

Children's Hospital Colorado

# Psychology Internship Training Program in Child Health Service Psychology

2024-2025



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Children's Hospital  
Colorado



# Psychology Internship Training Program in Child Health Service Psychology

2024-2025 Training Year

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Children's Hospital Colorado offers a doctoral psychology internship training program in Health Service Psychology. **The program is designed as a full-time 12-month program beginning June 2024 and ending June 2025. 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](http://www.appic.org)).

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

Office of Program Consultation and Accreditation  
750 First Street, NE  
Washington, DC 20002-4242  
Phone: 202-336-5979 TDD/TTY: 202-336-6123 Fax: 202-336-5978  
[www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)  
[apaaccred@apa.org](mailto:apaaccred@apa.org)

Seven internship positions are available for the 2024-2025 training year. Interns will receive a salary of \$35,431, subject to the withholding of taxes. Interns are given a total of 30 paid leave days which include holiday, vacation, sick, and professional leave. Employee health and dental benefits are also available. Proof of malpractice coverage must be provided by the interns' training institution or by the intern.

## Requirements for Admission

The training program is committed to the recruitment of trainees from underrepresented groups. 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.
- Completed at least three years of practicum/field placement or work experience, which includes a minimum of 500 hours direct clinical assessment and intervention hours combined (preference given to applicants with experience with youth 0-18 years old and families).
- Completed at least five child and/or adolescent integrated psychological testing reports.
- If you have fewer than 500 hour or 5 integrated reports due to COVID-19 training delays, please have your DCT e-mail our training director ([laura.judd-glossy@childrenscolorado.org](mailto:laura.judd-glossy@childrenscolorado.org)) with an explanation of your circumstances and why you should be considered for internship.

## 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.

The internship includes required components completed by all interns, and pediatric specialties, which are chosen by each intern. **At the time of application candidates state their pediatric specialty preferences.** The tracks are described in the body of this brochure. Applicants have the potential to be interviewed for up to three tracks to which they apply, and they may rank-order all tracks for which they are interviewed. 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 pediatric specialty track choices.** The program codes are:

117111	Child and Adolescent Clinical Specialist
117112	Neuropsychology
117113	Pediatric Health Psychology
117116	Pediatric Neurorehabilitation: Assessment & Intervention
117117	Primary Integrated Care (2 positions available)
117118	Developmental Pediatric Psychology

All applicants must use the APPIC AAPI online ([www.appic.org](http://www.appic.org)). A completed application consists of the following materials:

1. Cover letter - Including your order of interest in pediatric specialty preferences, with a **maximum of three tracks**. Please also note specialty preferences 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 and upload as a supplemental material.**
5. Official transcripts of all graduate coursework.
6. Because our program is strongly committed to diversity, equity, and inclusion, please specifically discuss your experiences and commitment to DEI 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, 2023.*

## Interview Process

All applicants will be informed of our interview decisions by email by the APPIC notification deadline. All interviews are conducted virtually. Virtual interviews for selected applicants will be held on *January 5th, 9th, 10th, and 11th of 2024.*

Any questions or concerns can be directed to [CHCOPsychTrainingprogram@childrenscolorado.org](mailto:CHCOPsychTrainingprogram@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 is honored to be ranked in 10 specialties as well as the number one children's hospital in the state and region, following the release of U.S. News & World Report's 2023-2024 America's Best Children's Hospitals listing ([www.usnews.com/childrenshospitals](http://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 Institute. 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.

## The Psychology Internship Training Model

Children's Hospital Colorado Psychology Internship Training program follows a scientist-practitioner model of psychological practice.

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.

## 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.

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.

## **Commitment to Diversity, Equity, and Inclusion**

Our primary mission is to provide helpful, warm, and culturally humble care to patients and their families. Our patients come from a variety of different backgrounds, histories, and experience different aspects of privilege and oppression that we must understand in order to provide the type of care we strive to give. We recognize that there is no one way to be an effective child psychologist and we seek to train a diverse and unique group of individuals who are representative of the patient populations we work with.

We expect our supervisors and trainees to engage in ongoing examination of their own biases and actively discuss and understand the intersection of systems of oppression and social determinants of health on creating and sustaining health disparities. Our goal in this is to identify actions we can take as individuals, an institution, and a profession to improve diversity, equity, and inclusion in both psychology training and health care.

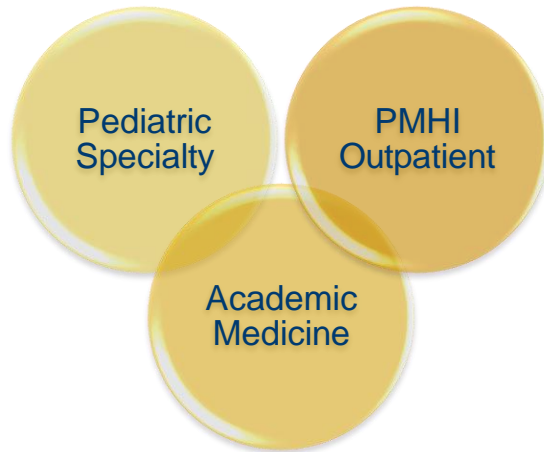
## **The Psychology Internship Training Program Structure**

The program is structured with required components to provide interns with therapeutic, assessment, and consultation experience along the full continuum of care in out patient clinics and within integrated pediatric settings. The PMHI outpatient continuum of services offered through Children's Hospital Colorado includes advanced intake clinics where students are trained in transdiagnostic therapeutic assessment and in gender diverse evaluations, individual and family therapy, 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 pediatric specialty tracks are designed to provide interns with experience functioning as a pediatric psychologist to children and adolescents with acute mental health problems and/or comorbid medical and psychiatric diagnoses in a medical care setting.

