

**Doctoral APA-Accredited Psychology Internship Program**

**2019-2020 Class Brochure**

Aurora MHC started a full-time clinical psychology internship program in 1998. The Commission on Accreditation of the American Psychological Association has accredited the internship since 2000. Questions related to the program’s accredited status should be directed to the Commission on Accreditation:

 Office of Program Consultation and Accreditation

 American Psychological Association

 750 1st Street, NE, Washington, DC 20002

 Phone (202) 336 5976/E-mail: apaaccred@apa.org

 Web: [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)

The Center offers interns excellent clinical training and experience in the assessment and treatment of a diverse range of mental health problems with a client population that includes children, adolescents, adults, and families. According to the number of primary languages spoken by students in public schools, the city of Aurora is considered to be among the most diverse cities in the United States.

The Center serves over 25,000 individuals per year. Approximately 16% of the clients are children, 17% are adolescents, 59% are adults and 7% are age sixty or older. The client population is also diverse in its racial and ethnic makeup. Approximately 67% are Caucasian, 28% are Latino(a) of all races, 18% are African American, 6% identify as Multi-Racial, 3% are Asian, and 1% are Native American. The diversity of the Center’s client population is underscored by our close affiliation with the Aurora-based Asian Pacific Development Center and the Colorado Refugee Wellness Center.

Aurora MHC is closely affiliated with a managed care company, Colorado Access. The relationship between the two organizations provides the intern with substantial experience in a managed care environment, with emphasis on providing rapid assessment, treatment planning, acute care in an interdisciplinary setting, and solution-oriented treatment. The Center's roots, however, remain in its commitment to the community and helping its citizens attain the highest quality of life our expertise can help them achieve. Toward this end, we provide acceptance, respect, and care that restores dignity, nurtures relationships, and enriches lives.

The internship is located in Aurora, Colorado, which is part of the Denver metropolitan area. Our facilities are located within 30 minutes of central Denver and are less than one hour from the Rocky Mountains. There are several excellent colleges and universities in the area, state- of-the-art medical facilities, numerous cultural and sports attractions, and abundant sunshine for year-round recreational activities.

**Training Components**

The internship is designed to provide a wide variety of clinical experiences with an emphasis on preparing the interns to achieve a standard doctoral level of competence in skills, personal maturity, and ethical behavior. In order to accomplish this goal, and to accommodate the special interests and needs of the intern, the program is balanced between required and elective clinical experiences.

All interns are required to participate in a year-long primary placement. The remaining training experiences will consist of two six-month minor rotations, weekly seminars, bimonthly case conferences, supervision of an extern, and an individual, mentor-guided research project. The program accepts two interns who prefer an adult oriented primary placement, two interns who prefer a child/family primary placement, and one intern who prefers a primary placement with the Asian Pacific Development Center, which is affiliated with Aurora Mental Health Center. For all three tracks, the minor rotations can be either adult or child focused, depending on the interests of the intern. The internship is for 12 months and 2000 hours.

The current stipend is $25,200, with an additional $2,400 compensation for interns who are fluent in English and are able to conduct therapy in a second language. The fringe benefits include Center contributions toward health and dental insurance, a flexible benefit plan, $15,000 in life insurance, professional liability insurance, long-term disability insurance, an EAP program, 12 days of vacation, up to 12 days sick leave, and ten paid holidays.

Rotations are offered within Aurora Mental Health Center’s clinical programs. Additionally, the Center also provides training in three affiliate agencies: the Metro Community Providers Network, the Refugee Wellness Center, and the Asian Pacific Development Center. Within AuMHC and our partner agencies, interns can receive training in the following programs.

