

TRAINING MANUAL

**FOR THE 2017-2018 DOCTORAL INTERNSHIP
IN HEALTH SERVICE PSYCHOLOGY**

AT CLEVELAND STATE UNIVERSITY COUNSELING CENTER

**Union Building, Room 220
2121 Euclid Ave.
Cleveland, Ohio 44115
216-687-2277**

Setting and Mission

CLEVELAND STATE UNIVERSITY

(CSU) is an urban, commuter university established in 1964. There are seven colleges within the university as well as the Cleveland-Marshall College of Law. Recent statistics show enrollment of approximately 11,000 undergraduate students and 6,000 graduate and law students. Twenty-three percent of these students belong to ethnic minorities and fifty-five percent are women. The University has over 800 international students representing 75 countries, with significant numbers from Saudi Arabia and India. The CSU campus is just east of downtown and includes 41 buildings ranging from the historical Mather Mansion to the 2015 Center for Innovations in Health Professions. The Cleveland/Akron Metropolitan area is the 15th largest in the United States with a population approaching 3 million.

CSU Mission: Our mission is to encourage excellence, diversity, and engaged learning by providing a contemporary and accessible education in the arts, sciences, humanities and professions, and by conducting research, scholarship, and creative activity across these branches of knowledge. We endeavor to serve and engage the public and prepare our students to lead productive, responsible and satisfying lives in the region and global society.

THE COUNSELING CENTER

The Counseling Center provides counseling and psychological services designed to promote the academic success and personal well-being of CSU students. Services include short-term individual, couple, and group counseling; crisis counseling; assessment; psychiatric services; workshops; and consultation. Some recent group offerings include: Wise Minds: Building Skills for Acceptance and Change (a DBT-based group), the LGBTQIA Student Support Hour, Trans Student Support, Connections (an interpersonal process group), and Sista to Sista (psycho-educational topics and support for black women). We provide training for Residence Life staff and conduct about 100 outreach presentations each year. Once a year, the Center provides campus-wide screenings for depression and anxiety.

The CSU Counseling Center is located in the Union Building at 1836 Euclid Avenue. The space was renovated to our specifications and includes twelve offices, a group room, reception area, waiting room, file room and kitchen area.

The Counseling Center Staff reflect diversity in terms of identity, background, clinical approach, and training. The Counseling Center senior staff includes four licensed psychologists with some having clinical and some having counseling psychology training, and we are currently conducting a search for two more psychologists. Our current senior staff includes two women and two men, all cisgendered, one African American, one bisexual woman and one gay man from varying social class backgrounds. One psychologist is also a Licensed Independent Social Worker. Staff incorporate cognitive behavioral, relational cultural, Afrocentric, feminist, and psychodynamic approaches to therapy. Part-time counselors will provide additional clinical work for us this year. In addition, a psychiatrist is on-site for 1.5 days each week, and she

provides some training and consultation.

The Counseling Center Clients are primarily CSU students. They range in age from 16 to 61 with a modal age of 21. They come to the Counseling Center with a wide range of concerns, but the majority of clients present with anxiety and/or depression; relationship and family concerns; academic stress and identity concerns. Many clients also have a history of sexual or emotional abuse and many present with some suicidal ideation or crisis and some eating or substance abuse concerns. A number of clients struggle with financial hardship, and we work with clients experiencing their first manic episode and first psychotic symptoms. About half of clients have not received counseling before, and many are first generation college students. More than 25% of clients seen are African American, and we see significant numbers of international students and LGBTQ students.

The Counseling Center Mission

Our mission is to support and empower our diverse student community through the provision of psychological services. Our services are confidential and include individual, couples and group counseling, crisis intervention, consultation, psycho-education, and referrals. These services are designed to help students cultivate their strengths and overcome obstacles to obtain their personal, academic, and career goals. Likewise, we collaborate closely with our university and community partners to foster the personal, social, and academic well-being of our students and the university community. We are also committed to providing high quality experiential training to graduate students to support their development as aspiring mental health professionals.

The Counseling Center Values

1. **Caring** and easily **accessible** services and training.
2. **Respect** for our clients and partners as demonstrated by service delivery that is ethical, confidential, and individually tailored.
3. Promotion of **diversity, multiculturalism, and social justice.**
4. **Mutual collaboration** within the department and with our university and community partners.
5. Provision of **high quality** psychological services and training that meet or exceed professional standards.

STATEMENT OF TRAINING

At the CSU Counseling Center, the aim of our training program is: “to prepare interns to function competently and independently as health service psychologists.” Our mission statement explicitly states that we are “committed to providing high quality experiential training to graduate students to support their development as aspiring mental health professionals.” It is well recognized that experiential training is necessary for interns to become more fully competent. Our core values which are part of our mission statement further

articulate that training is done in a “caring and easily accessible” manner in an environment which supports “mutual collaboration” and growing independence. Finally, we state that we value provision of **high quality** psychological training that meets or exceed professional standards.

Our training is based on the premise that we have a serious responsibility in preparing the next generation of practitioners in the field of health service psychology. Our training plan incorporates the training criteria of the Association of Psychology Post-Doctoral and Internship Centers (APPIC) for doctoral level trainees and the Standards of Accreditation (SOA) of the American Psychological Association. Our program design draws from the practitioner-scholar model of psychological practice, awareness of the mind-body-spirit connection, and an emphasis on providing multicultural care.

We regard the practitioner-scholar model of practice as the most appropriate paradigm for clinicians in the field of psychology. While our primary emphasis is on training interns to become practitioners, we believe that psychological practice must be informed by the body of psychological literature. We consider awareness of psychological research and scholarship as essential to competent practice.

The mind-body-spirit connection is another important underlying component of our training plan. Interns are encouraged to view their clients as whole individuals and recognize interdependence between the psychological, the physiological, and the spiritual. We advocate using a wellness model to conceptualize cases and plan treatment.

We emphasize interns’ development of multicultural awareness and respect for human differences. This counseling center has the advantage of being part of an urban university with a variety of traditional and non-traditional students. Our clients come from a variety of backgrounds and present with a wide range of issues. Therefore, we acquaint trainees with a variety of therapeutic modalities. We also assist trainees in empowering clients to advocate for themselves and in engaging in systems change and advocacy through consultation and prevention committee work.

We take a three-pronged approach to training by using didactic, modeling, and experiential techniques, with emphasis on the latter. The didactic portion of our program includes Intern Seminars, diversity discussions and in-service trainings. Our Intern Seminars incorporate empirically supported treatments, discussions of ethics and diversity, and experiential components. The topics of our Intern seminars derived from our staff expertise in diversity, holistic practices, group and couples therapy, and the profession wide competencies. Modeling and experience are integrated in an intern’s daily service activities and interactions with the senior staff. We seek to balance collegiality with modeling appropriate professional behaviors and boundaries.