The internship includes three major year-long 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. Interns will participate in one pediatric specialty track in addition to the PMHI outpatient rotation, the academic medicine rotation. The program components are first summarized briefly and then described in more detail as follows:

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

The program consists of three rotations described below:



### Pediatric Specialty Rotation

- Interns will match with only one specialty track - 12 months, 20 hours/week dedicated clinical time
  - Child and Adolescent Clinical Specialty
  - Developmental Pediatric Psychology
  - Neuropsychology
  - Pediatric Health Psychology
  - Pediatric Neurorehabilitation: Assessment and Treatment
  - Primary Care Psychology

### Pediatric Mental Health Institute

- PMHI Outpatient Rotation - 12 months, 10 hours/week:
  - Advanced Intake Clinics: Transdiagnostic Assessment Clinic & Gender Focused Intake Clinic
  - Outpatient Psychotherapy: Individual and Family Therapy
  - Group Therapy may include Anxiety Disorders (CBT/ACT), Mood Disorders (DBT), Gender Dysphoria (GF-DBT) and Disruptive Behaviors (CBT/Unified Protocol)

### Academic Medicine Rotations

- Supervision (12 months, 1-2 hours/week)
  - Interns will supervise a doctoral extern on 1-3 outpatient clinical cases. Interns will also participate in a monthly group supervision of supervision course.
- Research Rotation (12 months, 4 hours/week)
  - Interns are given 4 hours of dedicated research time to complete a scholarly product. Interns are paired with a research mentor who has an ongoing research project to complete this requirement. Funding may be available for interns to present their research findings at a local, regional, or national conference.
- Didactic Seminars
  - Didactic seminars are held weekly and include a variety of topics covering pediatric behavioral medicine, social justice and health equity, substance abuse, trauma informed care, empirically based practices for eating disorders, empirically based interventions for sleep, professionalism, and supervision of supervision. Some seminars exclusively include psychology interns, and some include child psychiatry residents to facilitate interdisciplinary training.



# Pediatric Specialty Rotation Descriptions

## Child & Adolescent Clinical Specialist

### Leadership within the rotation

1. Kim Sheffield, PhD - Child & Adolescent Clinical Specialty Rotation Training Director

### Supervisors

Direct supervision is provided by experienced Licensed Psychologists across the intensive services and outpatient settings.

### Description of the rotation

This specialty track is 20 hours per week. It consists of three, 4-month rotations for 15 hours per week in the intensive psychiatric care setting, and one, 12-month rotation in the outpatient psychiatric care setting for 5 hours per week. The goal of this specialty track is to help the intern develop competency skills necessary for working in various levels of care within a psychiatry department in an academic medical center.

**Location within the Hospital:** The intern will provide clinical intervention, consultation, and assessment in the Pediatric Mental Health Institute (PMHI) at Children's Hospital Colorado.

**Patient Population Served:** Patients range in age from early childhood to young adults with both acute and chronic psychiatric concerns.

### Description of the Experiences

An intern will rank their preference for the experiences in the intensive services rotation and experiences in the outpatient services rotation from the options listed below. The intern will participate in a total of 3 intensive rotations and 1 outpatient rotation for the year.

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.

### Intensive Services Rotation

*The intern will select 3 experiences from the following to complete over the course of the year:*

#### Anxiety Intensive Outpatient Program (AIOP) Supervisor: Ben Mullin, PhD

- The intern will be involved in co-facilitating group therapy sessions with children and adolescents and their families participating in the Anxiety Intensive Outpatient Program (AIOP), a 6-week intensive program for youth with severe anxiety disorders or obsessive-compulsive disorder. This program focuses on exposure with response prevention, cognitive-behavioral, and ACT modalities. Supervision is developmental, with opportunities to shadow, co-facilitate, then lead sessions with the supervising psychologist and behavioral health clinicians. Opportunities may also be available for contributing to program development, outcomes monitoring and other QI research, and participating in team meetings.

#### Eating Disorders Program (EDP) Supervisor: Kim Sheffield, PhD

- The Eating Disorders Program (EDP) is a partial hospitalization program serving children and adolescents ages 6-18. The multidisciplinary team consists of adolescent medicine physicians, psychiatric providers, psychologists, behavioral health clinicians, dietitians, nurses, and behavioral health specialists in addition to trainees from every discipline. Patients have a primary diagnosis of Anorexia Nervosa, Bulimia Nervosa, Avoidant-Restricted Food Intake Disorder (ARFID) or Other Specified Feeding or Eating Disorder (OSFED). Patients may also have a number of comorbid conditions including (but not limited to) 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/support through Emotion Focused Family Therapy (EFFT). Clinical opportunities include completion of brief psychological assessments, individual/family therapy, and group therapy. Interns also have the opportunity to be involved in ongoing program development.

#### **Intensive Psychiatric Unit (IPU) Supervisor: Evadine Codd, PhD**

- Interns will have the opportunity to conduct psychological and safety assessments with youth admitted to an inpatient program for crisis stabilization. In addition, interns will be able to work on a multidisciplinary team to develop behavior management programs and deliver milieu-based group therapy.

#### **Neuropsychiatric Specialty Care (NSC) Supervisors: Patrick Romani, PhD, BCBA-D and Mathew Luehring, PhD, BCBA, NCSP**

- Interns will have opportunities to work with youth ages 4 through 17 with developmental disabilities and co-occurring severe disruptive behavior and/or mental health concerns within NSC across both the inpatient and partial-hospitalization program (PHP). Treatment is primarily based on applied behavior analysis (ABA), which will give the intern experience in administering preference assessments and functional analyses, as well as developing and implementing individualized behavioral treatment plans (e.g., functional communication training). Interns will also have opportunities to co-facilitate individual sessions and groups focusing on cognitive-behavior therapy (CBT), parent training, and social skills. Opportunities may also be available to contribute to NSC research, quality-improvement projects, and administer and interpret standardized cognitive and autism-specific assessments.

#### **Partial Hospitalization Program (PHP) Supervisor: Lauren Henry, PhD**

- Interns will have opportunities to work with psychiatrically acute patients in a variety of roles in the generalized Partial Hospitalization Program (PHP), providing comprehensive, multidisciplinary treatment for children and adolescents with a range of psychiatric challenges. Interns will work closely with the PHP psychologist and engage in a breadth of clinical and didactic experiences unique to this generalized, acute psychiatric level of care. Interns will participate in a variety of intervention activities (Exposure/Response Prevention, Unified Protocol, Parent Management Training, Motivational Interviewing, etc.), delivered through several modalities (individual, family, and group therapies). Diagnostic assessment and consultation opportunities will include broad-band measures, semi-structured diagnostic interviewing, and administration of targeted assessment batteries (e.g., cognitive, adaptive, behavioral). Working with PHP psychiatry teams and other behavioral health clinicians, interns will have the opportunity to initiate interprofessional and interdisciplinary collaboration, engage in systems-based practice, and provide client-centered and consultee centered consultation.

