Children's Hospital Colorado

University of Colorado School of Medicine

Psychology Internship Training Program in Child Health Service Psychology

2027-2028

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Children's Hospital Colorado

CHILDREN'S HOSPITAL COLORADO/UNIVERSITY OF COLORADO SCHOOL OF MEDICINE

Psychology Internship Training Program in Child Health Service Psychology

2027-2028 Training Year

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Children's Hospital Colorado/University of Colorado School of Medicine offers a doctoral psychology internship training program in Health Service Psychology. **The program is designed as a full-time 12-month program, which begins August 1, 2027, and ends July 31, 2028**. Mandatory orientation will be the first two weeks of internship. The internship is accredited by the American Psychological Association (http://www.apa.org/ed/accreditation/) and the program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC-www.appic.org).

For additional information or if you have any questions 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
apaaccred@apa.org

Seven internship positions are available for the 2027-2028 training year. Interns will receive a salary of $50,000, subject to the withholding of taxes. Interns accrue 8 hours of PTO and 8 hours of sick leave per month in addition to receiving all university holidays. 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 and retention of learners who have demonstrated a commitment to addressing health inequities and serving medically underserved populations. 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 700 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 seven child and/or adolescent integrated psychological testing reports. Candidates who are applying to assessment heavy specialty tracks (neuropsychology, rehabilitation, and developmental pediatrics) are most likely to be successful if they have a higher number of reports.
- If you have fewer than 700 combined hours or 7 integrated reports, please have your DCT e-mail our training director (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/University of 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/University of 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
117117	Primary Integrated Care (2 positions available)
117118	Developmental Pediatric Psychology

All applicants must use the APPIC AAPI online (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 standardized reference forms, two of which must be from persons who have directly supervised your clinical work
4. One complete psychological testing report (a child or adolescent client, ideally for an individual with a medical diagnosis). **Please delete all identifying information from the report and upload as a supplemental material.**
5. Official transcripts of all graduate coursework.

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, 2026*.

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, 6th, 7th, and 8th of 2027.*

Any questions or concerns can be directed to **CHCOPsychTrainingprogram@childrenscolorado.org**

Children's Hospital Colorado/University of Colorado School of Medicine

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 2025-2026 America's Best Children's Hospitals listing (www.usnews.com/childrenshospitals).*

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

The University of Colorado is an affirmative action Equal Opportunity employer and 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/University of 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 intervention, 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.

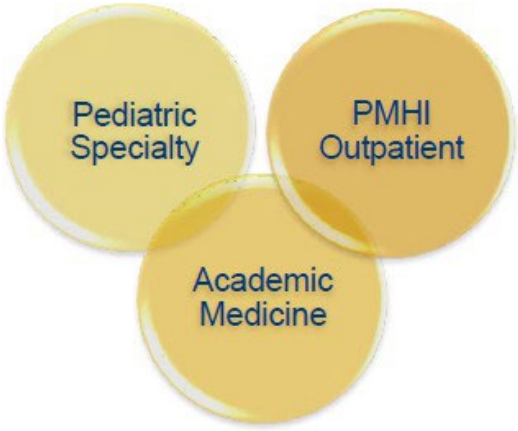
Commitment to Health Equity

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 with whom we work.

The Psychology Internship Training Program Structure

The program is structured with required components to provide interns with intervention, assessment, and consultation experience along the full continuum of care in outpatient clinics and within integrated pediatric settings. The Pediatric Mental Health Institute (PMHI) outpatient continuum of services offered through Children's Hospital Colorado includes advanced intake clinics where students are trained in diagnostic assessment and crisis evaluations, individual 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 and the academic medicine rotation. The program components are first summarized briefly and then described in more detail as follows:



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
    - Primary Care Psychology

Pediatric Mental Health Institute

- PMHI Outpatient Rotation - 12 months, 15 hours/week:
    - Advanced Intake Clinics: Outpatient Assessment Clinic & Psychiatric Emergency Department Clinic
    - Outpatient Psychotherapy: Individual Therapy (5 cases per week)
    - Group Therapy may include therapeutic interventions for anxiety disorders (CBT/ACT), mood disorders (DBT), gender dysphoria (GF-DBT), and disruptive behaviors (CBT/Unified Protocol)

Academic Medicine Rotations

- Supervision (9 months, 1-2 hours/week)
    - Interns will supervise a doctoral extern on 1-2 outpatient clinical cases. Interns will also participate in a 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; inclusion, belonging, and health disparities; trauma informed care; empirically based practices for eating disorders' empirically based interventions for sleep; professional development; and supervision of supervision.

Pediatric Specialty Rotation Descriptions

Child & Adolescent Clinical Specialist

Leadership within the rotation

- Allie Morford, PhD - Child & Adolescent Clinical Specialty Rotation Training Director

Supervision

Direct supervision is provided by experienced Licensed Psychologists across the intensive services settings within PMHI.

Description of the rotation

This specialty track is 20 hours per week. It consists of three, 4-month rotations across a variety of intensive psychiatric care settings. The goal of this specialty track is to help the intern develop competency in the 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 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 from the options listed below. The intern will participate in 3 intensive rotations, with associated outpatient opportunities within each rotation, for the year.

