders), implementation and adherence to lifestyle and medical recommendations that are central to treatment of these disorders, as well as psychiatric comorbidity. The interdisciplinary teams include physicians, nurses, dietitians, physical therapy, and social. The intern will conduct health and behavior assessments and provide treatment to children and adolescents seen in the outpatient clinics. Treatment is problem focused and short term using evidenced based/ informed approaches including BT, CBT, and ACT.

Heart Institute - Supervisor: Sarah Kelly, PsyD

- Overview: Interns will have the opportunity to work with patients and families seen in cardiology, from infancy through young adulthood, across interdisciplinary teams that include cardiologists, advanced practice providers, nurses, surgeons, social workers, and child life specialists. Depending on the intern's training goals, the intern may be integrated into the following subspecialty cardiac teams: complex congenital heart disease, cardiomyopathy/heart failure, patients with arrhythmias or electrophysiology devices, pulmonary hypertension, fetal cardiology, pre/post-surgery, and hypertension/hyperlipidemia. Common referral issues for psychology include child and family coping with a chronic, life-limiting condition, mood and anxiety difficulties, social challenges, neurodevelopmental and school problems, adjusting to the impact of disease on quality of life, health-promoting behaviors, adherence to medical regimen, and transition to adult cardiac care. Clinical experience will include biopsychosocial assessment, consultation, and short-term interventions.

Sleep Clinic – Supervisor: Stacey Simon, PhD

- Overview: Opportunities for the psychology intern will include performing behavioral sleep evaluations and treatments for infant, child, and adolescent sleep problems. Typical presenting problems include insomnia, independent sleep difficulties, bedtime resistance, circadian rhythm sleep disorders, parasomnias, and desensitization to CPAP therapy for youth with obstructive sleep apnea. Patients and families are typically referred to the behavioral sleep clinic by their primary care physician or have been seen previously in the medical sleep clinic and referred internally. Evaluations include an assessment of sleep environment, bedtime routines, sleep duration and timing, as well as querying other factors that may impact a child's sleep such as school functioning and mood, and rule out of organic sleep disorders. Clinical measures including sleep diary, actigraphy (objective sleep/wake monitoring), and paper-pencil questionnaires will also be incorporated. The intern will gain an understanding of normal sleep development, become familiar with pediatric behavioral sleep disorders, obtain a basic understanding of common organic sleep disorders, and gain knowledge of and apply empirically supported behavioral treatments for sleep disorders.

Eating Disorders Program - Supervisors: Mindy Solomon, PhD & Chelsea Hilsendager, PhD

- Overview: The Eating Disorder Program (EDU) is located on the 5th floor of the Gary Pavilion. EDU has 6 inpatient beds and the program can serve up to 18 patients (day treatment and inpatient). There is also an Intensive Outpatient Program (ED-IOP) which runs intermittently throughout the year, as well as a separate Intake and Outpatient program. The multi-disciplinary team consists of Adolescent medicine physicians, psychiatrists, psychologists, social workers, dietitians, nurses and mental health counselors in addition to trainees from every discipline. Patients served are male and female, ages 6-22. There is a distinct track of the program for children 12 and younger specially tailored for the needs of these young children with eating disorders. Patients have a primary diagnosis of Anorexia Nervosa, Bulimia Nervosa, Avoidant-Restricted Food Intake Disorder (ARFID) or Eating Disorder Not Elsewhere Classified. Patients may also have a number of comorbid conditions including (but not limited to) Major Depression, Anxiety, OCD, and PTSD. Primary treatment modality is derived from Family Based Treatment (FBT) and involves family members at every level of care. In addition to standard family-based treatment interventions, families receive skills related to behavior coaching and emotion coaching and support through Emotion Focused Family Therapy (EFFT). Treatment consists of a variety of interventions including individual, family and group therapies; cognitive skills-based psychoeducation and therapy (such as ACT, DBT, CBT & motivational enhancement); psychiatric intervention, medical monitoring and support, nutrition/meal support and behavioral interventions. Clinical opportunities include completion of brief psychological assessments, individual/family therapy, and group therapy.



Aims and Competencies of Rotation

Competency - Assessment

Aim 1: Increase understanding about the use of diagnostic assessment and standardized testing/measures with pediatric patients in a multidisciplinary medical setting.

Aim 2: Highlight the importance of using diagnostic interview data, behavioral observations, test results, and **child/parent measures for informing diagnosis and treatment recommendations with pediatric patients.**

Aim 3: Strengthen and broaden skills related to: diagnostic assessment, administration of standardized measures and/or administration of parent and child self-report measures to inform case conceptualization, diagnosis, clinical intervention, and treatment recommendations for pediatric patients. This may include brief screening, capacity evaluation, or mental status evaluations.

Aim 4: Integrate general pediatric psychology assessment measures and disease specific assessment into the development of appropriate case conceptualizations, DSM diagnoses, and relevant treatment recommendations for pediatric patients.

Competencies:

- Demonstrate effective skills regarding: rapport building, clinical interviewing, and administration of standardized testing with culturally diverse children and families within a pediatric setting.
- Accurately interpret data, synthesize findings verbally and in written form, and make relevant recommendations to families and colleagues in a timely manner.
- Demonstrate good clinical judgment around selection and utilization of assessment tools within a pediatric setting.

Competency - Intervention

Aim 1: Expose interns to referral questions that are particularly relevant to pediatric psychologists.

Aim 2: Offer opportunities for interns to provide consultation, brief psychotherapy interventions, and longer-term psychotherapy across a range of patient populations in a pediatric medical setting.

Aim 3: Teach interns how to provide effective pediatric psychology interventions while working within a multidisciplinary team.

Aim 4: Gain knowledge and skill regarding psychotherapeutic techniques/approaches (e.g., CBT, ACT, family therapy, behavioral interventions) that are most pertinent when working with pediatric populations.

Aim 5: Strengthen understanding and implementation of interventions useful for promoting positive coping and adjustment with medical illness, promoting quality of life, and increasing medical adherence.

Aim 6: Learn how pediatric psychologists implement interventions with pediatric patients across multiple medical settings (e.g., inpatient, outpatient, day treatment).

Competencies:

- Understand the role of the pediatric psychologist, including services provided to pediatric patients in a medical setting.
- Effectively choose and implement appropriate interventions for pediatric patients in medical settings.
- Appropriately collaborate and consult with colleagues in the medical setting (e.g., physicians, nurses, social workers, child life specialists), as well as colleagues in the community (e.g., school professionals, community mental health clinicians).

Competency - Research

Aim 1: Introduce interns to research conducted in the field of pediatric psychology.

Aim 2: Emphasize the importance of using empirically supported assessment and interventions when delivering effective clinical care to pediatric patients.

Aim 3: Highlight the importance of effective integration of research findings from the field of pediatric psychology, clinical child psychology, and medical research to inform clinical work.

Aim 4: Assist with clinical research activities conducted with pediatric psychology populations (availability of opportunities will depend upon clinical research being conducted during the internship year).

Aim 5: Learn about a range of empirically supported treatments relevant to pediatric psychology.

Aim 6: Effectively share relevant research findings to patients, families, and colleagues in and beyond the field of pediatric psychology.

Competencies:

- Demonstrate knowledge regarding important topics in the field of pediatric psychology, and the ability to generate research questions to inform pediatric psychology interventions.
- Exhibit appropriate skills for choosing and delivering interventions for pediatric patients.
- Demonstrate ability to effectively communicate research findings from the field of pediatric psychology when providing clinical interventions.

Competency - Professional Values, Attitudes, and Behaviors

Aim 1: Educate interns about the role of pediatric psychologist working within a medical setting.

Aim 2: Help interns understand how a pediatric psychologist works collaboratively with colleagues from multiple disciplines.

Aim 3: Interact with professionals across disciplines to provide comprehensive patient care.

Aim 4: Consult with professionals in and beyond Children's Hospital Colorado when providing comprehensive patient care.

Competencies:

- Demonstrate effective skills for contributing a pediatric psychology perspective when providing multidisciplinary patient care in a culturally relevant manner.
- Exhibit understanding about how to advocate on behalf of diverse patients and assist patients/families with accessing resources in the hospital and in the greater community.

Competency - Individual and Cultural Diversity

Aim 1: Challenge interns to increase their awareness, knowledge, and skills relevant to addressing cultural issues on both personal and professional levels.

Aim 2: Introduce interns to diverse pediatric patient populations in a variety of settings in a pediatric hospital.

Aim 3: Integrate a cultural perspective into all aspects of pediatric psychology training.

Aim 4: Critically examine how cultural factors of one's own personal/professional identity impacts one's approach to clinical work in the field of pediatric psychology.

