



Counseling and Psychological Services (CAPS)

Doctoral Internship Training Manual

2022-2023

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DOCTORAL PSYCHOLOGY INTERNSHIP TRAINING PROGRAM

Welcome

Counseling and Psychological Services (CAPS) welcomes you to our team! We are excited that you are joining us to provide services to the university community and we are looking forward to enhancing your training experience. This manual is a tool to assist you in learning about our training program and our methods of service delivery. Information in this manual is provided as a supplement to *CAPS Policies and Procedures* manual.

Counseling and Psychological Services at the Cowell Center

Counseling and Psychological Services (CAPS) is an integral part of the Cowell Center, directed by Interim Director Heather Dumas-Dyer. The Cowell Center is a division under Santa Clara University's (SCU) Division of Student Life headed by Vice Provost for Student Life, Jeanne Rosenberger. The Division of Student Life's mission is characterized by the following statement: "As a Catholic and Jesuit institution that makes student learning its central focus, the Division of Student Life serves as an advocate for students to promote a university experience that fosters the holistic development of our students". Core values include: 1) Growth through learning and personal development; 2) Diversity through inclusive excellence; 3) Integrity through personal honesty and mutual trust; and 4) Professionalism through service and collaboration.

Primary Vision of the Cowell Center

Cowell Center's vision statement reads: "Reaching the world one student at a time, utilizing innovative services to promote physical and emotional well-being." The mission of the Cowell Center is to provide comprehensive health care services to the SCU student community, honoring the rich diversity of its student population. The Cowell Center is committed to caring for the whole person by providing professional medical and psychological services through compassionate treatment and education. The Cowell Center is an integrated health care center offering a range of medical and psychological services with shared electronic medical records. Medical services include primary and specialty care, health education, and disease prevention. Psychological services include psychiatry, assessment, individual and group therapy, outreach, and consultation. The Cowell Center team includes a range of service providers including physicians, physician assistants, nursing staff, dietician, case manager, psychologists, doctoral psychology interns, advanced practicum students, insurance coordinator, student emergency medical technicians, and administrative support staff. CAPS staff work closely with the Student Health Services, utilizing consultation and referral services to ensure ongoing quality and continuity of care. The Cowell Center also seeks to support the vision the Division of Student Life and that of the larger university which makes student learning and development its central focus. Cowell Center's focus is to help students maintain an optimum level of physical and mental health and to guide students in maintaining a healthy lifestyle in order to optimize learning and growth experiences.

Primary Mission of CAPS

The primary mission of CAPS is to support students and student learning by providing comprehensive mental health services, consultation, and outreach to a diverse student body. CAPS is committed to providing high quality, confidential, care for students who experience a range of personal, academic, and relational problems common to college populations. CAPS also provides initial assessment and referral to students with more acute or chronic psychological problems. CAPS participates in many collaborative liaison relationships with the Division of Student Life and its diverse services (Office of Accessible Education, Residence Life, Office of Multicultural Learning, etc.). CAPS mission is consistent with the University's vision of developing leaders and citizens of competence, conscience, and compassion. CAPS staff share the larger university's values of ethical behavior, respect and care for self and others, and appreciation of diversity and differences in people.

The Doctoral Psychology Internship Program is a member of the Association of Postdoctoral and Internship Centers (APPIC), a member of the Association of Counseling Center training Agencies (ACCTA), and has been accredited by the American Psychological Association (APA).

CAPS Staff

CAPS staff includes psychologists, a psychiatric nurse, two counselors in residence, staff therapists, and a case manager. Senior staff are licensed psychologists in the state of California. CAPS is part of an integrated health and mental health setting and CAPS utilizes two full-time support staff members that are responsible for assisting with the organization and administrative operation of the Cowell Center. In addition to its permanent employees, CAPS staff also includes two postdoctoral fellows and two full time doctoral psychology interns. A current list of CAPS staff can be found on our website: <http://www.scu.edu/cowell/about>.

Diversity

CAPS places a high value on the appreciation of diversity, which is conceptualized broadly and across many dimensions. Our internship program attends to diversity/multicultural issues throughout various training activities, including didactic training, supervision, as well as clinical and consulting experiences with a diverse client population and university staff. We work hard to ensure that all members of our staff, including trainees, feel fully valued and respected for the diversity that they bring to CAPS. We engage in ongoing efforts to provide comprehensive and culturally sensitive services to our clients and the larger campus community. The internship program supports these efforts and places an emphasis on the development of culturally competent knowledge, awareness, and skills for our interns. Interns are expected to develop competencies to effectively serve diverse populations, including clients whose identity, beliefs, worldviews, or cultural background may create personal conflict with that of the intern. CAPS adheres to APA's position statement "Preparing Professional Psychologists to Serve a Diverse Public: A Core Requirement in Doctoral Education and Training" which can be found at

<https://www.apa.org/ed/graduate/diversity-preparation?tab=1>.

Nondiscrimination Policy

Santa Clara University prohibits discrimination on the basis of race, color, ethnicity, ancestry or national origin, religion or religious creed, age (over 40), sex, gender expression, gender identity, sexual orientation, marital status, registered domestic partner status, veteran or military status, physical or mental disability (including perceived disability), medical condition (including cancer related or genetic characteristic), pregnancy (includes childbirth, breastfeeding, and related medical conditions), or any other protected category as defined and to the extent protected by law in the administration of its educational policies, admissions policies, scholarships and loan programs, athletics, or employment-related policies, programs, and activities; or other University administered policies, programs, and activities. Additionally, it is the University's policy that there shall be no discrimination or retaliation against employees or students who raise issues of discrimination or potential discrimination or who participate in the investigation of such issues.

The Director of Equal Opportunity and Title IX coordinates and oversees the prompt response, impartial and thorough investigation, and equitable and timely resolution to all instances of discrimination and harassment, sexual harassment, and other forms sexual misconduct involving students, faculty, and staff. The Director also tracks incidents and trends involving sexual misconduct, and serves as the principal contact for government and external inquiries regarding civil rights compliance and Title IX. Inquiries about this policy or to report an incident of discrimination, harassment, retaliation, or sexual misconduct should contact:

Belinda Guthrie
Office of Equal Opportunity and Title IX
Santa Clara University
Loyola Hall, Suite 140
425 El Camino Real
Santa Clara, CA 95050
(408) 554-3043
www.scu.edu/title-ix/

Additional policy information can be found at
<https://www.scu.edu/bulletin/undergraduate/nondiscrimination-policy.html>

TRAINING PHILOSOPHY

CAPS Internship Training Program is based on a Practitioner-Scholar model of training. Interns learn by doing, by reflecting on their work in supervisory consultation with staff, by observing the professional activities and practices of the staff, and by scholarly inquiry. This model incorporates current psychological theory and science with experiential learning and is focused on helping interns grow and develop as generalist psychologists, with an area of expertise in working in college counseling centers. The goal over the course of the year is for interns to achieve multiple competencies allowing them to practice independently and to function as professional and ethical psychologists.

Interns are expected to broaden and deepen their clinical competencies and knowledge base with the acquisition of specialized skills and understanding in working with a diverse university population. Among these specialized skills are: consultation, presentation of psycho-educational workshops, and outreach presentations. Interns consolidate their professional identity through specific skill development, self-understanding and ongoing experiences in their role and responsibilities as mental health service providers in an interdisciplinary context. We believe that practitioner-scholars are best developed through experience, supervision, scholarship, and mentorship. Our hope is to establish a mindset in which clinical experiences are informed by the science of psychology and likewise, psychological theory and research are also influenced by clinical practice. The training staff supports the development of psychologists by integrating psychological theory and research with clinical practice. Our university setting offers interns the opportunity to gain extensive clinical experience with a diverse range of students and presenting problems. Our goal is for interns to achieve intermediate to advanced levels of competency with intake interviewing, clinical assessment, crisis intervention, individual psychotherapy, group psychotherapy, consultation, and outreach.

CAPS offers interns an opportunity to broaden their knowledge and skill base by exposure to a variety of theoretical perspectives and intervention approaches that other trainees and our interdisciplinary staff bring to the program. CAPS operates from an “integrationist” theoretical perspective in working with clients and in providing learning experiences for interns. While most staff members have a “home base” theoretical foundation (cognitive-behavioral, psychodynamic, interpersonal, humanistic) we choose interventions with clients on the basis of both research evidence on treatment efficacy and on what we think will be most helpful in a primarily brief therapy context. We may draw from several models with the same client, taking into consideration such factors as the client’s presenting symptoms, culture, stage of motivation for change, degree of insight, sessions available, etc.

CAPS staff strive to model scholarly inquiry through professional organization membership, reading scholarly literature, and participating in continuing education. Administrative and policy decisions at CAPS are informed by data collection (ongoing examination of presenting concerns, utilization, client demographics, satisfaction surveys etc.) and scholarly review. Through these and other activities, staff stay informed regarding issues relevant to optimal professional functioning and they utilize this information to further supervisory competence, program and staff development.

The Internship Training Program is sequential, cumulative, and graded in complexity. The training year follows a developmental understanding that skills and knowledge build upon established skills and knowledge. Upon arrival, interns begin to assess their clinical skill sets and professional goals for the training year with guidance from the Training Director and clinical supervisors.

We acknowledge that interns have varying degrees of prior experience, theoretical knowledge and professional maturity, in addition to differing career goals and interests. Hence, initial individual assessment, the establishment of individual learning goals, and a plan for reaching those goals occurs for interns during our orientation time. This plan continues to be revised over the training year through ongoing dialogue, and both informal feedback and formal evaluation. In addition to skills and knowledge, a sense of professional identity and an integration of oneself as a person into that professional role is also essential. By working in an integrated health care center, interns also have the opportunity to develop a strong professional identity as psychologists and an ability to work collaboratively with other health care professionals. Interns are also supported in becoming practitioner-scholars by a strong commitment to individual and group supervision. Interns are regarded as developing professionals and are encouraged to work closely with senior staff members who provide mentoring and serve as professional role models for our interns. Staff members model ethical and professional clinical approaches and they participate in teaching through supervision, consultation, and conducting supportive, mentoring relationships to enable interns to grow in professional autonomy and competence. By the end of the training year, interns will have developed advanced skills in our target competency goals.

Also integral to our training philosophy is the belief that interns make significant contributions to CAPS quality of service and overall interpersonal climate. In addition to providing counseling experiences for CAPS clients, they add diversity to staff through age, gender, sexual orientation, ethnicity, religion and other cultural variables which may not otherwise be represented. They allow CAPS to offer more clinical services to students and to extend educational and support services into the broader campus community. Interns can view CAPS functioning with “fresh eyes”, give feedback, and often make constructive suggestions for change. Teaching and supervising interns help staff to continually update and refine their skills in case conceptualization, management, and treatment. Intern/staff interactions provide a stimulus for continuing staff growth in both personal and professional realms. Training and supervision activities invigorate overall staff morale and protect against professional stagnation and burnout.

The Cowell Center bases all of its programs and services, including training, on a philosophy that affirms the dignity of all people. The Center values pluralism and the opportunity for cross-cultural interactions within the campus community in order to enhance the educational environment and the well-being of all students, staff, and faculty.

The Center expects staff and trainees to be committed to the social values of respect for diversity, inclusion, and equality.