**Adult Services Division**

**Southeast Adult Counseling Center (Optional Primary or Minor Rotation)**.

The Southeast Team provides mental health treatment and education to individuals, couples, and groups who are seeking help for a variety of problems. Services include intake evaluations, psychotherapy (individual, couples, and group), crisis intervention, psychological testing, case management, consultation, and medication management. The multidisciplinary staff includes psychologists, psychiatrists, clinical social workers, counselors, case managers and a nurse. Most clients are between 18 and 55 years old and have presenting problems that range from adjustment disorders to severe and persistent mental illness. A variety of Evidence Based Therapies are applied, including CBT, DBT, ACT, and EMDR. Therapy groups that are currently being conducted include Mind Over Mood, Acceptance and Commitment Therapy, Trauma Support, DBT, Mind-Body Wellness, Bipolar Education and Skills Training, Stress Management, and Hearing Voices. The Southeast facility is located in a predominantly middle-class area of Aurora, and while the clients present with a broad spectrum of problems, they are generally functioning at a higher level and have more resources than clients who live in other parts of the city. Interns on this rotation will spend time each week at our Connect to Care Clinic (C2C). C2C is our program where clients can begin therapeutic services, drop in for support if they are already a client, and connect to community resources and benefits.

**Elmira Counseling Center (Optional Primary or Minor Rotation)**.

The Elmira Counseling Center provides the same services as the Southeast office and has a similar mix of multidisciplinary staff. In addition to individual therapy, interns can co-facilitate specialized groups; these include groups designed for clients with personality disorders, trauma history, co-morbid substance abuse, and Bipolar Disorder. In general, compared to the Southeast Clinic, the presenting problems tend to be more severe and the clients generally have fewer economic resources. Interns have the opportunity to work with both adults and children at this location. Interns on this rotation will spend time each week at our Connect to Care Clinic (C2C).

**Older Adults Outpatient Services (Optional Minor Rotation)**. The Older Adults Team serves older persons and their families age 55 and older. This training experience is designed around the Pikes Peak Model for Training in Professional Geropsychology (Knight, Karel, Hinrichsen, Qualls, & Duffy, 2009), with a focus on geriatric mental health treatment, assessment, and consultation.  Interns are trained to offer individual and group psychotherapy using evidence-based approaches for older adults and have opportunities for community outreach in aging services institutions.  Interns can participate in PASSR screenings that are conducted to determine appropriateness for nursing home placement, as well as cognitive screenings and assessments on a referral basis. Services are provided at both the Southeast (primary) and North clinics, as well as nursing homes and assisted living facilities in Aurora. The treatment team consists of a clinical geropsychologist, two social workers, and the psychiatrists, nurse practitioners, and case managers that are integrated into the two adult outpatient teams (Southeast and Elmira).

**Adult Intensive Services (Optional Primary Placement)**.

An array of coordinated services and programs are managed under the umbrella of "Adult Intensive Services". It is designed for adults with severe and persistent mental illness who are best served by a high frequency of services in order to stabilize their mental health needs and facilitate their recovery and growth. A range of treatment options are offered including assessment, diagnosis, intensive outpatient, individual and group therapy, case management, medication management, and psychosocial rehabilitation. Program components include:

Community Living Program – A diverse array of client needs are served through this program. Clients in this program tend to carry a diagnosis of a major mental illness, including but not limited to, schizophrenia, schizoaffective disorder, PTSD, and borderline personality disorder. This intensive outpatient program is available for clients needing several hours of group therapy per week as well as frequent individual therapy to facilitate recovery. Therapy sessions, case management, outreach, crisis intervention, and medication management are oriented toward helping clients develop better coping skills, improved understanding of their mental illness, and for clients to develop a treatment plan specific to their recovery needs. Clinicians also collaborate and coordinate treatment needs of clients with medical providers at a primary care clinic (MCPN) that is co-located within the same office building. A substance abuse program focuses on recovery for those with co-occurring mental health and drug/alcohol abuse problems. A recreational component teaches leisure time activities and social skills.

**Aurora Center for Life Skills** (ACLS) is an outpatient program which offers a range of treatment options including assessment, diagnosis, intensive outpatient, individual and group therapy, case management, medication management and psychosocial rehabilitation. Treatment is specialized and adapted to meet the needs of individuals with a developmental disability to assist them with managing mental health symptoms. Additionally, the program is able to provide consultation and treatment for individuals with a TBI, as well as behavior therapy consultation and education to those within the developmental disability system who do not meet criteria for a mental health condition.