Aim 5: Complete assessments, psychotherapy interventions, and consultation using a pediatric psychology framework that integrates cultural issues.

Aim 6: Examine how cultural factors salient to a patient/family impact patient care and address these issues in collaboration with the greater medical team.



Competencies:

- Gain awareness, knowledge, and skills regarding cultural diversity which are applicable to the role of the culturally sensitive pediatric psychologist.
- Effectively provide pediatric psychology services in a culturally sensitive manner.
- Understand how pediatric psychologists can improve multidisciplinary care by advocating for a culturally relevant approach to address each family's unique needs.

Competency - Consultation and Interprofessional/Interdisciplinary Skills

Aim 1: Highlight the importance of working collaboratively with multiple disciplines when serving in the consultative role, and teach skills necessary for successful collaboration (e.g., effective and efficient verbal and written communication of clinical impressions, recommendations, and treatment goals).

Aim 2: Emphasize the importance of collaborating with professionals in the greater community when providing comprehensive patient care.

Aim 3: Perform consultations and provide recommendations for pediatric patients in both inpatient and outpatient medical settings at CHCO.

Aim 4: Engage in opportunities to work collaboratively with multiple disciplines (e.g., medical teams, social work, nutrition, child life) to provide comprehensive care to pediatric patients.

Aim 5: Gain experience providing consultation and recommendations to professionals outside of CHCO (e.g., community mental health providers, school personnel) to coordinate care, and learn skills to effectively communicate with colleagues both verbally and in written form.

Competencies:

- Demonstrate understanding of the consultative role of pediatric psychology within the medical environment.
- Exhibit the knowledge and skills necessary for successfully collaborating with colleagues across disciplines when providing consultation services.
- Demonstrate knowledge of how to effectively provide consultation in a collaborative manner with professionals in the greater community.

Learning Elements to Develop Competencies:

Assessment

- Conduct diagnostic interviews with patients on medical floors and in outpatient settings.
- Administer and interpret parent/child rating scales.
- Administer and interpret standardized psychological tests.
- Complete pre-transplant psychosocial evaluations.
- Review testing data to inform diagnostic impressions and recommendations.

Intervention

- Provide brief and long-term psychotherapy to address issues including coping and adjustment, procedural distress, medical adherence, quality of life, non-pharmacological acute and chronic pain management, social and academic development, mood difficulties, and behavior problems.
- Provide consultation and referral information to pediatric patients and families who would benefit from mental health services.
- Offer individual and family-based psychotherapy to pediatric patients in inpatient and outpatient medical settings.

Research

- Participate in the implementation of clinical research studies.
- Assist with scholarship opportunities.

- Participate in program development projects.
- Review, analyze, and summarize data gathered from research studies.

Professional Values, Attitudes, and Behaviors

- Participate in multidisciplinary rounds.
- Deliver case conceptualization, diagnostic impressions, and treatment recommendations to multidisciplinary colleagues.
- Participate in patient care conferences.
- Provide education and training to colleagues about mental health treatment, resources, and levels of care.

Individual and Cultural Diversity

- Provide intervention and consultation to a diverse pediatric patient population.
- Integrate cultural considerations into case conceptualizations, treatment planning, and service delivery.
- Serve as patient/family advocate to obtain culturally relevant services.
- Act as a liaison between diverse patients/families and medical teams by offering a cultural perspective of patient care.
- Collaborate with medical interpreters to provide patient care when necessary.
- Offer resources/materials that are written in the patient's/family's language.

Consultation and Interprofessional/Interdisciplinary Skills

- Communicate with members of the medical team in a timely manner, using both written and oral communication.
- Effectively deliver recommendations to families.
- Communicate with providers in the community to coordinate services.
- Present case conceptualization and treatment recommendations to medical teams and families.

Evidence Base of Activities on Rotation:

- American Psychological Association: Society of Pediatric Psychology and Society of Clinical Child and Adolescent Psychology
- Journal of Clinical Practice in Pediatric Psychology (American Psychological Association, Division 54)
- Journal of Pediatric Psychology (<http://jpepsy.oxfordjournals.org/>)

Developmental Pediatric Psychology (DP)

Leadership within the Developmental Pediatric Psychology Track

- Training Director - Rebecca Wilson, PsyD.
- Associate Director- Elizabeth Griffith, PhD.

Supervisors

- Beth Bennett, PhD.
- Jamie Blume, PsyD.
- Liz Coan, PsyD
- Terry Katz, PhD.
- Samantha Piper, PhD.
- Caitlin Walsh, Ph.D.
- Emily Werner, PhD.

Developmental Pediatrics focuses on Neurodevelopmental Disorders and evidence-based assessment and treatment of autism spectrum disorders. Located within Children's Hospital Colorado, outpatient clinics in Developmental Pediatrics are dynamic interdisciplinary experiences with psychologists, physicians, and allied health professionals working closely together with patients and their families.



The Developmental Pediatric Psychology Track is 16-20 hours/week for a full year. The training model follows a developmental trajectory of assessment and treatment opportunities. The intern begins the year in younger age clinics and over the course of the year works with older patients, becoming adept at clinical assessments and treatment across the developmental phases of childhood. Interns will achieve specialization in Autism Spectrum Disorder, Intellectual Disability, and genetic and other medical conditions associated with developmental disabilities. Assessment experiences for the intern also include assessment and treatment of children with genetic disorders and specialty conditions (e.g. Sex Chromosome Disorders, Fragile X, and Deaf and Hard of Hearing). Interns may select from short-term targeted intervention opportunities (e.g. ABCs of Behavior Parent Training, Behavioral Sleep Clinic, Early Start Denver Model, Toileting Clinic, or EF/Social Skills treatment).

Aims and Competencies of Rotation

Competency- Assessment

Aim: Competency in interdisciplinary pediatric assessment of Developmental Disabilities and genetic disorders (including Sex Chromosome Disorders and Fragile X) and the comorbid conditions that accompany developmental disabilities within a hospital setting.

Competencies:

- Conduct diagnostic developmental interviews.
- Demonstrate competent administration and scoring of standardized instruments of development (i.e. Bayley 3), cognition (i.e. DAS-2), intellectual ability (WISC-V, SBV), activities of daily living (i.e. Vineland 3) and the Autism Diagnostic Observation Schedule-2nd Edition.
- Develop test battery appropriate to referral question.
- Demonstrate awareness of the expected behavioral/emotional sequelae of specific developmental disorders.
- Interpret test results and develop recommendations based on referral question and test findings.
- Provide written and oral feedback to family and physicians.

Competency- Interventions

Aim: Competency with the management of behavioral and medical concerns in developmental disabilities and genetic disorders.

Competencies:

- Build meaningful, culturally sensitive, clinical rapport with presenting family.
- Develop appropriate written objectives for intervention in collaboration with families.
- Discuss objectives for intervention with families, explain evidence-based strategies, and consider the intersection of medical, behavioral, and environmental strategies to address areas of concern.
- Provide evidence-based short-term interventions effectively in hospital setting.
- Terminate intervention effectively with appropriate support for “next steps”.
- Document in an appropriate and timely manner.

Competency-Research

Aim: To gain knowledge and understanding of the evidence-base for developmental pediatric assessment and intervention practices.

Competencies:

- Apply knowledge of evidence-based practices for neurodevelopmental pediatric assessment and intervention.
- Demonstrate ability to evaluate strong versus weak evidence, and the critical elements of evidence based intervention.

Competency- Professional values, attitudes, and behaviors

Aim: Understand the psychologist's scope of practice as well as that of other disciplines within a hospital-based developmental pediatric team.

Competencies:

- Demonstrate professional values, attitudes, cultural sensitivity, and behaviors that represent integrity, professional responsibility, and adherence to professional standards.
- Present with professional demeanor and accountability that includes professional relationships with other providers and trainees and appropriate integration of clinical knowledge for best practice patient care.
- Demonstrate responsible management of clerical time-lines, timely communication and electronic medical record documentation.
- Demonstrate appropriate time-management.

Competency- Individual and cultural Diversity

Aim: Understand multicultural and individual diversity as these relate to practice.

Competencies:

- Demonstrate knowledgeable ability to work with patients/clients across all areas of human diversity.
- Write reports that convey sensitivity and understanding of multicultural concerns, diversity issues, and compassion for the diversity of individuals with differing abilities.