Interns' Role at CAPS

Interns share many functions in common with CAPS staff members. All provide service in the form of evaluation, psychotherapeutic interventions, outreach, and consultation services. All function as team members working together on projects, responding to crises, and ensuring adequate coverage for CAPS. All are expected to participate actively in the clinical, training, outreach, and consultation activities of the Cowell Center. It is important, however, to acknowledge several differences between the roles of interns and staff. Interns are considered to be trainees, regardless of their previous experience. While their input and self-direction is valued, staff members are ultimately responsible for administering CAPS and designing and implementing the training program. All of the interns' work is done under supervision. Supervisors carry the responsibility for case management, assisting interns with the operations of the agency, mentoring, and moral support. The intern's primary supervisor completes required documents for the Board of Psychology in order for the supervised hours to be counted in the licensing process.

Supervisors will take care to respect the privacy of communication between interns and themselves. Communication between supervisors and interns is not confidential, however, and may be shared with other staff when appropriate and necessary to monitor training progress and needs and to prepare evaluations. Videotaped sessions of interns' clinical work may be viewed by staff members other than a trainee's assigned supervisor. On occasion, staff may either audio or videotape supervision meetings with interns. This information is shared to ensure quality client care and optimal supervision.

Communication with Graduate Programs

Communication between doctoral training programs and internship programs is of critical importance to the overall development of competent new psychologists. The internship is a required part of the doctoral degree and while the internship faculty assess the student performance during the internship year, the doctoral program is ultimately responsible for evaluation of the student's readiness for graduation and entrance into the profession.

Therefore, evaluative communication must occur between the two training partners. Given this partnership, the training program has adopted the following practices (adapted from the Council of Chairs of Training Councils (CCTC) Recommendations for Communication (www.cctcpsychology.org)).

1. During the internship year, the training directors of the two programs will communicate as necessary to evaluate progress in the intern's development. This will include a minimum of two formal evaluations (one at mid-year and one at the end of the internship year), and may also include regular formal (written) or informal communication.
2. The student/intern has the right to know about any informal (verbal) or written communication that occurs and can also request and should receive a copy of any written information that is exchanged.

3. In the event that problems emerge during the internship year, (i.e., an intern fails to make expected progress or demonstrates concerning unprofessional or unethical behavior), the Training Directors of the two programs will communicate and document the concerns and the planned resolution to those concerns. Both doctoral training program and internship program policies for resolution of training concerns will be considered in developing necessary remediation plans. Progress in required remediation activities will be documented and that information will be communicated to the doctoral program director of clinical training.

Liability Insurance:

All interns must carry malpractice insurance. Interns are responsible to have documentation of coverage available to the Training Director prior to commencing the training program.

TRAINING PROGRAM AIMS AND REQUIREMENTS FOR COMPLETION

The Internship Program aims to create opportunities and environments for interns to build profession-wide competencies (PWCs) to enter the profession of health service psychologists. The competencies and the components of them are listed on the Evaluation of Doctoral Intern Form, which can be found here:

<https://www.scu.edu/media/offices/cowell-center/pdf/Intern-Evaluation-2017-18.pdf>.

In accordance with the internship's aim, interns must fulfill the following requirements to graduate from the internship program. These requirements signify adequate scores on written evaluations which are defined as achieving a minimum of a 5.5 at year-end evaluations to demonstrate adequate progression through the training program. Completion of internship includes accruing a minimum of 1,840 hours and fulfilling the requirements listed under each PWC.

Competency I: Research (Integration of Science and Practice)

With science as the foundation of health service psychology, interns are expected to integrate science and theory into clinical practice.

Requirements for Completion:

- (a) Average supervisory ratings of 5.5 or greater on the developmental scale in the Evaluation of Doctoral Interns' Competency I: Research (Integration of Science and Practice).
- (b) Successful completion of the Intern Project. This project involves some aspect of program evaluation or program development related to the needs of CAPS and/or the Division of Student Life. Work on this project primarily takes place in July of the training year.
- (c) Successful completion of one didactic training seminar, demonstrating competent presentation skills and the integration of theory, research, and practice and receive a passing score of a mean of 3 on the items comprising the *Evaluation of Intern Seminar* form.

Competency II: Ethical and Legal Standards

Interns are expected to respond ethically and legally in increasingly complex situations with a greater degree of independence across levels of training.

Requirements for Completion:

- (a) Average supervisory ratings of 5.5 or greater on the developmental scale in the Evaluation of Doctoral Interns' Competency II: Ethical and Legal Standards.

Competency III: Individual and Cultural Diversity

Effectiveness in health service psychology requires that interns can conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to a diverse population. Therefore, interns must demonstrate knowledge, awareness, sensitivity, and skills when working with individuals and communities who embody a variety of cultural and personal background and characteristics. The American Psychological Association's Commission on Accreditation (CoA) defines cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status.

Requirements for Completion:

- (a) Average supervisory ratings of 5.5 or greater on the developmental scale in the Evaluation of Doctoral Interns' Competency III: Individual and Cultural Diversity.

Competency IV: Professional Values and Attitudes

Interns are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

Requirements for Completion:

- (a) Average supervisory ratings of 5.5 or greater on the developmental scale in the Evaluation of Doctoral Interns' Competency IV: Professional Values and Attitudes.

Competency V: Communication and Interpersonal Skills

Communication and interpersonal skills are foundational to education, training, and practice in health service psychology. These skills are essential for any service delivery/activity/interaction, and are evident across the program's expected competencies.

Requirements for Completion:

- (a) Average supervisory ratings of 5.5 or greater on the developmental scale in the Evaluation of Doctoral Interns' Competency V: Communication and Interpersonal Skills.

Competency VI: Assessment

Interns demonstrate competence in conducting evidence-based assessment consistent with the scope of Health Service Psychology.

Requirements for Completion:

- (a) Completed 12 months of conducting intakes at CAPS as well as phone triage calls.

- (b) Average supervisory ratings of 5.5 or greater on the developmental scale in the Evaluation of Doctoral Interns' Competency VI: Assessment based on the intern's assessment in a variety of services at CAPS, including telephone triage, clinical interview, crisis assessment, and consultation.

Competency VII: Intervention

Interns demonstrate competence in evidence-based interventions consistent with the scope of Health Service Psychology. Intervention includes individual and group psychotherapy, crisis intervention, advocacy, and case management, and outreach/education. Interventions may be derived from a variety of theoretical orientations or approaches.

Requirements for Completion:

1. Individual Psychotherapy/Counseling Intervention
 - (a) Average supervisory ratings of 5.5 or greater on the developmental scale in the Evaluation of Doctoral Interns' Competency VII.A: Individual Psychotherapy/Counseling Intervention.
 - (b) Complete at least 6 BASICS interventions.
2. Group Psychotherapy Intervention
 - (a) Completed the co-facilitation of at least one group at CAPS with a CAPS staff psychologist. This requirement can be waived in the absence of opportunities to co-facilitate a group.
 - (b) Average supervisory ratings of 5.5 or greater on the developmental scale in the Evaluation of Doctoral Interns' Competency VII.B: Group Psychotherapy Intervention.
3. Crisis Intervention
 - (a) Completed 12 months of weekly responsibilities as a crisis counselor at CAPS.
 - (b) Average supervisory ratings of 5.5 or greater on the developmental scale in the Evaluation of Doctoral Interns' Competency VII.C: Crisis Intervention based on the intern's crisis work.
4. Outreach and Education Intervention
 - (a) Average supervisory ratings of 5.5 or greater on the developmental scale in the Evaluation of Doctoral Interns' Competency VII.D: Outreach and Education Intervention.
 - (b) Participated in freshman orientation outreach activities (CF Formation and Behind Closed Doors).
 - (c) Participate in at least 3 outreach programs in the campus community.
 - (d) Shadowed a senior staff member in one outreach presentation (outside of QPR).

Competency VIII: Supervision

Supervision is grounded in science and integral to the activities of health service psychology. Supervision involves the mentoring and monitoring of trainees and others in the development

of competence and skill in professional practice and the effective evaluation of those skills. Supervisors act as role models and maintain responsibility for the activities they oversee.

Requirements for Completion:

- (a) Average supervisory ratings of 5.5 or greater on the developmental scale in the Evaluation of Doctoral Interns' Competency VII: Supervision.

Competency IX: Consultation and Interprofessional/Interdisciplinary Skills

The Commission on Accreditation views consultation and interprofessional/interdisciplinary interaction as integral to the activities of health service psychology. Consultation and interprofessional/interdisciplinary skills are reflected in the intentional collaboration of professionals in health service psychology with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities.

Requirements for Completion:

- (a) Complete two formal case presentations to staff members at the regularly scheduled case consultation meeting and receive a passing score of a mean of 3 on items comprising the *Evaluation of Intern Case Presentation* form.
- (b) Average supervisory ratings of 5.5 or greater on the developmental scale in the Evaluation of Doctoral Interns' Competency IX: Consultation and Interpersonal/Interdisciplinary Skills.

Certificate of Completion

Doctoral Interns who successfully complete their internship with CAPS are awarded a *Certificate of Completion* (Appendix C) reflecting their accomplishment.

TRAINING PROGRAM COMPONENTS

Weekly Clinical Activities

Interns devote approximately 20hrs/wk. to clinical activities. These include the following:

Phone Consultation

Interns are responsible for 2 hours of phone consultation per week, which are reserved on the PnC “rug” and not to be scheduled over with other appointments. Phone consultation is the first step for most students seeking therapy at CAPS. When a student calls the Cowell Center to request counseling services, the front office staff will schedule them for a half-hour phone consultation appointment with a therapist. At the appointed time, the therapist calls the student to screen for needs and risk and refer the student either for intake at CAPS or for more appropriate other resources, including case management for support with off-campus referrals or additional crisis intervention. If appropriate, the intern may schedule the student for an intake on their own schedule; otherwise, the student’s name should be added to the PnC counseling wait list and presented at the next weekly Case Disposition Meeting. Each phone consultation appointment is documented with a phone consultation note in PnC.

Intake Assessments

Interns are responsible for providing at least 3 intakes per week. Interns establish a therapeutic relationship and assess the appropriateness of the student’s presenting problem to a brief treatment model versus longer term therapy. Interns also develop skills for conducting assessments for a range of presenting issues, for providing crisis intervention, referring for medication evaluation, and collaborating with other university resources.

Direct Service

Interns provide brief therapy for registered Santa Clara University undergraduate and graduate students. Individual counseling is typically done within a brief therapy (ten session) model. However, interns have the opportunity to do longer term therapy for a full year with two students. The decision of which clients may be seen longer-term is made in consultation with the intern’s supervisor and/or after presentation to the larger clinical staff. Additionally, interns can experience referral and management activities within our integrated health/ mental health center. Interns refer students for psychotropic medication, physical, and dietary assessment and monitoring, as well as to outside providers for continuity of care. Interns also actively interface with other professionals on and off campus regarding managing student mental health care.

Crisis Intervention

Interns have a range of opportunities to manage crises in the course of their ongoing therapy with students, both during normal intakes and during regularly scheduled crisis hours. Additionally, interns may join staff in speaking to various academic departments or residence halls when critical incidents arise.

Assessment

Although CAPS does not offer full psychological batteries, interns are expected to utilize and

integrate appropriate self-report assessment instruments such as the CCAPS, BDI-II, BAI, BSS etc. into their clinical work with clients.

Consultation

Since CAPS is housed with Student Health Services (SHS) in the Cowell Building, interns have the opportunity for regular consultation and referral with various health care providers. A monthly ‘shared case’ meeting between CAPS and SHS allows for more in-depth consultation among all Cowell Center providers involved with student health and mental health needs. Interns also provide consultation to various members of the Santa Clara University community including faculty, staff, residence life, disabilities services, and student life personnel.