**Family Services Division**

**Child and Family South Counseling Center (Optional Primary or Minor Rotation)**

The multidisciplinary staff members on this team provide diagnostic assessments, individual, group, and family therapy services to children and families.  The clients seen on this team are culturally diverse and interns have the opportunity to work closely with families and schools to identify and treat a variety of symptoms and presenting problems.  The groups offered by the team vary but may include: social skills play group, middle school group, teen group, boys group, girls group, divorce group, multifamily drumming group, and relaxation group.  Team members utilize a variety of evidence based practices in their work including CBT, TF-CBT, CPS (Collaborative Problem Solving) and DBT.  Some evening work is required. Interns on this rotation will spend time each week at our Connect to Care Clinic (C2C).

**Child and Family North Counseling Center (Optional Primary or Minor rotation)**

The Child and Family North Team provides individual, group and family therapy to children and families for a variety of problems including ADHD, parenting issues, anxiety, complex trauma, suicidal ideation and psychosis.  This team serves a highly diverse group of children and families from many racial/ethnic groups including a large Latino population (with many Spanish speaking families) and multiple refugee communities.  Many of our clients are underserved and have Medicaid.  Interns on this rotation will spend time each week at our Connect to Care Clinic (C2C).

**School-Based Program (Optional Primary or Minor Rotation)**

The school-based program provides comprehensive mental health treatment for school age children in elementary, middle, and high school settings. Services include intake evaluations, individual, group, and family psychotherapy, crisis intervention, consultation and case management. The youth served have a range of presenting problems; however many children have a significant trauma history. There is often a high concentration of Spanish speaking families in many of the schools.

**Early Childhood and Family Center (Optional Primary Placement).**

ECFC provides comprehensive mental health treatment for infants and children up to age 6. Many of these children have been victimized, traumatized, abused, abandoned, or have experienced emotional or behavioral difficulties which interfere with learning and developing relationships. Individual, family, and group therapies are integrated to best serve the needs of each child and family. A variety of parenting classes for new and teen parents are provided. The program uses a number of Evidence Based Treatments including Parent-Child Interactional Therapy, Child-Parent Psychotherapy, The Incredible Years, Nurturing Parenting Program, Trauma Focused – CBT, and Relational Assessments. Only one intern is able to select this primary placement per year.

**Asian Pacific Development Center (Primary Rotation and Optional Minor Rotation)**

The Asian Pacific Development Center (APDC) has been providing culturally competent, community-based, and consumer-driven mental health services to Asian American Pacific Islander (AAPI) communities in Colorado since 1980.  APDC is designated by the State as a specialty clinic and our target population is primarily underserved refugees, immigrants, and multi-generational AAPIs in Colorado.  The vision is for our diverse communities to be healthy and empowered and we use a holistic approach to address the total well-being of individuals, families, and communities. At APDC, integrated care services means blending our existing mental health and other services with primary medical care services provided by Metro Community Provider Network. Interns have the opportunity to be part of a multidisciplinary team that includes nurse practitioners, a health care coordinator, psychiatrists, psychologists, social workers, counselors, case managers/navigators, and community outreach workers most of whom are bicultural and bilingual with close ties to their AAPI communities.  Interns provide a variety of services to clients who present with a wide range of mental health issues from brief, transitory conditions to more acute and chronic psychiatric symptoms and disorders.  These include major mental illnesses such as major depression, bipolar disorder, schizophrenia and post-traumatic stress disorder.  Clients are also seen who have adjustment disorders, family difficulties, marital problems, and occupational or academic problems.  Interns learn how to tailor their interventions to address the needs of refugee and immigrant status clients.  Issues involving cultural adjustment, such as language, values, customs and behavioral differences, are often intimately associated with the client’s presenting problem.  Services that interns provide at APDC include intake evaluations, psychotherapy (individual, group, family and couples) across the lifespan, case management, psychosocial skills training/wellness groups, home visits, community outreach/education and refugee mental health screenings.