Activities of the rotation

Activities of the rotation are designed to fit an individual intern's training goals:

1. This experience offers a developmental training model. Trainees rotate through younger aged clinics at the beginning of their training year and move to older aged clinics mid-year, completing their training in genetic and specialty clinics by the end of training.
2. Approximately 10 hours/week of direct clinical care with patients/clients and their families.
3. Approximately 10 hours/week to include meetings, administrative work, case presentation, supervision, report writing and didactics related to developmental disabilities.
4. Interns typically participate in 2 interdisciplinary clinics/week (8 hours) and a targeted intervention experience (2 hours).
5. Supervision is largely in vivo with supervisors providing direct oversight within an interdisciplinary team setting.
6. Supervision related to intervention/treatment, professional developmental and mentoring is completed in once or twice weekly hourly supervision.

Pediatric Neurorehabilitation: Assessment and Treatment

Leadership within the Rotation

Supervisors

- Program Director: Mike Kirkwood, Ph.D., ABPP-CN
- Amy Connery, PhD., ABPP-CN
- Sarah Tlustos-Carter, PhD., ABPP-CN
- Tess Simpson, PhD.
- Christine Petranovich, PhD.
- Nicole Eberle, PhD.
- Alison Colbert, Ph.D.



The Rehabilitation Psychology program at the Children’s Hospital Colorado offers a variety of intervention, assessment and consultative services to children and adolescents within the Department of Rehabilitation Medicine. Our program is designed to prepare applicants for post-doctoral fellowship in Rehabilitation Psychology and aligns with national standards of practice for board certification in the field. Our program reflects the importance of comprehensive care around biopsychosocial factors, including the response to long-standing or newly acquired physical illnesses and injuries. Psychologists and supervised trainees provide integrated care to children and families in both inpatient and outpatient multidisciplinary settings. Multidisciplinary teams in the Department of Rehabilitation Medicine include medical professionals, rehabilitation psychologists/neuropsychologists, social workers, speech therapists, academic specialists, occupational therapists, physical therapists, and other professionals. Treatment is tailored to the individual needs of children whose diagnoses may include: mild to severe Traumatic brain injury (TBI), stroke, encephalitis, spinal cord injury, spina bifida, amputation, cerebral palsy, as well as other neurodevelopmental disorders.

The intern will have the opportunity to participate in a variety of multidisciplinary specialty assessment teams: the Multidisciplinary Outpatient Rehabilitation Evaluation (MORE) Team, the Non-accidental Brain Injury Care Clinic (NABICC), International Adoption Clinic (IAC), Acquired Brain injury Care Clinic (ABICC). These specialty clinics offer multidisciplinary team-based evaluations for children from infancy through early adulthood. The MORE team provides an extensive team-based evaluation for children, from infancy through early adulthood, who have complex cognitive, learning, language, psychosocial, mobility, and/or daily living problems. NABICC is a multidisciplinary team clinic which focuses on evaluating young children (birth to 3) who have sustained a brain injury due to physical abuse, and following this patient population from the time of their hospital discharge through early childhood. Interns will participate in abbreviated developmental assessments through IAC with children adopted internationally. ABICC is a multidisciplinary assessment team focused on serving children and families with newly acquired brain injuries. Finally, interns will conduct abbreviated neuropsychological consultations in the complex concussion clinic under the supervision of a clinical neuropsychologist.

The intern will become familiar with health and behavior assessment and intervention when working with children and adolescents. The outpatient therapy clinic provides the intern with the opportunity to work with families in a short term therapy model focused on improving functioning and assisting with adjustment following injuries and illnesses. Additional opportunities in the outpatient clinic include co-leading groups for children with acquired or traumatic brain injury.

Weekly supervision for both assessment and treatment is an essential element of the Rehabilitation Psychology Internship Program. Interns will work with pediatric psychologists as well as clinical neuropsychologists in both an individual and group supervision format.

Aims and Competencies of Rotation

Competency – Research

Aim: Integrate empirical research data with clinical interventions.

Competencies

- Applies critical thinking skills to clinical practice.
- Integrates a solid understanding of child-adolescent developmental lines into theoretical formulation, treatment plan.
- Understands and uses empirically-based psychotherapeutic interventions, including but not limited to the following models: behavioral, cognitive behavioral, solution-focused, interpersonal, family therapy modalities, and crisis intervention as appropriate.
- Uses empirical data to inform test interpretation and development of recommendations.
- Administers standardized and empirically sound assessment measures.

Competency - Ethical & Legal Standards

Aim: Engage in professional services with highest ethical and legal standards including documentation, billing, case consultation, advocacy, and confidentiality.

Competencies

- Assesses and reports on a variety of high risk concerns within a medically complex population.
- Practices in an ethical manner and seeks supervision/consultation appropriately when faced with ethical dilemmas.
- Gains experience in navigating outcomes of non-accidental/abusive head trauma.

Competency - Individual and Cultural Diversity

Aim: Provide quality direct clinical services to an ethnically, racially, socially, demographically and physically diverse population.

Competencies

- Demonstrates ongoing awareness and integration of multicultural diversity in service delivery across all rehabilitation psychology settings.
- Works effectively with interpreters in providing direct clinical services
- Establishes rapport with clients of diverse clinical, age, gender, cultural groups, and developmental ability.

Competency - Professional values, attitudes, and behaviors

Aim: Demonstrate competence in presenting relevant patient information and assessment data to multidisciplinary teams, parents, schools, and other professionals.

Competencies

- Shows respect and openness to the perspective and experience of his/her colleagues from other disciplines.
- Presents an open stance to receiving feedback from colleagues and supervisors pertaining to perceived strengths and areas for ongoing growth.
- Shows a capacity to use supervision to adjust approach when requested/required.
- Seeks consultation/guidance with respect to development of professional identity, professional challenges, and self-assessment.
- Assist with program development within the Rehabilitation Psychology Department.

Competency - Communication and interpersonal skills

Aim: Effectively communicate findings (test results, interpretation, diagnoses, and recommendations) to family and to medical, educational, and therapeutic providers.

Competencies

- Consults effectively and works collaboratively with rehabilitation team members (physical therapists, occupational therapists, speech therapists, nurses, physicians, social workers, etc.) with regard to cognitive, behavioral, and emotional functioning in the pediatric rehabilitation population.
- Participates actively in multidisciplinary rounds and team meetings.

Competency – Assessment

Aim: Interns will apply current knowledge and practice to the administration, scoring, interpretation, and report writing involved in neuropsychological assessment of children and adolescents.



Competencies

- Demonstrates competent administration, scoring, interpretation and integration of standardized test instruments (including measures of intelligence, developmental/adaptive functioning, memory, attention, executive functions, general awareness/alertness and emotional/behavioral functioning).
- Demonstrates competency in early developmental evaluation methods (e.g., Bayley).
- Conducts diagnostic interviews, generates appropriate assessment plans, and gathers appropriate social and medical history information.
- Develops recommendations based on integration of data from multidisciplinary sources, assessment findings, and available resources with sensitivity to cultural context and developmental needs.
- Documents results, interpretations and recommendations in a timely and appropriate format.
- Conducts behavioral assessments in the process of developing health and behavior focused intervention plans.
- Demonstrates knowledge of the literature in assessment and treatment specific to the needs of children and adolescents who have brain injuries and other Rehabilitation Medicine-related diagnoses.

Competency – Intervention

Aim: Gain entry level professional competence in providing comprehensive and appropriate interventions (individual, group, and family health and behavior intervention), as well as case management, parent guidance, and consultation with children/adolescents who have medical diagnoses as their primary concern.

Competencies

- Provides direct interventions to patients ranging from those in acute, inpatient medical rehabilitation settings to outpatient medical clinics for follow-up regarding cognitive, behavioral and psychosocial needs.
- Understands the impact of rehabilitation-related medical diagnoses on children’s biopsychosocial functioning and the needs of families in acute medical settings and in the transition to home, school and community settings.
- Shows intellectual and practice-oriented curiosity with respect to integrating therapeutic approaches into practice.
- Demonstrates knowledge of the literature in interventions specific to the needs of children and adolescents with brain injuries and other rehabilitation-related diagnoses.
- Completes all documentation, phone calls, and case management in a timely manner.
- Direct clinical services include an eclectic combination of empirically-based psychotherapeutic interventions that stem from the following models: Behavioral, cognitive-behavioral, solution-focused, pain management, trauma focused, interpersonal, and crisis intervention. Direct clinical services also include a focus on psychoeducation and family-centered care.

Competency - Consultation and interprofessional/interdisciplinary skills

Aim: Provide proficient assessment and psychotherapeutic services in response to Rehabilitation Psychology consults to address cognitive, behavioral and emotional functioning in the pediatric rehabilitation population. Effectively communicates findings (test results, interpretation, diagnoses, and recommendations) to family and to medical, educational, and therapeutic providers.