While efforts will be made to accommodate the intern's top choices and address each intern'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 Adolescent & Child Intensive Outpatient Programs (AIOP & CIOP) Supervisors: Allie Morford, PhD & Jaspreet Shahi, PhD

The intern will be involved in co-facilitating group therapy sessions with children and adolescents and their caregivers participating the Intensive Outpatient Program (Adolescent and Child). Both Child and Adolescent IOPs provide a 6-week (3 days/week) intensive program for children and adolescents with severe anxiety disorders or obsessive-compulsive disorder. This program focuses on exposure with response prevention (ERP), cognitive-behavioral, ACT modalities, and Supportive Parenting for Anxious Childhood Emotions (SPACE) modalities. Supervision is developmental, with opportunities to shadow, co-facilitate, then lead sessions with the supervising psychologist and behavioral health clinicians within the larger specialty anxiety clinic. Opportunities may also be available for contributing to program development, outcomes monitoring and other QI research, and participating in team meetings.

Early Childhood Specialty Supervisors: Shannon Savell, PhD, Allie Morford, PhD, & Barunie Kim, PhD

In this rotation, the intern would gain experience in evidence-based parent-child focused interventions to address early childhood mental health concerns with children ages 1-5 and their caregivers in the outpatient

setting as well as teacher-child focused interventions for children ages 3-5 in an early childhood education setting serving families experiencing poverty (Head Start Programs). Treatment modalities in the outpatient setting may include training and exposure to Parent-Child Interaction Therapy (PCIT) and more time-limited adaptations of PCIT including Parent-Child CARE (PC-CARE). Interns will also gain training and exposure to Teacher-Child Interaction Training (TCIT), an adaptation of PCIT for the school setting, in Head Start Programs working directly with teachers and students. Interns will also gain exposure to behavioral parent training in telehealth, group format delivered to families of children ages 3 to 5 in Head Start Programs. Supervision is developmental, with opportunities to shadow, co-facilitate, then lead sessions with the supervising psychologist. Opportunities for program development, quality improvement, and ongoing research on TCIT and group-based behavioral parent training will be available to interested.

Eating Disorders Program (EDP) Supervisors: Kim Sheffield, PhD & Sarah Horvath, PhD

The Eating Disorders Program (EDP) is a partial hospitalization program serving children and adolescents ages 6-18. The multidisciplinary team consists of psychiatric providers, psychologists, behavioral health clinicians, dietitians, nurses, and behavioral health specialists in addition to learners from every discipline. Patients have a primary diagnosis of anorexia nervosa, bulimia nervosa, avoidant-restrictive food intake disorder (ARFID) or other specified feeding or eating disorder (OSFED). Patients may also have co-occurring conditions including (but not limited to) depression, anxiety, OCD, and PTSD. EDP employs a modified version of Family-Based Treatment (FBT) and involves family members in all aspects 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). Milieu group programming is based in the Unified Protocol (UP) and involves a strong exposure therapy component. Clinical opportunities include completion of brief psychological assessments, individual/family therapy, and group therapy with caregivers and/or patients. Interns also have the opportunity to be involved in ongoing program development efforts within EDP. Opportunities to be involved in 1) an EDP caregiver transition group developed to support families after discharge from EDP or 2) outpatient eating disorder cases may also be available to interested interns.

Intensive Psychiatric Unit (IPU) Supervisors: Evadine Codd, PhD & Sarah Taylor-Cavelier, PhD

The Inpatient Psychiatric Unit (IPU) is a secure, intensive care setting for children and adolescents ages 5 to 17 who are experiencing acute mental health crises and require 24/7 support due to safety concerns or significant functional impairments. While most patients are admitted for suicidal ideation or behaviors, the IPU also serves youth with a range of complex psychiatric presentations, including psychosis, obsessive-compulsive disorder, eating disorders, and severe behavioral dysregulation that cannot be safely managed in the home environment. Interns on the IPU will gain hands-on experience in the assessment and treatment of high-acuity youth through crisis stabilization interventions. Clinical responsibilities include developing individualized behavior plans, consulting with multidisciplinary treatment teams, and delivering individual, family, and group therapy. Additionally, interns may have the opportunity to contribute to program development, evaluation, and quality improvement initiatives aimed at enhancing care within the unit.

Neuropsychiatric Specialty Care (NSC) Supervisors: Mathew Luehring, PhD, BCBA, NCSP & Leonora Ryland, PhD, BCBA, NCSP

Interns will have opportunities to work with youth ages 4 through 17 with a range of neurodevelopmental disorders (e.g., autism spectrum disorders, intellectual disabilities, genetic conditions, etc.) and co-occurring disruptive behaviors and/or mental health concerns (e.g., anxiety, mood, etc.) within NSC across both the inpatient and partial-hospitalization program (PHP). Treatment is based on cognitive behavior therapy (CBT) and applied behavior analysis (ABA). Within the focus of ABA, interns will gain valuable experience in administering preference assessments and conducting functional behavior assessments (including functional analyses), as well as developing and implementing individualized behavioral treatment plans (e.g., functional communication training and behavioral parent training) supervised by a licensed psychologist and Board-Certified Behavior Analysts. Interns

will also have opportunities to co-facilitate individual assessment and treatment sessions and group therapy focused on CBT, executive functioning, and social skills. Interns can expect a developmental approach to supervision on NSC, as well as supervised experience providing coaching and feedback to staff and caregivers within a higher level of care setting. Opportunities may also be available to contribute to NSC research, quality-improvement projects, and administer and interpret standardized assessments (e.g., comorbid psychiatric diagnoses, autism-specific evaluations, adaptive behavior evaluations, etc.)

