

TRAINING MANUAL

**FOR THE 2020-2021 DOCTORAL INTERNSHIP
IN HEALTH SERVICE PSYCHOLOGY**

AT CLEVELAND STATE UNIVERSITY COUNSELING CENTER

**1836 Euclid Ave.
Union Building, Room 220
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-seven percent of these students belong to ethnic minorities and fifty-five percent are women. The University has over 1,400 international students representing at least 45 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 2017 Washkewicz College of Engineering building. The Cleveland Metropolitan area is the 32nd largest in the United States with a population just over 2 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; psychiatric services; outreach; 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), Sista to Sista (psycho-educational topics and support for black women), RIO (a 3-week group skills-based group), and Taming the Anxious Mind (a group for coping with anxious thoughts). We provide training for Residence Life staff and conduct over 100 outreach presentations each year. Twice a year, the Center provides campus-wide screenings for depression and anxiety. Counseling center staff also sit on university-wide committees, such as Care Team, hiring committees, etc. **Other than the depression and anxiety screenings, the CSU Counseling Center is able to provide all these services online as needed.**

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. Our current senior staff includes two women and two men, all cisgendered, one bisexual woman and one gay man from varying social class backgrounds. The counseling center also has a social worker who works primarily as a case manager for the counseling center. Staff incorporate cognitive behavioral,

relational cultural, feminist, process-oriented, and psychodynamic approaches to therapy. In addition, one psychiatrist is on-site for 1.5 days each week and another is on site one day a week. During most years, these psychiatrists supervise medical residents who also provide psychiatric services. The psychiatrists also provide some training and consultation. We currently have full-time front desk staff.

The Counseling Center Clients are primarily CSU students. They range in age from 16 to 76 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 2/3's of clients have not received counseling before, and many are first generation college students. Approximately 15% of clients seen are African-American, and we see significant numbers of international students and LGBTQIA+ students. Minority populations are typically neither over nor under represented at the counseling center compared to the CSU student body at-large.

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. Our training also emphasizes early, clear, and direct feedback, both critical and supportive, to help trainees meet or exceed professional standards of competency. Finally, we state that we value provision of high quality psychological training that meets or exceed professional standards in training.

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 with an emphasis on providing holistic and 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.

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. Our training also emphasizes treating clients holistically, recognizing the interplay between the psychological and the physiological, and accounting for contextual factors that influence clients’ well-being.

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 based practice, discussions of ethics and diversity, and experiential components. The topics of our Intern seminars derive from our staff expertise in diversity, individual, group

and couples therapy, assessment, 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 clinical coordinator (with input from supervisors, senior staff, and interns) to match the developmental level and interests 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 while also providing the critical corrective feedback needed for interns to reach their full potential and meet competencies.

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, intakes, crisis walk-ins, and group therapy, among other counseling center activities. **A particular emphasis on providing services via telehealth is incorporated into orientation as needed to ensure high quality client care and intern confidence in providing services via this platform.** Each week, interns begin a new activity, with intake and therapy typically beginning at the end of the first week or beginning of the second week, telephone screenings typically beginning in the second week, and crisis services typically beginning in the third week. During the second week, interns co-facilitate trainings for Residence Life staff, and in the third week, they typically help train practicum counselors. By the beginning of fall semester, they are able to perform therapy, screenings, and crisis sessions while continuing to hone their assessment skills.

DIRECT SERVICE ACTIVITIES include a range of services and usually comprise approximately 40 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 14-18 clients per week. The cases are pre-screened so that progressively more difficult cases can be assigned as the intern's abilities develop. Cases are also often assigned based on intern's areas of expertise and areas of growth. 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 one or more couples in conjoint therapy with a senior staff member based on intern interest and client availability.
- **Crisis Walk-In/Phone-In.** Interns are available for two crisis walk-in/phone-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 are trained on both personality and cognitive assessment. (**Note: cognitive assessment training will likely NOT be offered starting in the 2021-2022 training year**). During the fall semester (or when in-person training resumes), interns will focus on developing competency in administering and scoring cognitive tests with particular focus on the WAIS-IV. Interns are required to pass a competency test given by a staff member on the WAIS-IV. The WAIS-IV competency test should typically be passed approximately halfway through the fall semester (or within 4-8 weeks after cognitive assessment training begins). After interns have passed the WAIS-IV competency test, they will be able to work with an assessment client under the supervision and observation of a senior staff member. This is typically completed by the end of the fall semester, but interns have until the end of May of their training year to complete this. Interns are required to competently complete one full cognitive assessment prior to completing internship. This assessment must include an assessment interview, competent administration and scoring of tests, a feedback session, and an integrated report.