Outreach

Interns participate in outreach activities to the larger university community. Interns routinely present to student group on such topics as depression, anxiety, positive relationships, self-care, services offered by CAPS etc. Interns also have opportunities to take personal initiative in developing outreach activities consistent with their individual areas of interest and expertise. All outreach activities are to receive prior approval from the Training Director and primary supervisor and be done under the supervision of a CAPS staff member. Interns are also paired with their supervisors as special liaisons to a specific residence halls, Outreach programming, as well as consultation, is often responsive to the particular needs of that community.

Training Activities

Orientation

The first few weeks of orientation are designed for interns to familiarize themselves with the operations at CAPS. The orientation program is intended to provide interns with an overview of CAPS mission and values, structure, function, and processes. During this time, interns have ongoing opportunities to get to know the Cowell Center professional and support staff. The Training Director reviews with interns the contents of the Training Manual and CAPS Policies and Procedures Manual. Trainee responsibilities, requirements, and performance expectations are also reviewed at this time. Interns will be assigned their primary and secondary supervisors. Supervisors review with interns the California Board of Psychology Supervision Agreement for Supervised Professional Experience and also provide interns with a copy of the California Board of Psychology required pamphlet Professional Therapy Never Includes Sex.

Interns will participate in both didactic and interactive seminars on topics including risk assessment, multi-cultural awareness, short- term therapy, ethical issues pertinent to college campus work, and developmental issues of college students. Orientation also provides an opportunity for the interns to interact, socialize, and begin to develop meaningful relationships with other trainees, which often serve as important sources of support throughout the training year. Throughout orientation, there is significant time dedicated to discussing issues related to

interns' transition into the internship, stressors they may anticipate, and attention to self-care.

Interns will also visit other campus departments such as the Office of Student Life, the Drahmman Advising and Learning Center, Campus Ministry, Residence Life, and the Multicultural Center to both meet the staff of these departments and to learn the services they provide to students. Interns will also receive an orientation to campus residence halls and learning communities, as well as participate in a campus tour run by SCU students.

A myriad of practical tasks will also be accomplished early in orientation, including assigning office space, issuing keys, obtaining ACCESS cards and e-mail accounts, learning how to use the phone and electronic records systems, video equipment etc. During orientation, all relevant documents and needed forms will be distributed and reviewed, and electronic versions of these documents can be accessed on CAPS shared drive accessible through interns computers.

Didactic Seminars

Training seminars are provided on a weekly basis and are coordinated by the Training Director. The training seminars focus on topics that are particularly relevant to clinical practice in a university setting. Competency in working with diversity issues is integrated into training seminars and tailored to their specific content and focus.

The following are examples of prior seminar topics:

- Brief and Short-Term Therapy
- Working with Eating Disorders
- Dialectical Behavior Therapy
- Working with LGBTQ+ clients
- Integrating Psychology and Religion
- Understanding Clinical Issues of Bicultural Students

Case Conference

All interns participate in a weekly case conference in which CAPS staff and interns rotate presentations. In addition to providing professional preparation for similar presentations that are required in a variety of treatment contexts, this conference allows interns to observe how CAPS professional staff, as well as their intern peers, conceptualize cases and plan treatment interventions. This conference is a forum in which to explore such things as the therapeutic alliance, therapeutic techniques and interventions, differential diagnosis, treatment planning as well as ethical and legal considerations. The weekly case conference is an opportunity for professional development as interns learn from others in a supportive and collegial environment. Interns are expected to write up their case presentation following the outline provided in the *Case Consultation Format* document (Appendix A).

Individual Supervision

Interns attend two hours of weekly individual supervision. Interns are assigned a primary and

a secondary supervisor with whom they meet for the entire year. In supervision, interns are encouraged to develop reflective, introspective clinical and case conceptualization skills that enhance their development as professional psychologists.

A formulation of initial training and supervisory goals is developed at the beginning of a trainee's placement, following a mutual (supervisor/ trainee) assessment of clinical and supervisory needs. An updated formulation of training and supervisory goals is done in mid-year. During supervision, videotapes of sessions with clients, as well as progress notes are reviewed. Trainees are encouraged to be open to new ideas within the supervisory relationship. Supervision is not only a place to develop and refine clinical skills, but it is also a place to reflect on thoughts, feelings, and reactions to clients. Supervision can be a time to process the supervisory relationship in addition to therapeutic relationships.

Supervision does not include therapy of the trainee, but it may include exploration of values, beliefs, interpersonal biases, and conflicts considered to be sources of countertransference in the context of case material. Although there will be regularly scheduled times for formal feedback and evaluation, it is expected that the supervisory-trainee relationship will include regular, open communication and two-way feedback. It is expected that trainees will be able to discuss conflicts and express disagreements and differences in opinion with supervisors.

Group Supervision

Interns have 2 hours per week allotted for group supervision. The group is supervised by the Training Director. Trainees alternate presentations of cases. Case presentations will include reviewing recorded therapy sessions in addition to a formal write up outlined in the *Group Supervision Case Presentation* document (Appendix A).

Intern Group Meeting

The Intern Group Meeting is run by the interns themselves. It provides an opportunity for trainees to form bonds with each other, to process the training experience, to share resources, and provide mutual support. This group meets once a week for an hour.

Monitoring of Client Welfare and Quality of Supervision by Interns

Typically in Winter Quarter, interns meet one hour weekly for a supervision of supervision seminar. The supervision of supervision seminar leader (a licensed clinical psychologist) will review video recordings and also discuss supervisory recommendations. If review of recordings or reports by practicum students reveals problems with the supervision or with the progress of the practicum student, the training staff will meet to discuss appropriate remedial procedures.

Administrative Time

1. **Cowell Center Meetings:** Cowell Center meetings occur approximately once per month.
2. **Case Disposition Meetings:** All interns participate in a weekly case disposition meeting in which CAPS staff and trainees briefly present phone triage cases for intake assignment from the PnC counseling wait list. Phone triage cases will be

assigned to staff or trainees at these meetings based on scheduling, interest, and goodness of fit with presenting problems. After being assigned a case, interns should contact the student to schedule an intake as soon as possible, either by phone or secure message.

3. **Clinical Documentation and Case Management:** Interns are allotted approximately 8 hrs/week for completion of intake assessments, progress notes, case management, and other administrative tasks.

Clinical Services

1. Interns are expected to schedule three intakes per week. If an intern needs to miss an intake time, they are expected to give the support staff another time that week to schedule an intake. Interns may be asked to provide additional intakes at the beginning of Fall quarter when they are building their caseloads and/or at other times at the discretion of their supervisors and the Assistant Director.
2. Interns are expected to follow SCU guidelines for short-term therapy (up to ten sessions per student per academic year). Extensions of session limits must be approved by the intern's supervisor, in consultation with the clinical staff.
3. Interns may work with two clients on an extended basis (over the 10 session limit). These clients will be chosen for longer-term work in consultation with the intern's supervisor.

PSYCHOLOGY INTERN SAMPLE WEEKLY SCHEDULE

Doctoral Internship (40hrs/wk.)*

Activity	Total Hours per Week
<u>Direct Service:</u>	
Intake Assessments	3
	14
Individual/Couples/Group Therapy	3
Crisis hours	2
Phone consultation	
<u>Formal Training:</u>	
Individual Supervision	2
	2
Group Supervision	1
Staff Case Consultation	2
Training Seminar (optional)	1
Postdoc Group Meeting	
<u>Administrative:</u>	
Documentation/Case Mgmt	6.5
Case Disposition Meeting	0.5
Supervision Prep Time	2
*Cowell Center Meeting	1
<u>Other:</u>	
*Outreach/Consultation	3
Total Hours Scheduled Per Week	40

***Note:** Cowell Center meetings are approximately monthly. Outreach activities are variable and do not occur on a weekly basis.

MAINTENANCE OF RECORDS

Progress Notes

CAPS documents sessions through the electronic records system Point and Click Solutions Software (PnC). Interns are to utilize the document for progress notes formatted in this system.

Supervisory Case Logs

Interns are expected to bring to weekly individual supervision a completed and updated copy of their *Supervision Case Log* (Appendix A). This log is to include all cases under supervision by the primary or secondary supervisor. To maintain the highest quality of care, it is imperative that interns inform supervisors of all ongoing case activity and that all client contacts are adequately supervised and documented.

Supervisory Approval

It is mandatory that supervisors review and co-sign all intake assessments and clinical notes. Additionally, e-mails to clients, referrals (e.g. Psychiatry, Disabilities Resources), handouts and suggestions of reading material for clients etc. must be reviewed in advance and approved by an intern's supervisor.

Maintaining Workload Documentation

Interns must keep track of their hours on a weekly basis to be sure internship hour requirements are being met. Interns are expected to document their hours in the *Board of Psychology Weekly Log* which can be accessed through the CAPS shared drive. Logs should be signed by appropriate supervisors on a regular basis and monthly logs turned into the Training Director, who keeps the original records on file.

Clinical Documentation and Due Dates

Documentation	Due Date
Signed disclosure statement on trainee status and permission to record; Informed consent documents	Completed in first session Scan into computer within 24hrs.
Intake Assessment Report	First draft for supervision within five business days Completed Intake Assessment Report is due one week from supervision of Intake Assessment Report In high-risk cases , a Preliminary Intake Assessment form is to be completed by the end of the workday.
Progress notes	Draft within one business day Completed note within 5 business days
Crisis/urgent care note	Draft by end of business day
Referral forms	Prior to client's scheduled appointment with referral contact
Termination report	End of quarter with consecutive appointments; Otherwise, end of the academic year
Supervisory log	Updated weekly and brought to supervisory session (s)

RESPONSIBILITIES AND REQUIREMENTS OF THE INTERNSHIP

Program Responsibilities

CAPS internship training program is committed to promoting a supportive and challenging learning environment in which interns can thrive and prosper in building on existing knowledge, solidifying strengths, taking risks, and developing and implementing new clinical competencies. The training program also strives to provide a learning environment that allows interns to meaningfully explore personal issues (e.g., knowledge, values, self-awareness, etc.) which relate to his/her clinical functioning and professional development. To achieve its stated goals, the training program will:

1. Provide interns with a clear statement of their rights and responsibilities, along with necessary policies and procedures and professional standards and administrative requirements to ensure interns' understanding of goals and expectations;
2. Provide interns with a working environment that does not discriminate based on individual differences in culture, race, ethnicity, gender, sexual orientation, religion, age, national origin, disability, or political affiliation;
3. Provide interns with an appropriate environment to learn and practice, including offices and training settings; equipment, supplies, technology, administrative, and collegial support;
4. Provide training and supervision by clinical staff who are accessible; serve as role models and mentors; who behave in accordance with the APA ethical guidelines and regulations/laws from the State of California Board of Psychology;
5. Treat interns with courtesy, professional respect, and acknowledge the training and experience interns have attained in prior academic and clinical settings;
6. Provide interns with reasonably sufficient and measured supervised practice and didactic opportunities to enable them to develop, refine, and advance their clinical competencies appropriate to their level of training;
7. Delineate the general criteria and procedures by which the performance of interns are to be evaluated, and the means by which an evaluation can be appealed;
8. Provide both formal, written evaluations of the interns' progress at set intervals as well as ongoing evaluation throughout the training year;
9. Solicit ongoing feedback from interns regarding all major aspects of training, with opportunities for formal written and oral discussion of feedback both at the midpoint of the training year and its conclusion;
10. Provide interns with the right to due process, if informal resolution has failed;
11. Communicate with the intern's academic program to verify satisfactory performance or coordinate recommendations, as needed, for remediation in areas of concern;
12. Provide the agreed upon stipend for interns at the end of each academic quarter;
13. Provide a certificate for interns who successfully complete the internship.