### **Outpatient Services Rotation**

*The intern will select 1 experience from the following to complete during the training year:*

#### **Certification in:**

##### **Unified Protocol (UP) Supervisor: Jessica Hawks, PhD**

- Interns selecting this rotation will have opportunities to obtain intensive training and supervision in providing treatment with the Unified Protocols for Transdiagnostic Treatment of Emotional Disorders in Children and Adolescents (UP-C/UP-A). The UP-C and UP-A are transdiagnostic interventions for children and adolescents, respectively, that address core dysfunctions maintaining emotional disorders rather than addressing symptoms of specific diagnoses. As part of this rotation, the intern will have an opportunity to achieve therapist certification in the UP-C and/or UP-A by participating in a comprehensive training and seeing at least one case from start to finish under the supervision of a certified trainer, while meeting certain adherence requirements.

### Parent-Child Interaction Therapy (PCIT) Supervisor: Jake Holzman, PhD

- The intern choosing this rotation will have the opportunity to acquire intensive training in Parent-Child Interaction Therapy (PCIT), an intensive intervention empirically supported for addressing behavioral concerns, emotion dysregulation, and trauma-related concerns in young children. PCIT training will be provided such that certification in this modality could be achieved. Additionally, the intern could take part in research activities that are integrated within PCIT clinical activities examining the role of parental emotion regulation and executive functions on treatment outcomes. These opportunities will take place within the Outpatient Health Pavilion which offers services to traditionally underserved families of diverse backgrounds.

### Specialized focus in Evidence-Based Practices for:

#### Neurodevelopmental Disabilities Supervisors: Julia Barnes, PhD, BCBA and Mathew Luehring, PhD, BCBA, NCSP

- The intern will focus on patients with Neurodevelopmental Disabilities (NDD), including (but not limited to) Autism Spectrum Disorder (ASD), Intellectual Disability, and Attention-Deficit Hyperactivity Disorder (ADHD). Experiences will include learning and applying Applied Behavior Analysis (ABA), modified Cognitive Behavioral Therapy (CBT), and other evidence-based approaches for the NDD population - as appropriate to each case. For interns in the process of completing BACB-approved coursework toward board certification in behavior analysis (BCBA), supervised experience and supervision hours towards BCBA certification requirements can be offered as part of this rotation at the discretion of supervisors.

### Anxiety Disorders Supervisor: Ben Mullin, PhD

- The intern will take on a small individual caseload of children and adolescents with OCD or primary anxiety disorders. The goal for this rotation is for the intern to develop expertise in case conceptualization related to chronic anxiety, and the effective implementation of exposure with response prevention. The intern will learn about both traditional cognitive behavioral approaches to anxiety, as well as adaptations including acceptance and commitment therapy. The intern will take on patients from the general outpatient clinic, as well as more acute patients who are stepping down from the Anxiety Intensive Outpatient Program.

### Gender Focused Outpatient Rotation Supervisor: Marissa Nunes-Moreno, PhD

- The intern will have an opportunity to gain depth of knowledge and experience in providing gender affirming behavioral health care to gender diverse youth (e.g., those who identify as transgender, non-binary, gender fluid) and their families. The intern will take on a small outpatient caseload of gender diverse children and/or adolescents presenting with primary needs associated with gender dysphoria and co-occurring mental health needs. Individualized training with this specific population will be integrated early into the training year in the form of direct shadowing, co-treatment, supervision, and other identified opportunities (e.g., trainings, seminars, etc.). The intern will be able to thoroughly assess for and recognize symptoms of gender dysphoria and the relationship with other mental health symptoms (e.g., disordered eating, anxiety, depression, suicidal ideation), address psychosocial stressors associated with coming out/transition/gender identity, support caregivers through coming out/transition, and guide youth and caregivers through readiness processes for gender affirming medical interventions, among other competencies. The goal of this rotation is for the intern to develop greater experience and expertise in providing clinical services for gender diverse youth and their families in a way that sensitively integrates evidence-based practices into treatment with an intersectional and social justice-based foundation.

## Aims and Competencies of Rotation

### Competency - Assessment

*Aim:* In the intensive services setting, applies current knowledge and practice to the administration, scoring, and report writing involved with acute 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

- Assessment of acute child psychopathology (e.g., risk assessment, psychosis, eating disorders, dual diagnosis).
- 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, neuropsychological, intelligence, adaptive behavioral assessments, psychoeducational measures, functional analyses, 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 an in-depth understanding of evidence-based mechanisms and competency in treatment planning and application of evidence-based practices with child clinical populations across a spectrum of care.

#### 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.
- Generates appropriate evidence-based intervention plans and updates plans regularly according to collected progress data.
- Conducts individual treatment based on a generated individualized treatment plan that utilizes empirically supported treatments.
- Conducts group therapy utilizing empirically supported treatments.
- Demonstrates understanding of acute levels of care and how interventions on the intensive level may differ from other levels of care.
- Timely and appropriate documentation of results, interpretations, and recommendations.
- Coordinates cares with other professionals and collaborates with interdisciplinary treatment teams.

### Competency - Research

*Aim:* Interns will demonstrate the ability to function as a scientist-practitioner at various levels of care in a psychiatric academic setting.

#### 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.
- 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.

- Demonstrate ability to effectively communicate research findings from relevant fields of psychology when providing clinical interventions.

### 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 workload 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.
- Seeks 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 across 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 at CHCO and in the greater community.
- Actively participates in interdisciplinary team meetings and rounds at intensive levels of care.

### Learning Elements to Develop Competencies

#### Assessment

- Interviews with patients and family members in intensive services setting.
- Initial and ongoing crisis risk assessments to determine appropriate level of care.
- Standardized assessments to clarify diagnoses and determine appropriate treatment approach and step-down referrals.
- Monitoring daily progress in intensive settings to determine appropriate plan to discharge.

#### Intervention

- Brief individualized intervention in acute settings to stabilize and address presenting concerns.
- Delivering individual interventions to patients/families in outpatient clinic.

- Providing psychoeducation of skills training in group therapy at intensive level.
- 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.
- Assist with ongoing scholarly work and program development conducted on intensive rotations (availability of opportunities dependent on supervisor and research being conducted at the time)

#### *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 supervision experiences.
- Develop supervision skills through providing weekly supervision to a doctoral psychology extern and/or mentorship and plan oversight to behavioral health specialists.