The program is designed to be sequential, cumulative, and graded in complexity. Cases assigned to interns are screened by the senior staff to match the developmental level of each intern as

they progress through the year. Seminar content becomes more complex over time and some seminars build on material presented in previous meetings. As the interns progress through the year, the nature of supervision also changes (as appropriate) to be less directive/instructional and more supportive/facilitative. Increasingly throughout the year, interns are encouraged to act more independently. For example, an intern might initially present a workshop together with a senior staff member and then provide a workshop alone or with another trainee. Interns are also encouraged to develop their own ideas for outreach and groups and are supported in providing these services.

Overall, we endeavor to offer a training program that is flexible and open to differences. We value creative thinking and also recognize that each trainee has unique developmental needs. We seek to provide an environment which nurtures our interns as they develop their professional skills and identities.

THE TRAINING EXPERIENCE

Training offered by the CSU Counseling Center is designed to be systematic and developmental. We are committed to providing a training experience that prepares interns to function as generalists and Health Service Psychologists, comfortable in the many roles assumed by university counseling center practitioners. Therefore, a broad range of training experiences are offered.

ORIENTATION occurs during the three weeks prior to the start of fall semester in August. Interns are trained in how to conduct telephone screenings, crisis walk-ins, ADHD/LD assessment, and group therapy. Each week, they begin a new activity, with intake and therapy beginning at the end of the first week, telephone screenings the second week, and crisis walk-in the third week. During the second week, Interns co-facilitate trainings for Residence Life staff, and in the third week, they help train practicum counselors. By the beginning of fall semester, they are able to begin assessment and continue therapy, screenings, and walk-in sessions.

DIRECT SERVICE ACTIVITIES include a range of services and usually comprise 50 percent of a trainee's duties. We require interns to acquire a total of 500 hours of direct service activities during the internship year, since this is the requirement for licensure in many states. Direct service activities include:

- **Individual Counseling and Psychotherapy.** Full-time interns carry an individual caseload of 13-15 clients per week. The cases are pre-screened so that progressively more difficult cases can be assigned as the intern's abilities develop. Cases typically reflect the diversity of the students seen at the CSU Counseling Center, both demographically and in terms of the severity of concerns.
- **Couple Counseling.** Interns may have the opportunity to see at least one couple in conjoint therapy with a senior staff member.

- **Crisis Walk-In.** Interns are available for two crisis walk-in hours each week and typically see a range of crisis clients over the year of internship, from clients with anxiety attacks or adjustment concerns to clients needing hospitalization. Senior staff are available to consult, support, or take point on a crisis session, as needed, to support intern development and ensure client safety.
- **Assessment.** Interns may use a wide range of available testing materials to conduct assessment of therapy clients. In addition, two integrated assessment reports are required for ADHD/LD assessment or cognitive testing.
- **Group Counseling.** Interns are encouraged to co-lead counseling/therapy groups together with senior staff members. Interns may also work together or individually to provide psychodynamic or support groups, based on their experience and ability.
- **Outreach and Consultation.** Interns co-present the Residence Life training in their second week. Over the course of the year, Interns are expected to conduct at least 10 outreach presentations or workshops. In addition to filling outreach requests, Interns are encouraged to develop a consulting relationship with a group on campus and provide a targeted workshop or training that meets the group's needs. Interns also have the opportunity to serve on campus-wide committees for suicide prevention, Well Fest planning, and alcohol and other drug prevention.

SUPERVISION AND TRAINING ACTIVITIES are designed to provide interns with practical training and a variety of supervisory styles in a supportive environment. Interns are assigned individual supervisors and are also encouraged to consult with any member of the senior staff.

- **Individual Supervision (2 hours per week).** Interns are assigned a different senior staff supervisor for each half of their time here and meet with that supervisor for two hours each week. Each Intern's supervision needs as well as their preferences are taken into consideration when making these supervisory assignments. This supervision focuses on the Intern's individual caseload and their professional development. Individual supervisors use client test results, interns' client notes, and video recordings, to give feedback to help the Intern develop as a clinician.
- **Additional Supervision (2 hours per week)** Each week, Interns receive two additional hours of supervision. During the fall semester, this usually consists of Supervision of Group and Group Supervision. During the spring semester, Interns usually receive Supervision of Group and Supervision of Supervision. During any breaks when group is not offered, two hours of Group Supervision are provided. This flexibility is designed to provide the necessary supervision without limiting Interns' ability to schedule clients and conduct experiential learning. The Training Director is responsible for ensuring Interns receive two hours of additional supervision each week.

- **Supervision of Group (weekly, 1/2 -1 hour per group).** Each Intern receives supervision regarding their group facilitation and structure. Most Interns facilitate two groups per week during fall and spring semesters and receive a half-hour of supervision per group. Usually, the senior staff co-facilitator of the group provides this supervision.
- **Group Supervision (1-2 hours per week).** Once each week during fall semester, the Interns meet together as a group with a member of the training committee. Every other week, an Intern presents a case and receives group supervision for this clinical case. During the first few case presentations, Interns provide a written summary with presentations becoming less formal as the semester continues. On alternating weeks, group supervision covers other topics of relevance such as assessment cases, outreach planning, crisis walk-in challenges, professional development, and multicultural issues. During the summer and breaks between semesters, group supervision occurs twice weekly.
- **Supervision of Supervision (1 hour per week, second semester).** During the Spring semester, Interns often have the opportunity to supervise practicum counselor. During this time, they receive weekly Supervision of Supervision, in which they show recordings of their supervision work to receive feedback and provide peer feedback and support to each other.
- **Intern Seminar (2 hours per week).** This is a series of educational programs provided for the Interns by the senior staff and other experts in the community.
- **In-Service Training (2-3 times per year).** Interns participate with senior staff in in-service training seminars in which a local expert or a member of the senior staff present on a topic of interest.
- **Diversity Discussions (2-3 times per year).** Senior Staff and Interns participate in Diversity Discussions to provide ongoing development of individuals' diversity awareness and competence.
- **Senior Staff, Intern, and Psychiatry Case Consultation (1 hour per week, fall semester).** Interns participate in senior staff case conferences which occur weekly and include the psychiatrist. High risk cases, cases with psychiatry and counseling, and campus CARE Team concerns are discussed at this time, allowing for input from more staff and across disciplines. Due to Interns' increase in responsibility (adding supervision of practicum counselor) in spring semester, Case Consultation becomes optional for them after fall semester.
- **Professional Development (variable).** Interns are encouraged to attend professional conferences and seminars. Continuing education workshops on campus can be attended for free, and some financial support may be available for other trainings. Interns are

encouraged (but not required) to attend the Ohio Psychological Association convention in the spring or the Great Lakes Regional Counseling Psychology conference in the spring.

