



General Adult Track

**University of Washington School of Medicine
Psychology Internship Program
2026-2027**

Schedule for the day

Morning Presentation for the Adult Track

9:10-10:00 Overview, *Adam Carmel*

10:00-10:45 Supervisor and rotation introductions: *Kristen Lindgren (OPC)*,
Lily Assaad (OPC), *Adam Kuczynski (SEC)*, *Jennifer Kuo (FHCC)*

10:45-11:00 Break

11:00-12:00 Current Resident Q&A

12:00-1:00 Lunch on your own

Afternoon Interviews for the Adult Track

1:00-3:55 Individual Faculty Interviews (refer to individual schedule sent via
email for details and zoom links)

1:00-3:55 Optional Drop-in room including current residents and post-doc
fellows, faculty intermittently

3:55-4:00 Optional closing- Adam will be in zoom Drop-in room for any
questions

4:00 End of Open House

Empirically Based Practice / Clinically Based Research

1

Training and supervision
in empirically based
interventions

2

Training and mentorship
in research skills

Internship Year: Clinical Training Goals and Emphases

Expand range of expertise in empirically based interventions and adapting them for “real-world” settings (breadth)

Increased case conceptualization skills and sophistication, especially in using case conceptualization to guide individualized treatment plan (depth)

Selection of assessment strategies for diagnostic determinations and as indicators of treatment progress

Management of risk behaviors and awareness of ethical/legal issues in outpatient clinic settings

What will 2026 bring?

•Some guesses:

- A mix of telehealth and in-person services
- All rotations are outpatient

Like everyone else, we do not know the future.
•Some guarantees:

- Access to appropriate PPE for all settings
- Continued high need for mental health services
- Ongoing flexibility and compassion

Training Sites



Harborview Medical Center:

- SEC
- Mental Health & Addiction Services



UW Outpatient Roosevelt Clinic:

- Outpatient Psychiatry Clinic (OPC)
- Trauma (PE/CPT), SUD care, and DBT team



Fred Hutchinson Cancer Center

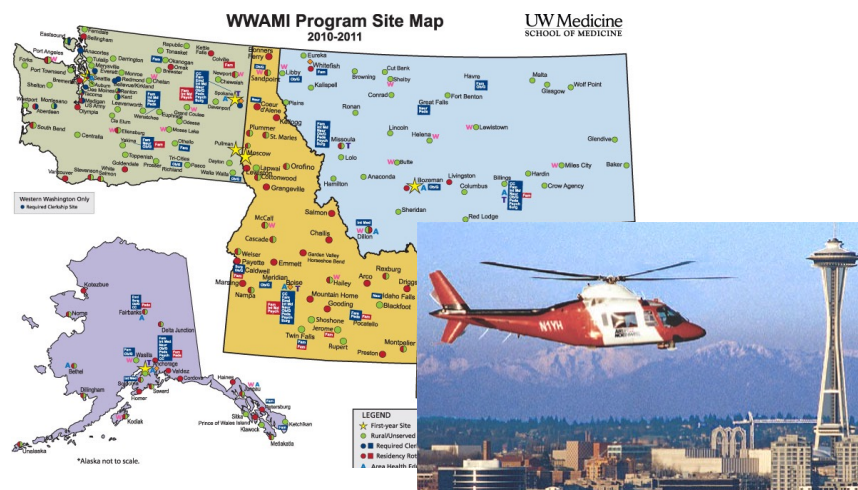
- Psycho-oncological health psychology
- Collaborative Care interdisciplinary team

Harborview Medical Center



Harborview Medical Center

■ Level 1 trauma center serving a 4-State region (WAMI)



Harborview Medical Center

■ Center of Excellence for:

- Orthopedic reconstruction/rehab
- Neurosciences
- Adult & Pediatric Trauma
- Burns
- AIDS/STD treatment
- Vision
- Vascular
- Behavioral health