Responsibilities of Supervisors

1. Supervision of intern's individual clinical work, which incorporates both responsibilities of training the intern and of monitoring the welfare of clients;
2. Adherence to practice and ethical guidelines, as outlined by the American Psychological Association and statutes of the State of California, and CAPS Policies and Procedures;
3. Establishment of parameters of supervisory role (e.g., style, issues covered, expectations, confidentiality etc.);
4. Negotiation of appropriate training goals with the intern and fostering the meeting of these goals;
5. Monitoring of all intern's cases to ensure that the intern is qualified to manage his/her cases and that the intern obtains experience with a range of clients differing in presenting concern, severity, ethnicity, sex, and other diversity variables;
6. Monitoring of the intern's record keeping in a timely manner (e.g. intakes, progress notes, case management activities etc.) and signing of all notes and other documentation;
7. Facilitation of the intern's ability to assess and conceptualize cases and to develop and implement treatment plans;
8. Serving as consultant in crisis/emergency situations;
9. Respecting supervisee's privacy and requiring personal disclosure only when such issues impact client safety or clinical care;
10. Provision of ongoing feedback on intern's clinical skills, style, relational dynamics, etc., in a manner that is facilitative and constructive;
11. Viewing of video recordings on a regular basis and maintaining knowledge of intern's clients;
12. Maintenance of supervisory logs of client contact and notes of supervisory sessions;
13. Provision of early feedback to the supervisee and the Training Director in the case of concern about the intern's progress, professionalism, or competence;
14. Completion of scheduled evaluations of the intern and processing of this feedback;
15. Processing, within supervision, intern's written evaluation of supervisor;
16. Serving as a professional role model for intern;
17. Demonstration of respect for the intern, acknowledging diversity in values, culture, and experience;
18. Assuming primary responsibility for the supervisory relationship and, when there are difficulties, taking initiative to address or resolve those difficulties either directly or through consultation;
19. Assisting the supervisee in balancing agency demands;
20. Facilitation of the professional growth of the supervisee (i.e. by attending to issues of professional identity, training opportunities, career plans etc.);
21. Assurance that supervision is scheduled and actually occurs, specifically that supervision is rescheduled when another commitment interferes and that another staff member is designated as back-up supervisor if supervisor is away.

Intern General Responsibilities

Expectations of CAPS interns will include the following:

1. To behave in accordance with the ethical guidelines of APA;
2. To behave in accordance with laws and regulations of the State of California;
3. To abide by the policies and procedures of both the Internship Manual and the CAPS Policies and Procedures Manual;
4. To responsibly meet training expectations by developing competencies in the areas identified by the training program;
5. To make appropriate use of supervision and other training formats (e.g. seminars, case conferences etc.) through such behaviors as arriving on time and being prepared, completing reading assignments, reviewing therapy tapes, maintaining an openness to learning, and being able to effectively accept and use constructive feedback;
6. To conduct oneself in a professionally appropriate, collegial manner that is consistent with the standards and expectations of the CAPS and SCU community. To integrate these standards as a professional clinician into one's repertoire of behaviors and to be aware of the impact of one's behaviors upon colleagues;
7. To be able to manage personal stress, which includes tending to personal needs recognizing the possible need for professional help if concerns are impacting one's work within the CAPS, accepting feedback regarding this need, and seeking that help, if necessary;
8. To give professionally appropriate feedback to peers and training staff regarding the impact of their behaviors and to the training program regarding the quality of the training experience;
9. To take responsibility for and maintain an openness to learning including the ability to accept and use constructive feedback effectively from supervisors, professional staff, and other agency personnel;
10. To develop an awareness of one's multicultural identities and personal dynamics.

Responsibilities of Supervisees

It is the responsibility of interns to keep current with documentation on all clients. Interns are also responsible for informing their supervisor of at-risk clients, all new clients, and an updated record of ongoing clients in supervision. Interns will inform clients at the beginning of the first meeting that they are unlicensed and working under the supervision of a licensed staff psychologist at CAPS. Interns will adhere to Supervision Contract and Supervision Goals and Expectations, signed by both supervisor and supervisee. The individual clinical supervisor signing off on case notes has the final and legal responsibility for all his/her supervisee's therapy cases. It is the intern's responsibility to abide by a supervisor's final decisions. All letters and other documentation must be signed by a supervisor. In the case where a practicum student is supervised by a doctoral intern, senior staff must also sign the documentation. This includes intakes, case notes, correspondence with university departments, professors, etc. Interns are expected to come prepared for

supervision by thoughtful reflection on case material and their ongoing training needs. Interns are also expected to review videotapes of client sessions prior to supervision. In order to optimize the supervisory experience, interns should highlight portions of videotapes for discussion and share particular observations and questions. A critical reflection on, and self- assessment of, one's own work is considered a vital element in professional development. Weekly individual supervision sessions are 50 minutes in length. Interns are expected to be on time for these sessions in order to optimize learning opportunities.

Interns must notify supervisor (or another licensed staff member if not available) IMMEDIATELY if any of the following should occur:

1. Mental health emergencies requiring immediate action;
2. High risk situations, involving danger to self or others (i.e. cases in which clients evidence suicidal intent, gestures, attempts or a significant history of attempts; cases in which clients present with a history of, propensity for, or threats of violence; cases where clients appear to be significantly decompensating emotionally, cognitively or physically);
3. Contemplated or unexpected departures from standards of practice or exceptions to general rules, standards, policies, or practices;
4. Suspected or known clinical or ethical errors, (e.g. breach of confidentiality);
5. Allegations of unethical behavior by clients, colleagues, client's friends or family members, or others;
6. Threats of a complaint or lawsuit;
7. Legal issues, such as possible reporting obligations related to suspected abuse of a child or vulnerable adult, or ethical violations by other professionals.

Interns are to first consult with their primary or secondary supervisors. If neither of them is available, interns may consult the staff person on crisis duty at that time or any other member of the clinical staff or Cowell Director, interrupting them, if necessary.

Special supplements from the CAPS Policies and Procedures Manual regarding assessment and management of at-risk clients will be given during the orientation period when more in-depth training will be provided. It is expected that interns will familiarize themselves with these documents in order to act effectively in crisis situations.

FEEDBACK AND EVALUATION PROCEDURES

Evaluation and feedback are integral to the training experience and to the effective operation of CAPS. Ongoing communication and feedback is a priority. In addition to formal, scheduled written evaluations of progress, goals are developed with each trainee at the beginning of the academic year and are regularly monitored in weekly supervision. CAPS staff reviews trainee performance formally and informally on an on-going basis to identify strengths and growth areas. Although the primary supervisor has significant information regarding a trainee's performance, CAPS staff members are asked for additional input. It is expected that interactions based on mutual respect will lead to the development of the basic trust necessary for interns and staff to feel safe in giving both positive and constructive feedback.

Intern Evaluation Schedule

Interns are given a formal, written evaluation at mid-year and at the end of the academic year utilizing the *Supervisor Evaluation of Intern* form. The initial, formal evaluation is designed to help the intern know to what extent she/he is meeting expectations, to reinforce strengths, and to identify areas of growth to focus on in the remaining training year. Supervisors discuss the written evaluation with the trainee, after which both sign it. Signatures on these forms indicate that the feedback has been presented and discussed with the respective individuals. It is not necessarily a reflection of agreement. The intern may add a written response if they wish to do so.

If an intern wishes to dispute a rating, the intern is encouraged to speak with their supervisor about the disagreement. If this does not provide sufficient resolution, a conference with the intern and Training Director is possible for further discussion. The ultimate decision concerning an evaluation's final status rests with the supervisor.

Original evaluation forms are kept on file with the CAPS Training Director.
(All intern evaluation forms can be found in Appendix B)

Written evaluations of interns cover performance in the following areas:

- I. Research (Integration of Science and Practice)
- II. Ethical and Legal Standards
- III. Individual and Cultural Diversity
- IV. Professional Values and Attitudes
- V. Communication and Interpersonal Skills
- VI. Assessment
- VII. Intervention
- VIII. Supervision
- IX. Consultation and Interpersonal/Interdisciplinary Skill

The evaluation consists of both numerical and written comment components. The following Developmentally Based Competency Rating Scale is used.

1 - 2 3 - 4 5 - 6 7 8 9 - 10

Early Stages Doctoral Trainee 1st to 3rd year Practicum/Externship	1st Half of the Doctoral Intern Year	2nd Half of the Doctoral Intern Year	Early Postdoc	Late Postdoc	Early Career Professional Beyond the 1st year Postdoctorate
Behavioral Anchors					
1.0 to 2.9	Beginning and limited competence. Performance fluctuates widely upon variations in client presentations, client characteristics, and the situation at hand. Requires rigorous guidance, structure, and instructions from supervisors. Doctoral Interns with this level of ratings are considered to have insufficient competence and readiness for internship, thus requires immediate and structured augmentation of supervision and corrective measures.				
3.0 to 4.9	Emerging competence. Expected at the early first half of internship. Effective performance of this area of competency (in actions, reasoning, and judgment) are emerging, but not reliably present, whether due to inconsistency or a lack of evidence and opportunity to demonstrate consistency. Minimal independence. Substantial guidance and oversight are required to support effective performance and further development. Supervision is essential, especially instructions and introductions to new insights and knowledge. <i>In the 2nd half of the internship year, this level of competence likely warrants additional attention and support, corrective action, or remediation.</i>				
5.0 to 5.9	Intermediate competence. Expected at mid-year of internship. Frequent signs of independence and effective functioning are emerging. Clinical/professional insight and performance is being applied from one situation or client to another. Continues to benefit from supervision, especially to enhance self-confidence, gain perspectives, and cognitive flexibility in this area of competence. There are a few occasions that interns require supervisors' correction. <i>The rating of 5.5 is the minimal level of competence for interns to successfully complete the internship program.</i>				
6.0 to 6.9	High intermediate competence. Expected towards the internship's end. Demonstrates independence and sophistication in decisions and actions with increasing regularity and consistency. Applies insights or approaches that have worked well in past performance to new situations while attending to the situations' commonalities and differences. Uses supervision mostly to stretch and refine this area of competence, and rarely for structural and procedural needs. Approaching readiness to practice independently. <i>In the 2nd half of the postdoctoral year, this level of competence likely warrants additional attention and support, corrective action, or remediation.</i>				
7.0 to 7.9	Maturing competence. Expected in the first half of the postdoctoral year. Ready for entry to practice that requires minimal guidance or oversight. Consultation and supervision are helpful to expand and refine this area of competence. Can identify occasions when consultation is necessary.				
8.0 to 8.9	Proficient: Entry-level competence for early-career psychologists. Expected in the latter half of the postdoctoral year. Independently functions most of the time. Can seek consultation when appropriate. Continues to gain consistency in effectiveness, autonomy, and self-confidence, with some directions and support from supervisor. Can teach others to increase this area of competence. <i>The rating of 8.0 is the minimal level of competence for postdoctoral fellows to successfully complete the training program.</i>				

9.0 to 10.0

Advanced and fully mastered competence. Independently functions with effectiveness, self confidence, and sophistication. Appreciates consultation and learning opportunities, and seeks ways to continue growth towards advanced levels of functioning. Shows instances in which their performance in this area of competence can be a role model to others. Can evaluate accurately about their own level of competence and what needs to be done to enhance it.