Partial Hospitalization Program (PHP) Supervisor: Sarah Taylor-Cavelier, PhD

Interns will have opportunities to work with 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). 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. Opportunities to be involved in the PHP parent transition group developed to support families after discharge from PHP may also be available to interested interns.

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-TR 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 shows an understanding of a psychologist's role and duties 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.

Evidence Base of Activities on Rotation/Citations

- Kennedy, S. M., Wilkie, D. P., Henry, L., Moe-Hartman, J., Townson, K., Anthony, L. G., & Hawks, J. L. (2023). The unified protocols for children and adolescents in partial hospitalization: Using implementation science frameworks to guide adaptation. *Cognitive and Behavioral Practice*, *30*(3), 367-383.
- Kennedy, S. M., Henderson-Davis, V., Henry, L., Hawks, J. L., Diaz, K. I., Crabbs, T., ... & Anthony, L. G. (2024). Pilot effectiveness and acceptability of partial hospitalization treatment incorporating transdiagnostic, cognitive-behavioral intervention. *Behavior Therapy*, *55*(4), 751-767.
- Mullin, B. C., Baumann, C., Meintzer, M. K., & Hawks, J. (2024). Training in Evidence-Based Assessment and treatment of pediatric anxiety and OCD in a large hospital outpatient psychiatric clinic. *Evidence-Based Practice in Child and Adolescent Mental Health*, 1-10.
- Sheffield, K., Horvath, S., & Hawks, J. (2024). Development and evaluation of a training program for mental health clinicians in evidence-based eating disorders treatment. *Evidence-Based Practice in Child and Adolescent Mental Health*, *9*(3), 358-366.

Developmental Pediatric Psychology

Developmental Pediatrics' mission is to empower people across the neurodevelopmental spectrum and their families through compassionate, innovative, and evidence-based care and support, to foster each person's independence; resilience; and physical, behavioral, and mental health.

Leadership within the Developmental Pediatric Psychology Track

Training Director – Liz Coan, PsyD
Associate Directors – Caitlin Middleton, PhD; Lindsey DeVries, PhD; Maritza Cobian, PhD (QBS certified in Spanish); 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. 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. We serve a seven-state catchment area that attracts diverse and complex patient needs and presentations.

Training Model. The Developmental Pediatric Psychology Track is 20 hours/week for a full year. The training model follows a developmental trajectory of assessment and treatment opportunities. Over the course of the year, the intern will rotate through several different clinics with a diversity of ages and presentations, 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, 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., Pediatric Behavior Clinic, Behavior Parent Training Programs (e.g., RUBI, ABCs of Behavior), Behavioral Sleep Clinic, Early Start Denver Model, Toileting Clinic, Sexual and Reproductive Health Education for Parents, or Facing Your Fears group psychotherapy). Assessment and treatment experiences focus on acknowledging and celebrating intersectional identities through a neuro-affirming lens.

Supervision. Direct supervision is provided by experienced Licensed Psychologists in our group of 20 diverse psychologists, through video conferencing and in person. Supervision is largely in vivo with supervisors providing direct oversight. Supervision related to intervention/treatment, professional development, and mentoring is completed in once or twice weekly meetings.

Telehealth. Developmental Pediatrics provides some evaluation and intervention services through telehealth (video conferencing), as well as in-person visits. Experiences in both modalities will be available for the intern.

Aims and Competencies of Rotation

Competency- Assessment

Aim: Complete interdisciplinary pediatric assessments of neurodevelopmental disorders and genetic disorders (including Sex Chromosome Disorders and Fragile X) and the co-occurring conditions that accompany developmental disabilities within a hospital setting.

Competencies:

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

Competency- Interventions

Aim: Support the management of behavioral and medical concerns in neurodevelopmental disorders and genetic disorders.

Competencies:

- Build meaningful, culturally sensitive, clinical rapport with presenting family.
- Develop appropriate written objectives for intervention in collaboration with families, considering 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.
- 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 learners, 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.
- Participate as appropriate to the intern's training goals in ongoing research efforts within Developmental Pediatrics

Activities of the rotation

Activities of the rotation are designed in collaboration with the yearlong mentor 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 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.

Evidence Base of Activities on Rotation/Citations

- Reaven, J., Blakeley-Smith, A., Culhane-Shelburne, K., & Hepburn, S. (2012). Group cognitive behavior therapy for children with high-functioning autism spectrum disorders and anxiety: A randomized trial. *Journal of Child Psychology and Psychiatry*, *53*(4), 410-419.
- Cooper, K., van der Miesen, A. I., & Lai, M. C. (2025). Autism Diagnostic Assessments for Gender-Diverse Individuals: A Modified Delphi Study of Clinician Experts in the Fields of Autism and Gender Diversity. *JAACAP Open*.