ADDITIONAL ACTIVITIES

- **Supervision of Practicum Counselor.** Most years we are able to offer Interns the experience of serving as the primary supervisor for a practicum counselor during Spring semester. We will make every effort to provide this experience, but it is not guaranteed. The Intern's individual supervisor provides umbrella supervision, and the Intern receives Supervision of Supervision each week.
- **Staff Meetings (1 hour per week).** Interns are invited to participate as full staff members in weekly staff meeting. They are encouraged to report on consultations and outreach, give insight about decisions, and provide their own perspective on issues under discussion.
- **Committee Meetings (variable).** Interns are encouraged to serve both on internal Counseling Center Committees as well as on University-wide committees. This committee work may be short-term (in the case of an ad-hoc committee formed to address a particular issue) or the work may span the entire year in a standing committee. Interns are especially encouraged to participate on the internal Intern Selection Committee and the campus-wide Well Fest planning committee.
- **Research (up to 3 hours per week).** Full-time interns may devote up to three hours per week for dissertation research or research on topics pertinent to Counseling Center services. Research projects proposed by interns are reviewed and approved by the Counseling Center Director. Original research on internship must be approved by the CSU Internal Review Board.
- **Note Writing, Preparation, and Case Management (about 5 hours per week).** Interns are provided time each week to complete clinical notes, prepare for sessions, prepare for supervision, and conduct any case management work for clients. Interns may have several clients working with the campus Care Manager and may choose to update the CARE Manager on progress or concerns.

EXPECTED COMPETENCIES FOR PSYCHOLOGY INTERNS

The aim of our training program is to prepare interns to function competently and independently as health service psychologists.

Our strategy for the assessment of intern competence focuses on the nine profession-wide

competencies outlined in the American Psychological Association's Standards of Accreditation (SOA), Doctoral Internship Programs:

1. Research
2. Ethical and Legal Standards
3. Diversity
4. Professional Values, Attitudes, and Behaviors
5. Communication and Interpersonal Skills
6. Assessment
7. Intervention
8. Supervision
9. Consultation and Interprofessional/Interdisciplinary Skills

Each of these competencies has associated elements represented by questions on the quarterly comprehensive evaluation form (see Appendix A). This form was adapted for our use from the Competency Benchmarks in Professional Psychology: Rating Form, developed by the APA Education Directorate; see <http://www.apa.org/ed/graduate/benchmarks-evaluation-system.aspx>

Before the Spring semester begins (about half-way through the internship year) and at the end of internship, the Intern's individual supervisor completes the Performance Evaluation form with input from other staff. In order to ensure that evaluation is based on observed behaviors, specific observed behaviors are rated by staff (e.g., formal case presentation, outreach), and these ratings are provided to the individual supervisor for consideration in the overall evaluation. Supervisors also provide an informal evaluation each quarter to help shape the focus of supervision and to raise awareness of any performance problems early in the year.

Brief rating forms used for these observations simply include the relevant items from the Performance Evaluation with room for comments and suggestions. The specific rating forms are for the following:

- One disseminated research project during the course of the internship year is reviewed and rated (e.g., published article, poster, or conference presentation)
- One formal case presentation is given to staff with case summary, and staff provide ratings and comments
- Supervisor for fall semester views and rates one full client session
- Supervisor for spring semester views and rates one full client session and if available, one full supervision session of practicum counselor
- Each of two assessment integrated reports are reviewed and rated by the staff person supervising the assessment
- One outreach presentation is observed by (or co-presented with) a senior staff member and rated
- If possible, consultation experience is observed by a senior staff member and rated (e.g.,

staff member may attend committee meeting or may review a recorded phone consultation intern provided)

Minimum Levels of Achievement (MLA)

The Performance Evaluation uses a Likert-type scale to represent the level of performance for each item:

- 1 Does not demonstrate competent performance at this time; needs further training and/or close supervision (approximate early practicum level or below)
 - 2 Performs at a competent level some or most of the time with some supervision (approximate advanced practicum level)
 - 3 Performs consistently at or above a competent level with minimal supervision (approximate intern level)
 - 4 Performs consistently above a competent level with little to no supervision (approximate post-doctoral level)
 - 5 Performs consistently well above competent level with no supervision, using consultation as appropriate (approximate licensed psychologist level)
- N/O No opportunity to observe

Minimum levels of achievement for each area on the evaluation by the end of internship are a rating of 3: “Performs consistently at or above a competent level with minimal supervision.” When formative evaluations throughout internship have ratings below 3, these result in closer supervision or a remediation plan (see section on remediation) to support each Intern to attain the minimum level of achievement by the end of internship.

POLICIES AND PROCEDURES

HOURS OF WORK: Interns begin working three weeks prior to the start of fall semester each year. Typically, this is the second week of August, with fall semester starting during the last week of August. Interns have one year from that date to complete 2000 internship hours (including 500 direct service hours).

Interns work 40 hours per week in order to meet this requirement. We discourage interns from working more than 45 hours per week in order to preserve self-care. Interns complete their hours during the Counseling Center’s normally open hours of 8:00 a.m. - 6:00 p.m. Monday through Friday. Clients may never be seen unless a senior staff member is present in the Center.

We work with interns to help them accrue all of their hours while still taking needed sick days and some vacation time. Vacation and planned sick leave must be approved ahead of time by the Training Director and Center Director.

The Sample Schedule below is an estimate. Actual hours spent on each activity per week vary.

SAMPLE SCHEDULE FOR INTERNS

Training Activities:

- 2 hours Intern Seminar
- 2 hours Individual Supervision
- 1-2 hours Group Supervision
- 1 hour Supervision of Supervision (during Spring)
- 0-1 hour Additional Supervision (as needed)

Professional Service Activities:

- 14-16 hours Individual and/or Couple Therapy
- 1-3 hours Screenings and Crisis Walk-In
- 2 hours Group Therapy
- 0-2 hours Assessment
- 1-2 hours Outreach
- 1 hour Supervision of Practicum Counselor (in Spring)
- 1 hour Consultation or Committee work
- 2 hours Staff Meeting and Case Consultation
- 5-10 hours Case Management, Notes, Clinical Preparation

COMPLETION OF INTERNSHIP: Successful completion of the internship involves the fulfillment of these basic expectations.

- Accrual of 2000 internship hours (including 500 direct service hours) at the CSU Counseling Center
- Dissemination of research to local, regional, or national audience (e.g., literature review published in state or regional psychological association publication; research journal publication; presentation at a conference)
- Completion of 5 outreach programs or workshops (e.g., Residence Life training, Academic Skills Workshop, etc.)
- Satisfactory completion of 2 integrated assessments (includes interview, selecting tests, administering tests, conceptualization and recommendations, integrated report, and feedback session)
- Satisfactory completion of one formal clinical case presentation to senior staff with written report

- Completion of some consultation (e.g., phone consultation with concerned faculty member, committee work outside the Center, or consultation with specific department or student group)
- Demonstrated competencies as measured by obtaining the minimum level of achievement on the final performance evaluation in each of these nine profession-wide competencies:
 1. Research
 2. Ethical and Legal Standards
 3. Diversity
 4. Professional Values, Attitudes, and Behaviors
 5. Communication and Interpersonal Skills
 6. Assessment
 7. Intervention
 8. Supervision
 9. Consultation and Interprofessional/Interdisciplinary Skills

Interns who meet these criteria will be given a certificate signifying the satisfactory completion of the internship.