Intern Evaluation of Supervisors

Interns complete a written evaluation of their supervisor twice a year, utilizing the *Intern Evaluation of Supervisor* form. These evaluations occur during the same time period in which the trainee evaluations occur. These evaluations are discussed with assigned supervisors, and they provide an opportunity to reflect on how well the supervision is meeting the trainee's learning needs. Signed copies of this evaluation are then given to the Training Director. Supervisors and interns are encouraged to periodically assess the supervisory alliance prior to formal evaluations in order to facilitate optimal relationships and timely feedback.

Group Supervision Evaluation

A formal, written evaluation of group supervision takes place at mid-year and at the completion of the academic year, utilizing the *Intern Evaluation of Group Supervision* form. Interns are encouraged to give ongoing, formative evaluation feedback to the Training Director throughout the training experience.

Training Seminar Evaluation

Interns evaluate each training seminar immediately afterwards, using the *Training Seminar Evaluation* form.

Training Program and Site Evaluation

Interns formally evaluate the training program and their experience at CAPS at the end of the training year utilizing the *Intern Program Evaluation* form. Interns are encouraged to give ongoing formative evaluation feedback to the Training Director and other staff members throughout their training experience. The Training Director also conducts exit interviews with each intern at the end of the training year. The Training Director is also available to sit in on supervision sessions and/or feedback sessions to give additional feedback or, if necessary, to assist in the resolution of any problems which may arise in the supervisory relationship.

Contact with Intern's Academic Program

Mid-year and Year End Intern performance evaluations are shared with the Academic Training Director at the intern's home institution.

Contact with CAPS Training Program

In addition to the end of the year evaluation of our training program, interns are requested to make a commitment to being in on-going contact with CAPS throughout their training experiences and professional careers.

The purpose of this is two-fold:

- 1) CAPS staff view interns as future colleagues and valuable sources of information and training resources that our counseling center and training program can benefit from in an on-going way, and
- 2) CAPS would like to be able to evaluate the impact and effectiveness of our

training program over time. In particular, we would like to assess the training experiences, times of licensure, and career paths interns have taken.

The CAPS shared drive contains electronic copies of all evaluation forms.

STIPEND/BENEFITS

Interns are currently paid \$34,000 for full-time work from mid-August to mid-August, plus an additional \$2,000 stipend towards proof of a paid annual health insurance policy.

Interns are also allotted 12 vacation days, 6 professional development days, and 8 sick days for the training year. In order to complete the 1,840 requisite internship hours, and due to our staffing profile, and end of summer school enrollment, interns are expected to take 10 of the allotted vacation days after July 31. During the holiday break when CAPS is closed, interns are 'gifted' approximately 6 additional time off days.

Interns are granted the following university holidays:

- Labor Day
- Thanksgiving Break
- Christmas/New Year Break
- Martin Luther King, Jr. Day
- President's Day
- Good Friday
- Memorial Day

Parking Permits: Interns are eligible to purchase parking permits once ACCESS cards are issued. Permits are needed in order to park in lots on campus. There is free street parking near the university.

Library privileges are available for interns on a limited basis.

Malley Fitness Center may allow interns to purchase access to facilities on a monthly basis at a reduced fee.

CLINICAL AND OFFICE OPERATIONS

Managing Schedules

It is an important component of professional development that an intern learn to manage administrative, clinical, and personal schedules. Interns are expected to be at CAPS M-F from 8:30am -5pm. For safety and liability reasons, interns are not to see students in the building alone when CAPS is closed. Interns may not schedule clients during training seminars, meetings, supervision, or assigned crisis hours. It is important that schedules be accurately posted in the electronic scheduling system, Point and Click (PnC).

Planned Absences

Interns are required to submit the *Vacation/Professional Leave* form, (Appendix E) a minimum of two weeks in advance to the Training Director. The Training Director, in consultation with individual supervisors and the CAPS management team will determine the disposition of individual requests. Once a request is approved, arrangements for client coverage should be discussed with supervisors. It is essential that interns attend to their professional obligations before leaving for an extended amount of time. Interns are responsible for their assigned duties at CAPS. This includes, but is not limited to, ensuring clients' ongoing needs are met, securing needed coverage and being up- to-date with clinical documentation, supervision, and outreach commitments. Once leave is approved, interns are responsible for recording times they will not be at CAPS in the electronic scheduling system.

Unplanned Absences

In the event that an intern will be out-of-the office due to unexpected illness or emergency, it is the intern's responsibility to inform Cowell Center staff of this absence in the following manner:

1. Phone Cowell Center's main line **(408) 554-4501** and leave a message about the absence;
2. E-mail supervisor (s) and the Training Director about the absence, and
3. Continue to contact the above personnel with daily, updated absence status.

The front office staff will cancel intern appointments for the day in cases of unplanned absences, so necessary information about scheduled clients and other appointments needs to be regularly updated in the electronic scheduling system.

Please note that excessive absences (planned and/or unplanned) that interfere with an intern's ability to fulfill the internship requirements and/or adversely impacts clinical care of your clients may result in you not being able to successfully complete the internship. The determination of successful completion of the internship is at the discretion of the Training Director in consultation with supervisors and Cowell Center Director.

Case Assignments

Case assignments will be given to interns on a gradual basis, consistent with mastery of intake assessments and of CAPS and Trainee Policies and Procedure manuals. In general, client intake assignments are not initially pre-screened. However, some client assignments may be based on a number of variables, including a client's needs, an intern's skill level and learning objectives, as well as scheduling considerations. Primary supervisors make the determination of the appropriateness of a client's ongoing assignment to an intern, in consultation with the Training Director and secondary supervisors.

Scheduling of Clients

Once initial assignments are made, interns are responsible for scheduling on-going appointments for all assigned clients. It is the intern's responsibility to input all client appointments in PnC. This is especially important because clients often call to check the date and/or time of their appointment and if an intern is unavailable, the administrative staff can then readily assist them. Interns are not to schedule clinical appointments at the 4pm hour. Clients may initially present in crisis or with a high level of risk, and CAPS wants to ensure that proper consultation and supervision time will be available in such cases.

Informed Consent and Treatment Disclosure Statement

At the beginning of the first therapy session with clients, interns are required to go over the *CAPS Informed Consent* statement (Appendix D) with their clients. It is the intern's responsibility to review key aspects of this document (eligibility of services, confidentiality, cancellation/no show policies, applicable fees, etc.) with each student and be sure the document is signed, dated, and uploaded into the client's electronic file. Additionally, interns are required to provide all clients with a professional disclosure statement which informs the client of an intern's training status at CAPS, supervisory, and taping requirements, etc.

Recordings

Permission to Record

Interns are expected to record all client sessions (intake interviews, therapy sessions, terminations etc.) using the provided web camera or designated videoconferencing platform. At the beginning of the first meeting with a client, interns need to ask permission that their sessions be recorded for supervisory purposes. Client's permission to record a session must be obtained before turning on the recording for the first time.

Refusal of Permission to Record

If a client declines to be recorded the client can be offered the possibility of using audio taping instead. If a client refuses any form of recording, interns should then inform the client of the following: 1) It is a CAPS requirement that all interns have their work recorded to ensure that the highest quality of care is given; and, 2) That client will be transferred to a CAPS licensed clinician for the next available appointment time. The

intern should then respectfully terminate the current session and accompany the client to the front desk and request that the client be scheduled with a licensed staff member.

Refusal of Permission to Record in High Risk Situations

If paperwork client completes or any other client disclosure or behavior indicates concern about self-harm or other serious concerns such as potential harm to others, urgent need for a medication consult, etc., and has refused to be recorded, **supervisory consultation should be sought immediately**. If a primary or secondary supervisor is not available, consult the psychologist on crisis call or another CAPS staff member, interrupting them if needed.

Confidentiality of Recordings

When using video recordings, utmost care must be taken in handling this material. Files should be saved on the computer using client's initials (not full name) and computers and video storage files must be password protected. Recordings may not be accessed from home or any other computer outside of CAPS. Client session material transferred to a flash drive for supervisory viewing must be placed in the CAPS locked files by the end of the workday. Flash drives with videotapes of clients are not to leave trainee offices for purposes other than transport to supervisors. Recordings must be erased after use by interns and their supervisors, after obtaining supervisor's approval. Recordings are to be used solely for the purpose of training and supervision by CAPS supervisors and on CAPS premises. Under no circumstances are any recordings or client case material to leave the premises of CAPS.

Referrals

During orientation, interns will receive training on making internal referrals to Psychiatry, Cowell Health, Dietician, and Case Management.

Co-Leadership of Group Therapy in Supervisor's Absence

Interns may not lead group sessions alone when their staff co-therapist is not present unless pre-approved by the staff co-therapist. Without pre-approval, the group session will be cancelled.

Management of Confidential Material

Interns may not take any client information from CAPS. This includes, but is not limited to referral forms, consultation reports, faxes etc. or any electronic material such as progress notes, e-mails, video recordings etc. on computers or flash drives. Client information or case material obtained at CAPS cannot be used in any educational setting outside of CAPS. All documentation for clients must be done on CAPS premises and with CAPS computers. At the end of the business day, any confidential client information must be placed in CAPS locked storage area. Confidential material must never be left in open areas such as the mail room, conference/group room, waiting area, and intern offices.

If an intern presents client material in formal case consultation or group supervision, clients are to be identified by the first and last initials of their names and the intern is responsible for collecting and shredding all written case summaries after the meeting. Conversations with other clinical practitioners about clients and case material must be conducted in a manner that protects confidentiality. If a current or former client requests documentation,

consultation with a supervisor is necessary. Releases of Information for case files are managed by CAPS staff members in consultation with the Cowell Center Director.

Security and Privacy Policies

Offices not in use are to remain locked for security purposes. Interns will be issued keys to their offices and an ACCESS card that allows entrance into the Cowell Building Office doors are to be kept closed whenever leaving the office. Any client identifying information (names, student ID numbers, email, etc.) are not to be left open on computers or visible on office desks. Do not put any client identifying information on personal computers, phone, or appointment books. Any material that contains client identifying information must be shredded in the locked bin provided in CAPS.

STANDARDS OF PROFESSIONAL PRACTICE

CAPS professional staff and interns adhere to the APA Ethical Principles of Psychologists, Standards for Providers of Psychological Services and Specialty Guidelines for the Delivery of Services, as well as any APA Specialty guideline which addresses psychologists' ethical responsibilities. Staff and interns also observe the State of California Board of Psychology "Laws and Regulations Relating to the Practice of Psychology". When issues related to ethics and standards of practice arise, interns are expected to refer to these rules and regulations and consult with their supervisors. Due to a potential 'conflict of interest' / 'dual role' situation, CAPS interns are not allowed to assume adjunct teaching positions at Santa Clara University during their training experience with CAPS. Interns are also prohibited from writing letters of recommendation for their clients due to dual relationship conflicts inherent in this situation.

Multiple Relationships between Permanent Staff & Interns

Multiple role relationships between staff and interns can present a number of problems, not just for the participants but also for the environment of the center. The occurrence of multiple relationships between individuals can blur the boundaries between relationships. This can result in confusion on the part of the individuals as to expectations, reactions, and behaviors in their interactions with each other. This is especially problematic when one of the role relationships is characterized by an imbalance of power. In such cases, the party with less power can feel overly vulnerable, especially when an evaluation process is involved. Multiple role relationships can also have consequences for the agency as a whole, as they engender an environment of indebtedness, favoritism, and inclusion/exclusion. These unfavorable conditions may also have a harmful impact on the relationships between members of the intern cohort group.