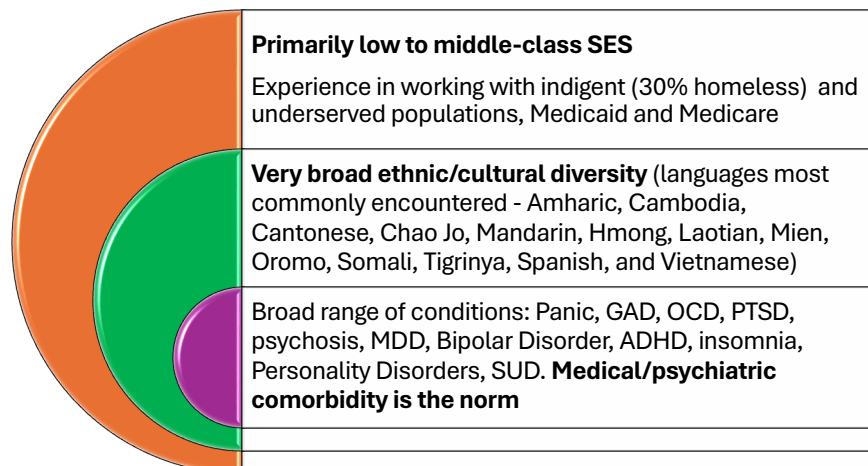


■ Safety net provider

- Provided \$62 million in charity care in 2015 (sharp decline from recent years due to ACA)

Harborview Outpatient Services

Who are the patients on this rotation?



Didactic Trainings at HMC



- CBT for Psychosis (CBT-p)
- 2 full days of didactic training by Sarah Kopelovich, PhD

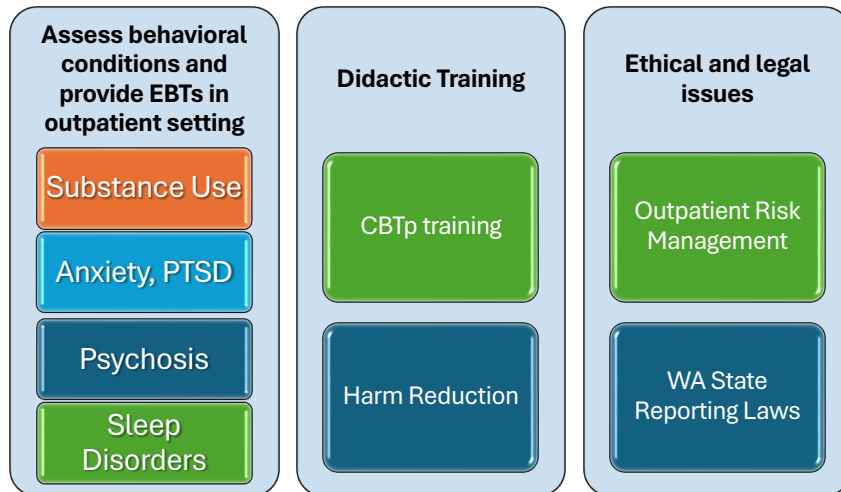


- Harm Reduction Treatment for SUD
- 2 partial days of didactic training by Susan Collins, PhD

- 12-14 direct outpatient contact hours per week (three and ½ 8-hour days)
- Remainder of clinical time is spent charting, learning protocols, and in supervision

Harborview Outpatient Services

What will I learn during this rotation?



Specialized Training in Empirically Based Approaches

- Cognitive Behavioral Therapy for Psychosis (CBT-p) for Schizophrenia, First Break Psychosis
 - SPIRIT Lab training site: <https://uwspiritlab.org/training/>
- Cognitive Behavioral Therapy for Insomnia (CBT-I)
- Hypnosis
- Harm Reduction for SUD
 - HaRRT Center training site: <https://depts.washington.edu/harrtlab/>

Flexibility to emphasize some approaches more than others based on resident preference

Harborview Outpatient Services

How will I learn all of that?