#### *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.
- Integrate cultural considerations into case conceptualizations, treatment planning, and service delivery.
- 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 behavioral health clinicians and behavioral health specialists.
- Participate in multidisciplinary rounds and team meetings in intensive services.
- Communicate findings of clinical assessment, intervention, and recommendations to other providers within the intensive services and outpatient clinic.
- Effectively deliver training and recommendations to caregivers and families.
- Communicate with providers in the community to coordinate services.

### **Practical Expectations**

1. Times of meetings
  - a. Interns scheduled times for clinical specialist intensive training experiences varies depending on the rotation and supervisor.
  - b. Interns may be expected to attend rounds and team meetings on intensive rotations.
  - c. Interns receive 2-4 hours of supervision in the Child & Adolescent Specialist rotation which includes individual supervision meetings and direct supervision in clinical care.
2. Paperwork Expectations
  - a. Completion of clinical documentation within a timely manner.
3. Hours breakdown/typical week
  - a. Interns complete a total of 20 direct clinical hours a week in the Child & Adolescent Specialist rotation. Specifically, interns spend 15 hours in an intensive services rotation, and 5 hours in the outpatient services rotation.



# Developmental Pediatric Psychology (DP)

## Leadership within the Developmental Pediatric Psychology Track

Training Director - Elizabeth McMahon Griffith PhD

Associate Directors - Liz Coan PsyD, Caitlin Middleton PhD, Nuri Reyes PhD, and Emily Werner PhD

The Section of Developmental Pediatrics in the Department of Pediatrics focuses on Neurodevelopmental Disorders with an emphasis on evidence-based assessment and treatment of autism spectrum disorder. Located within Children's Hospital Colorado, outpatient clinics in Developmental Pediatrics are dynamic, interdisciplinary experiences with psychologists, developmental behavioral pediatricians, and allied health professionals, including genetic counselors, child life, and social workers, working closely with patients and families.

**Training Model.** The Developmental Pediatric Psychology Track is 16-20 hours/week for a full year. Over the course of the year, [the intern will rotate through several different age-based clinics \(i.e., very young children through older adolescence\)](#), becoming adept at clinical assessments and treatment across the developmental phases of childhood and adolescence. A year-long mentor ensures that the intern's clinical experiences in Developmental Pediatrics align with their individualized training goals, while direct supervision is provided in each of the clinics by experienced Licensed Psychologists.

**Specialty: Assessment and Treatment.** Interns will achieve specialization in Autism Spectrum Disorder, Intellectual Disability, and other conditions associated with developmental disabilities. Assessment experiences for the intern also may include assessment and treatment of children with genetic disorders and other medical conditions, including Sex Chromosome Disorders, Fragile X, and Deaf and Hard of Hearing. Assessment experience with Bilingual Spanish speaking children is also available for bilingual interns. Interns may select from short-term targeted intervention opportunities (e.g., "ABCs" Behavior Parent Training, Behavioral Sleep Clinic, Early Start Denver Model, Toileting Clinic, or Facing Your Fears group psychotherapy).

**Specialty: Assessment and Treatment.** Interns will achieve specialization in ASD, Intellectual Developmental Disorder, and other conditions associated with neurodevelopmental differences. Assessment experiences for the intern also may include assessment and treatment of children with genetic disorders and other medical conditions, including Sex Chromosome Disorders, Fragile X, and Deaf and Hard of Hearing. Assessment experience with bilingual and/or primarily Spanish-speaking children and families is also available for bilingual interns, with supervision from bilingual and bicultural licensed psychologists. Interns may select from short-term targeted intervention opportunities, including:

- "ABCs" Behavior Parent Training
- Behavioral Sleep Clinic
- Early Start Denver Model (ESDM)
- Toileting Clinic
- Facing Your Fears group psychotherapy
- Birds & Bees parent sexual health education group
- Conquering Hatred of Pokes desensitization

**Supervision.** Direct supervision is provided by the experienced Licensed Psychologists in our group of over 20 diverse psychologists, through video conferencing and in person. For Spanish-English bilingual trainees, there are opportunities for training and supervision by bilingual and bicultural licensed psychologists. Supervision is largely in vivo with supervisors providing direct oversight within an interdisciplinary team setting. Supervision related to intervention/treatment, professional development, diversity, equity, and inclusion (DEI), and mentoring is completed in weekly meetings.

**Telehealth.** Developmental Pediatrics continues to provide evaluation and intervention services through telehealth (video conferencing), as well as in-person visits.



## Aims and Competencies of Rotation

### Competency- Assessment

**Aim:** Competency in interdisciplinary pediatric assessment of Neurodevelopmental Disorders and genetic disorders (including Sex Chromosome Disorders and Fragile X) and the co-occurring conditions that accompany developmental disorders within a hospital setting.

**Competencies:**

- Develop test battery appropriate to referral question.
- Conduct diagnostic developmental interviews.
- Demonstrate competent administration and scoring of standardized instruments of development (i.e., Bayley-4), cognition (i.e. DAS-2), intellectual abilities (i.e. WISC-V, SB-V), activities of daily living (i.e. Vineland-3) and the Autism Diagnostic Observation Schedule, Second Edition (ADOS-2).
- Demonstrate awareness of the expected behavioral/emotional sequelae of specific Neurodevelopmental Disorders.
- Interpret test results and develop recommendations based on referral question and test findings.
- Work within a culturally respectful framework.
- Provide appropriate and timely written and oral feedback to family and physicians.

### Competency- Interventions

**Aim:** Competency with the management of behavioral and medical concerns in neurodevelopmental and genetic disorders.

**Competencies:**

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

### Competency-Individual and Cultural Diversity

**Aim:** Integrate understanding of multicultural and individual diversity into all aspects of practice.

**Competencies:**

- Demonstrate knowledge and ability to work with patients/clients across all areas of human diversity.
- Reflect on own dimensions of diversity, cultural background, and its impact on work with families from diverse backgrounds.
- Convey sensitivity and understanding of multicultural concerns, diversity issues, and compassion for the diversity of individuals with differing abilities in written products.

### 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 care.
- Demonstrate responsible management of timely communication and use of electronic medical record documentation.





- Demonstrate appropriate time-management related to the implementation of clinical practice, documentation, and overall professional work-life balance.

## 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.

## Activities of the rotation

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

1. Approximately 10 hours/week of direct clinical care with patients/clients and their families. Typically includes participation in 2 interdisciplinary assessment clinics/week (8 hours) and a targeted intervention experience (2 hours).
2. Approximately 10 hours/week to include meetings, administrative work, case presentation, supervision, report writing and opportunities for professional development related to neurodevelopmental disorders.