EXPECTED PROFESSIONAL BEHAVIORS: The following guidelines (adapted from Carina Sudarsky-Gleiser, Ph.D., William & Mary Counseling Center and other ACCTA contributors) have been established as being helpful in making explicit from the start of internship clear professional expectations:

General Counseling Center

1. Interns' standard workweek is expected to be 40 hours. Activities for all 40 hours are to be logged in Titanium. The Center is open from 8:30am-5:00pm. However, a number of our clients can only come at 8:00 am or 5:00 pm. Several days/week, senior staff members will be on site at these times, and you are encouraged to have some 8:00 am appointments or 5:00 pm appointments on these days to help us provide services to these clients. You are encouraged to take a half-hour or hour for lunch or a break in addition to your eight-hour workday.
2. The protocol for calling in sick is to call the main Center phone number and inform front desk staff that you are sick that day. This allows them to reschedule clients.
3. To help with communication at the Center, it is expected that trainees will read email at least twice (morning and afternoon) during the work day. When a response is requested, please respond within one-two business days.
4. Professional attire ("business casual") is expected while at work. Our clinical staff strives to balance appearing warm and approachable while maintaining a professional image. We all attempt to do so, respecting our individuality, taste, and cultural

traditions while being mindful of the potential for sexualization of the therapy hour/therapist. In summer, we may have Casual Fridays when jeans can be worn.

5. Please consider the following when conducting Outreach presentations: Confirm the location, time and that you will be facilitating well in advance with the sponsor; confirm any AV needs; try to print out handouts the day before; arrive early to be sure doors are unlocked, computer and projector are working; have a back-up plan for your presentation (e.g., on a jump drive and emailed to yourself).
1. Before vacation or sick leave can be approved ahead of time, you must arrange for your own coverage if you need to be away from the office on the day you have crisis walk-in or screening times. Please arrange for coverage, complete the request form, and turn in to Bertha. Schedule time off with as much advance time as possible to prevent any cancellation of client appointments or screenings.
6. In order to maintain a comfortable and clean kitchen area, it is encouraged that we all clean any area or appliance we use. Cleaning as soon as something spills is easier than cleaning after it has dried out.
7. The front office is Shakkia's and Bertha's only office space. Please be respectful of their privacy and personal space while in this area. Please also wait until there are no clients at the window if you need to ask them something.
8. Be an active participant in Staff Meetings and Case Consultations. Senior staff are interested in your opinions and insights, and we value your contributions to decision-making discussions and clinical consultations.
9. Take a teamwork approach and volunteer to help out with projects, outreach, crisis situations, etc. when you are available to do so.
10. There are times when you will need to use Counseling Center office equipment for educational purposes (e.g., dissertation, contact with graduate program or committee members, etc.). Please take into consideration when others may need the equipment to print or fax for Counseling Center business purposes. For personal printing or copies, there is an envelope for you to leave cash to pay.
11. Please consider the following when conducting a post-doc/job search: ask for letters 2-4 weeks in advance; provide supervisors with details about the job; thoughts about what you would like highlighted in the letter; a current cv; the due dates and how to send it (email, snail mail, etc.)

Clinical

1. If any concerning or emergency situations arise with clients between supervision

sessions, interns should consult immediately with any senior staff member who is available (this should be the intern's supervisor if they are available). As soon as possible, an intern's supervisor should be informed of the situation or concern.

2. Interns will follow the ethical guidelines of the American Psychological Association and adhere to the laws of the State of Ohio governing psychological practice.
3. Confidential information (clients' files, case notes, reports, assessment measures, etc.) is to be kept at the Counseling Center. Any papers with identifying information must be locked in your named file in the yellow file cabinet (file room) at night. This ensures that we are complying with ethical and legal standards for confidentiality.
4. Assessment instruments are not to leave the Counseling Center without permission and due caution about the integrity and security of test materials.
5. All signed consent forms for supervision/digital recording as well as consent to release information are to be scanned and attached to the clients' Titanium file. The paper copy is then shredded.
6. Cell phones are to be silenced and put away during any meetings, supervision, or clinical sessions. If you need to respond to a call, please plan to do so in between these activities. You may provide the main office number if you need to be reached for an emergency.
7. A new consent form for supervision is to be completed in the spring and/or summer if there is a change of supervisor for that client between semesters. Informed consent regarding supervision requires that clients are not only informed that a trainee is under supervision but also the names of the supervisors.
8. For interns providing supervision, all supervision notes for your practicum student(s) are to stay at the Counseling Center with your supervisor upon your departure.
9. In nearly all of your written communications to third parties regarding clients, your supervisor's signature is required. Please consult with your supervisor.
10. It is possible to open two windows with Titanium. For example, this is useful when you are typing a termination and you want to look at client's file for any given reason.
11. You are welcome to bring personal items that add to your office décor. Please consult senior staff if you are unsure if an item would be distracting, overly political, or have other negative impact for clients.
12. Maintain appropriate privacy settings on Facebook, Instagram, Twitter, and other social media. As an intern at CSU Counseling Center, your public image reflects on us and on

our profession. We do not friend or follow clients or potential supervisees or supervisors.

13. As you will likely be supervising a practicum counselor or Graduate Assistant in the Spring, please refrain from personal socializing or becoming too close with these trainees until you know that you will not have an evaluative role with them.
14. Be mindful that other people may be in session when you converse with colleagues in the hallway or kitchen area.

Training

1. Test all equipment (e.g., your digital camera) before your first initial assessment/therapy session.
2. Be conscious of your time management - starting/ending sessions on time, coming to meetings and supervision on time, communicating with other providers (e.g., a referring physician) in a timely manner. Generally, sessions and meetings should end around 10 minutes before the hour so that the next session or meeting can begin on time.
3. The staff at the Counseling Center is committed to your training and professional development. Critical feedback is provided to assist in your growth. We also welcome feedback on our supervision and training seminars and rely on your critical feedback to improve our skills and training program each year.
4. Let your Training Director know, in a timely manner, if there is an issue with another member of your cohort and/or staff after your attempts to resolve it informally have not been successful.
5. Each week prior to supervision, designate at least one recording of a counseling session for your supervisor to review. Interns will seek out supervisors at the appointed time for supervision and come to supervision prepared with an agenda (e.g., clients of concern, challenges, professional issues). As supervisors are responsible for client welfare, Interns must follow any directives given by supervisors.