- DeVries, L., Cosgrove, K. T., Hayutin, I., Dub, C., Postorino, V., & Middleton, C. (2024). The birds and bees: A pilot study of a parent-led sexual health education program for autistic youth. *Sexuality and Disability*, *42*(4), 881-903.
- Burrell, T. L., Postorino, V., Scahill, L., Rea, H. M., Gillespie, S., Evans, A. N., & Bearss, K. (2020). Feasibility of group parent training for children with autism spectrum disorder and disruptive behavior: A demonstration pilot. *Journal of Autism and Developmental Disorders*, *50*(11), 3883-3894.
- Pattison, E., Ure, A., Mittiga, S.R. *et al*. The Feedback Session of an Autism Assessment: A Scoping Review of Clinical Practice Guideline Recommendations. *J Autism Dev Disord* **52**, 1821–1840 (2022). https://doi-org.cuanschutz.idm.oclc.org/10.1007/s10803-021-05067-9
- Fletcher, R. J., Barnhill, J., & Cooper, S.-A. (Eds.). (2016). *Diagnostic manual—Intellectual disability: A textbook of diagnosis of mental disorders in persons with intellectual disability* (2nd ed.). NADD Press
- INSAR: https://www.autism-insar.org/
- OAR: https://researchautism.org/

Neuropsychology

Leadership within the rotation

- Christa Hutaff-Lee, PhD, ABPP-Cn - Neuropsychology in Neurology Rotation Training Director
- Paige Naylor, PhD - Neuropsychology in Rehabilitation Associate Training Director

Supervisors through Division of Neurology

- Gretchen Berrios-Siervo, PsyD, ABPP-Cn (QBS certified in Spanish)
- Yasmine Botto, PhD (QBS certified in ASL)
- Christa Hutaff-Lee, PhD, ABPP-Cn
- Jennifer Janusz, PsyD, ABPP-Cn
- Morgan Jolliffe, PsyD
- Arianna Martin, PsyD (QBS certified in Spanish)
- Andrea Miele, PhD, ABPP-Cn
- Ashley Nguyen-Martinez, PsyD (Bilingual in English/Vietnamese)
- Elise Emser, PhD, ABPP-Cn
- Kelly Wolfe, PhD, ABPP-Cn

Supervisors through Department of Rehabilitation and Physical Medicine

- Alison Colbert, PhD, ABPP-Cn (QBS certified in Spanish)
- Amy Connery, PsyD, ABPP-Cn (QBS certified in Spanish)
- Stephanie Hitti, PsyD (QBS certified in Spanish)
- Michael Kirkwood, PhD, ABPP-Cn
- Ann Lantagne, PhD
- Paige Naylor, PhD
- Robin Peterson, PhD, ABPP-Cn
- Sarah Tlustos-Carter, PhD, ABPP-Cn
- Christine Petranovich, PhD

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 evaluations per week and attend 3-4 inter-disciplinary clinics per month, with all activities conducted in close collaboration with their supervisor. The intern will participate in all aspects of comprehensive clinical neuropsychology including clinical interviewing, test battery selection based on presenting problem, testing, scoring, report writing, and completing feedback sessions with caregivers. The intern may have the opportunity to participate in telehealth intakes and feedback sessions. The goals of attending inter-disciplinary clinic are to learn brief, focused evaluation models and to gain skills in collaborating with physicians and other allied health

professionals in assessing children and developing treatment plans. Faculty neuropsychologists are involved in the following inter-disciplinary clinics and the intern will attend certain clinics based on schedules: Concussion Clinic, Seizure Clinic, Neuroimmunology Clinic, Acquired Brain Injury Clinic, Single Ventricle Care Program, Neurofibromatosis Clinic, 22q11.2 Deletion Syndrome Clinic, International Adoption 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. Interns may also have the opportunity to attend seizure surgery conference and may be able to participate in Wada testing (sodium amytal testing), cortical mapping, and brain cutting conference.

Patient populations served through Neurology

- Genetic disorders (Neurofibromatosis Type 1; 22q11.2 deletion syndrome; Turner syndrome; Tuberous Sclerosis; sex chromosome aneuploidy)
- Metabolic disorders (PKU, urea cycle disorders)
- Epilepsy and seizure disorders
- Childhood stroke
- Hypoxic-ischemic encephalopathy
- Oncologic or hematologic diagnosis diagnoses (brain tumor, leukemia, bone marrow transplant, sickle cell disease, Schwachman-Diamond syndrome)
- Neuroimmunological disorders (multiple sclerosis, neuromyelitis optica)
- Abnormal brain MRI findings deemed to be of clinical significance (e.g., hypoxic-ischemic encephalopathy, schizencephaly, hydrocephalus)
- Craniofacial disorders (Speech-specific concerns can be seen by Audiology, Speech and Language Department)
- Movement disorders with known diagnosis (e.g., abnormal involuntary movements, ataxia)
- Cardiology including congenital heart disease
- Solid organ transplant with relevant impact or treatment (candidate or post-transplant)
- Neuromuscular disorders
- Multicultural/bilingual