- **Group Counseling.** Interns typically co-lead two counseling/therapy groups together with senior staff members per semester with one of those groups typically being a process group. Interns may also work together or individually to provide psycho-educational or support groups, based on their experience and ability. It is possible for interns to develop a group for the Spring semester based on their expertise, interest, and/or client need.

- **Outreach and Consultation.** Interns typically co-present a Residence Life training in their second week. Over the course of the year, Interns are expected to conduct at least 8 outreach presentations or workshops with at least 3 occurring in the Fall and 3 occurring in the Spring semester. In addition to filling outreach requests, interns must develop a consulting relationship with a group or department on campus and provide plans for 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. Senior staff assists interns in developing initial relationships with outside groups and departments to help facilitate this consultation.

SUPERVISION AND TRAINING ACTIVITIES are designed to provide interns with practical training and a variety of supervisory styles in a supportive environment. Interns are matched with individual supervisors and are also encouraged to consult with any member of the senior staff. This is congruent with our "open door policy" for consultation that encourages staff to keep their office doors open as much as possible to help encourage informal consultation with trainees. Throughout the training year, interns will have the opportunity to work closely with all senior staff members both informally and formally.

- **Individual Supervision (2 hours per week).** Interns are matched with 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 matches. 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. Interns also receive group supervision as part of full staff case conference each week. 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. Throughout the year, interns present cases during selected group supervision sessions and receive feedback on the case. Interns will provide a written case presentation during group supervision during the fall semester and will later present a written, formal case presentation to the staff prior to the completion of internship. When cases are not presented, various professional topics may be a focus as they are relevant to the interns' cases, such as outreach planning, crisis 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 typically have the opportunity to supervise a 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).** Interns participate in senior staff case conferences which occur weekly and include the psychiatrist. These meetings count toward group supervision hours for interns. High risk cases, challenging cases, cases with psychiatry and counseling, cases that involve case management, 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 may become 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. Interns often present posters on their dissertation/research at one of these conferences to fulfill (in part) the research competency requirement.

ADDITIONAL ACTIVITIES

- **Supervision of Practicum Counselor (weekly in spring semester).** We are typically able to offer interns the experience of serving as the primary supervisor for a practicum counselor during the spring semester. The intern's individual supervisor provides umbrella supervision, and the intern receives Supervision of Supervision each week.
- **Staff Meetings (2-3 hours per month).** Interns participate as full staff members in weekly staff meetings. They are encouraged to report on consultations and outreach, give insight about decisions, and provide their own perspective on issues under discussion. The staff meetings are important in helping interns in systems-level training as they often address systems-level issues at CSU.
- **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. This work must be done at the Counseling Center **(or can be done remotely if in-person work is not possible)** and cannot interfere with interns meeting minimum hours (e.g. in areas of direct service, supervision, etc.).
- **Note Writing, Preparation, and Case Management (approximately 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 and/or Counseling Center Care Manager and may choose to update the CARE Team 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, etc.), 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, typically in the spring semester. Interns will also write-up and complete a case presentation in group supervision in the fall to demonstrate writing and conceptualization abilities.
- 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
- One full cognitive assessment with integrated report 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

- One consultation/liaison project or other consultation experience is observed by a senior staff member and rated (e.g., an intern may coordinate a consultation project with another CSU department and write a summary about the project, a staff member may attend a committee meeting or may review a recorded phone consultation an intern provided, etc.)

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’ official start date is August 4th. If this date falls on a Saturday or Sunday, Interns report to work for the first time the following Monday. Interns then must complete 2000 internship hours (including 500 direct service hours, 100 hours of individual supervision received, and 100 hours of group supervision received by August 3rd of the following year.

Interns work 40 hours per week in order to meet this requirement. Due to federal law, interns cannot work more than 40 hours in a given week. 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 (**or available remotely**). As Interns are employees of the university and receive employee benefits, sick time and vacation time can be counted toward the 2000 internship hours. Also, as Interns are hired to a 1-year contract, they must work their regular hours for the entire year, even if they have

already reached the 2000 hour minimum. Interns may save vacation time for the end of their time at internship and use it to end internship early.