**Integrated Primary Care (Optional Minor or Primary Rotation)**

Interns have the opportunity to work as a part of a multi-disciplinary team of healthcare professionals serving underserved populations in one of three integrated primary/behavioral care clinics: Metro Community Provider Network (MCPN) - safety net clinics serving the Aurora community; the Hope, Health and Wellness clinic providing innovative integrated care to AuMHC patients with serious mental illness through funding from the SAMHSA Primary and Behavioral Health Care Integration (PBHCI) initiative; and Rocky Mountain Youth Clinic (RMYC), a pediatric clinic serving largely monolingual Spanish-speaking families.   Interns will assist in meeting the whole health person-centered needs of a diverse population presenting with a wide range of medical and mental health conditions. Activities include: consultation with medical staff and patients, screening, brief assessment and provision of short-term behavioral health treatment to individuals, families and possibly groups.  Interns can expect to increase their knowledge of medical conditions and their interface with mental health conditions, and to participate in the integrated care innovations taking place in Colorado, one of the states leading the way in integrated care. Additionally, AuMHC participates in multiple grants involving cutting edge innovations in the field, from which interns will have the potential to learn and be involved in. Rotations at these sites are determined by need and also by the partner agency and therefore vary from year to year.

**Refugee Wellness Center (Optional Primary Rotation)**

The Colorado Refugee Wellness Center offers a rare opportunity for interns wanting experience working with refugees from around the world. All newly arriving refugees in Aurora receive medical and mental health screenings through our refugee center. It is a collaboration between multiple partners, including Metro Community Provider Network, Aurora Mental Health Center and other community organizations involved in refugee healthcare. We are a culturally responsive integrated primary and behavioral health clinic, with wrap around services offering refugees multiple resources in a single location. We utilize health navigators as interpreters, cultural brokers, and care coordinators. Interns will have the opportunity to participate in cultural trainings, and get experience working with interpreters and staff who are multidisciplinary and from diverse cultures. They will learn to do mental health screenings including the use of a culturally sensitive assessment tool, provide consultation to medical staff, and conduct short-term holistic integrated care with refugees, which addresses both physical and mental health. Since many of the refugees have also experienced trauma, a trauma-informed orientation is utilized. Opportunities to participate in grant research are often available for interested interns.

**Aims of the Program and Core Competencies**

The Local Clinical Scientist model guides the philosophy of the program. The training staff believes that the primary purpose of the internship is to help interns apply scientific theory and knowledge within the context of unique client situations. This requires a scientific orientation that includes critical thinking, case conceptualization, hypothesis testing, awareness of personal biases, and understanding of group differences including those of culture, ethnicity, gender, age, and sexual orientation.

The overall goals of the Aurora Mental Health Center Internship Program are to provide students with a broad range of experiences, in a variety of service delivery modalities, with diverse client populations, by psychologists of varying professional and personal backgrounds, styles, and areas of expertise. We strive to provide the intern with the educational and experiential opportunities necessary for them to develop the competence and confidence to engage in the independent practice of health service psychology. Although the training program by nature is strongest in providing the knowledge and skills necessary in community mental health, the diversity of the program will prepare the intern to function responsibly in a range of institutional and managed care settings.

Each intern is expected to develop and demonstrate certain core competencies during the internship year. These core competencies are taught, monitored, and evaluated during each quarter placement. Successful completion of the internship requires the demonstration of these competencies. Core areas consist of the following:

1. Cultural and Individual Diversity
2. Ethical and Legal Standards
3. Professional Values and Attitudes
4. Communication and Interpersonal Skills
5. Intervention
6. Assessment (Assessment and Diagnosis and Psychological Testing and Evaluation)
7. Supervision
8. Consultation and Interprofessional/Interdisciplinary Skills
9. Research

These professional competencies are addressed in seminars, supervision, literature reviews, and case conferences. They are demonstrated by intern written records and reports, review of cases in supervision, and interactions with clients and interdisciplinary staff. Progress in their attainment is evaluated in weekly supervision, monthly reviews by the Training Committee, and in quarterly and semi-annual written performance evaluations.