Minimum of 4
hours of
supervision/week

- CBT-I, MI (Dr. McCann)
- CBTp (Drs Kopelovich, Kuczynski & Reznik)

Multidisciplinary
consultation
opportunities

- For outpatient addiction recovery team-work, Psychiatry Residents 5E
- Psychiatrists, social workers, case managers

Attendings have
expertise in a
variety of disorders

- PTSD, substance abuse, insomnia, psychosis

Core Clinical Faculty



UW Outpatient Psychiatry Clinic Roosevelt Building



UWMC Outpatient Psychiatry Clinic



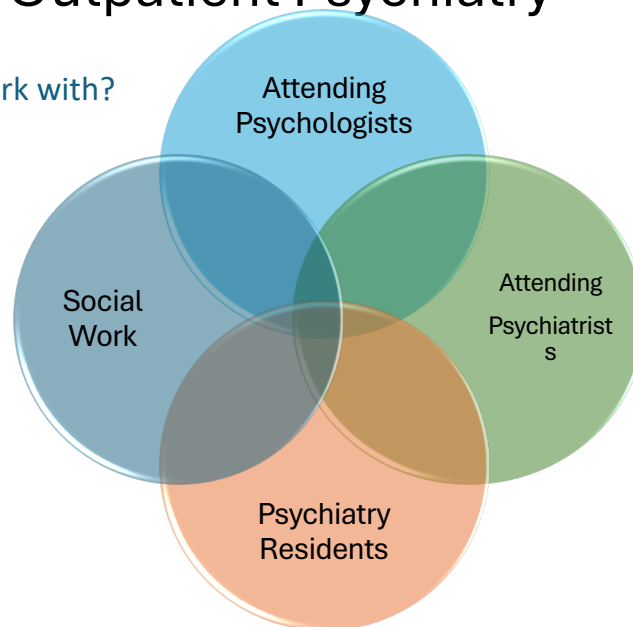
UWMC Outpatient Psychiatry Clinic

■ Overview

- Main outpatient psychiatry referral source for UW Medical Center (UWMC) patients
 - Mainly UWMC-affiliated patients (most come from other specialty or primary care clinics)
 - Referrals from local providers, hospitals, and the surrounding community
- Over 6,000 visits/year
- Services include: assessment, brief consultation, and evidence-based interventions
 - Provides both psychotherapy and pharmacotherapy

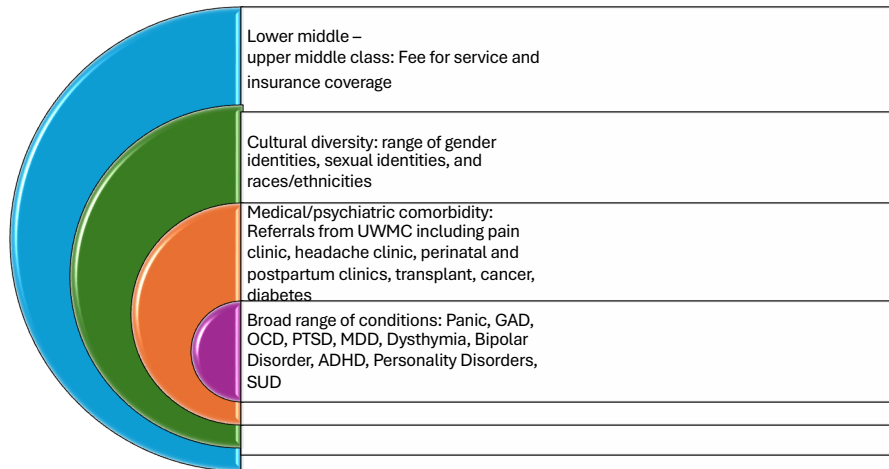
UWMC Outpatient Psychiatry Clinic

Who will I work with?