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
- 1-3 hours Group Supervision
- 1 hour Supervision of Supervision (during spring)
- 0-1 hour Additional Supervision (as needed)

Professional Service Activities:

- 14-18 hours Individual and/or Couple Therapy
- 2-4 hours Screenings and Crisis coverage
- 2 hours Group Therapy
- 0-4 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, 100 hours of individual supervision received, and 100 hours of group supervision received) 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 8 outreach programs or workshops (e.g., Residence Life training, Academic Skills Workshop, etc.)
- Passing competency test for WAIS-IV
- Satisfactory completion of one integrated assessment (includes assessment interview, administering tests, scoring tests, conceptualization and recommendations, feedback session, and integrated report)

- Satisfactory completion of one formal clinical case presentation to senior staff with written report
- Completion of consultation/liaison project (when possible) or satisfactory completion of another consultation activity (e.g., committee work outside the Center, etc.)
- 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 each week, senior staff members will be on site (**or available remotely**) at these times, and you are encouraged to have some 8:00 am appointments and/or 5:00 pm appointments on these days to help us provide services to these clients. You may choose to take a half-hour or hour for lunch or a break in addition to your eight-hour workday (a lunch break does not count toward accrual of 2000 hours) but such a break is not required.
2. If you conduct an outreach session after hours or on weekends you may request flex time for the equivalent amount of time. Other than these rare flex time uses, vacation or sick time, you are expected to be in the office (**or available remotely**) during regular business hours.
3. The protocol for calling in sick is to call the main Counseling Center phone number and inform front desk staff that you are sick that day. This allows them to reschedule clients.

4. Please complete and approve time in Kronos by the 15th and by the last day of each month.
5. To help with communication at the Counseling 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.
6. 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.
7. 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, etc.).
8. 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 coverage or screening times. Please arrange for coverage, complete the request form, and turn in to front desk staff. Schedule time off with as much advance time as possible to prevent any cancellation of client appointments or screenings. Time off should be taken in a manner that minimizes negative impact to clients and the overall functioning of the counseling center.
9. 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.
10. The front office is Shakkia’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.
11. 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.
12. Take a teamwork approach and volunteer to help out with projects, outreach, crisis situations, etc. when you are available to do so.
13. 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.

14. 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 must be used.
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 offered to the client. If they do not want it, the paper copy should be 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 paper supervision documents for your practicum student(s) are to be scanned into Titanium and then shredded.

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. This can be helpful in many instances. For example, this is useful when you are typing a termination summary and you want to reference a client's file to complete the termination summary.
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, etc.) 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. If you are unwilling or unable to follow a directive given by a supervisor, please discuss this with them immediately.

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.

The APA Standards of Accreditation (SOA I.C.4.a) require 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 the 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 the Internship. If the Training Director, with input from the Supervisor (and possibly the Training Committee) believes that the Intern is below competency on three or more items of the Intern Performance Evaluation (i.e., a score of "2" on three or more items) or substantially below competency on one or more items of the Intern Performance Evaluation (i.e., a score of "1" on one or more items) at any time during the Internship, the Training Director will initiate a Remediation Plan. Likewise, if the Training Director believes that the intern may not meet the requirements of the Internship (e.g., may not obtain 500 direct hours, etc.), the Training Director will initiate a Remediation Plan. Upon initiation of a Remediation Plan, the Training Director will document the decision and the basis for it.

Formal Remediation

The Training Director and the Intern's Supervisor will meet within seven business 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 seven business days of the Training Director's previous meeting to discuss the specific performance concerns with the Intern. At this time, the Intern will have the opportunity to provide input about the content and structure of the Remediation Plan. However, the content and structure of the Remediation Plan is ultimately the decision of the Training Director.

The Training Director and Supervisor will present the Remediation Plan to the Intern within fourteen business 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 by signing the Remediation Plan.

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. If the Training Director determines that the Intern has failed to successfully complete the Remediation Plan, the Internship will be terminated and the Intern will be dismissed from university employment.

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 advise the program of the outcome in a timely manner.

If the Intern is dismissed from university employment and believes they were unfairly dismissed based on the criteria in the Professional Staff Personnel Policies Manual, they may choose to appeal the dismissal through Human Resources by notifying HR within ten days of the dismissal. See the Professional Staff Personnel Policies Manual, p. 18, accessible online at: https://mycsu.csuohio.edu/offices/hrd/labor_relations.html. If an appeal is entered with HR, that process will conclude before any internal review and appeal at the Counseling Center. If HR determines that the Intern should not have been dismissed, the Intern will be reinstated and will be provided further opportunity to demonstrate competence. If HR upholds the dismissal, the Intern may then request a Review of the decision that they failed remediation. The request should be made to the Training Director within five business days of the Pre-Dismissal Hearing Report from HR.

Review Process

If the Intern failed to successfully complete the Remediation Plan and was dismissed, the Intern may request review of the decision that they failed. The request should be made to the Training Director within seven business days of being notified of the failure, unless they first request an HR appeal of dismissal (see above).