**Supervision**

Interns are assigned a primary clinical supervisor, who is a licensed psychologist. The intern and primary supervisor meet individually at least one hour per week throughout the training year. These meetings entail the discussion of cases and related clinical topics, reviewing progress in the program, and evaluating training needs. The intern has a minimum of one additional hour of weekly individual supervision in accordance with the current minor rotation with a licensed staff member whom is associated with the specific training site. The assignment of interns with specific primary supervisors is made by the Training Committee, which makes every effort to match intern interests and needs with supervisor expertise. The format of supervision may include case discussion, review of treatment notes, review of audio- or videotape, live supervision behind a one-way mirror, or co-therapy. At the beginning of each rotation the intern and their primary supervisor and each of their site supervisors will develop individualized training goals.

Aurora MHC has a very experienced and talented staff of allied mental health professionals including psychiatrists, clinical social workers, counselors, and psychiatric nurses. Interns receive additional supervision from these allied staff, in consultation with their primary supervisor.

Interns are required to attend and participate in the regular group supervision meetings and case conferences that occur on at least a weekly basis at their primary and minor rotations. In addition, interns will attend a bimonthly case conference with the training director and/or other training staff. Interns will rotate presenting cases at these bimonthly cases conferences. The focus of these cases conferences is assessment and treatment approaches with challenging clients and ethical or legal issues.

Interns receive ongoing training in the provision of supervision. Supervision skills are taught in a supervision of supervision group that interns attend on a biweekly basis. The supervision group is facilitated by a staff psychologist and has both didactic and process components. The program strives to ensure that interns have an opportunity to provide supervision to a practicum student during the year. The extent to which an intern provides direct supervision to a more junior student is determined by the particular placements of each intern, the availability of a junior student on a particular placement, and the interests and previous education and training of the intern in being a supervisor.

**Psychological Testing**

The program recognizes that the ability to competently perform psychological evaluations is one of the distinguishing features of practicing psychologists. Staff use results from psychological testing to enhance understanding of particularly challenging cases, and to respond to the needs of other agencies, including the Departments of Human Services and the courts. The internship provides didactic training in testing in seminars and in both individual and group supervision. The program, however, does not have a strong emphasis in teaching testing; rather, interns are expected to have acquired most of their knowledge and technical skills in this area in graduate school. The emphasis in this program is in the ability to integrate data and to write succinct, high quality reports. Prospective interns who seek a program that has an especially strong testing emphasis would not be a good match with this program.

Interns are required to perform at least 6 psychological testing evaluations during the year. The evaluations include a clinical interview, administering, scoring, and interpreting the tests, and writing a report. Testing referrals are generated by each of the treatment teams, thus interns may evaluate clients from teams other than those in which they are rotating. The evaluations include the use of a variety of tests, typically measuring both cognitive and personality functioning. Interns assess varying age groups and problem areas.

**Seminars**

Training seminars for interns are presented weekly by training staff or guests. Areas of concentration in the seminar schedule include evaluation, treatment, legal issues, consultation, and cultural competence. In addition to the weekly seminars, there is a biweekly supervision of supervision group, a monthly assessment supervision group, a bimonthly case conference, a quarterly ethics seminar, and a cultural competence discussion every six weeks. Each intern facilitates a seminar on the topic of her or his choice toward the end of the training year.

Interns are encouraged to attend the Center-wide trainings that are arranged by the Center's Educational Committee. Each intern is allotted $100 for attendance at supervisor approved external workshops or conferences.