## Neuropsychology

### Leadership within the rotation

- Christa Hutaft-Lee, PhD, ABPP-Cn - Neuropsychology Neurology Rotation Training Director
- Robin Peterson, PhD, ABPP-Cn - Neuropsychology in Rehabilitation Rotation Training Director

### Supervisors through Division of Neurology

- Gretchen Berrios-Siervo, PsyD, ABPP-Cn
- Yasmine Botto, PhD
- Christa Hutaft-Lee, PhD, ABPP-Cn
- Jennifer Janusz, PsyD, ABPP-Cn
- Arianna Martin, PsyD
- Andrea Miele, PhD, ABPP-Cn
- Elise Turner, PhD
- Greta Wilkening, PsyD, ABPP-Cn
- Kelly Wolfe, PhD, ABPP-Cn

### 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
- Christine Petranovich, PhD
- Alison Colbert, 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 20 hours per week. 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 1-2 neuropsychological

outpatient evaluations per week and attend 3-4 interdisciplinary clinics per month, with all activities conducted in close collaboration with their supervisor. The comprehensive neuropsychological evaluations will include conducting the interview, selecting the test battery based on presenting referral question, testing, scoring, and completing feedback sessions with parents/guardians. The trainee may have the opportunity to participate in telehealth intakes and feedback sessions. Interns work with supervisors who see patients with a wide variety of medical conditions from diverse backgrounds.

The goal of attending interdisciplinary clinic 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 interdisciplinary clinics and the intern will attend certain clinics based on schedules: Concussion Clinic, Seizure Clinic, Neuroimmunology Clinic, Single Ventricle Care Program, Neurofibromatosis Clinic, Turner Syndrome Clinic, Tuberous Sclerosis Clinic, and Neurogenetic Clinic (including patients with neurodegenerative diseases).

Based on the qualifications of the intern and the availability of faculty, opportunities for conducting evaluations with Spanish bilingual populations may also be available.

In addition to formal didactics on topics related to pediatric and adult neuropsychology, interns may also have the opportunity to attend seizure surgery conference and may be able to participate in Wada testing (sodium amytal testing) and cortical mapping.

### Patient populations served through Neurology

- Genetic disorders (Neurofibromatosis Type 1; 22q11.2 Deletion Syndrome; Tuberous Sclerosis; XY variants)
- Metabolic disorders (PKU, SMA)
- Demyelinating/Neuroimmunology disorders
- Cardiac conditions (congenital heart disease; heart transplantation)
- Epilepsy, including epilepsy surgery candidates
- Stroke
- Brain tumors
- Leukemia and other blood cancers and disorders
- Neurogenetic disorders (Batten disease and other degenerative diseases)

### 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/psychology 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; Neuroimmunology Clinic; Cardiology Developmental Clinic).
- 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 1-2 neuropsychological outpatient evaluations 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 participate in formal didactics including assigned readings and seminars regarding neuropsychological assessment and theory, as well as specific medical disorders.

## Research

The intern will be involved in an ongoing research project. The neuropsychology and psychology faculty will meet with the intern to discuss possible projects. Ongoing studies with the neuropsychology faculty involve children with the following disorders (faculty involved included in parentheses):

- Epilepsy (Wilkening; Berrios-Siervo)
- XY variants (Janusz; Hutaft-Lee)
- Brain tumors (Wilkening)
- Complex congenital heart conditions (Wolfe)
- Moderate/severe TBI (Kirkwood; Peterson; Petranovich; Tlustos-Carter)
- Concussion/ mild TBI (Kirkwood; Connery; Baker; Peterson)
- Performance/ symptom validity testing (Kirkwood; Connery; Baker; Peterson)
- Nonaccidental brain injury (Connery)
- Spina Bifida (Peterson)
- Neurogenetic disorders (Miele)
- Demyelinating disorders (Hutaft-Lee)

## Consultation and Interprofessional/Interdisciplinary Skills

- Intern will attend 3-4 interdisciplinary clinics per month with neuropsychology faculty members.
- Conduct brief interviews and/or assessments under supervision of faculty members.
- 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 Based of Activities of the 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).] Our training site also supports the updated Minnesota Conference training guidelines.

## Practical expectations

- Times of meetings



- Individual supervision for 1 hour, 1x/week
- Pediatric Neuropsychology Seminar 1 hour, 1x/week
- Adult Neuropsych Seminar 1 hour, 2x/month
- Neuroradiology Rounds 1 hour, 1x/week (if possible)
- Paperwork Expectations
  - 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 20 hours/ 3 days per week)

### *Neurology rotation*

- 1-2 outpatient evaluation (including testing and scoring) = 10 hours/1 day
- 1 inter-disciplinary clinic = 4 hours/0.5 day
- Feedback, supervision, writing = 6 hours/1 day

### *Rehabilitation rotation*

- 1 outpatient evaluation (including testing and scoring) = 8 hours/1 day
- Concussion Clinic = 4 hours/0.5 day
- Feedback, supervision, writing = 8 hours/1 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: Lauren Wood, 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, dieticians, 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: Elizabeth Christofferson, PhD & Laura Reinman, 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: Christine Reinhard, PhD, Catherine Naclerio, PsyD, Monique Germone, PhD, BCBA, & Julie Rinaldi, 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 evidence-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 meet with patients with complex congenital heart disease, cardiomyopathy/heart failure, arrhythmias or electrophysiology devices, pulmonary hypertension, 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* – Supervisors: Stacey Simon, PhD, Katherine Wesley, PhD & Dana Kamara, 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.

***Headache Clinic* - Supervisor: Michelle Clementi, PhD**

Overview: Interns will have the opportunity to work on multidisciplinary teams (physicians, nurses, dietitians, physical therapists) with children and adolescents diagnosed with headache disorders. Common referral issues for psychology include addressing pain management, anxiety/mood concerns, sleep issues, adherence to healthy lifestyle recommendations (hydration, diet, exercise), school and social challenges, and quality of life in the context of chronic headache/migraine. Interns may have the opportunity to conduct health and behavior evaluations and provide short-term intervention/consultation focused on pain coping. There may also be an opportunity to co-facilitate mindfulness groups for teens with chronic migraine. Interns will gain knowledge of and apply evidence-based recommendations for acute versus chronic pain management.