Competencies

- Consults effectively with rehabilitation team members (physical therapists, occupational therapists, speech therapists, nurses, physicians, social workers, etc.) in the inpatient rehabilitation setting with regard to cognitive, behavioral, and emotional functioning in the pediatric rehabilitation population.
- Gathers data from rehabilitation team members, families, and patients regarding the function of a child’s behavior and develops effective intervention plans.
- Works collaboratively with multidisciplinary team members in inpatient and outpatient rehabilitation settings as well as community settings.
- Participates actively in interdisciplinary rounds and team meetings.

Learning Elements to Develop Competencies

Research-Based Practice

- Apply empirical findings to evidence-based clinical practice in the Rehabilitation Psychology service.
- Integrate empirical data with clinical interventions throughout the Rehabilitation Psychology service.

Professional values, attitudes, and behaviors

- Present an integrated and dynamic evaluation summary to multidisciplinary teams, patients, families and school teams in both inpatient and outpatient settings.
- Actively engage in individual, group and in vivo supervision of all rehabilitation psychology activities.

Individual and cultural diversity

- Provide direct clinical services to a broad range of individuals from diverse backgrounds/cultures, including those with diverse physical abilities.
- Work with interpreters to provide direct clinical services (as appropriate).
- Address diversity issues in supervision.
- Advocacy opportunities within the team and community.
- Opportunity to provide clinical services in Spanish, under supervision of Spanish speaking psychologists.

Assessment

- Conduct multidisciplinary team evaluations with the pediatric rehabilitation population through the Multidisciplinary Outpatient Rehabilitation Evaluation (MORE) Clinic.
- Conduct multidisciplinary team evaluations with internationally adopted children through the International Adoption Clinic (IAC).
- Conduct multidisciplinary team evaluations with children who have sustained non-accidental brain injuries through the Non-accidental Brain Injury Care Clinic (NABICC).
- Conduct evaluation and consultation in Acquired Brain Injury Care Clinic (ABICC) is a multidisciplinary assessment team focused on serving children and families with newly acquired brain injuries.
- Conduct abbreviated neuropsychological consultations in the complex concussion population.

Intervention

- Demonstrate appropriate case conceptualizations and treatment plans, and provide individual, family, and group intervention with the pediatric rehabilitation medicine population in inpatient and outpatient settings.

Consultation and interprofessional/interdisciplinary skills

- Respond to inpatient Rehabilitation Psychology consult requests to understand a patient's cognitive, behavioral and emotional functioning with the aim of supporting his/her optimal response to medical interventions and recovery from illness or injury.
- Design intervention plans and provide consultation to rehabilitation medicine team members in the inpatient rehabilitation setting.

Supervision

- Actively participates in individual supervision on a weekly and group supervision on a bi-weekly basis to obtain guidance in developing a therapeutic approach with patients.
- Supervise therapy extern in the Rehabilitation Psychology program.

Evidence Base of Activities on Rotation/Citations

The following resources are often used and provide evidence-based practice guidelines, professional standards and current research outcomes in the field of rehabilitation psychology:

- Frank, R. G., Rosenthal, M., & Caplan, B. (2009). *Handbook of rehabilitation psychology (2nd ed.)*. Washington, DC: American Psychological Association.



- Farmer, J. E., Donders, J., & Warschausky, S. (2005). *Treating neurodevelopmental disabilities: Clinical research and practice*. New York: Guilford Publications.
- Semrud-Clikeman, M. (2001). *Traumatic brain injury in children and adolescents: Assessment and intervention*. New York: Guilford Publications.
- The official journal of the Division of Rehabilitation Psychology titled: *Rehabilitation Psychology*
- Guidelines outlined through Division 22: Rehabilitation Psychology, and in particular Section 1: Pediatric Rehabilitation
- Dize-Lewis, J.E., Calvery, M.L. & Lewis, H.C. (2001). *BrainSTARS: Brain injury—strategies for teams and re-education for students*. Denver, CO: UniqueLitho.

Location of Services within the Hospital

The Neurotrauma/Rehabilitation Inpatient Unit is located on the sixth (6th) floor of the main hospital. The Outpatient Rehabilitation Psychology Services Clinic is located on the fourth (4th) floor in the outpatient pavilion. The multidisciplinary clinics are primarily located on the second (2nd) floor of the east tower in the multidisciplinary clinic area.

Patient Population Served

Children and adolescents ages 0-24. Patients served include those with a variety of rehabilitation needs, medical diagnoses, and diverse levels of functioning.

Practical Expectations

Paperwork Expectations: Dependent upon rotation focus, intern will be expected to complete assessment reports and intervention notes. We work closely with our intern to assess writing skills and maximize efficiency strategies. Interns will be allotted sufficient time to complete all writing demands within the Rehabilitation Psychology Rotation.

Primary Care Psychology

Project CLIMB in Child Health Clinic

Leadership within the rotation

- **Ayelet Talmi, Ph.D. (Program Director)**
- Melissa Buchholz, PsyD
- Bridget Burnett, PsyD
- Lisa Costello, PhD
- Kelly Glaze, PsyD
- Catherine Wolcott, PhD

Description

Project CLIMB (Consultation Liaison in Mental Health and Behavior) is a collaborative effort between the Department of Pediatrics, the Pediatric Mental Health Institute and the Child Health Clinic at Children’s Hospital Colorado. Project CLIMB provides integrated behavioral health services in the context of a residency training pediatric primary care clinic. The program aims to facilitate early identification and treatment of mental health and behavioral issues within a pediatric primary care setting, increase access to mental health services in an underserved population, and train health professionals in meeting the mental and behavioral health needs of children. Project CLIMB is staffed by a transdisciplinary team that includes psychologists, psychiatrists, pediatricians, postdoctoral fellows, psychology interns, pediatric residents, other health profession trainees, and staff from the Child Health Clinic. The team provides developmental interventions, diagnostic assessments, medication evaluations, staff consultation and training, psychosocial and behavioral group and individual interventions, and recommendations for treatment of infants, children and adolescents. The clinic provides more than 30,000 primary care visits to children aged birth through 18 each year. Nearly 85% of children seen in clinic are publicly insured. The clinic serves a diverse population of children and families from the neighboring community including a large Spanish speaking population and refugee communities from around the world.

Young Mothers Clinic (YMC)

Leadership within the rotation

- Bethany Ashby, PsyD (Program Director)
- Amelia Ehmer, PsyD
- Sadie Hasbrouck, PhD

Description

The Young Mothers Clinic (YMC) is a pediatric primary care clinic that serves adolescent mothers up to age 22 and their children. The program provides comprehensive multidisciplinary care, which includes social work, case management, nutrition, dental, and integrated behavioral health services, in addition to pediatric care and well-woman and family planning services. YMC sees approximately 1,500 adolescent mothers and their children each year and provides approximately 7,000 visits. YMC is a subsection of the Department of Pediatrics at Children's Hospital Colorado and the behavioral health program is a collaboration between the Department of Pediatrics, the Colorado Adolescent Maternity Program in the Department of Ob/Gyn at the University of Colorado Hospital, and the Pediatric Mental Health Institute. Behavioral health services offered include staff consultation; developmental, psychosocial and mental health assessment; medication evaluation and management; psychosocial group interventions; and individual, couple, and family psychotherapy. The multidisciplinary behavioral health team is composed of psychology and psychiatry faculty, as well as social work staff, along with trainees from each of these disciplines. The YMC patient population is composed of urban, low income, and racially diverse young women and their children, and nearly 90% are publicly insured. Patients are drawn from the surrounding communities, primarily Aurora and Denver.

Aims and Competencies of Rotation

Competency-Assessment

Aim 1: Increase understanding about the use of clinical interviewing and screening tools used with pediatric, adolescent, and obstetric patients in an outpatient primary care medical setting.

Aim 2: Understand the importance of using clinical interview data, behavioral observations, medical history, screening and test results, and child/parent measures for informing clinical intervention and treatment recommendations with pediatric patients and families.

Aim 3: Develop an increased understanding of the importance of assessing psychosocial factors, including trauma exposure and environmental adversity, in developing diagnostic formulations, interventions, and recommendations for pediatric and obstetric patients and their families.

Competencies

- Demonstrate effective skills related to selecting appropriate assessment and screening tools, clinical interviewing, and treatment recommendations with culturally diverse children and families within a primary care setting.
- Ability to establish rapport with patients of diverse age, gender, cultural groups and developmental ability.
- Develop recommendations and appropriate community referrals based on integration of clinical information, presenting concerns, medical information, and assessment findings.

Competency-Research

Aim 1: Understand the importance of empirical investigation, program evaluation, and characterization of critical processes and outcomes related to integrated care practice.