**Research**

In order to develop and enhance program evaluation and research skills, each intern is responsible for participating in a research, program evaluation, program development or grant writing project. This project will be supervised by a psychologist mentor at AuMHC. At the beginning of the year, psychologists and other staff will present on available projects at the center with which interns can participate. Interns will identify a project and mentor early on and then will develop a written proposal around their project intent and what their responsibility will be with the project. These projects are not intended to be a “dissertation” and it is expected that interns will likely be completing a portion of a larger project within approximately 20 hours over the course of the year. The Training Director will review these proposals and will provide guidance on the selection of a project that is both meaningful and practical to complete within the time frame of the internship. Interns will meet with their mentor periodically throughout the year. At the end of the year, interns will present to AuMHC staff on their projects and will also submit a written paper to the Training Director.

**Application Requirements**

In order to qualify for internship training at Aurora Community Mental Health Center, applicants must have completed a minimum of three years of pre-internship graduate training, had their dissertation proposal approved (or anticipated to be approved before the start of internship), have passed their comprehensive exams, and completed a minimum of 500 direct service practicum hours. Applicants must have completed, or have a plan to complete, at least five integrative psychological assessment reports (with adults and/or children). The program requires that applicants be from APA accredited graduate programs in clinical or counseling psychology. Training in the administration, scoring and interpretation of the WISC, WAIS, and either the MMPI or PAI are required. It is highly recommended that applicants defend their dissertation prior to the beginning of the internship year.

Students seeking internship training at Aurora Mental Health Center should submit the on-line APPIC Application for Psychology Internship (AAPI) **and a sample psychological assessment report**. In the cover letter, please indicate whether you are applying for the Adult Track, Child/Family Track, or the Asian Pacific Development Center Track. Please also ensure that one of your letters of recommendation is written by a recent clinical supervisor.

All materials must be received by October 26, 2018. The internship will begin on August 6, 2019.

**Intern Selection Policy and Procedure**

There are five full-time openings for psychology interns: two in the Child/Family Track, two in the Adult Track, and one with a primary placement at the Asian Pacific Development Center. All applications from students in APA accredited programs in clinical or counseling psychology that are completed and electronically submitted to us through APPIC by our deadline will be reviewed by at least one member of the Training Committee. We are particularly interested in matching with interns who share our passion in working with traditionally underserved and diverse populations.

All students who submitted a completed application will be notified of their interview status by December 13th. Based on the quality of the application and the goodness of fit between the applicant’s training goals and the internship program, approximately thirty-five applicants are invited for an interview. Interviews are conducted in January. **The program requires that all interviews be on-site and not by telephone**. **If this is truly a financial hardship, please contact the training director for accommodations.**

Following the completion of the interviews, the Training Committee meets to rank order applicants, which is based on both the submitted application and the interview. The final ranking order is determined by consensus of the Training Committee. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

Results of the APPIC Match constitute a binding agreement between the matched applicants and the program. However, final appointment of applicants to the internship at Aurora Mental Health Center is contingent on matched applicants passing a criminal background investigation.  This includes a name search through bureau of investigation units in states where the individual has lived for the past seven years.  A search will also be conducted through the Department of Human Services. If adverse information is received, the applicant will be required to provide evidence of disposition.  If an applicant has a drug-related offense, the individual will be required to provide evidence of disposition and may be required to submit to a drug screen upon hire and periodic drug tests. Each situation will be handled on a case-by-case basis.  The Executive Director will make all determinations regarding any adverse action taken. Finally, all Center staff are required to get an annual flu vaccine.

**Non-discrimination Policy**

Aurora MHC is an equal opportunity, Affirmative Action employer. Minority candidates for the internship program are strongly encouraged to apply. The Center’s non-discrimination employment policy applies to the internship program. We are dedicated to the principles of equal employment opportunity in any term, condition or privilege of employment. We do not discriminate against applicants or employees on the basis of race, color, national origin (ancestry), gender, sexual orientation or expression, genetic testing, religion (creed), political affiliation, citizenship status, age 40 and over, size, genetic information, marital status, disability or military status, or any other status protected by state or local law, in any of its activities or operations. This prohibition includes unlawful harassment based on any of these protected classes.