## 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/>)

## **Pediatric Neurorehabilitation: Assessment and Treatment**

### **Leadership within the Rotation**

#### **Rehab Neuropsychologists:**

- Mike Kirkwood, PhD, ABPP-CN, Program Director
- Alison Colbert, PhD, ABPP-CN
- Amy Connery, PsyD, ABPP-CN
- Paige Naylor, PhD
- Christine Petranovich, PhD, ABPP-CN
- Robin Peterson, PhD, ABPP-CN
- Sarah Tlustos-Carter, PhD, ABPP-CN

#### **Rehab Psychologists:**

- Ann Lantagne, PhD: Training Director, Neurorehabilitation Psychology
- Tess Simpson, PhD
- Zach Arcona, PsyD

The Pediatric Neurorehabilitation 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, pediatric psychology, and/or neuropsychology. Our program strives to provide comprehensive care to pediatric patients and families related to a wide range of biopsychosocial factors that may affect coping and adjustment to long-standing or newly acquired physical illnesses and/or 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 physicians, rehabilitation psychologists/neuropsychologists, social workers, speech/language, occupational and physical therapists, academic specialists, neurology, nursing. 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 clinics based on the intern's training goals and schedule. Those clinic opportunities include International Adoption Clinic (IAC) and Acquired Brain Injury Care Clinic (ABI). These specialty clinics offer multidisciplinary evaluations for children from infancy through early adulthood. ABI is a multidisciplinary clinic focused on serving children and families with newly acquired brain injuries. Finally, in the outpatient setting, interns will have the opportunity to conduct both abbreviated and comprehensive neuropsychological assessments under the supervision of a clinical neuropsychologist.

The intern will gain competence in providing health and behavior assessment and intervention to pediatric patients with rehabilitation-related diagnoses. The Neurotrauma/Rehabilitation Inpatient Unit 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 acute or chronic medical injuries or illness. In this setting, interns will gain experience in consultation/liaison, brief intervention (e.g., behavioral intervention and other modified evidence-based treatment modalities), neurocognitive screening, and full neuropsychological evaluations.

Weekly supervision for both assessment and treatment is an essential element of the Pediatric Neurorehabilitation Internship Program. Interns will be supervised by rehabilitation psychologists and neuropsychologists in both an individual and group supervision format. Additionally, interns participate in a bimonthly rehabilitation psychology didactic series with other trainees.

## Aims and Competencies of Rotation

### Competency #1 – Research

**Aim:** Demonstrates the ability to apply relevant research literature to case conceptualization, treatment planning, and clinical decision making.

#### *Competencies*

- Applies critical thinking skills to clinical practice;
- Integrates knowledge of child-adolescent development into case conceptualization and treatment planning;
- Implements interventions informed by the current scientific literature;
- Administers standardized and empirically sound assessment measures.

### Competency #2 - Ethical & Legal Standards

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

#### *Competencies*

- Knowledgeable of and acts in accordance with the current version of the APA Ethical Principles of Psychologists and Code of conduct and relevant professional standards and guidelines;
- Conducts self in an ethical manner in all professional activities;



- Able to recognize ethical dilemmas as they arise, and apply ethical decision-making processes to resolve the dilemmas;
- Gains experience in navigating outcomes of non-accidental/abusive head trauma.

### Competency #3 - Individual and Cultural Diversity

*Aim:* Demonstrate ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles.

#### Competencies

- Understands how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves;
- Works effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own;
- Demonstrates the ability to articulate an approach to working effectively with diverse individuals and groups and applies this approach effectively in their professional work.

### Competency #4 - Professional values, attitudes, and behaviors

*Aim:* Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.

#### Competencies

- Engages in self-reflection regarding one's personal and professional functioning
- Actively seeks and demonstrates openness and responsiveness to feedback and supervision.
- Responds professionally in increasingly complex situations with a greater degree of independence as he/she progress across levels of training.
- Engages in activities to maintain and improve performance, well-being, and professional effectiveness.

### Competency #5 - Communication and interpersonal skills

*Aim:* Develops and maintains effective relationships with a wide range of individuals, including colleagues, supervisors, organizations, and patients/families receiving professional services.

#### Competencies

- Demonstrates effective communication skills with all rehabilitation team members (e.g., physicians, physical therapists, nurses, etc.);
- Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated;
- Demonstrates a thorough grasp of professional language and concepts.

### Competency #6– Assessment

*Aim:* Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics.

#### Competencies

- Collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the patient/family;
- Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective;
- Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

### Competency #7 – Intervention

*Aim:* The intern will gain competence in providing evidence-based individual and family behavioral health evaluation and intervention.

### *Competencies*

- Establishes and maintains effective therapeutic relationships with patients and families;
- Develops evidence-based intervention plans specific to the service delivery goals;
- Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables;
- Understands the impact of biopsychosocial factors in health promotion and how these factors affect adjustment and functioning following acute or chronic medical injury or illness;
- Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking for children and adolescents with rehabilitation-related diagnoses;
- Evaluates intervention effectiveness, and adapts intervention goals and methods consistent with ongoing evaluation;
- Completes all documentation, phone calls, and case management in a timely manner.

### **Competency #8 - Consultation and interprofessional/interdisciplinary skills**

*Aim:* Demonstrate knowledge and respect for the roles and perspectives of other professions.

### *Competencies*

- Provide comprehensive evaluation in response to Rehabilitation Psychology consult requests and effectively communicate feedback (e.g., testing results, diagnoses, and recommendations) to the patient/family and multidisciplinary team members;
- Demonstrates knowledge of consultation models and practices;
- Consults effectively with rehabilitation team members to inform patient care and treatment planning;
- Works collaboratively with multidisciplinary team members in inpatient and outpatient rehabilitation settings;
- Participates actively in interdisciplinary rounds and team meetings.

### **Learning Elements to Develop Competencies**

#### *Research-Based Practice*

- Implement interventions informed by the current scientific literature.
- Integrate knowledge of child-adolescent development into case conceptualization and treatment planning.

#### *Professional values, attitudes, and behaviors*

- Engage in activities to maintain and improve performance and professional effectiveness.
- Actively engage in self-reflection regarding one's personal and professional functioning.

#### *Individual and cultural diversity*

- Provide direct clinical services to a diverse patient population.
- Work with interpreters to provide direct clinical services (as appropriate).
- Utilize supervision to explore how their own personal/cultural history may affect how they understand and interact with people different from themselves.
- Advocacy opportunities within the team and community.