Aim 2: Emphasize the importance of using evidence-based interventions to inform clinical care delivered to patients and families in primary care settings.

Aim 3: Contribute to scholarly activities related to integrated primary care services.



Competencies

- Demonstrate knowledge of the literature by applying relevant information to clinical practice and scholarly activities.
- Integrate empirical research data with clinical interventions.
- Exhibit appropriate skills for choosing and delivering indicated interventions for patients and families.
- Demonstrate ability to effectively communicate research findings through developing research questions with applied relevance, and presenting scientific and clinical information to clinic staff, trainees, and faculty.

Competency-Professional Values, Attitudes, and Behaviors

Aim 1: Increase understanding of the role of integrated behavioral health professionals (including psychologists) working within integrated primary care.

Aim 2: Understand the health care systems implications of developing, implementing, and evaluating integrated mental health services in the context of a medical home including role in policy and advocacy.

Aim 3: Develop professional identity as a psychologist working in an integrated healthcare setting.

Competencies

- Demonstrate self-assessment skills and awareness about working within an interdisciplinary team in order to provide behavioral health intervention in a culturally responsive manner to patients and families in primary care.
- Exhibit an understanding about how to advocate on behalf of diverse patients and assist patients/families with accessing resources in the community.
- Apply ethical standards, legal standards, and professionalism in interactions with patients and colleagues.
- Complete clinical documentation and other clinical duties including consultation with medical providers in a timely fashion and according to clinic, departmental and institutional requirements.

Competency-Individual and Cultural Diversity

Aim 1: Increase awareness, knowledge, and skills related to cultural competency in working with patients and families.

Aim 2: Exposure to diverse patient populations with respect to age, race/ethnicity, socioeconomic status, language, access to care, sexual orientation, etc.

Aim 3: Integrate a cultural perspective and understanding into all clinical care with patients/families.

Competencies

- Demonstrate an awareness of and utilize skills that promote a culturally responsive practice and consultation in pediatric primary care settings.
- Effectively provide behavioral health consultation, clinical interventions, and referrals in a culturally responsive manner.
- Demonstrate self-awareness and professional growth through engaging in reflective discussions around culture and diversity issues in supervision.

Competency-Consultation and Interprofessional/Interdisciplinary Skills

Aim 1: Understand the importance of a consultation-liaison role when providing behavioral health services in primary care.

Aim 2: Highlight the importance of working collaboratively with multiple disciplines using a team-based care approach when serving in the consultation-liaison role.

Aim 3: Emphasize the importance of collaborating with community-based professionals, services, and systems to deliver high quality, equitable, and accessible care to children and families in primary care settings.

Competencies

- Function as a resource for team members around mental health, behavior, and developmental issues that arise in primary care settings.
- Develop educational offerings for interdisciplinary teams on topics related to integrated mental health service delivery.
- Perform clinical interventions with patients and families, demonstrating an appropriate case conceptualization, forming an appropriate treatment plan, and developing a supportive therapeutic relationship.

Learning Elements to Develop Competencies

Assessment

- Diagnostic interviews with patients (family members) in outpatient primary care setting.
- Implementation of screening related to development, pregnancy-related depression, trauma, mental health and behavior.
- Review testing/screening data to inform diagnostic impressions, clinical interventions, and recommendations.
- Participate in the development and implementation of new assessment and screening efforts as needed.

Intervention

- Developmental and psychoeducational interventions to patients/families during well-child and routine medical visits.
- Utilize motivational interviewing as a primary strategy for assessing readiness for behavior change.
- Individual, family, and group therapy for children, adolescents, and parents.
- Consultation and staff training on issues related to mental and behavioral health and health promotion and prevention. Crisis evaluations for suicidal and homicidal ideation, psychosis, and other psychosocial issues that impact safety.
- Provide behavioral and developmental services to young children and their families to promote optimal development, improve child and family functioning, and address parent concerns.
- Observe transdisciplinary breastfeeding management consultations.

Research

- Participate in the implementation of research and evaluation activities.
- Assist with ongoing scholarly work.
- Participate in program development and quality improvement projects.
- Review, analyze, and summarize data gathered from ongoing projects.
- Present research ideas and projects to various audiences within primary care, psychiatry department, CHCO, and members of the community outside CHCO.

Professional Values, Attitudes, and Behaviors

- Participate in multidisciplinary rounds/didactics (e.g., PCCC, pediatric grand rounds, University and community trainings).
- Deliver case conceptualization, diagnostic impressions, and treatment recommendations to multidisciplinary colleagues.
- Plan and deliver a minimum of 2 didactic presentations to colleagues in primary care (PCCC, 8am talk, Noon Conference, etc.).
- Provide informal education and support to colleagues regarding behavioral health, appropriate recommendations, resources, etc.

Individual and Cultural Diversity

- Provide intervention and consultation to a diverse patient population.



- Utilize interpreter services to communicate with patients/families and increase access to care and resources.
- Serve as a patient/family advocate to obtain culturally relevant services.
- Seek resources and information that is written in the patient/family's language.

Consultation and Interprofessional/Interdisciplinary Skills

- Be available to provide information and resources to medical providers on topics related to behavioral health, development, community resources, etc.
- Communicate findings of clinical assessment, intervention, and recommendations to medical team.
 - Communicate with providers in the community to coordinate services.

Evidence Base of Activities on Rotation

- Ashby, B., & Kaul, P. (2016). PTSD in adolescent girls: A practical approach for the PAG clinician. *Journal of Pediatric and Adolescent Gynecology*, 16, 162-165.
- Ashby, B. & Bromberg, S. (2016). Infant mental health in high risk populations. *Newborn and Infant Nursing Review*, 16, 269-273.
- Ashby B, Ehmer A, Scott S. (in press). Trauma-informed care in a patient-centered medical home for adolescent mothers and their children. *Psychological Services*.
- Ashby, B. Lakatos, P., & Scott, S. (2016). Infant mental health in prenatal care. *Newborn and Infant Nursing Review*, 16, 264-268.
- Ashby, B., Ranadive, N., Alaniz, V., St. John-Larkin, C., Kabir, K., & Scott, S. (2016) Implications of comprehensive mental health services embedded in an adolescent obstetric medical home. *Maternal and Child Health Journal*, 20(6), 1258-1665.
- Ashby, B. & Talmi, A. (2010). Trauma and loss in adolescent pregnancy. *Zero to Three*, 31(1), 52-53.
- Becker Herbst, R., Margolis, K.L., McClellan, B.B., Herndon, J.L., Millar, A.M., & Talmi, A. (2018). Sustaining integrated behavioral health practice without sacrificing the continuum of care. *Clinical Practice in Pediatric Psychology*. 6(2), 117-128. <http://dx.doi.org/10.1037/cpp0000234>
- Becker Herbst, R., Margolis, K. L., Millar, A., Muther, E. F., & Talmi, A. (2016). Lost in Translation: Identifying Behavioral Health Disparities in Pediatric Primary Care. *Journal of Pediatric Psychology*, 41, 481 - 491. (doi: 10.1093/jpepsy/jsv079, PMID: 26338958).
- Browne, J. V., Martinez, D., & Talmi, A. (2016). Infant mental health in the intensive care unit: Considerations for the infant, the family and the staff. *Newborn & Infant Nursing Reviews*, 16(4), 274-280. <http://dx.doi.org/10.1053/j.nainr.2016.09.018>
- Browne, J. V., & Talmi, A. (2016). Reflections on infant mental health practice, policy, settings, and systems for fragile infants and their families from prenatal and intensive care through the transition home and to community. *Newborn & Infant Nursing Reviews*, 16(4), 255-257. <http://dx.doi.org/10.1053/j.nainr.2016.09.014>
- Buchholz, M., Burnett, B., Margolis, K. L., Millar, A., & Talmi, A. (2018). Early childhood behavioral health integration activities and HealthySteps: Sustaining practice, averting costs. *Clinical Practice in Pediatric Psychology*, 6(2), 140-151. <http://dx.doi.org/10.1037/cpp0000239>
- Buccholz, M., Ehmer, A., Noniyeva, Y., Stein, R., Ashby, B., Talmi, A. (2017). Levels of influence: Applying an ecological model in pediatric primary care. *Zero to Three*, 37(6), 11-17.
- Buchholz, M., Fischer, C., Margolis, K. L., Talmi, A. (2016). Early childhood behavioral health integration in pediatric primary care: Serving refugee families in the Healthy Steps Program. *Zero to Three*, 36(6), 4-10.
- Buchholz, M. & Talmi, A. (2012). What we talked about at the pediatrician's office: Exploring differences between Healthy Steps and traditional pediatric primary care visits. *Infant Mental Health Journal*, 33(3), 1 - 7.
- Bunik, M., Talmi, A., Stafford, B., Beaty, B., Kempe, A., Dhepyasuwan, N., & Serwint, J. R. (2013). Pediatric Residency Integrated Survey of Mental Health in Primary Care: A National CORNET Study. *Academic Pediatrics*, 13(6), 551-557. (PMID: 24238682)
- Bunik, M., Dunn, D. M., Watkins, L., & Talmi, A. (2014). Trifecta approach to breastfeeding: Clinical care in the integrated mental health model. *Journal of Human Lactation*, 30(2), 143-147. (PMID: 24595703).
- Dunn, D. M. & Talmi, A. (2012). A morning in clinic. *Zero to Three*, 32(6), 4 - 8.