Policy on Record Keeping of Intern Performance, Complaints and Grievances

We are required to keep confidential secured permanent records on our Interns and to let you know that these records exist.

APA Standards of Accreditation (SOA I.C.4.a) requires a permanent record of Intern Performance, and (SOA I.C.4.b) requires a permanent record of Intern Complaints and Grievances. For the CSU Counseling Center, the Training Director will maintain an electronic record which includes

- For each internship year
 - Schedule of Orientation and Trainings
 - Training Manual
 - Any records of Intern complaints or grievances
- For each Intern
 - Mid-year and Final Performance Evaluations
 - Any records related to remediation plans
 - Certificate of Completion
 - Report of Hours from Titanium, signed by the Training Director

PROCEDURES FOR REMEDIATION OF PERFORMANCE CONCERNS FOR INTERNS

General Guidelines

During orientation, Interns will receive these Procedures for Remediation of Performance Concerns as part of the Training Manual. Performance Concerns may include (1) lack of mastery of required competencies and/or (2) failure to achieve program expectations. Both required competencies and program expectations will be discussed in detail with Interns during orientation.

While concerns about an Intern’s performance can often be addressed through remediation and skill building, the Counseling Center Director reserves the right to immediately suspend or dismiss an Intern from the Internship for conduct which constitutes a gross ethical violation of the counselor-client relationship, endangers or has the potential to endanger a client, or other serious misconduct. An Intern who is suspended or dismissed may seek review of that decision (see below).

Informal Process of Assessing Intern Performance

Senior Staff Members will endeavor to bring concerns about an Intern’s performance to the attention of the Intern’s Supervisor on a timely basis, during regularly scheduled training meetings, informally or through other means, to promote the Intern’s professional growth. The Intern’s Supervisor will endeavor to record such concerns in the Supervisor’s Notes and share the concerns with the Intern.

Whenever possible, the Supervisor will address concerns about an Intern’s performance early and informally. The Supervisor will maintain a written record of efforts taken to address concerns with the Intern.

The Supervisor will inform the Training Director when (a) the informal process does not result in improvement of an Intern’s performance and/or (b) the Supervisor believes the Intern may not improve performance enough to satisfactorily complete Internship. The Supervisor may recommend that the Intern is placed on a Remediation Plan.

The Training Director will determine whether to place the Intern on a Remediation Plan or to continue the informal process and will document this decision and the basis for it. The Training Director may, at any time after electing to continue the informal process, place the Intern on a Remediation Plan.

Formal Remediation

The Training Director and the Intern's Supervisor will meet within seven (7) days of the Training Director's decision to place the Intern on a Remediation Plan to identify performance concerns which may include: the required competencies that the Intern has not mastered, the program expectations which the Intern has failed to achieve, and/or the basis for concern that the Intern may not successfully complete Internship. The Training Director will document the content, date, and attendees of this meeting.

When an Intern is placed on a Remediation Plan, the Training Director will inform the Intern's Home Academic Program. The Training Director will provide the specific performance concerns and will seek input from the Home Academic Program in developing a Remediation Plan for the Intern.

The Training Director and the Intern's Supervisor will meet with the Intern within in seven (7) days of the Training Director's meeting to discuss the specific performance concerns.

The Training Director and Supervisor will present the Remediation Plan to the Intern within fourteen (14) days of the meeting above. The Remediation Plan will identify the performance concerns, including required competencies which the Intern has not mastered, the program expectations which the Intern has failed to achieve, and/or the basis for concern that the Intern may not successfully complete Internship. The Remediation Plan will also specify the period for remediation and any conditions to be placed on the Internship during the remediation period.

The Intern will acknowledge receipt of the Remediation Plan in writing.

During the remediation period, the Training Director and Supervisor, in consultation with Senior Staff Members, will assess the Intern's progress towards achieving the Remediation Plan goals.

At the conclusion of the remediation period, the Training Director and Supervisor will make a determination that: the Intern has successfully completed the Remediation Plan; the Remediation Plan Period will be extended for a period, the duration of which is determined by the Training Director and Supervisor; or, the Intern has failed to successfully complete the Remediation Plan.

During the remediation period, the Training Director will keep the Intern's Home Academic Program informed of the Intern's progress towards completion of the Remediation Plan. At the

conclusion of the remediation period, the Training Director will timely advise the program of the outcome.

Review Process

If the Training Director determines that the Intern failed to successfully complete the Remediation Plan, the Intern may request review by a Review Panel.

Within ten days of the Intern's request for appeal, the Counseling Center Director will convene the Review Panel which will consist of at least two members of the Counseling Center Senior Staff, none of whom currently serve as the Intern's Individual Supervisor.

At the Review Panel Meeting, the Intern will have an opportunity to present documents and advocacy as to why the Training Director's decision, that the Intern failed to successfully complete the Remediation Plan, is incorrect. The Supervisor or designee may present documents and information as to why the Training Director's decision, that the Intern failed to successfully complete the Remediation Period, is correct. At the Review Panel Meeting, the Intern may question the Training Director and/or the Supervisor, and respond to their statements and the information presented.

The Review Panel may set reasonable limits on the Review Panel Meeting, including, without limitation, the duration of the Review Panel Meeting, the method or duration of the presentation or questions by the Intern, and whether any other witnesses may be called to provide information. The Review Panel will apply reasonable limitations equally to both sides.

Within 7 days following the Review Panel Meeting, the Review Panel will determine whether to uphold the Training Director's decision or reverse it. The Review Panel may recommend modifications or extensions to the Remediation Plan as part of a determination to reverse the Training Director's decision that the Intern failed to successfully complete the Remediation Plan.

Appeal Process

If the Review Panel affirms the decision of the Training Director, the Intern may appeal. The Intern and Training Director will present the documentation and information to the Vice President for Student Affairs or designee. After appropriate investigation and consultation, the Vice President for Student Affairs or designee will determine whether to affirm the Review Panel's decision or to reverse it. The decision of the Vice President of Student Affairs or designee is final.

GRIEVANCE PROCEDURES FOR INTERNS

General Guidelines

During orientation, Interns will receive these Grievance Procedures for Interns as part of the Training Manual.

The Grievance Procedures provide an accessible and available framework for the identification and resolution of Intern concerns. Interns may initiate these procedures at any point during the Internship to address concerns which arise during the training experience.

The Counseling Center Director shall resolve all procedural questions about the operation of the Grievance Procedures, and the Counseling Center Director's decision as to such questions shall be final.

Informal Process

Interns are encouraged, but never required, to address concerns through direct interaction with the Counseling Center Staff Member most closely connected to the concern. Whenever possible, the Intern and the Staff Member should discuss the concern and attempt to achieve its satisfactory resolution. An Intern may request that a Senior Staff Member participate as a neutral third party to facilitate such discussion.

Formal Grievance Process

If the informal process does not lead to a satisfactory resolution of the concern, or the Intern does not elect to address the concern through the informal process, the Intern may initiate the Formal Process by advising the Intern's Supervisor.