Patient populations served through Rehabilitation

- Concussion/mild traumatic brain injury
- Moderate to severe traumatic brain injury
- Anoxic/Hypoxic brain injury
- Spina bifida/Myelomeningocele
- Hydrocephalus
- Cerebral palsy
- Central nervous system infections (encephalitis, meningitis)
- Perinatal stroke
- Neuromuscular disorders
- International adoption
- Prematurity (<= 35 weeks)
- Low birth weight (<= 5 lb 9 oz)
- HIV
- Functional neurological disorders
- Multicultural/bilingual

Aims and Competencies of Rotation

Competency - Assessment

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

- Develop test battery appropriate to referral question(s), diagnosis, and child's background.
- Complete an efficient chart review.
- 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).
- Demonstrate awareness of the expected neurocognitive/behavioral/emotional sequelae of specific medical disorders.
- Interpret test results and develop recommendations based on referral question(s) and test findings.
- Provide written and oral feedback to family/caregivers, physicians, and other team members.

Competency- Research

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

- Epilepsy (Berrios-Siervo, Nguyen Martinez)
- Stroke (Botto)
- Brain tumor and blood cancers (Emser)
- Craniofacial (Martin)

Competencies:

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

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 and professional conferences. 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 targeted neuropsychological evaluation clinics (Concussion; Epilepsy Monitoring Unit; Neuroimmunology 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.
- Recognizes the role the interns' personal diversity dimensions have on their own professional development and how this may affect interpretation of assessment results and interactions with children and families.

Learning Elements to Develop Competencies

Assessment:

- Intern will complete 1-2 outpatient neuropsychological outpatient evaluations per week under the supervision of a faculty neuropsychologist, including chart review, literature review, test selection, interviewing, test administration and scoring, and report writing.
- Clinical Interviews and parent feedback sessions will be observed by the supervising neuropsychologist with active feedback provided.
- Interns 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 evaluation will focus on discussing referral question(s), medical disorder, diversity dimensions important to consider for the evaluation, and test battery selection.
- Supervision after assessment will focus on case conceptualization, 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 interns will be involved in an ongoing research project. The faculty will meet with the intern to discuss possible projects. Ongoing studies with the neuropsychology faculty center around the following disorders/topics (faculty involved included in parentheses):

- XY variants (Janusz; Hutaff-Lee)
- Complex congenital heart conditions (Wolfe)
- Acquired brain injury (Colbert, Petranovich, Tlustos-Carter)
- Functional neurological disorders (Kirkwood)
- Nonaccidental brain injury (Connery)
- Neurogenetic disorders (Miele)
- Demyelinating disorders (Hutaff-Lee)
- Psychosocial functioning in young adults with pediatric-onset disabilities (Petranovich)
- Spina Bifida (Peterson)
- Sexual and reproductive health in adolescents with disabilities (Colbert, Lantagne)
- Social determinants of health in pediatric rehabilitation (Colbert)
- Performance/ symptom validity testing (Kirkwood; Connery; Baker; Peterson)

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 and updated Minnesota Conference Guidelines for training in clinical neuropsychology [Reference: Full article: The Minnesota Conference proposed guidelines for education and training in clinical neuropsychology (tandfonline.com)].

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
  - Brain Cuttings, 2 hours, 1x/month (if possible)
  - 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
- Abbreviated evaluation through Concussion Clinic = 4 hours/0.5 day
- Feedback, supervision, writing = 8 hours/1 day

Pediatric Health Psychology

This specialty track consists of three, 4-month rotations for 16 hours per week, and two, 6-month rotations 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 have the opportunity to be a part of multidisciplinary teams and provide assessment and intervention to promote best health outcomes. 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 intern'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 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 – Supervisors: Kaley Curtis, PhD & Lauren Gallanis, 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, Adolescent Medicine, Intensive Care, Surgery, Trauma, Gastroenterology, and Pulmonary) and typically include individual and family-focused assessment, consultation, and intervention. Referral concerns include diagnostic clarification (e.g., disordered eating, functional disorders), safety evaluations, impact of mental health symptoms on adjustment/coping with chronic illness and hospitalization, medical adherence, quality of life, behavior problems, pain management, mental status, and delirium. 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 learners, 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 - Supervisors: Emily Muther, PhD & Emma Lyons, PhD

Overview: The CF Center at Children's Hospital Colorado is the largest pediatric CF center in the country. 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 patients' routine CF care, during sick visits, and on the inpatient medical floor during CF-related hospitalizations. 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 caregiver grief and stress at the time of diagnosis, adjustment to diagnosis and coping with CF, medical adherence, mental health difficulties, behavioral challenges, school and social challenges, coping with medical admissions, coping with the impact of CF on quality of life, and transition to adult care. Interns will provide a range of clinical services, including brief consultation, health and behavior assessment and intervention.

Medical Day Treatment Program - Supervisor: Jennifer Lindwall, PhD

Overview: Medical Day Treatment (MDT) is a unique school and treatment program at Children's Hospital Colorado that provides medical and behavioral health support for children and adolescents with chronic medical diagnoses. Youth present with a wide range of medical diagnoses (e.g., type I diabetes, seizure disorders, cancer, GI disorders, chronic pain, sickle cell disease, obesity) and psychosocial challenges (e.g., adjustment and coping difficulties, quality of life, depression, anxiety, and trauma) that impact their ability to access education and participate fully in an academic setting. The psychology intern will assist with reviewing referrals, conducting initial evaluations, providing individual and family therapy, and developing treatment plans within the multidisciplinary team. Treatment typically focuses on improving medical adherence, coping with chronic medical diagnoses, improving social skills, treating anxiety and depressive symptoms, strengthening positive engagement in school, and promoting overall health and wellness. In addition, the intern will have opportunities to collaborate with the classroom teachers and nursing staff, attend daily team rounds, and participate in weekly psychosocial rounds to provide comprehensive, multidisciplinary care.