#### *Assessment*

- Conduct multidisciplinary team evaluations with the pediatric rehabilitation population through the Multidisciplinary Outpatient Rehabilitation Evaluation (MORE) Clinic and/or conduct neuropsychological in the outpatient setting.
- Conduct multidisciplinary team evaluations with internationally adopted children through the International Adoption Clinic (IAC).
- Conduct evaluation and consultation in Acquired Brain Injury Care Clinic (ABI) a multidisciplinary team focused on serving children and families with newly acquired brain injuries.



### *Intervention*

- Provide brief evidence-based individual, family, and group intervention to pediatric patients with rehabilitation-related diagnoses in the inpatient setting and multidisciplinary settings.
- Utilize supervision to gain experience modifying and adapting evidence-based approaches for children/adolescents with rehabilitation-related diagnoses.

### *Consultation and interprofessional/interdisciplinary skills*

- Complete comprehensive evaluations in response to inpatient Rehabilitation Psychology consult requests.
- Consult with inpatient and outpatient rehabilitation team members to coordinate patient care and collaborate on treatment planning.

### *Supervision*

- Actively participate and seek feedback in individual supervision on a weekly basis.

## 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:

- Brenner, L. A., Reid-Arndt, S. A., Elliott, T. R., Frank, R. G., & Caplan, B. (2019). *Handbook of rehabilitation psychology* (3<sup>rd</sup> ed.). Washington, DC: American Psychological Association.
- Slomine, B. S & Jones, K. (2019). Pediatric Acquired Conditions: Brain and Spinal Cord Injuries. In Brenner, L. A., Reid-Arndt, S. A., Elliott, T. R., Frank, R. G., & Caplan, B. (2019). *Handbook of rehabilitation psychology* (3<sup>rd</sup> ed.). Washington, DC: American Psychological Association.
- Babikian, T., & Asarnow, R. (2009). Neurocognitive Outcomes and Recovery After Pediatric TBI: Meta-Analytic Review of Literature. *Journal of Neuropsychology*, 23:3; 283-296.
- Johnson-Greene, D. (2018). Clinical Neuropsychology in Integrated Rehabilitation Care Teams. *Archives of Clinical Neuropsychology*, 33, 310-318.
- Kirkwood, M. W., & Yeates, K. O. (2012). *Mild Traumatic Brain Injury in Children and Adolescents*. New York, NY: Guildford Publications, Inc.

## 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:* The 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 while on service.

# Primary Care Psychology

## Project CLIMB in Child Health Clinic

### *Leadership within the rotation*

- Ayelet Talmi, PhD (Program Director)
- Melissa Buchholz, PsyD
- Erica Garcia-Rocha, PsyD
- Kelly Glaze, PsyD
- Jessica Kenny, PhD

### *Description*

The Child Health Clinic (CHC) is the primary pediatric residency training clinic at Children's Hospital Colorado. The CLIMB (Consultation Liaison in Mental Health and Behavior) Team provides the full continuum of integrated behavioral health services from prevention and health promotion to consultation and intervention. 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 for underserved and underresourced populations, and train pediatric health professionals in meeting the mental and behavioral health needs of children, adolescents, and their families. The CLIMB Team is staffed by a transdisciplinary team that includes psychologists, psychiatrists, pediatricians, postdoctoral fellows, psychology interns, psychology externs, child and adolescent psychiatry fellows, pediatric residents, other health profession trainees, and staff from the Child Health Clinic. The CHC is a HealthySteps ([www.HealthySteps.org](http://www.HealthySteps.org)) site, providing an evidence-based intervention that pairs pediatric providers with developmental specialists from the CLIMB Team to meet with families at well-child visits from birth to age 3. The team provides developmental interventions (e.g., HealthySteps), screening and early identification, diagnostic assessments, medication evaluations, crisis/risk assessments, staff consultation and training, psychosocial and behavioral group and individual interventions, short-term therapy, and recommendations for treatment of infants, children, adolescents, and their families. The clinic provides more than 34,000 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 communities including a large Spanish speaking population and refugee communities from around the world.

Interns may also have the opportunity to participate in the KICS (Kids in Care Settings) Clinic. The KICS clinic is embedded within the Child Health Clinic and serves as a medical home exclusively for youth aged 0-18 involved with out of home placement (foster or kinship care). It is the preferred medical home for substance exposed newborns born at the University of Colorado Hospital. The clinic has a multidisciplinary team including a pediatrician, integrated mental and behavioral health, care coordination, community health navigation, social work, and behavioral health navigation. The clinic holds regular trauma-informed care trainings for all KICS staff and is committed to health equity, culturally centered care, and engaging with biologic families as well as foster and kinship families.

## Young Mothers Clinic (YMC)

### *Leadership within the rotation*

- Bethany Ashby, PsyD (Program Director)
- Amelia Ehmer, PsyD
- Katie Greisch, PsyD
- Lindsey Rogers, PsyD

### *Description*

The Young Mothers and Families Clinic (YMFC) is a pediatric primary care clinic that serves adolescent mothers up to age 25 and their children. The program provides comprehensive multidisciplinary care, which includes social work, case management, resource connection and support, and integrated behavioral health services, in addition to pediatric and well-woman care and family planning services. Annually, YMFC sees approximately 2000 adolescent mothers and their children each year and provides approximately 8,000 visits. YMFC 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 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 YMFC 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 adolescent 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 system's 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 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>
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- Buchholz, M., Ashby, B., Costello, L., Ehmer, A., Serrano, V., von Schulz, J., Wolcott, C., & Talmi, A. (2021). From planning to implementation: Creating and adapting universal screening protocols to address caregiver mental health and psychosocial complexity. *Clinical Practice in Pediatric Psychology*, 9(2), 112-122. <https://doi.org/10.1037/cpp0000406>
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- Buchholz, 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.
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- 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>
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- 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>)
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## 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 bi-weekly YMFC psychosocial meeting (Thursdays 12:00-1:00)
  - d. Attend weekly CLIMB Team meetings (Thursdays 8:30 - 9:30)
2. Paperwork Expectations
  - a. Completion of clinical documentation within 24 hours
  - b. Adherence to and completion of all required electronic health record trainings and procedures
3. Hours breakdown/typical week
  - a. Interns typically spend 16 - 20 hours per week in primary care clinics
  - b. Interns are in Child Health Clinic and Young Mother's Clinic 1-2 days/week
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

## Outpatient Clinic

### Supervisors within rotation

- Jessica Hawks, PhD
- Lauren Henry, PhD
- Jacob Holzman, PhD
- Sarah Kennedy, PhD
- Ben Mullin, PhD
- Marissa Nunes Moreno, PhD
- Kimberly Sheffield, PhD
- Amanda Trovato, PsyD

### Transdiagnostic Assessment

The Transdiagnostic Assessment Clinic is an 8-month rotation. Interns have the opportunity to learn innovative assessment approaches that integrate transdiagnostic mechanisms. Interns complete multi-session evaluations where they receive live supervision during this training clinic and participate in biweekly case conferences to help enhance skill development in this unique assessment model.