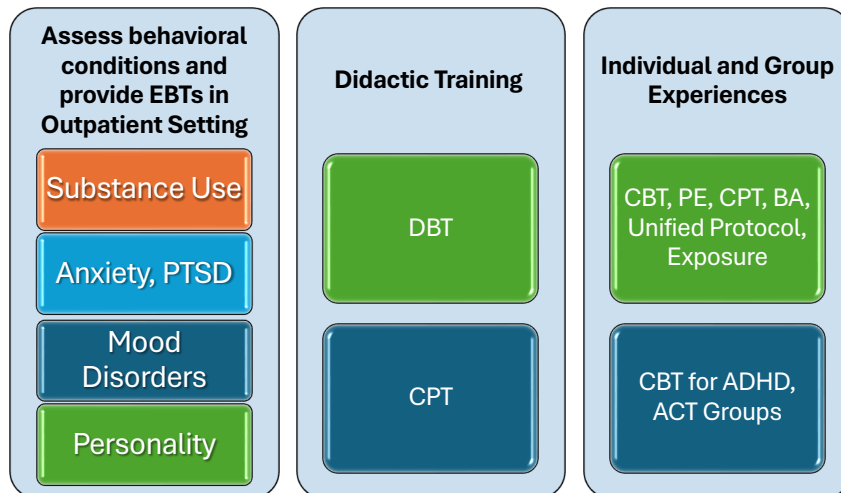
UWMC Outpatient Psychiatry Clinic

Who are the patients on this rotation?



UWMC Outpatient Psychiatry

What will I learn during this rotation?



Specialized Training in Empirically Based Approaches

- Cognitive Processing Therapy, Prolonged Exposure for PTSD
- CBT for SUD
- Exposure Protocols for Anxiety Disorders, OCD
- DBT for Emotion dysregulation, Suicidality
 - UW Annual Comprehensive DBT Training:

<https://uwcspar.org/education-and-training/upcoming-trainings/annual-dbt-training/>

Flexibility to emphasize some approaches more than others based on resident preference

UW Suicide Care Team Study at OPC

Specialist Team Approach to Suicide Care Across the UW Health System

- Research therapist rotation contingent upon grant funding (PI: Comtois)
- Multidisciplinary care team based virtually out of OPC
 - Social work, psychology and psychiatry presence



SCT Advisory Board

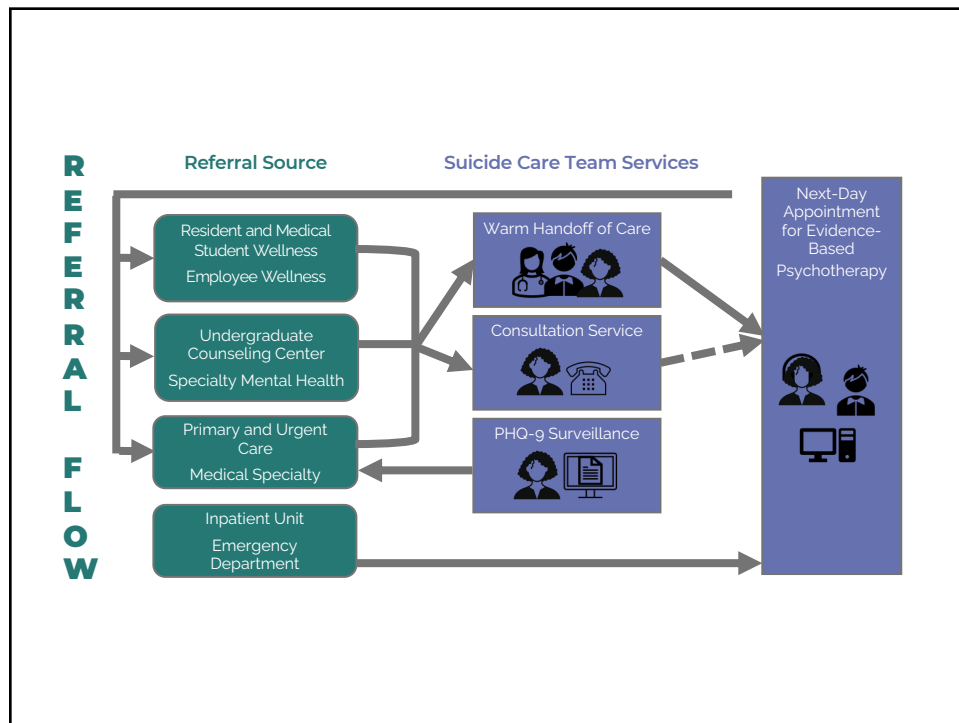
The Need for a Specialist Team Approach to Suicide Care