Although multiple role relationships have the potential to create conflicts of interest and confusion among staff persons, it can nonetheless be argued that they are inevitable in a smaller training agency, where the varying professional roles each staff person may play are prone to overlap (e.g., a trainee's clinical supervisor may also facilitate a seminar at which the same trainee is in attendance). Certain dual relationships that have a potential for harm are strongly discouraged. We discourage social, non-work related interactions between individual permanent staff and interns during internship. Permanent staff includes senior clinical staff and administrative staff. Interns and staff may interact socially during gatherings in which all staff are invited (i.e., holiday parties, staff lunch outings, retreats, etc.). It is the expectation that CAPS permanent staff will not engage in romantic and/or sexual relationships during the time that the staff member and intern are at the Counseling Center. If an intern finds himself/herself in a potentially inappropriate or uncomfortable relationship, interns are encouraged to consult with the Training Director and/or Cowell Center Director.

Professional Behavior

While mental health practitioners have ethical and legal responsibilities, it is also important that they conduct themselves in a professional manner. Consultations and other

communications with students, faculty, staff, and parents are common in a university counseling center setting. Professionalism is expected when dealing with individuals outside of the center as they are forming an impression of mental health practitioners and CAPS. In order to best assist students seeking help from us, demonstrating professional behavior is important outside the center as well as on site. Professional behavior includes, but is not limited to, appropriate office attire, punctuality to all appointments/meetings, calling ahead when late or out due to illness or emergency, responding to phone calls and e-mails promptly, being considerate toward all CAPS staff, and discussing any concerns about CAPS directly with your supervisor, Training Director, or the Director of Cowell Center, respectively.

Intern Self Care and Stress Management

It is imperative that those providing mental health services have solid self-care practices including supportive relationships, adequate attention to rest and recreation, healthy nutritional and exercise habits, methods of debriefing, and ways of assessing one's status regarding a healthy life-style and self-understanding. Interns are responsible for managing their personal stress, recognizing the possible need for professional help, accepting feedback regarding this, and seeking that help if necessary.

Social Media Policy

Interns who use social media (e.g., Facebook) and other forms of electronic communication should be mindful of how their communication may be perceived by clients, colleagues, faculty, and others. As such, interns should make every effort to minimize material that may be deemed inappropriate for a psychologist in training. To this end, interns should set all security settings to private and should avoid posting information/photos or using any language that could jeopardize their professional image. Interns should consider limiting the amount of personal information posted on these sites and should never include clients as part of their social network, or include any information that might lead to the identification of a client, or compromise client confidentiality in any way. Greetings on voicemail services and answering machines used for professional purposes should also be thoughtfully constructed. Interns are reminded that, if they identify themselves as an intern in the program, CAPS and the larger university have some interest in how they are portrayed. If interns report doing, or are depicted on a website or in an email as doing something unethical or illegal, then that information may be used by the CAPS to determine disciplinary action.

As a preventive measure, CAPS advises that interns approach social media carefully. Additionally, the American Psychological Association's Social Media/Forum Policy may be consulted for guidance: <http://www.apa.org/about/social-media.aspx>.

Other Resource Documents

Appendix E contains a list of other resource documents to support the highest standards of ethical and clinical care. These documents can be found on the CAPS shared drive.

FACILITIES

Offices

Interns typically have their own offices equipped with desk, filing cabinet, and two chairs for therapy. Occasionally, interns may be asked to share office space and complete paperwork at a computer station so that an overflow office is available for client sessions.

Mailboxes

Interns are assigned a mailbox in the corridor connecting CAPS and Cowell Health Center. Mailboxes should be checked regularly and kept clear by filing or recycling mail. The cabinet in which mailboxes are located will be locked each evening.

Computer/Phone

Each office is equipped with a computer and phone. Interns are provided with voicemail and are responsible for keeping their messages up to date regarding your availability, scheduled absences, etc.

Webcams

A webcam has been installed in each intern office. Webcams are to be used with client consent for videotaping all clinical sessions.

Office Supplies

Office supplies are stored in the corridor connecting CAPS and Student Health Services. Please check with the front office support staff for any other needed material

Administrative Support

The Cowell Center is staffed with front office personnel available to assist interns with informational and administrative needs. The front office staff will schedule initial intakes and other appointments regarding center-wide activities; however, interns are responsible for the scheduling of ongoing clients and for keeping their schedule up to date. Depending on availability, work study students may be able to help with non-client related material (assisting with copying, power-points etc.).

DUE PROCESS AND GRIEVANCE PROCEDURES

DUE PROCESS

This document provides **Counseling & Psychological Services (CAPS)** trainees and staff with an overview of the identification and management of interns' problems and concerns and an explicit discussion of the related due process procedures. The basic meaning of due process is *to inform* and to provide a framework to *respond, act, or dispute*. Due process ensures that decisions about interns are not arbitrary or personally based. It requires that the training program identify specific procedures, which are applied to all intern complaints, concerns, and appeals.

A. Overview of Due Process Guidelines

1. During the orientation period, interns will receive, in writing, CAPS's expectations related to professional functioning. The Training Director will discuss these expectations in both group and individual settings.
2. The procedures for evaluation, including when and how formal evaluations will be conducted will be described. Formal evaluations will occur at mid-year and end-of-year. Additionally, informal feedback will be given throughout the training year.
3. The various procedures and actions regarding problem behaviors or intern concerns will be described.
4. CAPS will communicate early and often with the intern if any difficulties are identified that are significantly interfering with performance.
5. The Training Director will institute, when appropriate, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies.
6. If an intern wants to institute an appeals process, this document describes the steps of how an intern may officially appeal the action (see section G below, *Due Process Procedures: Appeals Process*).
7. CAPS Due Process Procedures ensure that interns have sufficient time (as described in this due process document) to respond to any action taken by the program before the action is implemented.
8. When evaluating or making decisions about a intern's performance, CAPS will use input from licensed staff involved in supervising the intern.
9. The Training Director will document, in writing, and provide to all relevant parties, the actions taken by the program and the rationale for all actions.
10. All interns are expected to abide by the APA Code of Ethics, California laws and regulations as well as University rules and procedures. Either administrative leave or termination would be invoked in cases of severe violations of the APA Code of Ethics, or when imminent physical or psychological harm to a client, staff member, or other trainee is a major factor, or the intern is unable to complete the training program due to physical, mental, or emotional illness. Interns are required to abide by University rules and procedures as outlined in the University's Human Resources Staff Policy Manual: <https://www.scu.edu/hr/quick-links/staff-policy-manual/>

B. Due Process Procedures: Identifying Problematic Behavior

Problematic Behavior is defined broadly as an interference in professional functioning, which is reflected in one or more of the following ways:

- An inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior;
- An inability to acquire professional skills in order to reach an acceptable level of competency and/or
- An inability to manage personal stress, strong emotional reactions, and/or the presence of psychological dysfunction, which interferes with professional functioning.

It is a professional judgment when a intern's behavior is considered problematic rather than “of concern.” Interns may exhibit behaviors, attitudes, or characteristics that, while of concern and requiring remediation, are not unexpected or excessive for training professionals. Problematic behavior is typically identified when one or more of the following characteristics exist:

- The intern does not acknowledge, understand, or address the problem when it is identified;
- The problem is not merely a reflection of a skill deficit that can be rectified by academic or didactic training;
- The quality of services delivered by the intern is significantly negatively affected;
- The problem is not restricted to one area of professional functioning;
- A disproportionate amount of attention by training personnel is required; and/or
- The intern's behavior does not change as a function of feedback, remediation efforts, and/or time.

C. Due Process Procedures: Addressing & Managing Problematic Behavior

Minimum level of competency issues: Interns are formally evaluated on a Likert scale from one to nine for each item on the CAPS Doctoral Intern Evaluation form. If an intern receives a rating below 3.0 at mid-year, the primary supervisor provides specialized attention to increase the intern’s functioning to the expected level of competency which may include remedial work or a specific remediation plan.

It is expected that the intern will receive ratings of 5.5 at the end of year; this is the expected level at completion of predoctoral training indicating readiness for postdoctoral training. If an intern receives an overall rating below 5.5 on a Competency area on the final evaluation, the intern will not successfully complete their internship. Per the Board of Psychology, the hours could not be verified as “at or above the expected level of minimal competency.”

Behavioral issues: If a staff member or trainee has significant concerns about an intern's behavior (e.g., ethical or legal violations, professional incompetence) the following procedures will be initiated:

- a. In some cases, it may be appropriate to speak directly to the intern about these concerns emphasizing the need to discontinue the inappropriate behavior; in other cases, a consultation with the Training Director will be warranted. This decision is made at the discretion of the staff (or other trainee) who has concerns about the intern.
- b. Once the Training Director has been informed of the specific concerns, they will determine if and how to proceed.

- c. If the staff member who brings the concern to the Training Director is not the intern's supervisor, the Training Director will discuss the concern with the Supervisor(s).
- d. If the Training Director and Supervisor(s) determine that the alleged behavior in the complaint, if substantiated, would constitute a serious violation, the Training Director will inform the staff member who initially brought the complaint.

D. Notification

It is important to have meaningful ways to address problematic behavior once identified. In implementing remediation or sanctions, the training staff must be mindful and balance the needs of the intern, the clients involved, members of the intern's training group, the training staff, other agency personnel, and the campus community. All evaluative documentation will be maintained in the intern's file. At the discretion of the Training Director—in consultation with the Training Committee, Supervisor(s) and/or Cowell Center Director—the intern will be informed through **Written Notice** that formally acknowledges:

- i. the Training Director is aware of and concerned with the behavior,
- ii. the concern has been brought to the attention of the intern and the intern will have an opportunity to present information regarding the concern,
- iii. the Training Director will work with the intern to rectify the problem or skill deficits.

*If at any time an intern disagrees with the aforementioned notices, the intern can appeal (see Section G below, *Due Process Procedures: Appeals Process*).

E. Hearing

A Training Committee (comprised of the Training Director and two CAPS licensed supervisors) and Cowell Center Director meet to discuss the concerns and possible courses of action to be taken to address the issues. The Training Committee and Senior Director will then meet with the Supervisor(s), to discuss possible courses of action.

The Supervisor will hold a Hearing with the Training Director (TD) and intern within 10 working days of issuing a Notice of Formal Review to discuss the problem and determine what action needs to be taken to address the issue. If the TD is the supervisor who is raising the issue, an additional supervisor who works directly with the intern will be included at the Hearing. The intern will have the opportunity to present their perspective at the Hearing and/or to provide a written statement related to their response to the problem. Written notification will also be provided if the behavior(s) of concern are not significant enough to warrant more serious action.

F. Outcomes

The implementation of sanctions should occur only after careful deliberation and thoughtful consideration by members of a Training Committee. Remediation and sanctions listed below may not necessarily occur in this order. The severity of the problematic behavior plays a role in the level of remediation or sanction. The intern will also be notified if the behavior(s) of concern are not significant enough to warrant further action.

1. Remediation plan. The Training Director will communicate early and often with the intern regarding the implementation of a remediation plan. A remediation plan will contain:

- i. a description of the intern's unsatisfactory performance;
- ii. actions needed by the intern to correct the unsatisfactory behavior;
- iii. the timeline for correcting the problem;
- iv. type of sanction(s) that may be implemented if the problem is not corrected; and
- v. notification that the intern has the right to request an appeal of this action*

2. Schedule Modification is a closely supervised period of remedial training that is designed to be time-limited and return the intern to an appropriate level of functioning. It is utilized to provide the intern with additional time to respond to personal reactions to environmental stress. Schedule modification is conducted by the primary supervisor in consultation with the Training Committee, with the full expectation that the intern will complete the internship. Courses of action may include reducing the intern's workload, increasing the amount or modifying the focus of supervision, and/or recommending personal therapy or other forms of intervention.