Within ten (10) days of the Intern's initiation of the Formal Process, the Supervisor will: discuss the concern with the Senior Staff Member(s) most closely connected to the concern; develop a written Plan for resolving the problem; discuss the proposed Plan with the Intern; consider the Intern's comments about the proposed Plan; prepare a written summary of the Plan; and implement the Plan.

Following the implementation of the Plan, the Supervisor will monitor the execution of the Plan and periodically check in with the Intern to assess whether the Plan has resolved the Intern's concern. (This Grievance Process may be adapted if the Supervisor's behavior is of primary concern to the Intern; the Intern may instead initiate the Grievance Process with the Training Director or Counseling Center Director).

If the Intern's concern is not resolved, the Intern may request a Review.

Review Process

The Intern's request for review by a Review Panel must be in writing and made to the Counseling Center Director.

Within ten days of the Intern's request, the Counseling Center Director will convene the Review Panel. The Review Panel will consist of at least two members of the Counseling Center Senior Staff, none of whom is, in the opinion of the Counseling Center Director, directly connected to the Intern's concern.

At the Review Panel Meeting, the Intern will have an opportunity to present documents and advocacy as to why the Plan is insufficient to resolve the concern or otherwise fails to resolve the concern. The Counseling Center Director or designee, the Training Director and/or the Supervisor may present documents and information as to why the Plan is a sufficient and acceptable resolution of the Intern's concern. At the Review Panel Meeting, the Intern may question the Counseling Center Director or designee, the Training Director and/or the Supervisor about the basis for the Plan, and respond to their statements and the information presented.

The Review Panel may set reasonable limits on the Review Panel Meeting, including, without limitation, the duration of the Review Panel Meeting, the method or duration of the presentation or questions by the Intern, and whether any other witnesses may be called to provide information. The Review Panel will apply reasonable limitations equally to both sides.

Within 7 days following the Review Panel Meeting, the Review Panel will determine whether to uphold the Plan, modify it, or reverse it and replace it with an alternative Plan.

Appeal Process

If the Review Panel affirms the Plan, the Intern may appeal. The Intern and Supervisor will present the documentation and information to the Vice President for Student Affairs or designee. After appropriate investigation and consultation, the Vice President for Student Affairs or designee will determine whether to affirm the Review Panel's decision or to reverse or adapt it. The decision of the Vice President of Student Affairs or designee is final.

CSU COUNSELING CENTER CLINICAL STAFF

Dr. Katharine Oh, Psychologist, Ph.D. in Counseling Psychology from the University of Kentucky, 2010

Director of the Counseling Center and interim Training Director. Interests include trauma recovery, LGBTQ concerns, and acculturation. Dr. Oh conducts feminist multicultural and relational cultural therapy and supervision, and facilitates Wise Minds (a DBT-based group). She leads the campus-wide suicide prevention efforts and enjoys leadership and service for her professional associations.

Dr. Bruce Menapace, Psychologist, Ph.D. in Clinical Psychology from California School of Professional Psychology, 1997

Interests include cross-cultural psychology, gay/lesbian/bisexual/transgender concerns, antiracism training, stress management/relaxation training, and men's issues. He facilitates the LGBTQIA Student Support Hour and Trans Student Support and coordinates Outreach.

Dr. Paula Mickens-English, Psychologist, Ph.D. in Counseling Psychology from Kent State University, 1996

Interests include Afrocentric counseling, relationship issues, women's issues and alternative therapies. Dr. Mickens-English facilitates Sista to Sista, the Black Women's discussion and support group. She coordinates Practicum and Graduate Assistant training and is also a Licensed Independent Social Worker.

Dr. Todd Seibert, Psychologist, Ph.D. in Clinical Psychology from the University of Nevada, Las Vegas, 2009

Interests include group therapy, cognitive assessment, and process-oriented therapy. Dr. Seibert facilitates Connections, an interpersonal process group. He coordinates Assessment, Groups, and client assignment.

Dr. Michelle Romero, Psychiatrist, D.O. from Ohio University College of Osteopathic Medicine, 2006

Interests include diagnosis and treatment of primary mental health disorders in the college and transitional aged populations. Dr. Romero completed a fellowship in Public and Community Psychiatry with a specialty track in College Mental Health. In addition to her time at CSU, she also works with students at Case Western Reserve University and Oberlin College. She is employed by University Hospitals in the Department of Psychiatry as an Assistant Professor.

APPOINTMENT DETAILS

Positions Available: The Counseling Center offers two intern positions each year.

Term of Service: Interns begin working three weeks prior to the start of fall semester each year. Typically, this is the first or second week of August, with fall semester starting during the fourth week of August. Interns have one year from their start date to complete 2000 internship hours.

Stipend and Benefits: The stipend is \$24,500. Interns are provided benefits of full-time staff including: Health insurance, dental insurance, life insurance and retirement contributions. Interns are able to purchase a university parking pass and a Viking I.D. card for access to the university library and computer system. Interns are also able to use the university's Health Services for routine medical services. We ask that interns provide their own professional liability insurance and interns who wish to park on campus will need to pay for parking.

Appendix A: Intern Evaluation Form

**Cleveland State University Counseling Center
Intern Performance Evaluation**

Trainee Name:

Date Evaluation Completed:

Supervisor:

Rate each item by responding to the following question using the scale below:

- 1 Does not demonstrate competent performance at this time; needs further training and/or close supervision (early practicum level or below)
- 2 Performs at a competent level some or most of the time with some supervision (advanced practicum level)
- 3 Performs consistently at or above a competent level with minimal supervision (intern level)
- 4 Performs consistently above a competent level with little to no supervision (post-doctoral level)
- 5 Performs consistently well above competent level with no supervision, using consultation as appropriate (independent practice)
- N/O No opportunity to observe

FOUNDATIONAL COMPETENCIES

I. PROFESSIONALISM

1. Professionalism: as evidenced in behavior and comporment that reflects the values and attitudes of psychology.
1A. Integrity and Accountability - Honesty, personal responsibility and adherence to professional values
<p>Monitors and resolves situations that challenge professional values and integrity; Independently accepts personal responsibility</p> <p>Examples:</p> <ul style="list-style-type: none"> • Takes action to correct situations that are in conflict with professional values • Addresses situations that challenge professional values • Enhances own professional productivity • Holds self accountable for and submits to external review of quality service provision
<p>1 2 3 4 5</p>