Oncology - Supervisor: Jamie Luehring, 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, education and family navigation), 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 work with three large multidisciplinary transplant teams (heart, liver, and kidney transplant). The intern will have opportunities to participate in 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. Patients and families continue to meet with psychology throughout the transplant process; the psychology intern has the opportunity to conduct health and behavior assessment and intervention with these patients. The intern will see patients during inpatient hospitalizations, outpatient multidisciplinary medical clinic visits, dialysis treatment, heart catheterizations, infusions, and additional procedures. 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; Morgan Drake, PhD

Overview: Interns will have the opportunity to train within a large, multidisciplinary pediatric gastroenterology program, providing integrated behavioral health services across a variety of specialty clinics including Neurogastroenterology/Motility clinic, Inflammatory Bowel Disease clinic, Celiac Disease clinic, Pancreatitis Clinic, Juvenile Polyposis clinic, and our co-located GI psychology clinic. Working alongside medical providers, nurses, dieticians, physical and occupational therapists, and social workers, interns will develop expertise in the assessment and treatment of children and adolescents with chronic gastrointestinal (GI) conditions and disorders of gut brain interaction (DGBIs).

Clinical experiences include health and behavior assessment, consultation, and brief evidence-based intervention for presenting concerns such as abdominal pain, nausea, vomiting, toileting difficulties, treatment adherence, adjustment to chronic illness, and co-occurring mental health concerns. Supervision emphasizes flexible, developmentally informed interventions drawing from Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), parent management training, and other evidence-based approaches within a fast-paced medical setting. By the end of the rotations, interns will have developed specialized skills in the mind-gut connection, nervous system regulation, and the delivery of integrated behavioral health for youth with GI disorders.

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 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, dieticians, 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 question 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 with 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 psychologists 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 impact 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 screeners and 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 a 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 (APA):
- Society of Pediatric Psychology (https://pedspsych.org)
- Society of Clinical Child and Adolescent Psychology (https://sccap53.org)
- Association of Psychologists in Academic Health Centers (https://www.ahcpsychologists.org)
- *Journal of Clinical Practice in Pediatric Psychology* (American Psychological Association, Division 54; https://www.apa.org/pubs/journals/cpp/)

- *Journal of Pediatric Psychology* (http://jpepsy.oxfordjournals.org/)
- *Journal of Clinical Psychology in Medical Settings* (https://link.springer.com/journal/10880)
- Roberts, M.C. & Steele, R.G. (Eds.). (2009). *Handbook of pediatric psychology (4th ed.)*. The Guilford Press.
- Roberts, M.C., Aylward, B.S., & Wu, Y.P. (Eds.). (2014). *Clinical practice of pediatric psychology*. The Guilford Press.
- Carter, B.D., & Kulgren, K.A. (Eds). (2020). *Clinical handbook of psychological consultation in pediatric medical settings*. Cham, Switzerland: Springer Nature Switzerland AG.

Pediatric Neurorehabilitation: Assessment and Intervention

Leadership within the Rotation

Rehab Neuropsychologists:

- Alison Colbert, Ph.D., ABPP-CN, Track Lead (QBS certified in Spanish)
- Ann Lantagne, Ph.D.
- Zach Arcona, Ph.D.
- Amy Connery, Psy.D., ABPP-CN (QBS certified in Spanish)
- Mike Kirkwood, Ph.D., ABPP-CN
- Paige Naylor, Ph.D.
- Robin Peterson, Ph.D., ABPP-CN
- Christine Petranovich, Ph.D., ABPP-CN
- Sarah Tlustos-Carter, Ph.D., ABPP-CN
- Stephanie Hitti, PsyD (QBS certified in Spanish)

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 learners 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 therapists, academic specialists, occupational therapists, physical therapists, and other professionals. Treatment is tailored to the individual needs of children whose diagnoses may include mild to severe traumatic brain injury (TBI), stroke, encephalitis, spinal cord injury, spina bifida, amputation, cerebral palsy, as well as other neurodevelopmental disorders.

First, the intern will gain competence in providing health and behavior assessment and intervention to pediatric patients with rehabilitation-related diagnoses. All interns complete a rotation on the Rehabilitation Inpatient Unit, which provides the intern with the opportunity to provide targeted and adapted intervention and assessment focused on providing education, assessing cognitive, behavioral, and emotional functioning, improving functioning, and assisting with adjustment following acute or chronic medical injuries or illness.

The intern will have the opportunity to participate in multidisciplinary specialty 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 consultation and evaluation for children from infancy through early adulthood. Interns can participate in abbreviated developmental assessments through the IAC with children who have been adopted internationally. ABI is a multidisciplinary clinic focused on serving children and families with newly acquired brain injuries.