3. Probation is also a time-limited, remediation-oriented, and more closely supervised training period for the intern. Its purpose is to return the intern to a fully functioning state. This period will include more closely scrutinized supervision conducted by the primary supervisor in consultation with the Training Committee. The intern, supervisor, and Training Committee will determine the termination of probation.

4. Temporary Withdrawal of Case Privileges means that it has been determined that the welfare of the intern and/or the client has been jeopardized. Therefore, case privileges will be suspended for a specified period of time (i.e., no direct service functions) as determined by the Training Committee. At the end of this period, the supervisor will evaluate the intern, in consultation with the Training Committee, to assess whether the intern has the capacity for effective functioning and case privileges can be reinstated. If the suspension interferes with the successful completion of the training hours needed for completion of the internship, this will be noted for the record.

5. Suspension involves the withdrawal of all privileges related to CAPS and Santa Clara University. This would be invoked by the Training Committee in cases where the welfare of the intern's client(s) or the campus community has been compromised. If suspension is recommended, this recommendation will be documented in writing and given to the Cowell Center Director. A final decision for suspension rests with the Cowell Center Director, in consultation with the Training Committee. If the Cowell Center Director decides to suspend the intern, written notification will be delivered within 24 hours.

6. Dismissal from the training program involves the permanent withdrawal of all agency responsibilities and privileges. When specific remediation does not, after a reasonable time period, rectify the problem behavior or concerns and the intern seems unable or unwilling to alter their behavior, the Training Committee will discuss the possibility of termination from the training program or dismissal from the agency with the Cowell Center Director. Either administrative leave or dismissal would be invoked in cases of severe violations of the APA Code of Ethics, or when imminent physical or psychological harm to a client, staff member,

or other trainee is a major factor, or the intern is unable to complete the training program due to physical, mental, or emotional illness. The Cowell Center Director will make the final decision about dismissal or administrative leave in accordance with University policy.

The intern's home academic program will be notified of the disposition verbally and in writing within two working days of the final decision regarding probation, suspension, or dismissal.

If at any time an intern disagrees with the aforementioned sanctions, the intern can implement Appeal Procedures (see *Due Process Procedures: Appeals Process*, Section G)

G. Due Process Procedures: Appeals Process

In the event that an intern does not agree with any of the aforementioned notifications, remediation, or sanctions, the following appeal procedures should be followed:

1. The intern may file a formal appeal in writing with all supporting documents, with the Cowell Center Director. The intern must submit this appeal within five (5) business days from their notification of any of the above (notification, remediation, or sanctions).
2. The training director will convene a Review Panel consisting of two staff members selected by the training director and two selected by the intern. Of the two selected by the intern, one member may be external to the CAPS staff who has expertise in the mental health field. The Cowell Center Director, who has final decision-making authority, will not sit on the Review Panel. The intern retains the right to hear all facts with the opportunity to dispute and/or explain his/her behavior.
3. A grievance hearing is conducted, chaired by the training director, in which the challenge is heard. Within five working days of the completion of the review hearing, the Grievance Panel submits a report to the Cowell Center Director, including any recommendations for further action. Recommendations to the Cowell Center Director are determined by majority vote of the Grievance Panel.
4. Within five working days of receipt of the recommendation, the Cowell Center Director will either accept the Grievance Panel's action, reject the Grievance Panel's action and provide an alternative, or refer the matter back to the Grievance Panel for further deliberation. In the latter case, the Grievance Panel then reports back to the Cowell Center Director within five working days of the receipt of the Cowell Center Director's request for further deliberation. The Cowell Center Director then makes a final decision regarding what action is to be taken.
5. Once a decision has been made, the intern is informed in writing of the action taken.

GRIEVANCE PROCEDURES

Grievance procedures have been developed in the event an intern encounters difficulties or problems that are not evaluation related (e.g. poor supervision, unavailability of supervisor(s), workload issues, personality clashes, other staff conflicts) during the training program. During the orientation period, interns will receive, in writing, CAPS' guidelines related to grievance procedures. The Training Director will discuss these guidelines in both group and individual settings.

A. Overview of Grievance Guidelines

1. When an intern has a grievance, they may choose to first discuss the issue informally with the staff member(s) involved.
2. If the issue cannot be resolved informally or the intern does not wish to proceed with an informal resolution, the intern should discuss the concern with their primary supervisor, who may then consult with the Training Director, a Training Committee, or Cowell Director if needed (if the concerns involve the primary supervisor or the Training Director, the intern can consult directly with the Cowell Director).
3. If the primary supervisor, Training Director and/or Cowell Director cannot resolve the issue of concern to the intern, the intern can file a formal written grievance, complete with supporting documentation, with the Cowell Director. (If the grievance involves the Cowell Director, the intern can file the report with the Training Director.)
4. Once the Cowell Director or Training Director has received a formal grievance, they will implement Review Procedures as described below and inform the intern of any action taken within three (3) business days.
5. CAPS will communicate early and often with the intern regarding a grievance that has been brought to CAPS' attention.

B. Grievance Procedures: Initial Review

1. When needed, the Cowell Director will convene a Grievance Panel to examine a grievance filed by an intern.
 - a. The Grievance Panel will consist of two staff members selected by the training director and two selected by the intern. Of the two selected by the intern, one may be external to the Cowell Center staff who has expertise in the mental health field. The Cowell Director, who has final decision-making authority, will not sit on the Grievance Panel. The intern retains the right to hear all facts with the opportunity to dispute and/or explain his/her case. (If the matter concerns the training director, the Cowell Director will choose the 2 panel members.)
 - b. In response to a grievance, the intern has a right to express concerns about the training program or CAPS staff members and the CAPS program or staff has the right and responsibility to respond.
2. Within five (5) business days, the Grievance Panel will meet to review the grievance and to examine the relevant material presented.
3. Within three (3) business days after the completion of the review, the Grievance Panel will submit a written report to the Cowell Director, including any recommendations for further action. Recommendations made by the Grievance Panel will be made by majority vote if a consensus cannot be reached.

4. Within three (3) business days of receipt of the recommendation, the Cowell Director will either accept or reject the Grievance Panel's recommendations. If the Cowell Director rejects the recommendation, the Cowell Director may refer the matter back to the Grievance Panel for further deliberation and revised recommendations or may make a final decision.
5. If referred back to the Grievance Panel, a report will be presented to the Cowell Director within five (5) business days of the receipt of the Cowell Director's request of further deliberation. The Cowell Director then makes a final decision regarding what action is to be taken and informs the Training Director.
6. The Training Director informs the intern, involved staff members, and necessary members of the training staff of the decision and any action taken or to be taken.
7. If the intern disputes the Cowell Director's final decision, the intern has the right to request a second review following the steps outlined below in Section C (*Grievance Procedures: Second Review*).

C. Grievance Procedures: Second Review

In the event that an intern does not agree with the handling of a grievance, the following Procedures should be followed:

1. The intern files a formal statement in writing with all supporting documents, with the Cowell Director. The intern must submit this within five (5) business days from their notification of the outcome of the grievance.
2. Within three (3) business days of receipt of a formal written statement from a intern, the Cowell Director will consult with a Training Committee and decide whether to implement a Grievance Panel or respond directly. If a Grievance Panel is convened, it will consist of two staff members selected by the training director and two selected by the intern. Of the two selected by the intern, one may be external to the Cowell Center staff who has expertise in the mental health field. The Cowell Director, who has final decision-making authority, will not sit on the Grievance Panel. The intern retains the right to hear all facts with the opportunity to dispute and/or explain his/her case. (If the matter concerns the training director, the Cowell Director will choose the 2 panel members.)
3. In the event that an intern files a formal written statement disagreeing with a decision that has already been made by the Grievance Panel and supported by the Cowell Director, the statement is reviewed by the Cowell Director in consultation with CAPS Licensed Staff. The Cowell Director will determine if a new Grievance Panel should be formed to re-examine the case, or if the decision of the original Grievance Panel will be upheld.
4. If the Grievance Panel cannot resolve the issue or if it is deemed inappropriate for the panel to handle, the matter will be referred to Human Resources.
5. The intern will be notified of the outcome of the process within three (3) business days of the final decision.

CONFIRMATION OF REVIEW OF TRAINING MANUAL

Appendix F contains a document verifying that you have read and understood the contents of this Training Manual. Please fill out this form (can be downloaded from the shared drive) and return it to the Training Director before the end of the orientation period.

APPENDIX A

Santa Clara University
Counseling and Psychological Services
Format for Case Consultation

Reason for presenting the case: Presenter's goals: to discuss clinical formulation, treatment plan, therapeutic relationship issues (alliance, transference/counter transference), assessment of progress etc.

Identifying information: Gender identity, age, racial/ethnic background, sexual orientation, academic year & program, grade point, religious affiliation etc.

Client and therapist's diversity characteristics: State diversity characteristics and for the therapist-client interaction, case conceptualization, diagnosis, treatment etc.

Presenting problem:

Relevant history: Include relevant information about family, social, health, and problem history, current/recent stressors, prior treatment and providers etc .

Assessment of functioning: Include mental status, client's attempt to solve problem, motivation to change, strengths that might be used in treatment, coping strategies etc.

Preliminary formulation and treatment plan:

DSM-5 diagnosis:

Therapy process to date:

Santa Clara University
Counseling and Psychological Services
Format for Group Supervision*

Date:

Primary Supervisor of Case:

Client Initials:

Client ID#:

Reason for presenting the case: Presenter's goals: to discuss clinical formulation, treatment plan, therapeutic relationship issues (alliance, transference/counter transference), assessment of progress etc.

Identifying information: Gender identity, age, racial/ethnic background, sexual orientation, academic year & program, grade point, religious affiliation etc.

Client and therapist's diversity characteristics: State diversity characteristics and for the therapist-client interaction, case conceptualization, diagnosis, treatment etc.

Presenting problem:

Relevant history: Include relevant information about family, social, health, and problem history, current/recent stressors, prior treatment and providers etc .

Assessment of functioning: Include mental status, client's attempt to solve problem, motivation to change, strengths that might be used in treatment, coping strategies etc.

Preliminary formulation and treatment plan

DSM-5 diagnosis:

Therapy process to date:

***Note: Group supervision will start promptly on the hour. Please have your written materials ready for distribution and your video prepared for viewing. Please de-identify all client information and it is the presenter's responsibility to collect and shred any case material provided.**

Santa Clara University
Counseling and Psychological Services
Supervision Case Log

Trainee: _____ **Supervisor:** _____ **Date:** _____

Client Name / File #	Presenting Problem(s)	Intak e	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
Supervisory notes:												
Supervisory notes:												
Supervisory notes:												
Supervisory notes:												
Supervisory notes:												

APPENDIX B

Santa Clara University
Counseling and Psychological Services
Supervisor Evaluation of Intern

The Evaluation of Doctoral Intern Form may be found on the CAPS Shared Drive as an Excel spreadsheet and is copied in the following pages. The evaluation form aims to foster nine profession-wide competencies (PWCs), which include: research, ethical and legal standards, individual and cultural diversity, professional values and attitudes, communication and interpersonal skills, assessment, supervision, and consultation and interpersonal/interdisciplinary skills. To pass the internship, each of the PWCs must average at least 5.5 out of 10, which is consistent with behavioral anchors of interns who have achieved an intermediate level of competency in each domain and who are prepared for postdoctoral fellowship.