**Additional Information**

For further information about the internship program, including but not limited to program policies and procedures with regard to intern evaluation, due process, and criteria to successfully complete the internship, please contact the internship Training Director, Kirsten Anderson, Psy.D. at (303) 617-2774 or kirstenanderson@aumhc.org. Email is the preferred method of correspondence.

**Psychology Staff**

Myoung Ah Holm, Ph.D., University of Denver

Asian Pacific Development Center; Behavioral Health Team

Immigrant and Refugee Behavioral Health care, Trauma, Chronic Pain, CBT, Mindfulness, EMDR

Kirsten Anderson, Psy.D., University of Denver

Division Director, Outpatient Services and Disaster Coordinator

Disaster Response, Leadership, Therapy with at-risk adolescents

S. Eri Asano, Ph.D., The Wright Institute

Clinic Director, Asian Pacific Development Center (APDC)

Refugee & Immigrant Mental Health, Multicultural Issues

Sarah Avrin, Ph.D., Washington State University

Division Director, Programs for the Developmentally Disabled Mentally Ill

Developmental Disabilities, PTSD, Families and Couples, and Peer Specialist Training

Christy Balentine, Ph.D., University of North Carolina, Greensboro

Early Childhood and Family Center

Infant Mental Health, Parent-Child Interactions, Post-Partum Depression

Margaret Charlton, Ph.D., ABPP, Washington University in St. Louis

Intercept Center

Mental Illness in Youth with Developmental Disabilities, Adapted Treatment, Law and Mental Health, Child Trauma, Disaster Response

Rob Gibson, Psy.D., Wheaton College

Southeast Adult Outpatient

Group therapy, Mindfulness Based Approaches, Religion and Spirituality in Therapy

Winnie Hunter, Ph.D., McGill University

Colorado Refugee Wellness Center

Immigrant/Refugee Mental Health, Sexual Health/Couples Counseling, Multicultural Counseling Competence, Group Therapy

Jan Jenkins, Ph.D., University of Colorado

Director, Colorado Refugee Wellness Center

Refugee Mental Health, Consultation to Medical Providers

Mara Kailin, Psy.D., Rutgers University

Deputy Director

Cross-Cultural Issues, Assessment, Trauma

Eliza Kienitz, Psy.D. PGSP-Stanford Consortium

Hope, Health, & Wellness Clinic

Primary Care Integration, Motivational Interviewing, Brief Therapist, Cognitive Screenings, Mindfulness, Public Health

Jackie Kuykendall, PsyD, Alliant International University

Colorado Refugee Wellness Center

Forensic Psychology and First Responder/Law Enforcement Mental Health

Jennie Lee, Psy.D. University of Denver

Southeast Adult Outpatient

Acceptance and Commitment Therapy, Trauma, Forensics

Jeffrey M. Longo, Ph.D., University of Virginia

Program Manager, Smoky Hill Counseling Center

Motivational Interviewing, Couples Therapy, Cognitive-Behavioral Therapy

Adam Maher, Psy.D., California School of Professional Psychology – San Francisco

School-Based

Mindfulness, Gender Roles, CBT, Acceptance and Commitment Therapy, Child and Adolescent Issues

Danielle Mohr, Ph.D., Colorado State University

Assessment Center

Psychological Assessment, Dialectical Behavior Therapy, Parenting

Amber Olson-Garriott, Ph.D., University of Denver Counseling Psychology

Division Director, Integration Services

Grief and Loss, Integrated Primary Care, Supervision and Training, and Multicultural issues

Dawn O’Neil, Ph.D., University of Cincinnati

Program Manager, Aurora Center for Life Skills and Community Living Program

Crisis Intervention, Women’s Empowerment, DBT

Christopher Peavey, Psy.D., University of Denver

Elmira Counseling Center

CBT, Religious Issues, Client Centered Therapy

Kelly Phillips-Henry, PsyD California School of Professional Psychology, San Diego, MBA University of Colorado