## Gender Focused Intake Clinic

The Gender Focused Intake Clinic is a 3-month long rotation in collaboration with the TRUE Center for Gender Diversity. Interns will have the opportunity to meet with new patients seeking gender expansive care by conducting gender-focused intakes. Interns will gather information about the patient's experience of their gender identity overtime, assess quality of social supports (e.g., school, family, religious groups, etc.), identify transition-related goals, determine psychosocial needs, assess for gender dysphoria and the impact on co-occurring mental health concerns, as well as provide brief psychoeducation and recommendations tailored to each patient and family. Interns will have a scaffolded process from shadowing to independently completing intakes with live supervision. This will accompany the gradual gain in knowledge on gender expansive care while receiving exposure to the many presenting needs seen at the TRUE Center.

## Individual and/or Family Therapy

Interns will have the opportunity to learn and deliver evidence-based treatment to patients and families in the Pediatric Mental Health Institute (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 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 Unified Protocol based group for externalizing disorders, and two different DBT based groups one for mood disorders and one focusing on gender dysphoria.

## Aims and Competencies of PMHI Outpatient 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 workload 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 having 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.
- Seeks 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

- Times of meetings
  - Interns scheduled times for generalist training experiences varies depending on the intern's pediatric specialty track.
  - Interns receive 4 hours of supervision in the PMHI outpatient rotation which includes 1 hour of outpatient therapy supervision, 1 hour for group therapy, and 2 hours of live supervision during the Advanced Intake Clinics.
- Paperwork Expectations
  - Completion of clinical documentation within a timely manner.

### Hours breakdown/typical week

Interns complete a total of 10 direct clinical hours a week in the generalist training track. Specifically, interns spend 2 hours in the Advanced Intake Clinics, 5 hours of individual therapy appointments, and 3 hours prepping and delivering group therapy.

## Academic Medicine Rotations

### 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.

### Research

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 specialty 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.

## Aims and Competencies of Academic Medicine Rotations

### Competency - Supervision

*Aim:* Develop knowledge of models of supervision and best practices in health service psychology supervision

#### Competencies

- Knowledge of research on best practices in clinical supervision.
- Understanding of ethical standards related to supervision.
- Development of effective supervisory alliance.
- Demonstration of ability to effectively provide feedback within the supervision context.



## 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 workload 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.).
- Seeks out appropriate consultation and guidance (e.g., statistics consultation) to continue with professional growth.

## Learning Elements to Develop Competencies

### *Supervision*

Each intern will complete 1 hour of clinical supervision with a doctoral extern over a one-year period. Umbrella supervision by the intern's primary supervisor will structure the supervisory relationship. Interns will participate in giving formal and informal feedback. Formal feedback to the extern will be given every trimester (4 months) and the intern and the primary supervisor will work in collaboration to complete the doctoral extern's clinical evaluation. Ongoing informal feedback of case conceptualization, intervention, and professional skills will be provided by the intern during weekly supervision with the extern.

### *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](http://www.citiprogram.org)). There may also be additional specific training that is related to the 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: Supervision

The intern will provide one hour of weekly supervision to a doctoral extern starting in September of the internship year. The intern will complete a formal evaluation of the doctoral extern, in conjunction with their primary supervisor, three times a year (October, February, June).

### Times of meetings: Research

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 the spring 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

Research is for 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. Pediatric Behavioral Medicine Seminar, which can be 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.

1. Empirically Based Interventions for Sleep- Brief four-part didactic series focused on sleep interventions from young children to adolescents. The series includes pragmatic assessment and interventions that trainees can implement in their work as well as a follow up consolidation session to help reinforce skill practice.
2. Empirically Based Interventions for Eating Disorders- Brief three-part didactic series focused on best practices for working with a variety of eating disorders and disorder eating symptoms.
3. 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.
4. Social Justice and Health Equity - provides training in structural competency, micro interventions for microaggressions, privilege, cultural humility, and policy and advocacy. Trainees engage in didactic and experiential learning activities.
5. Supervision of Supervision Seminar - provides an overview of 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.
6. Substance Use - provides case-based learning of working with substance use and abuse across a variety of populations including case conferences focused on perinatal substance use, substance use by a parent,



and substance use in adolescents. This series is funded by our programs HRSA (Health Resources and Services Administration) grant.

7. Trauma Informed Care - Focused on foundational principles of trauma informed care with youth and families. The course provides didactic instruction as well as integration and consolidation sessions to help with the application of TIC principles. This series is funded by our programs HRSA grant.
8. 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.
9. Pediatric Mental Health Institute Meetings - quarterly meetings. Topics include research presentations, clinical interventions, and information about institute policies, procedures, and activities.
10. 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. Laura Judd-Glossy 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 adjust 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 on 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 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 are provided per week. Additional supervision and consultation are 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.

## Spanish Supervision

The Children's Hospital Colorado Ofreciendo apoyo y Liderazgo a Estudiantes Graduados Avanzando competencia con Supervisión grupal en Español (COLEGAS) program is designed to promote clinical linguistic proficiency and cultural responsivity when conducting psychological services with Latinx families, explore factors that influence service delivery for Latinx families, and identify avenues for advocacy for bilingual/bicultural families and clinicians. The group is led exclusively in Spanish by bilingual and bicultural psychologists, meets weekly for 50 minutes, and is structured to include didactic sessions, monthly case reviews, and presentations on clinical or professional topics of interest. Group members include bilingual psychology trainees who provide services in Spanish at Children's Hospital Colorado and the University of Colorado School of Medicine.

## 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 and training. 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. All 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 similar to first year hospital employees, and receive benefits from the hospital and the psychology training program. Interns are provided with seven paid holidays; six sick leave days; eight wellness days to use as vacation, 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/>