Within ten business days of the Intern's request for review, the Counseling Center Director will convene the Review Panel, which will consist of at least two members of the Counseling Center clinical 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 advocate as to why the Training Director's decision that the Intern failed to successfully complete the Remediation Plan is incorrect. The Training Director and/or the Intern's 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 seven business 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. The Training Director must adhere to the Review Panel's decision.

Appeal Process

If the Review Panel affirms the decision of the Training Director, the Intern will have seven business days to appeal the decision to the Dean of Students (i.e., the head of student affairs) or designee. The Intern will present written documentation regarding the grounds for the appeal and the Training Director may also provide written documentation regarding the decision to the Dean of Students or designee. After appropriate investigation and consultation, the Dean of Students or designee will determine whether to affirm the Review Panel's decision or to reverse it. The decision of the Dean of Students 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 notifying the Intern's Supervisor.

Within ten business days of the Intern's initiation of the Formal Process, the Supervisor will: discuss the concern with the 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 business 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 clinical 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 seven business 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 within seven business days. The Intern and Supervisor will present written documentation and information to the Dean of Students (i.e., the head of Student Affairs) or designee. After appropriate investigation and consultation, the Dean of Students or designee will determine whether to affirm the Review Panel's decision or to reverse or adapt it. The decision of the Dean of Students 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. 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. Todd Seibert, Psychologist, Ph.D. in Clinical Psychology from the University of Nevada, Las Vegas, 2009

Training Director, Clinical Coordinator, and Assessment Coordinator. Interests include training, group therapy, cognitive assessment, and process-oriented therapy. Dr. Seibert facilitates Connections, an interpersonal process group.

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

Outreach Coordinator. 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.

Dr. Brittany Sommers, Ph.D. in Counseling Psychology from Andrews University, 2017

Group Coordinator. Interests include relational concerns, sexuality, emotion regulation, self-injurious behaviors, and trauma. Conducts therapy and supervision informed by Relational and Dialectical Behavior Therapy approaches. She specializes in working with couples and individuals with self-injurious behaviors.

Katharine Bussert, LSW, MSSA from Case Western Reserve University

Areas of interest & role : Care Manager at the counseling center, primary liaison with university's Care Team, suicide prevention, risk assessment, resource connection, referral facilitation

Dr. Alex Wang, Psychiatrist, M.D. from Case Western University School of Medicine, 2014

Interests include diagnosis and treatment of primary mental health disorders in the college and transitional aged populations. Dr. Wang completed her residency at University Hospitals Cleveland Medical Center. 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 a Senior Instructor.

Dr. Neil Bruce, Psychiatrist, M.D. from West Virginia University, 2013

Interests include diagnosis and treatment of mental health disorders in college populations. Dr. Bruce is also specifically interested in the treatment of depression, anxiety, emerging adult populations, and development.

For more information on our staff, please visit:

<https://www.csuohio.edu/counselingcenter/meet-staff-0>

APPOINTMENT DETAILS

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

Term of Service: Interns begin working on August 4th each year (or the first weekday after August 4th). Interns must complete their 2000 internship hours by August 3rd of the following year.

Stipend, Benefits, and Support: The stipend is \$27,000. Interns are provided benefits of full-time staff including: vacation and sick time, 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. Interns have private offices with windows, a computer in their office (with technical support from CSU's Information Services and Technology department), recording equipment, and furniture. Interns have access to the Counseling Center's book and DVD library as well as kitchen appliances. The Counseling Center has one full-time front desk staff that assist with administrative tasks. We ask that interns provide their own professional liability insurance and interns who wish to park on campus will need to pay for parking.

Accreditation Status of the Internship Program

The doctoral internship program at the CSU Counseling Center is accredited by the American Psychological Association (APA) <http://www.apa.org/ed/accreditation/index.aspx>. 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) 336-5979 / E-mail: apaaccred@apa.org Web: www.apa.org/ed/accreditation

Admissions:

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

Internship Program Admissions

Date Program Tables were updated: 5/27/2020

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:

The counseling center prefers internship applicants who are genuinely interested in and passionate about working in a university counseling center that values social justice,

multiculturalism, and diversity. Likewise, applicants who are seeking generalist training and value the importance of constructive feedback are also preferred. Applicants who are from APA-accredited doctoral programs in counseling or clinical psychology are also preferred. Applicants must be in good standing with their department and have successfully completed their comprehensive examinations at the time of applying and must have proposed their dissertation by the start of internship.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