1B. Deportment					
Conducts self in a professional manner across settings and situations					
Examples:					
<ul style="list-style-type: none"> • Verbal and nonverbal communications are appropriate to the professional context, including in challenging interactions • Flexibly shifts demeanor to effectively meet requirements of professional situation and enhance outcomes 					
	1	2	3	4	5
1C. Concern for the welfare of others					
Independently acts to safeguard the welfare of others					
Examples:					
<ul style="list-style-type: none"> • Communications and actions convey sensitivity to individual experience and needs while retaining professional demeanor and deportment • Respectful of the beliefs and values of colleagues even when inconsistent with personal beliefs and values • Demonstrates compassion for others who are dissimilar from oneself, who express negative affect (e.g., hostility) 					
	1	2	3	4	5
1D. Professional Identity					
Displays consolidation of professional identity as a psychologist; demonstrates knowledge about issues central to the field; integrates science and practice					
Examples:					
<ul style="list-style-type: none"> • Keeps up with advances in profession 					
	1	2	3	4	5
2. Individual and Cultural Diversity: Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.					
2A. Self as Shaped by Individual and Cultural Diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) and Context					
Independently monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation					
	1	2	3	4	5

Examples:

- Uses knowledge of self to monitor and improve effectiveness as a professional
- Seeks consultation or supervision when uncertain about diversity issues

2B. Others as Shaped by Individual and Cultural Diversity and Context

Independently monitors and applies knowledge of others as cultural beings in assessment, treatment, and consultation

Examples:

- Uses knowledge of others to monitor and improve effectiveness as a professional
- Seeks consultation or supervision when uncertain about diversity issues with others

1 2 3 4 5

2C. Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context

Independently monitors and applies knowledge of diversity in others as cultural beings in assessment, treatment, and consultation

Examples:

- Uses knowledge the role of culture in interactions to monitor and improve effectiveness as a professional
- Seeks consultation or supervision when uncertain about diversity issues in interactions with others

1 2 3 4 5

2D. Applications based on Individual and Cultural Context

Applies knowledge, skills, and attitudes regarding dimensions of diversity to professional work

Examples:

- Adapts professional behavior in a manner that is sensitive and appropriate to the needs of diverse others
- Articulates and uses alternative and culturally appropriate repertoire of skills and techniques and behaviors
- Seeks consultation regarding addressing individual and cultural diversity as needed
- Uses culturally relevant best practices

1 2 3 4 5

3. Ethical Legal Standards and Policy: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.

3A. Knowledge of Ethical, Legal and Professional Standards and Guidelines

Demonstrates advanced knowledge and application of the APA Ethical Principles and Code of Conduct and other relevant ethical, legal and professional standards and guidelines

Examples:

- Addresses complex ethical and legal issues
- Articulates potential conflicts in complex ethical and legal issues.
- Seeks to prevent problems and unprofessional conduct
- Demonstrates advanced knowledge of typical legal issues, including child and elder abuse reporting, HIPAA, confidentiality, and informed consent

1 2 3 4 5

3B. Awareness and Application of Ethical Decision Making

Independently utilizes an ethical decision-making model in professional work

Examples:

- Applies applicable ethical principles and standards in professional writings and presentations
- Seeks consultation regarding complex ethical and legal dilemmas
- Takes appropriate steps when others behave unprofessionally
- Identifies potential conflicts between personal belief systems, APA Ethics Code and legal issues in practice

1 2 3 4 5

3C. Ethical Conduct

Independently integrates ethical and legal standards with all competencies

Examples:

- Demonstrates adherence to ethical and legal standards in professional activities
- Takes responsibility for continuing professional development

1 2 3 4 5

4. Reflective Practice/Self-Care: Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.

4A. Reflective Practice

Demonstrates reflectivity in context of professional practice (reflection-in-action); acts upon reflection; uses self as a therapeutic tool; Accurately assess own competence; recognizes limits of knowledge/skills and acts to address them; Attends to personal well-being to assure effective professional functioning

Examples:

- Monitors and evaluates attitudes, values and beliefs towards diverse others
- Recognizes when new/improved competencies are required for effective practice
- Anticipates and self-identifies disruptions in functioning and intervenes at an early stage/with minimal support from supervisors
- Recognizes and addresses own problems, minimizing interference with competent professional functioning (uses appropriate self-care)

1 2 3 4 5

4B. Participation in Supervision Process

Independently seeks supervision when needed

Examples:

- Seeks supervision when personal problems may interfere with professional activities
- Seeks supervision when working with client problems for which he/she has had limited experience to ensure competence of services

1 2 3 4 5

Comments on Professionalism, Diversity, Ethics, Reflective Practice:

II. RELATIONAL

5. Relationships: Relate effectively and meaningfully with individuals, groups, and/or communities.					
5A. Interpersonal Relationships					
Develops and maintains effective relationships with a wide range of clients, colleagues, organizations and communities					
Examples:					
<ul style="list-style-type: none"> Effectively negotiates conflictual, difficult and complex relationships including those with individuals and groups that differ significantly from oneself Maintains satisfactory interpersonal relationships with clients, peers, faculty, allied professionals, and the public 					
	1	2	3	4	5
5B. Affective Skills					
Manages difficult communication; possesses advanced interpersonal skills					
Examples:					
<ul style="list-style-type: none"> Accepts, evaluates and implements feedback from others Uses affective reactions in the service of resolving disagreements or fostering growth in others Tolerates patient’s feelings, attitudes, and wishes, particularly as they are expressed toward the therapist, so as to maintain and/or promote therapeutic dialogue Allows, enables, and facilitates the patient’s exploration and expression of affectively difficult issues Works flexibly with patients’ intense affects which could destabilize the therapeutic relationship 					
	1	2	3	4	5
5C. Expressive Skills					
Verbal, nonverbal, and written communications are informative, articulate, succinct, sophisticated, and well-integrated; demonstrates thorough grasp of					

professional language and concepts					
Examples:					
<ul style="list-style-type: none"> • Demonstrates descriptive, understandable command of language, both written and verbal • Communicates clearly and effectively with clients • Uses appropriate professional language when dialoguing with other healthcare providers • Prepares sophisticated and compelling case reports 	1	2	3	4	5

Comments on Relational Competencies:

III. SCIENCE

6. Scientific Knowledge and Methods/Research Evaluation: Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge.					
6A. Scientific Foundation of Professional Practice					
Independently applies knowledge and understanding of scientific foundations to practice					
Examples:					
<ul style="list-style-type: none"> • Accurately evaluates scientific literature regarding clinical issues • Reviews scholarly literature related to clinical work and applies knowledge to case conceptualization • Independently applies EBP concepts in practice • Independently compares and contrasts EBP approaches with other theoretical perspectives and interventions in the context of case conceptualization and treatment planning 	1	2	3	4	5
6B. Application of Scientific Method to Practice					
Applies scientific methods of evaluating practices, interventions, and programs	1	2	3	4	5

Examples:

- Uses findings from CCAPS to alter intervention strategies as indicated
- Participates in program evaluation

Comments on Science Competencies:

FUNCTIONAL COMPETENCIES

IV. APPLICATION

7. Assessment and Diagnosis: Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.

7A. Knowledge of Assessment Methods and Psychometrics

Understands the strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis and treatment planning; Selects multiple means of evaluation that are responsive to diverse clients