Finally, depending on the professional goals of the intern, outpatient work balances intervention and assessment. For example, interns have the opportunity to conduct abbreviated or full battery neuropsychological consultations in the complex concussion clinic or the Rehab Neuropsychology Clinic and/or carry a small caseload of pediatric psychology cases focused on supporting adjustment to disability, coping with new diagnosis, or changes in

functioning and participate in group therapy options.

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 individual and "curb-side" supervision formats.

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 to increasingly complex situations with a greater degree of independence as they 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);
- 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 neuropsychological evaluations with the pediatric rehabilitation population through full neuropsychological evaluations in the outpatient setting or targeted evaluations in the inpatient 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.
- Conduct abbreviated neuropsychological consultations in the complex concussion clinic.

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 targeted 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.
- Supervise therapy extern in the Rehabilitation Psychology program.

Evidence Base of Activities on Rotation/Citations

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

- 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 (3rd 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 10th floor of the main hospital. The Outpatient Rehabilitation Psychology Services Clinic is located on the 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.

Pediatric Primary Care

Project CLIMB in Child Health Clinic

Leadership within the rotation

- Ayelet Talmi, PhD (Program Director, Supervising Psychologist)
- Melissa Buchholz, PsyD (HealthySteps Director; Supervising Psychologist)
- Yodit Denu, PhD (Supervising Psychologist)
- Jessica Kenny, PhD (Primary Supervisor; COCM Lead; Supervising Psychologist; QBS Certified in Spanish)
- Erika Garcia-Rocha, PsyD (Primary Supervisor; Director, COLEGAS Spanish Supervision Group; Supervising Psychologist; QBS Certified in Spanish)
- Danielle Swales, PhD (Supervising Psychologist)

Description

CLIMB (Consultation Liaison in Mental Health and Behavior) provides integrated behavioral health services in the Child Health Clinic, a residency training pediatric primary care clinic. The program aims to facilitate early identification and treatment of mental health and behavioral issues within a pediatric primary care setting and increase access to behavioral health services for underserved populations. Integrated primary care is an ideal setting to provide generalist training for pediatric health professionals in meeting the mental and behavioral health needs of children. Project CLIMB is staffed by a transdisciplinary team that includes psychologists, psychiatrists, pediatricians, postdoctoral fellows, psychology interns, pediatric residents, other health profession learners and staff from the Child Health Clinic. The team provides: screening and early identification services; prevention, health promotion, and developmental interventions; psychosocial and behavioral individual, family, and group interventions; diagnostic assessments; medication evaluations; team-based consultation and training, 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 annually. Nearly 85% of children seen in clinic are publicly insured. The clinic serves a diverse population of youth and families from the neighboring communities including a large Spanish speaking population and newcomer and refugee communities from around the world.

Young Mothers and Families Clinic (YMFC)

Leadership within the rotation

- Amelia Ehmer, PsyD (Program Director; Primary Care Track Lead; Primary Supervisor)
- Lindsey Rogers, PsyD
- Jess Shankman, PhD

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. YMFC sees approximately 2,000 adolescent mothers and their children each year and provides approximately 7,000 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; 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 learners from each of these disciplines. The YMFC patient population is composed of young women and their children from racially/ethnically diverse backgrounds and low socioeconomic status, with nearly 90% publicly insured. Patients are drawn from the surrounding urban 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, learners, 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 responsiveness 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 grounds, 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.

Selected Evidence Base of Activities on Rotation

- Ashby, B.D., Ehmer, A.C., & Scott, S.M. (2018). Trauma-informed care in a patient-centered medical home for adolescent mothers and their children. *Psychological Services, 16*(1), 67-74.
- Becker Herbst, R., Margolis, K. L., Millar, A., Muther, E. F., & Talmi, A. (2016). Lost in Translation: Identifying Behavioral Health Disparities in Pediatric Primary Care. *Journal of Pediatric Psychology, 41,* 481 - 491. (doi: 10.1093/jpepsy/jsv079, PMID: 26338958).
- Buchholz, M., Burnett, B., Margolis, K. L., Millar, A., & Talmi, A. (2018). Early childhood behavioral health integration activities and HealthySteps: Sustaining practice, averting costs. *Clinical Practice in Pediatric Psychology, 6*(2), 140-151. http://dx.doi.org/10.1037/cpp0000239
- Ehmer, A.C., Greisch, C., Sonnen, E., Scott, S., Carter, D., & Ashby, B. (2024). Maternal depression,

- psychosocial stress and race/ethnicity: examining barriers to breastfeeding for young mothers. *Journal of Reproductive and Infant Psychology*, 1–13. https://doi.org/10.1080/02646838.2024.2361367
- Kenny, J., Costello, L., Kelsay, K., Bunik, M., Xiong, S., Chiaravalloti, L., Millar, A., & Talmi, A. (2021). All hands on deck: Addressing adolescent depression in pediatric primary care. Journal of Pediatric Psychology. https://academic.oup.com/jpepsy/advance-article/doi/10.1093/jpepsy/jsab033/6278440?guestAccessKey=97b14378-8f61-4161-937a-c3b785007bec
  - Talmi, A., Buchholz, M., & Muther, E. F. (2016). Funding, financing, and investing in integrated early childhood mental health services in primary care settings. In R. D. Briggs (Ed), *Integrated Early Childhood Behavioral Health in Primary Care: A Guide to Implementation and Evaluation* (pp. 143 – 164). Springer International Publishing, Switzerland. DOI: 10.1007/978-3-319-31815-8_9
  - Talmi, A., Muther, E. F., Margolis, K., Buchholz, M., Asherin, R., & Bunik, M. (2016). The scope of behavioral health integration in a pediatric primary care setting. *Journal of Pediatric Psychology*. DOI: 10.1093/jpepsy/jsw065