- Frank, R.G., McDaniel, S.H., Bray, J.H., & Heldring, M. (Eds.) (2004). *Primary Care Psychology*. American Psychological Association: Washington, D.C.
- Gatchel, R.J. & Oordt, M.S. (2003). *Clinical Health Psychology and Primary Care: Practical Advice and Clinical Guidance for Successful Collaboration*. American Psychological Association: Washington, D.C.
- Kaplan-Sanoff, M., Talmi, A., & Augustyn, M. (2012). Infusing infant mental health services into pediatric primary care for very young children and their families. *Zero to Three*, 33(2), 73-77.
- Kelsay, K., Bunik, M., Buchholz, M., Burnett, B., & Talmi, A. (2017). Incorporating development into a multidisciplinary training model for integrated behavioral health within a pediatric continuity clinic. *Child & Adolescent Psychiatry Clinics*. Published online July 21, 2017 (ahead of print). DOI: <http://dx.doi.org/10.1016/j.chc.2017.06.001>
- Kelsay, K., Burstein, A., & Talmi, A. (2018). Child & adolescent psychiatric disorders & psychosocial aspects of pediatrics. In W. W. Hay, Jr., M. J. Levin, R. R. Deterding, and M. Abzug (Eds.), *Current Diagnosis and Treatment: Pediatrics*, 24th Edition. McGraw-Hill.
- Kleiber, B.V., Dimidjian, S., Felder, J.N., Ashby, B., Scott, S., Dean, J. (2017). Treating symptoms of postpartum depression among adolescents with a modified dialectical behavior therapy skills group. *Cognitive and Behavioral Practice*.
- Lovell, J., Roemer, R., & Talmi, A. (2014). Pregnancy-related depression screening and services in pediatric primary care. *CYF Newsletter of the American Psychological Association*, May. (<http://www.apa.org/pi/families/resources/newsletter/2014/05/pregnancy-depression.aspx>)
- Margolis, K., Dunn, D., Becker Herbst, R., Bunik, M., Buchholz, M., Martinez, D., & Talmi, A. (2015). Mi bebé y yo: A primary care group for Latina/o infants and their Spanish-speaking caregivers. *Zero to Three*, 35-43.
- Margolis, K., Kelsay, K., Talmi, A., Mcmillan, H., Fraley, M., & Thomas, J. (2018). A multidisciplinary, team-based teleconsultation approach to enhance child mental health services in rural pediatrics. *Journal of Educational and Psychological Consultation*, 1-26. DOI: [10.1080/10474412.2018.1431549](https://doi.org/10.1080/10474412.2018.1431549)
- Muther, E.F., Adams, H., Ashby, B., & Tarbell, S. (2015). Integrated and embedded behavioral health care in pediatrics. *Colorado Journal of Psychiatry and Psychology*, 1, 106-120.
- Rollnick, S., Miller, W.R., & Butler, C.C. (2008). *Motivational Interviewing in Health Care: Helping Patients Change Behavior*. Guilford Press: New York, NY.
- St. John-Larkin, C., Paul, J.J., Ashby, B. (2015). Perinatal, infancy, and early childhood mental health. *Colorado Journal of Psychiatry and Psychology*, 1, 69-83.
- Talmi, A., Buchholz, M., & Muther, E. F. (2016). Funding, financing, and investing in integrated early childhood mental health services in primary care settings. In R. D. Briggs (Ed), *Integrated Early Childhood Behavioral Health in Primary Care: A Guide to Implementation and Evaluation* (pp. 143 - 164). Springer International Publishing, Switzerland. DOI: [10.1007/978-3-319-31815-8_9](https://doi.org/10.1007/978-3-319-31815-8_9)
- Talmi, A., Bunik, M., Asherin, R., Rannie, M., Watlington, T., Beaty, B. and Berman, S. (2014). Improving developmental screening documentation and referral completion. *Pediatrics*, 134: 4 e1181-e1188. (PMID: 25180272).
- Talmi, A., Burnett, B., & Buchholz, M. (2018). Integrated behavioral health in pediatric primary care settings: Using screening processes as ports of entry for children and families. In M. Markish (Ed.) *Handbook of Pediatric Psychology Assessment* (pp. 435 - 449). Taylor and Francis.
- Talmi, A. & Fazio, E. (2012). Promoting health and well-being in pediatric primary care settings: Using health and behavior codes at routine well-child visits. *Journal of Pediatric Psychology*, 1 - 7.
- Talmi, A., Lovell, J. L., Becker Herbst, R., Margolis, K. L., Muther, E. F., & Buchholz, M. (2015) Postdoctoral fellows' developmental trajectories in becoming pediatric primary care psychologists. *Clinical Practice in Pediatric Psychology*, 3(3), 233-240.
- Talmi, A., Muther, E. F., Margolis, K., Buchholz, M., Asherin, R., & Bunik, M. (2016). The scope of behavioral health integration in a pediatric primary care setting. *Journal of Pediatric Psychology*. DOI: [10.1093/jpepsy/jsw065](https://doi.org/10.1093/jpepsy/jsw065)
- Talmi, A., Stafford, B., & Buchholz, M. (2009). Perinatal mental health where the babies are, in pediatric primary care. *Zero to Three*, 29(5), 10 - 16.



Practical Expectations

1. Times of meetings
 - a. Participate and be prepared for weekly individual supervision with all rotation supervisors.
 - b. Attend clinic rounds/didactic meetings (PCCC, etc.).
 - c. Attend weekly YMC psychosocial meeting (Wednesdays 12:00-1:00)
 - d. Attend CLIMB Team meetings as needed and with supervisor permission
2. Paperwork Expectations
 - a. Completion of clinical documentation within a timely manner (24 hours).
 - b. Adherence to and completion of all required electronic health record trainings and procedures
3. Hours breakdown/typical week
 - a. CLIMB: Mondays (1:00-6:00pm) and Wednesdays (1:00-6:00pm)
 - b. YMC: Wednesdays (8-1:00pm) and Thursdays (8:00-1:00pm)
4. Present to a variety of multidisciplinary audiences
 - a. Present four morning talks, pre-clinic didactics, or other educational sessions on topics related to integrated behavioral health in primary care
 - b. Participate in presentations of other team members

Generalist Track Descriptions

PMHI Outpatient Clinic

Supervisors within rotation

- Monique Germone, Ph.D.
- Jenna Glover, Ph.D.
- Emily Laux, Psy.D.
- Jessica Malmberg, Ph.D.
- Ben Mullin, Ph.D.
- Clio Pitula, Ph.D.
- Kimberly Sheffield, Ph.D.
- Jason Williams, Psy.D.

Transdiagnostic Therapeutic Assessment

The Transdiagnostic Therapeutic Assessment Clinic is a year long required rotation in the generalist training track. Interns have the opportunity to learn innovative assessment approaches that integrate transdiagnostic mechanisms within a therapeutic assessment framework. Interns complete multi-session evaluations that focus on developing assessment batteries that are customized to answer specific questions generated by patients and family members using transdiagnostic assessments and brief interventions. Interns are also benefited by receiving live supervision during this training clinic and quarterly case conferences to help enhance skill development in this unique assessment model.

Individual and/or Family Therapy

Interns will have the opportunity to provide evidence-based outcomes assessment and treatment to patients and families in the PMHI outpatient clinic throughout their training year. Interns typically carry a caseload of 5 outpatient individual and/or family therapy appointments. Children present to the PMHI outpatient clinic with a wide variety of presenting problems including behavior problems, anxiety, depression, trauma, and difficulties coping with comorbid medical conditions. Evidence-based approaches used in the PMHI outpatient clinic include behavior therapy, CBT, ACT, DBT, Motivational Interviewing, and Transdiagnostic interventions. Interns receive weekly supervision by a licensed psychologist.