- Suicidality presents intermittently in healthcare but requires rapid and effective response
 - Historically, role of the emergency department
 - Increasingly clear that this is the wrong door for most individuals considering suicide
- Treatment
 - Patients may have complex underlying issues and diagnoses
 - Evidence-based suicide care can resolve acute suicidality in 4-12 weeks without resolving the diagnoses or issues first

Suicide Care Across the UW Health System

- **Specialist team function**
 - Single expert team that can:
 - Take referrals throughout UW
 - Provide assessment
 - Form a treatment plan
 - Implement treatment plan
 - May determine suicidal individuals require a higher level of care
 - Maintain contact and offer aftercare.





UWMC Outpatient Psychiatry Clinic

How will I learn all of that?

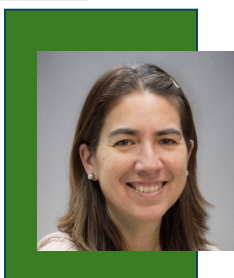
Minimum of 4
hours of
supervision/week

- Individual supervision (Drs. Lindgren, & Hatch)
- One hour of CLS group supervision with psychiatry residents
- Orientations are predominantly CBT

DBT Specialty
Clinic

- 2-day DBT workshop (Drs. Comtois & Carmel)
- Weekly DBT seminar for 6 months
- One hour of individual DBT supervision
- One hour of DBT consultation team (Drs. Comtois)

Core Clinical Faculty



- 12-14 direct outpatient contact hours per week (3 and ½ 8-hour days)
- 4 hours DBT Training
 - ½ day a week doing DBT training, sessions, supervision, and consultation team
- Remainder of clinical time is spent charting, learning protocols, and in supervision

Structured Clinical Trainings



- **Kate Comtois, Ph.D.**
 - Annual Comprehensive DBT Training
 - 2 day workshop followed by a 1.5 hour weekly seminar for 6 months



- **Kristen Lindgren, Ph.D. and Michele Bedard-Gilligan, Ph.D.**
 - 2 day workshop in CPT for PTSD

Fred Hutchinson Cancer Center



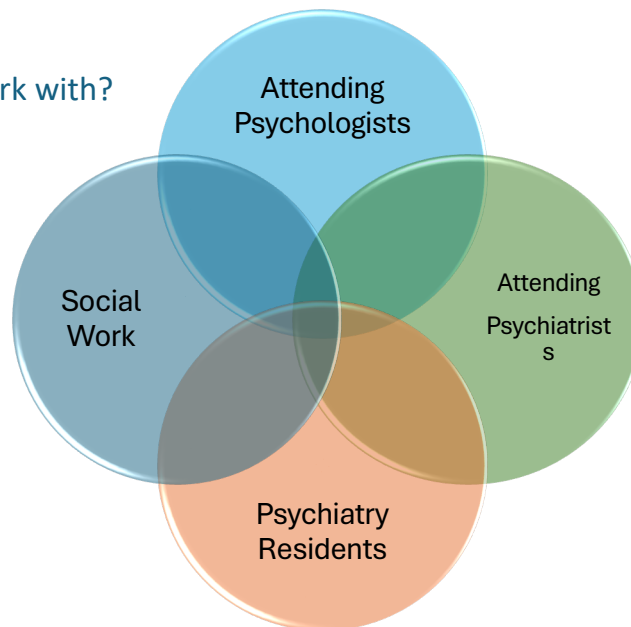
FHCC

■ Overview

- FHCC is a comprehensive cancer clinic of UW Medicine, Fred Hutchinson Cancer Research Center, and the Seattle Children's Hospital, and provides care for patients with a wide variety of malignancies in various stages of treatment.
- Residents will provide direct consultation to the FHCC clinics under supervision and will evaluate and treat a range of psychosocial issues that arise in the context of medical illness.
- Participate in a collaborative care model reviewing and managing patient cases using a multidisciplinary team.