Practical Expectations

3. Times of meetings
    a. Participate and be prepared for weekly individual supervision with all rotation supervisors
    b. Attend clinic rounds/didactic meetings
    c. Attend twice monthly YMFC didactic meeting (Thursdays 12:00-1:00)
    d. Attend weekly CLIMB Team meetings (Thursdays 8:30 – 9:30)
4. Paperwork Expectations
    a. Completion of clinical documentation within 24 hours
    b. Adherence to and completion of all required electronic health record trainings and procedures
5. Hours breakdown/typical week
    a. Interns typically spend 20 hours per week in primary care clinics
    b. Interns are in Child Health Clinic and Young Mother's and Families Clinic 2.5 days/week
6. 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
- Jacob Holzman, PhD
- Sarah Kennedy, PhD
- Mathew Luehring, PhD
- Ben Mullin, PhD
- Marissa Nunes Moreno, PhD
- Allie Morford, PhD
- Zuzanna Wojcieszak, PhD (QBS Certified in Spanish)
- Collette Fischer, PhD
- Sarah Horvath, PhD
- Lauren Eckhart, PsyD
- Katie Reynolds, PhD
- Julia Barnes, PhD
- Jonathan Safer-Lichtenstein, PhD (QBS Certified in Spanish)
- Lauren Henry, PhD
- Kelly Holmes, PhD

Outpatient Intake Clinic

The Outpatient Intake Clinic is an 8-month rotation, in which interns have the opportunity to complete multi-session evaluations within an outpatient setting. Trainees will receive live supervision using a tiered supervision model, which includes postdoctoral fellows and faculty supervisors. Interns also participate in biweekly case conferences to help enhance skill development in this assessment model.

Psychiatric Emergency Department Clinic

The Psychiatry Emergency Department Clinic is a 10-week rotation, in which interns have the opportunity to provide clinical evaluation within the Psych ED setting. Interns will be supervised by mental health clinicians within the Psych ED, and will participate in crisis evaluation and disposition planning. Common presenting concerns include suicidal ideation, threat, or attempt; severe self-injury; high risk behaviors; physical aggression; symptoms of psychosis; and severe anxiety with impairment in functioning. Goals of this rotation include building risk assessment skills, exposure to patients presenting with high acuity, engaging in rapid clinical decision-making, and understanding the broader hospital system.

Individual Therapy

Interns will have the opportunity to learn and deliver evidence-based treatment to patients and families in the PMHI outpatient clinic throughout their training year. Interns typically carry a caseload of 5 outpatient individual 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 may co-lead groups with other students, including psychology externs, psychology postdoctoral fellows, and 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 learners' skills in a group therapy context. Interns participate in weekly group supervision. Current group options include CBT-based group for anxiety disorders, Unified Protocol-based group for externalizing disorders, parent management groups, and several 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 psychology faculty member. The training leaders will match interns and faculty based on the preferences of each and overall fit. 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 or June 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 ten-month 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). 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 contribute to a formal evaluation of the doctoral extern, which is completed by the 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.

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.

1. Pediatric Behavioral Medicine Seminar, which can be held jointly with first year Child Psychiatry Residents, includes 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.
2. 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.
3. 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.
4. Professional Development Seminar – provides instruction on a variety of professional development topics including preparing for post-doctoral training, developing an identity as a psychologist, ethical practice, and leadership.
5. OPEN (Opportunities, Pathways, Engagement, Network) - provides training in health equity and consideration of how to meet the needs of the community served at CHCO. Interns engage in didactic and experiential learning activities.
6. 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.
7. Trauma-Informed Care- focused on foundational principles of trauma-informed care with youth and families. This 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 program's HRSA grant.
8. PMHI Grand Rounds – research and clinical presentations by invited speakers, faculty, and trainees to the combined University of Colorado School of Medicine Division of Child and Adolescent Psychiatry faculty and the PMHI staff.
9. PMHI Quarterly Meetings- Topics include research presentations, clinical interventions, and information about institute policies, procedures, and activities.

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 exit interviews 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.

Supervision

The internship training staff provides close supervisory support while guiding interns 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 learners 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 ongoing 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 intern’s 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 supervisors after each of these reviews. The intern completes a formal evaluation for each of their supervisors and discusses the evaluation with them twice a year (December and June). 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 postdoctoral 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 University employees and receive benefits from the University and the psychology training program. Interns will accrue 8 hours of paid time of and 8 hours of sick leave per month in addition to receiving all University holidays. The training program pays for the interns to attend the CHCO'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 intern or their 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 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 processes. 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 online medical search engines and journals. The interns are provided with an email account, access to transcription services and voicemail.