Group Therapy

Interns will participate in two group therapy experiences each lasting six months. Interns co-lead group with first year psychiatry fellows. A licensed supervisor also co-leads the group experience allowing for in-vivo modeling of group interventions and direct observation of the trainees skills in a group therapy context. Interns participate in weekly supervision with the psychiatry fellows for group training. Our current group options include a CBT based group for anxiety disorders, a Transdiagnostic based group for externalizing disorders, and a DBT based group for mood disorders.

Extern Supervision

Interns will be paired with a doctoral psychology student completing a one year clinical externship in the Pediatric Mental Health Institute Outpatient Clinic. Interns will meet with the extern weekly for an hour of supervision and be responsible for supervising 1-2 of the extern therapy cases over the course of the training year.

Intensive Care Rotation

Interns will spend four hours weekly, for 6 months of the training year, in the Intensive Care Rotation. During this time, interns will be part of an integrated treatment team in one of our intensive care units which include inpatient, partial hospitalization program, intensive outpatient program, neuropsychiatric special care, eating disorders unit, and emergency department. The location of an intern's intensive care rotation will be informed by a variety of factors including the intern's training goals and availability of supervisors on each unit. The intensive care rotation experience will provide training experiences with *brief* psychological testing, treatment planning, and crisis-oriented interventions for stabilization.

Aims and Competencies of Generalist rotation

Competency - Assessment

Aim: Applies current knowledge and practice to the administration, scoring, and report writing involved with psychological evaluation of children, adolescents, and families with youth up to 18 years of age, integrating relevant research to guide conceptualization and treatment recommendations.

Competencies

- Generates appropriate assessment plan, including demonstrating appropriate judgment in selecting assessment approaches.
- Ability to establish rapport with clients of diverse clinical, age, gender, cultural groups, and developmental ability.
- Competent administration, scoring, interpretation, and report writing of standardized instruments (personality/projective, neuropsychological, intelligence, adaptive behavioral assessments, psychoeducational measures, and mental status essential for clinical child psychologists). Able to use test results to generate DSM-5 diagnosis, formulate treatment recommendations, and effectively communicate findings. Writes report in a timely fashion.
- Demonstrates an awareness of ethical, legal, and professional issues and standards in assessment.

Competency - Intervention

Aim: Interns will gain entry level professional competence in providing interventions (individual and group) for a variety of common presenting concerns within child clinical settings (internalizing and externalizing disorders), as well as parent guidance/consultation skills with children, adolescents, and their families.



Competencies

- Ability to establish rapport with diverse clients and families with a range of presenting problems and cultural backgrounds
- Biopsychosocial case conceptualization reflecting understanding of treatment options, need, and necessity.
- Conducts individual treatment based on a generated individualized treatment plan that utilizes empirically supported treatments.
- Conducts group therapy utilizing empirically supported treatments.
- Timely and appropriate documentation of results, interpretations, and recommendations.
- Coordinates cares with other professionals and collaborates with treatment teams.

Competency - Research

Aim: Interns will demonstrate that clinical practice and treatment recommendations are empirically supported and apply empirical findings to evidence based clinical practice.

Competencies

- Demonstrate appropriate use of empirically supported treatments, including training manuals for intervention with children/adolescents.
- Applies data-collection for outcomes assessment to determine effectiveness of treatment plans throughout the course of therapy.
- Applies critical thinking skills to psychological evaluation.
- Competent, diagnostic psychological assessment that integrates standardized psychological test results to generate DSM-5 diagnosis and treatment recommendations that are consistent with relevant empirical findings and guidelines in the field.

Competency - Professional values, attitudes, and behaviors

Aim: Interns are engaged in an ongoing process of professional development

Competencies

- Demonstrates self-assessment skills.
- Applies ethical standards of practice for psychology, including awareness of and adherence to APA Ethical Principles, Code of Conduct and other Professional Standards.
- Awareness of/adherence to legal (e.g., mandatory reporting, commitment) and regulatory (e.g., Board of Psychology) standards.
- Maintenance of expected work load and professionalism in fulfilling clinical responsibilities (paperwork, response to messages, maintenance of professional boundaries).
- Demonstrate clinical inquisitiveness, personal and professional maturity by wearing appropriate attire and has a professional presentation.
- Receptive to professional development conversations and able to integrate feedback into work
- Completes clinical tasks within the appropriate and expected time frame.
- Seeking out feedback from supervisors to continue with professional growth.

Competency - Individual and cultural diversity

Aim: interns will integrate knowledge of individual and cultural diversity in their daily professional practice and service delivery (inclusive of ethnicity/race, sexual orientation, gender, physical ability, social class, age, and other social identities).

Competencies

- Considers and integrates diversity issues with all service delivery.
- Addresses diversity issues in supervision.

- Provides direct clinical services to a broad range of individuals from diverse backgrounds/cultures and adjusts for needs unique to that population (i.e. hearing impaired, use of ASL or other modalities).
- Works with interpreter to provide direct clinical services (as appropriate) and encourages other team members to do the same.

Competency - Consultation and interprofessional/interdisciplinary skills

Aim: Applies assessment, intervention, and consultation skills working with interprofessional and interdisciplinary teams at different levels of care.

Competencies

- Works collaboratively with other professionals and demonstrates an understanding of the role and duties of a psychologist in relation to other providers.
- Activities of rotation (Requirements vs. options available—what the intern would be doing to achieve above competencies).

Learning Elements to Develop Competencies

Assessment

- Transdiagnostic Therapeutic Assessment interviews with patients (family members) in outpatient clinic setting.
- Implementation of psychosocial screening related to family resources and safety concerns to identify and connect families to needed external supports.
- Complete routine outcomes assessment to monitor effectiveness of treatment plan.
- Crisis risk assessment to determine appropriate level of care.

Intervention

- Brief intervention matched to stage of change, delivered in feedback sessions within the Transdiagnostic Therapeutic Assessment Clinic.
- Delivering individual interventions to patients/families in outpatient clinic.
- Providing psychoeducation of skills training in group therapy.
- Utilize motivational interviewing as a primary strategy for assessing readiness for behavior change.
- Individual, family, and group therapy for children, adolescents, and parents.
- Crisis intervention for suicidal and homicidal ideation, psychosis, and other psychosocial issues that impact safety.

Research

- Develop empirically supported treatment plans.
- Utilize treatment resources in the outpatient evidence based library.
- Collect data for ongoing translational research within the Transdiagnostic Therapeutic Assessment Clinic.

Professional Values, Attitudes, and Behaviors

- Deliver case conceptualization, diagnostic impressions, and treatment recommendations to multidisciplinary colleagues.
- Provide informal education and support to colleagues regarding psychological assessment and interventions.
- Engage in self-reflective practices during individual and group supervision experiences.
- Develop supervision skills through providing weekly supervision to a doctoral psychology extern.

Individual and Cultural Diversity

- Provide intervention and consultation to a diverse patient population.
- Utilize interpreter services to communicate with patients/families and increase access to care and resources.
- Serve as a patient/family advocate to obtain culturally relevant services.
- Seek resources and information that is written in the patient/family's language.



Consultation and Interprofessional/Interdisciplinary Skills

- Co-lead group therapy with psychiatry fellows.
- Participate in multidisciplinary rounds in the Intensive Care Rotation.
- Communicate findings of clinical assessment, intervention, and recommendations to other providers within the outpatient clinic.
- Communicate with providers in the community to coordinate services.

Practical Expectations

1. Times of meetings
 - a. Interns scheduled times for generalist training experiences varies depending on the interns specialty elective track.
 - b. Interns receive 4 hours of supervision in the generalist track which include 1 hour of outpatient therapy supervision, 1 hour for group therapy, and 2 hours of live supervision during the Transdiagnostic Assessment Clinic.
2. Paperwork Expectations
 - a. Completion of clinical documentation within a timely manner.

Hours breakdown/typical week

Interns complete a total of 12.5 direct clinical hours a week in the generalist training track. Specifically, interns spend 2 hours in the Transdiagnostic Assessment Clinic, 5 hours of individual therapy appointments, 1.5 hours delivering group therapy, and 4 hours in the Intensive Care rotation (6 months of the year).