Total Direct Contact Intervention Hours	Yes	No	Amount: 400
Total Direct Contact Assessment Hours	Yes	No	

Describe any other required minimum criteria used to screen applicants:

University Counseling Center experience

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	\$27,000	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for intern?	Yes	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes	No
Coverage of family member(s) available?	Yes	No
Coverage of legally married partner available?	Yes	No
Coverage of domestic partner available?	Yes	No
Hours of Annual paid Personal time Off (PTO and/or Vacation)	176	
Hours of Annual Paid Sick Leave	120	
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	No
Other Benefits (please describe):		
Dental, Vision, Retirement (intern must contribute)		

*Note: Programs are not required by the Commission on Accreditation to provide all benefits

listed in this table

Initial Post-internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2015-2018	
Total # of interns who were in the 3 cohorts	5	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	EP
Community mental health center		
Federally qualified health center		
Independent primary care facilitate/clinic		
University counseling center		
Veterans Affairs medical center		
Military health center		
Academic health center		
Other medical center or hospital		
Psychiatric hospital		
Academic university/department		
Community college or other teaching setting		
Independent research institution		
Correctional facility		
School district/system		
Independent practice setting	1	4
Not currently employed		
Changed to another field		
Other		
Unknown		

Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

Internship Classes:

2020-2021: Christina Iapezzuto (Nova Southeastern University) and Katerina Istomin (Carlow University)

2019-2020: Ahmed Adetola (Marywood University) and Ashley Dandridge (Chatham University)

2018-2019: Erin Kotkowski (The American School of Professional Psychology at Argosy University) and Alicia Width (The Michigan School of Professional Psychology)

2017-2018: Chris Bober (The Michigan School of Professional Psychology)

2016-2017: Fabienne Leaf (Loma Linda University) and Brittany Sommers (Andrews University)

2015-2016: Angela Harrington (Carlow University) and Heather Spence (Antioch University – Seattle)

2014-2015: Stephanie Marasti-Georg (Carlow University) and Brittany Tutena (Chatham University)

2013-2014: Preston Elder (Georgia Southern University) and Brooke Sanderson (Carlow University)

2012-2013: Kristen Knepp (Virginia Polytechnic Institute) and Reena Patel (Argosy University, Orange County)

2011-2012: Janice Vidic (Fielding University) and Anna Zettel (Argosy University, Chicago)

The internship at CSU Counseling Center dates back to the 2005-2006 academic year. The date of our initial accreditation by the American Psychological Association was the summer of 2018.

Contact information for the Training Director (please email or call if you have questions about our program)

Todd Seibert, Ph.D.
Psychologist
Cleveland State University Counseling Center
1836 Euclid Avenue, UN 220
Cleveland, OH 44115
216-687-2277
t.m.seibert@csuohio.edu

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 N/O</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	N/O
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	N/O
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	N/O
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	N/O

<p>Examples:</p> <ul style="list-style-type: none"> • 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						
<p>Independently monitors and applies knowledge of others as cultural beings in assessment, treatment, and consultation</p> <p>Examples:</p> <ul style="list-style-type: none"> • 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	N/O
2C. Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context						
<p>Independently monitors and applies knowledge of diversity in others as cultural beings in assessment, treatment, and consultation</p> <p>Examples:</p> <ul style="list-style-type: none"> • 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	N/O
2D. Applications based on Individual and Cultural Context						
<p>Applies knowledge, skills, and attitudes regarding dimensions of diversity to professional work</p> <p>Examples:</p> <ul style="list-style-type: none"> • 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	N/O

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:						
<ul style="list-style-type: none"> • 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	N/O
3B. Awareness and Application of Ethical Decision Making						
Independently utilizes an ethical decision-making model in professional work						
Examples:						
<ul style="list-style-type: none"> • 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	N/O
3C. Ethical Conduct						
Independently integrates ethical and legal standards with all competencies						
Examples:						
<ul style="list-style-type: none"> • Demonstrates adherence to ethical and legal standards in professional activities • Takes responsibility for continuing professional development 						
	1	2	3	4	5	N/O

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 N/O

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 N/O

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	N/O
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	N/O
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	N/O	

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	N/O	
6B. Application of Scientific Method to Practice							
Applies scientific methods of evaluating practices, interventions, and programs	1	2	3	4	5	N/O	

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 N/O

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 N/O

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 N/O

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 N/O

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	N/O
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	N/O
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	N/O
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	N/O

- 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 N/O

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 N/O

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 N/O

- 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 N/O

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	N/O
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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	N/O
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	N/O

<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	N/O	
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	N/O	

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: _____