Examples:

- Selection of assessment tools reflects a flexible approach to answering the diagnostic questions
- Interview and report lead to formulation of a diagnosis and the development of appropriate treatment plan
- Demonstrates awareness and competent use of culturally sensitive instruments and norms
- Seeks consultation as needed to guide assessment
- Describes limitations of assessment data

1 2 3 4 5

7B. Diagnosis

Utilizes case formulation and diagnosis for intervention planning in the context of stages of human development and diversity

Examples:

- Treatment plans incorporate relevant developmental features and clinical symptoms as applied to presenting problem
- Demonstrates awareness of DSM and relation to ICD codes
- Independently identifies problem areas and makes a diagnosis

1 2 3 4 5

7C. Conceptualization and Recommendations

Accurately conceptualizes the multiple dimensions of the case based on the results of assessment, including client strengths and psychopathology

Examples:

- Prepares reports based on case material
- Accurately administers, scores and interprets test results
- Formulates case conceptualizations incorporating theory and case material

1 2 3 4 5

7D. Communication of Assessment Findings

Communicates results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner

Examples:

- Writes an effective, comprehensive report
- Effectively communicates assessment results verbally to clients
- Reports reflect data that has been collected via interview and its limitations

1 2 3 4 5

8. Interventions

8A. Knowledge and Application of Evidence-Based Practice

Independently applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client

<p>preferences</p> <p>Examples:</p> <ul style="list-style-type: none"> Writes a case summary incorporating evidence-based practice Presents rationale for intervention strategy that includes empirical support Independently creates a treatment plan that reflects successful integration of empirical findings, clinical judgment, and client preferences 	1	2	3	4	5
8B. Intervention Planning					
<p>Independently plans interventions; case conceptualizations and intervention plans are specific to case and context</p> <p>Examples:</p> <ul style="list-style-type: none"> Accurately assesses presenting issues taking in to account the larger life context, including diversity issues Conceptualizes cases independently and accurately Independently selects intervention(s) appropriate for the presenting issue(s) 	1	2	3	4	5
8C. Skills					
<p>Displays clinical skills with a wide variety of clients and uses good judgment even in unexpected or difficult situations</p> <p>Examples:</p> <ul style="list-style-type: none"> Develops rapport and relationships with wide variety of clients Uses good judgment about unexpected issues, such as crises, use of supervision, confrontation Effectively delivers intervention 	1	2	3	4	5
8D. Intervention Implementation					
<p>Implements interventions with fidelity to empirical models and flexibility to adapt where appropriate</p> <p>Examples:</p> <ul style="list-style-type: none"> Independently and effectively implements a typical range of intervention strategies appropriate to practice setting 	1	2	3	4	5

- Independently recognizes and manages special circumstances
- Terminates treatment successfully
- Collaborates effectively with other providers or systems of care

8E. Progress Evaluation

Independently evaluates treatment progress and modifies planning as indicated, even in the absence of established outcome measures

Examples:

- Addresses changes in CCAPS scores with clients
- Critically evaluates own performance in the treatment role and seeks feedback from clients
- Seeks consultation when necessary

1 2 3 4 5

9. Consultation: The ability to provide expert guidance or professional assistance in response to needs or goals (peer consultation, consultation with concerned other or crisis consult, consultation with department or group, or committee/systems work providing psychological consultation)

9A. Knowledge of Consultation Models and Methods

Demonstrates knowledge of consultation models and methods for different consultation situations; Shifts roles accordingly to meet referral needs

Examples:

- Is able to articulate different forms of consultation (e.g., mental health, educational, systems, advocacy)
- Accurately matches professional role function to situation

1 2 3 4 5

9B. Application of Consultation Knowledge

Demonstrates knowledge of and ability to select appropriate and contextually sensitive means of data gathering to answer referral question; Applies literature and knowledge to provide effective feedback and to articulate appropriate recommendations

Examples:

1 2 3 4 5

- Demonstrates ability to gather information necessary to answer referral question
- Provides clear verbal feedback and offers appropriate recommendations

Comments on Assessment, Intervention, Consultation:

V. EDUCATION

10. Supervision: Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.

10A. Knowledge of Supervision

Understands the ethical, legal, and contextual issues of the supervisor role; Demonstrates knowledge of supervision models and practices

Examples:

- Articulates a model of supervision and reflects on how this model is applied in practice
- Integrates contextual, legal, and ethical perspectives in supervision

1 2 3 4 5

10B. Supervisory Practices

Provides effective supervised supervision to less advanced students, peers, or other service providers in typical cases appropriate to the service setting

Examples:

- Helps supervisee develop evidence based treatment plans
- Provides supervision input according to developmental level of supervisee
- Encourages supervisee to discuss reactions and helps supervisee develop strategies to use reactions in service of clients
- Presents supervisor of supervision with accurate account of case material and supervisory

relationship, seeks input, and utilizes feedback to improve outcomes	1	2	3	4	5
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Comments on Supervision:

VI. SYSTEMS

11. Interdisciplinary Systems: Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines.					
11A. Knowledge of the Shared and Distinctive Contributions of Other Professions					
Demonstrates awareness of multiple and differing worldviews, roles, professional standards, and contributions across contexts and systems; demonstrates respect for the distinctive roles of other professionals					
Examples:					
<ul style="list-style-type: none"> • Reports observations of commonality and differences among professional roles, values, and standards • Demonstrates respect for and value of contributions from related professions 					
	1	2	3	4	5
11B. Functioning in Multidisciplinary and Interdisciplinary Contexts					
Demonstrates basic knowledge of and ability to display the skills that support effective interdisciplinary team functioning					
Examples:					
<ul style="list-style-type: none"> • Demonstrates skill in working with other professionals • Effectively resolves disagreements about diagnosis or treatment goals • Maintains own position when appropriate while acknowledging the value of others' positions and initiates mutually accepting resolutions 					
	1	2	3	4	5

<ul style="list-style-type: none"> Supports and utilizes the perspectives of other team members 					
12. Advocacy: Actions targeting the impact of social, political, economic or cultural factors to promote change at the individual (client), institutional, and/or systems level.					
12A. Empowerment					
Examples:					
<ul style="list-style-type: none"> Promotes client self-advocacy 	1	2	3	4	5
12B. Systems Change					
Demonstrates beginning, basic ability to promote change at the level of institutions, community, or society					
Examples:					
<ul style="list-style-type: none"> Develops alliances with relevant individuals and groups Engages with groups with differing viewpoints around issue to promote change 	1	2	3	4	5

Comments on Systems Competencies:

Overall Assessment of Trainee’s Current Level of Competence

Please provide a brief narrative summary of your overall impression of this trainee’s current level of competence. What are the trainee’s particular strengths and weaknesses?

Signature of Intern: _____

Signature of Evaluator: _____