CEO, Aurora Mental Health Center

Healthcare administration, Eating disorders, Trauma and treating sexual abuse survivors, Marital /couple’s therapy

Shane Spears, Psy.D., University of Denver

Elmira Counseling Center

Child/Family Therapy, Trauma, Group Work

Eva Szucs, Psy.D., University of Denver

Integration Services

Trauma, Eating Disorders, Substance Abuse, Personality Disorders, and Immigration related issues

Nai Chieh (Geri) Tien, University of Northern Colorado

Asian Pacific Development Center

Individual, Couples and Family Therapy, Multicultural Issues

Alan Toulouse, Ph.D., University of Nebraska

Child and Family South

Child and Family Therapy, Assessment and Consultation

Lauren Widman Eggerth, Psy.D., Wheaton College

Early Childhood and Family Center; Integrated Care Team

Infant Mental Health, Immigrant and Refugee Behavioral Health Care, Trauma-Based interventions across the lifespan

Jay Willoughby, Psy.D., University of Denver

Early Childhood and Family Center

Infant Mental Health, Dyadic Therapy, Pediatric Behavioral Health Consultation

Aurora Mental Health Internship Program Tables

Updated: 8/14/18

Internship Program Admissions

|  |  |
| --- | --- |
| Total Minimum Direct Contact Intervention Hours Required | 500 |
| Total Minimum Direct Contact Assessment Hours Required | 100 |
| Other Minimum Requirements Used to Screen Applicants | In order to qualify for internship training at Aurora Community Mental Health Center, applicants must have completed a minimum of three years of pre-internship graduate training, had their dissertation proposal approved (or anticipated to be approved before the start of internship), have passed their comprehensive exams, and completed a minimum of 500 direct service practicum hours. Applicants must have completed, or have a plan to complete, at least five integrative psychological assessment reports (with adults and/or children). The program requires that applicants be from APA accredited graduate programs in clinical or counseling psychology. Training in the administration, scoring and interpretation of the WISC, WAIS, and either the MMPI or PAI are required. |

Financial and Other Benefit Support for Upcoming Training Year

|  |  |
| --- | --- |
| Annual Stipend/Salary for Full-Time Interns | $25,200 |
| Program provides access to medical insurance for intern | Yes |
| Trainee contribution to cost of medical insurance required? | Yes |
| Coverage for family member(s) available? | Yes |
| Coverage for legally married partner available? | Yes |
| Coverage of Domestic Partner available | Yes |
| Hours of Annual Paid Vacation | 96 hours |
| Hours of Annual Paid Sick Leave | 96 hours |
| In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave? | Yes |
| Other Benefits | If bilingual in a language other than English - $2400 stipendDental, Life Insurance, Professional/Liability Insurance, Long-Term Disability Insurance, EAP |

Initial Post-Internship Positions

|  |  |
| --- | --- |
|  | 2014-2018 |
| Total # of Interns Who Were in the 3 Cohorts | 15 |
| Total # of Inters who did not seek employment because they returned to their doctoral program/are completing doctoral degree | 1 |

|  |  |  |
| --- | --- | --- |
|  | Post-doctoral position | Employed position |
| Community Mental Health Center | 2 | 3 |
| Federally Qualified Health Center | 0 | 0 |
| Independent primary care facility/clinic | 2 | 0 |
| University counseling center | 1 | 0 |
| Veterans Affairs medical center | 1 | 0 |
| Military health center | 0 | 0 |
| Academic health center | 4 | 0 |
| Other medical center or hospital | 1 | 0 |
| Psychiatric hospital | 0 | 0 |
| Acedemic university/department | 1 | 0 |
| Community college or other teaching setting | 0 | 0 |
| Independent research institution | 0 | 0 |
| Correctional facility | 0 | 0 |
| School district/system | 1 | 0 |
| Independent practice setting | 0 | 1 |
| Not currently employed | 0 | 2 |
| Changed to another field | 0 | 0 |
| Other | 0 | 0 |
| Unknown | 0 | 0 |