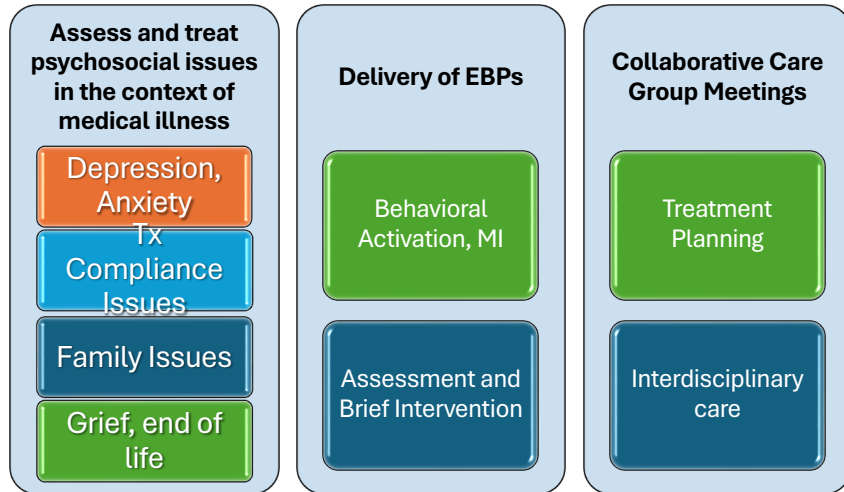
FHCC

Who will I work with?



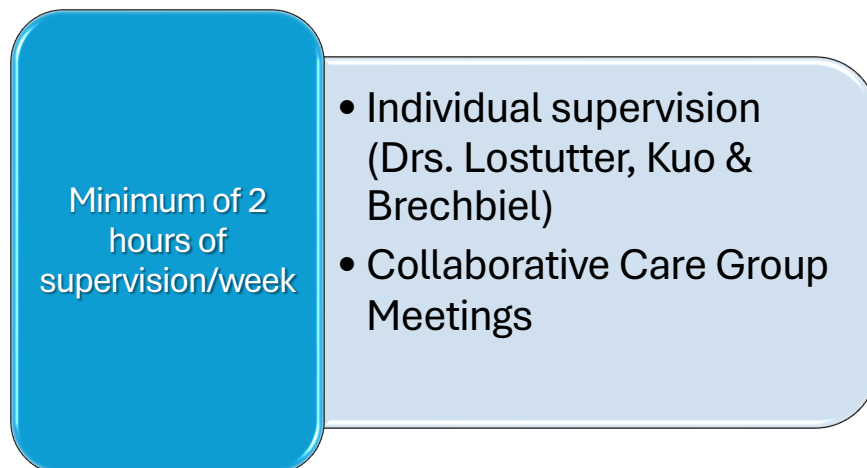
FHCC

What will I learn during this rotation?



FHCC

How will I learn all of that?



Core Clinical Faculty



Research, Grant Writing, and Professional Development

Internship is primarily a clinical year, but.....

Research informs clinical care

- Empirically supported treatments and supervision
- Monthly journal club (led by Dr. Katherine Walukevich-Dienst)

Focus on continuing to grow scientist practitioners

- Grant writing seminar- mix of didactic teaching and hands-on practice (2 hrs/wk)
- Dedicated research time (4 hrs/wk)

Professional development

- Grant writing seminar and didactics
- Committee devoted to professional growth
- Faculty Mentorship
- Post-doc fair & Career fair

Adult Track Structure

	primary	M	T	W	Th	Fri
Resident #1	OPC	OPC DBT	OPC	SCCA	Research	OPC
Resident #2	HMC	OPC DBT or trauma care	HMC	HMC	Research	HMC
Resident #3	SCCA	SCCA	SCCA	HMC	Research	SCCA

- Primary Site 3 days a week
- Secondary site 1 day a week
- Thursdays are Research Day and Didactics Seminar
- We are leading with the options of 1) 12 month structure listed above, or 2) a 6 month rotation model with all 3 sites. Or a 3rd option TBD based on incoming cohort.
- Zoom meeting with the 3 incoming residents to determine assignments



Questions?

(And feel free to email Adam at adultpip@uw.edu as well)