Research - Minor Rotation

Interns will spend four hours weekly on the Research rotation. During this time, interns will contribute to an ongoing research study with a psychologist faculty member. The training committee will attempt to match interns and faculty based on the preferences of each. This rotation will consist of conceptualizing and executing a small research project, which may involve collection of new data or analysis of existing data from CHCO, and will result in a circumscribed academic product by the end of the internship year. Interns are expected to present their research posters at the annual Children's Hospital Colorado Department of Pediatrics Research Day, which occurs in May of the internship year. Other products may include a poster presentation at another local or national conference and/or a co-authored publication. The intern may work with a supervisor whose research is outside of their clinical track, as we recognize that interns may have somewhat different clinical and research interests. This rotation will be supervised by the intern's chosen research supervisor. It is expected that interns and their supervisors will meet regularly to discuss the research project and monitor progress, though the frequency of these meetings will be determined by each supervisory pair. Interns will also participate in a quarterly didactic course. This course will feature opportunities to discuss each intern's planned research project and receive feedback from fellow interns and the course instructor. Depending on need and interest, the course may also cover other research-related topics, such as how to deliver an effective research presentation and potential ways to build a research program and obtain research funding in an academic medical setting.

Aims and Competencies of rotation

Competency - Research

Aim: Conceptualize and execute a defined research project during the course of the academic year, culminating in the presentation of findings at a local scientific meeting.

Competencies

- Demonstrates sufficient familiarity and knowledge of a faculty psychologist's area of research.
- Devises research hypotheses that are testable and useful with respect to existing scientific literature.
- Capable of evaluating and selecting appropriate methods for testing study hypotheses.
- Demonstrates the ability to perform and interpret requisite statistical analyses.

- Competent production of a scientific poster and/or paper.
- Effective presentation of research findings to attendees at the local scientific meeting.
- Demonstrates an awareness of ethical, legal, and professional issues and standards in the context of research.

Competency - Professional values, attitudes, and behaviors

Aim: Conduct research activities in a professional and ethical manner.

Competencies

- Obtain requisite training and certifications for working with sensitive human subjects data.
- Maintenance of expected work load and professionalism in fulfilling research responsibilities (e.g., making consistent progress throughout the academic year, meeting deadlines, completing administrative paperwork, adhering to data security policies, etc).
- Seeking out appropriate consultation and guidance (e.g., statistics consultation) to continue with professional growth.

Learning Elements to Develop Competencies

Research

Each intern will review the current scientific literature with respect to their supervisor’s area of research. This will form the basis of conversations with their supervisor intended to cultivate knowledge about this area of scholarship, and help them to devise a meaningful research project to conduct during the internship year. While the actual research tasks may vary between interns depending upon the nature and state of their supervisor’s data, responsibilities will typically include data management, data collection, statistical analysis, and the production and presentation of a conference research poster.

Professional values, attitudes, and behaviors

Interns will complete all requisite online training in the ethical conduct of human subjects research required by the University of Colorado (www.citiprogram.org). There may also be additional specific training that is related to research project. It is expected that interns will adhere to ethical and legal standards in their research duties, maintain expected workload, consistently display professionalism in fulfilling research responsibilities, be timely in completion of clinical tasks, and seek out feedback from supervisors regarding professional growth.

Practical Expectations

Times of meetings

Interns will have a four-hour block of dedicated time each week, during which they are expected to perform research activities related to their project. They will have a minimum of two hour-long meetings per month with their supervisor to discuss ongoing progress with their research project. Over the course of the year, interns will also participate in 4 hour-long research didactics that are led by psychologists on the training committee. As noted above, these may be additional didactic meetings (depending on interest and need).

Research Product

Interns are expected to present their research posters at the annual Children’s Hospital Colorado Department of Pediatrics Research Day, which occurs in May of the internship year. Interns are also free to pursue additional options, such as manuscript writing, for their own enrichment and professional development

Hours breakdown/typical week

4 hours total per week. Responsibilities should not exceed this time allotment.



Didactic Seminars, Meetings, and Conferences

Intern seminars are held weekly. Attendance and participation in seminars is required, and the time is protected from other clinical demands. Didactics are designed to provide instruction to advance knowledge in profession wide competency and program aims of gaining competence in therapy, assessment, and consultation. Didactics also provide interns with exposure to the broader academic research community, and with the opportunity to present their own research studies in an academic setting. Interns also attend local trainings and conferences and are provided with five conference leave days in order to attend required and optional conferences. Registration fees are paid for required conferences.

1. Assessment Seminar - provides instruction by a variety of speakers on administration, scoring, and interpretation of cognitive, projective, personality, developmental, academic, neuropsychological, and functional assessment instruments.
2. Diversity Seminar- introduces the topic of cultural diversity in health care, including mental health settings, highlighting cultural disparities that exist in our health care system, why they exist, and discussing culturally competent practice.
3. Pediatric Behavioral Medicine Seminar - held jointly with first year Child Psychiatry Residents - speakers include in-house medical and mental health professionals who provide information about medical disorders and their treatment, and how to intervene as a psychological and psychiatric consultant in the treatment of medically ill children.
4. Professionalism Seminar - provides instruction on a variety of professional development topics including preparing for post-doctoral training, developing an identity as a psychologist, ethical practice, and leadership.
5. Academic Medical Research Seminar - meets quarterly to provide support and discuss progress toward successful completion of the minor research rotation requirements. Discussions are focused on helping interns develop effective research skills in an academic medical setting.
6. Supervision of Supervision Seminar - provides an overview to the many topics related to supervision. Each intern will supervise a practicum student and will present their experiences to the group over the course of the year. Interns will be provided with group supervision related to this supervisory relationship using the topics and readings discussed.
7. Child Psychiatry Grand Rounds - research and clinical presentations by invited speakers, faculty, child psychiatry residents, and psychology interns to the combined UCHSC Child Psychiatry faculty and the Pediatric Mental Health Institute staff.
8. Pediatric Mental Health Institute Meetings - quarterly meetings. Topics include research presentations, clinical interventions, and information about institute policies, procedures and activities.
9. EBP Group Training Seminar: Didactic instruction and clinical supervision in evidence based group treatment approaches for anxiety, disruptive behaviors, and mood related disorders. EBP's include CBT, DBT, Parent Training, and Transdiagnostic Universal Protocol based group interventions..

Administrative Structure

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

expectations, program structure, and available rotations to ensure training experiences are up to date and most relevant for interns future practice in health service psychology.

Individual Learning Plan

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

Supervision

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

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

Interns meet as a cohort with the Training Director weekly for group supervision and quarterly in individual meetings with the Training Director to discuss training needs and progress in the program. The Training Director coordinates the interns' rotations schedule and the evaluation process. The Training Director also serves as a mentor to help the interns integrate and synthesize their training experiences and supervisory feedback.

Intern and Supervisory Evaluation

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

Expected Outcomes

Given the diverse background experiences of our interns, and the flexibility of our training program to meet their individual interests and aptitudes, we expect a range of outcomes from our interns. Follow-up surveys, and contact with interns who request employment references and proof of internship completion for state licensure, provide us with information about the outcomes achieved by our interns. Through these mechanisms, we find that



we are meeting our aim of preparing interns in each of the profession wide competencies for professional practice in psychology as child clinical and pediatric psychologists. Our former interns are working in a variety of pediatric settings, most commonly in academic medical centers, but also in community agencies and private practices. Almost all of the past interns have completed post-doctoral fellowship training in the year immediately following internship.

Orientation

Interns are provided with an orientation period at the beginning of the training year. In the first phase of orientation, interns must complete hospital required human resource (HR) activities, some of which must be completed prior to employment. Information will be provided about these requirements prior to beginning internship. Interns are also provided with an orientation to the hospital and their shared yearlong components of training. This allows the interns to get to know each other and to become grounded in the hospital environment.

Resources and Support

The psychology interns are considered first year hospital employees, therefore they are granted the same rights and responsibilities as employees. However, interns are provided with 10 more days of paid time off than regular first year employees. Interns are provided with seven paid holidays; fourteen days to take as vacation or sick leave; five professional leave days for dissertation, graduation and interviews; and four conference leave days. The training program pays for the interns to attend the Institute's annual Rosenberry conference. As a condition of employment, interns must pass a Colorado Bureau of Investigation background screening and a urine drug screen before beginning work. A health screening with proof of immunizations is also required.

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

The interns work in a shared office space and are provided with individual desks, phones, and computers. Outpatient therapy is conducted in individual therapy and group therapy offices in the Pediatric Mental Health Institute. Many of the shared therapy and group therapy offices have video monitoring and taping capacity. The training program has regularly scheduled access to rooms for seminars and other training opportunities.

The interns are provided with general administrative assistance provided by the Operations Coordinator. Support includes facility and institute related issues, Human Resource liaison, institute and program support, assessment materials, support for supply and other program business process, Systems, and IT support is also provided for the intern either by the Operations Coordinator, or Children's Hospital Colorado IT Help Desk as needed.

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

Biographies of Training Faculty are available for viewing on our webpage

<https://www.childrenscolorado.org/doctors-and-departments/departments/psych/training/>