SANTA CLARA UNIVERSITY

Evaluation of Doctoral Intern

Intern:

Supervisor:

Period of Evaluation:

Midyear
(Start - December)

Final
(January - End)

Methods of Evaluation (mark all that apply):

Video Recordings

Discussion

Review of Notes, Files and Reports

Live Observation

Other:

Evaluation is a collaborative process to facilitate growth, to pinpoint areas of strength and difficulty, and to develop training goals. The evaluation form is a tool to assess competency levels and a vehicle for communication between supervisors and interns. Supervisors provide interns with regular, ongoing feedback, and at the end of the two evaluation periods, they summarize previous feedback in a formal written evaluation with mandatory discussion.

Directions: The Doctoral Internship at CAPS aims at 9 profession-wide competencies (PWCs) in interns. Each PWC is broken down into "components." Both the 9 PWCs and their respective components are defined by APA's Commission on Accreditation, and the language on this form reflects their wording. In contrast, bullet points under each component are behavioral examples and clarifiers; they serve to exemplify the components, prompt supervisors and trainees' focus, and make it relevant to Santa Clara CAPS. Supervisors rate interns only at the level of components, not the behavioral examples. Each component is rated on a developmental continuum that reflects the cumulative nature of skills acquisition.

1 - 2 3 - 4 5 - 6 7 8 9 - 10

Early Stages Doctoral Trainee 1st to 3rd year Practicum/Externship	1st Half of the Doctoral Intern Year	2nd Half of the Doctoral Intern Year	Early Postdoc	Late Postdoc	Early Career Professional Beyond the 1st year Postdoctorate
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Quick Rating Guide:

Supervisors are encouraged to rate in decimal points, for example 6.25.

Please review **Behavioral Anchors** for the competency rating scale on the next page.

If you have not observed a particular component, write "U" for "Unable to Evaluate".

Normative values for interns = 3.0 to 6.9. Values over 6.9 are for particular strengths.

To successfully complete doctoral internship, each of the 9 PWCs must average **at least 5.5** in the final evaluation.

Developmentally Based Competency Rating Scale

1 - 2 3 - 4 5 - 6 7 8 9 - 10

Early Stages Doctoral Trainee 1st to 3rd year Practicum/Externship	1st Half of the Doctoral Intern Year	2nd Half of the Doctoral Intern Year	Early Postdoc	Late Postdoc	Early Career Professional Beyond the 1st year Postdoctorate
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Behavioral Anchors

1.0 to 2.9	Beginning and limited competence. Performance fluctuates widely upon variations in client presentations, client characteristics, and the situation at hand. Requires rigorous guidance, structure, and instructions from supervisors. Doctoral Interns with this level of ratings are considered to have insufficient competence and readiness for internship, thus requires immediate and structured augmentation of supervision and corrective measures.
3.0 to 4.9	Emerging competence. Expected at the early first half of internship. Effective performance of this area of competency (in actions, reasoning, and judgment) are emerging, but not reliably present, whether due to inconsistency or a lack of evidence and opportunity to demonstrate consistency. Minimal independence. Substantial guidance and oversight are required to support effective performance and further development. Supervision is essential, especially instructions and introductions to new insights and knowledge. <i>In the 2nd half of the internship year, this level of competence likely warrants additional attention and support, corrective action, or remediation.</i>
5.0 to 5.9	Intermediate competence. Expected at mid-year of internship. Frequent signs of independence and effective functioning are emerging. Clinical/professional insight and performance is being applied from one situation or client to another. Continues to benefit from supervision, especially to enhance self-confidence, gain perspectives, and cognitive flexibility in this area of competence. There are a few occasions that interns require supervisors' correction. <i>The rating of 5.5 is the minimal level of competence for interns to successfully complete the internship program.</i>
6.0 to 6.9	High intermediate competence. Expected towards the internship's end. Demonstrates independence and sophistication in decisions and actions with increasing regularity and consistency. Applies insights or approaches that have worked well in past performance to new situations while attending to the situations' commonalities and differences. Uses supervision mostly to stretch and refine this area of competence, and rarely for structural and procedural needs. Approaching readiness to practice independently. <i>In the 2nd half of the postdoctoral year, this level of competence likely warrants additional attention and support, corrective action, or remediation.</i>
7.0 to 7.9	Maturing competence. Expected in the first half of the postdoctoral year. Ready for entry to practice that requires minimal guidance or oversight. Consultation and supervision are helpful to expand and refine this area of competence. Can identify occasions when consultation is necessary.
8.0 to 8.9	Proficient: Entry-level competence for early-career psychologists. Expected in the latter half of the postdoctoral year. Independently functions most of the time. Can seek consultation when appropriate. Continues to gain consistency in effectiveness, autonomy, and self-confidence, with some directions and support from supervisor. Can teach others to increase this area of competence. <i>The rating of 8.0 is the minimal level of competence for postdoctoral fellows to successfully complete the training program.</i>
9.0 to 10.0	Advanced and fully mastered competence. Independently functions with effectiveness, self confidence, and sophistication. Appreciates consultation and learning opportunities, and seeks ways to continue growth towards advanced levels of functioning. Shows instances in which their performance in this area of competence can be a role model to others. Can evaluate accurately about their own level of competence and what needs to be done to enhance it.

Competency I: Research (Integration of Science & Practice)

Input to include:

Primary, Secondary, Group Supervisors

		Midyear	Final
1	Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities.		
	In case conference, group supervision, presentation, publications at the local, regional, or national level.		
2	Demonstrates substantial knowledge and appreciation of evidence-based practice.		
3	Is able to select and adapt "best available evidence" to guide clinical practice.		
	<ul style="list-style-type: none"> * Best available evidence includes scientific research on effective interventions, college student development, relevant disorders, trends in college mental health issues, and local clinical research. * Develops evidence-based intervention plans specific to the service delivery goals. * Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables. * Is able to apply the relevant research literature to clinical decision making. * Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking. * Employs the "scientific attitude" in clinical services. Scientific attitude includes forming and testing hypotheses and monitoring treatment progress using scientific method. * Evaluates intervention effectiveness, and adapts intervention goals and methods consistent with ongoing evaluation. * Adjusting clinical strategies to client variables (e.g., client characteristics, culture, preferences). 		

Average for Competency I: #DIV/0! #DIV/0!

Competency II: Ethical and Legal Standards

Input to include:

Primary, Secondary, Group, and Supervision of Supervision Supervisors

		1st	2nd
1	Is knowledgeable of and acts in accordance with ethical and legal standards.		
	<ul style="list-style-type: none"> * The current version of the APA Ethical Principles of Psychologists and Code of Conduct. * Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels. * Relevant professional standards and guidelines. <ul style="list-style-type: none"> • Discloses of trainee status and supervisors, and seeks consent for recording. • Keeps clinical documentation of crisis intervention and clinical consults in accordance with agency, professional, and legal requirements. • Is able to navigate confidentiality and professional boundaries (e.g., identifies who the client is) in consultation. • Is knowledgeable of organizational dynamics and policy within a system. 		
2	Recognizes ethical dilemmas as they arise, and applies ethical decision making processes in order to resolve the dilemmas.		
3	Conducts self in an ethical manner in all professional activities.		

Average for Competency II: #DIV/0! #DIV/0!

Competency III: Individual and Cultural Diversity

Input to include:

Primary, Secondary, Group, and Supervision of Supervision Supervisors

		Midyear	Final
1	Demonstrates an understanding of how one's own personal/cultural history, attitudes and biases may affect how they understand and interact with people different than themselves.		
	<p>* Is aware of ways in which the one's own attitudes, values, beliefs, power, and cultural identity may affect the psychological services or interactions with others.</p> <p>* Note that this item covers clinical and nonclinical interactions with clients, third-parties, professionals, supervisors, and peers.</p>		
2	Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities.		
	<p>* Professional activities include research, training, supervision, consultation, and services.</p> <p>* Critically evaluates the contributions of diversity issues. Diversity issues include culture, ethnicity, nationality, geopolitical factors, gender and gender identity, sexual orientation, religion, disability, age, SES, size, privilege, and other factors.</p>		
3	Is able to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., clinical services and other professional activities).		
	<p>* Is able to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of one's careers.</p> <p>* Is able to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with the one's own.</p>		
4	Is able to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered.		
	<p>* Consistently adapts interventions in a culturally sensitive manner to improve outcomes.</p> <p>* Initiates consultation/supervision for issues related to diversity in clinical work.</p>		

Average for Competency III: #DIV/0! #DIV/0!

Competency IV: Professional Values and Attitudes

Input to include:

Primary, Secondary, Group Supervision Supervisors

		Midyear	Final
1	Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.		
	* Relevant attitudes, values, and behaviors: agency-appropriate appearance and demeanor, awareness of being a representative of CAPS and the mental-health care profession, punctuality, following through with commitment, effective workload and time management, investment in clients' welfare, respect for others, and social justice orientation.		
2	Engages in self-reflection regarding one's personal and professional functioning; engages in activities to maintain and improve performance, well-being, and professional effectiveness.		
	* Shows self-evaluation, self-direction, and motivation for professional growth. * Recognizes and addresses personal concerns to minimize interference with competent professional functioning * Monitors and takes action towards self-care		
3	Actively seeks and demonstrates openness and responsiveness to feedback and supervision.		
	* Takes active responsibility for learning in supervision (including preparedness, organization, asserting training needs, making appropriate requests, reviewing video-recordings). * Responds nondefensively and productively to feedback and suggestions, and makes purposeful changes in subsequent work. * Uses supervision to develop self-awareness in clinical work (including examining own behavior, motives, affect, and countertransference). * Uses supervision to work on a professional identity and development. * Approaches supervision within appropriate boundaries (including using professional language and expression, differentiating supervision and personal therapy, and appropriate level of self-disclosure).		
4	Responds professionally in increasingly complex situations with a greater degree of independence as the post doctoral year progresses across levels of training.		

Average for Competency IV: #DIV/0! #DIV/0!

Competency V: Communication and Interpersonal Skills

Input to include: Primary, Secondary, and Group Supervision Supervisors

		Midyear	Final
1	Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.		
2	Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated; demonstrates a thorough grasp of professional language and concepts.		
3	Demonstrates effective and culturally appropriate interpersonal skills and the ability to manage difficult communication well.		

Average for Competency V: #DIV/0! #DIV/0!

Competency VI: Assessment

Input to include: Primary & Secondary Supervisors

		Midyear	Final
1	Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.		
2	Demonstrates understanding of human behavior within its context (e.g., family, social, societal, and cultural).		
3	Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.		
4	<p>Selects and applies assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.</p> <p>* Conducts effective (timely, thorough, accurate) assessments of intakes and crises with appropriate dispositions. * Establishes rapport and gathers relevant data at intake, including clients' presenting problems, symptoms, and treatment history, familial and sociocultural history, strengths and risk factors. * At intake, integrates available data from the clinical interview and mental status examination with those from the Information Form and self-administered tests. * Conducts current and historical assessment of risks (including harm to self and others impulsivity, alcohol and substance use).</p>		
5	<p>Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, diagnosis, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.</p> <p>* Makes accurate diagnostic formulation and differential diagnosis at intake, taking into account human development and diversity. * At intake, formulates appropriate treatment recommendations and provides necessary initial intervention. * Coordinates appropriate case disposition from routine and crisis intakes (including referrals, case management, and follow-up).</p>		

Competency VI: Assessment

6	Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.		
<p>* Writes comprehensive and accurate assessment reports.</p> <p>* Competently shares clinical information with supervisors or others via brief oral presentations or consultation.</p>			

Average for Competency VI: #DIV/0! #DIV/0!

Competency VII: Intervention

A. Individual Psychotherapy/Counseling Intervention

Input to include: Primary & Secondary Supervisors

		Midyear	Final
1	Effective use of core counseling skills.		
	<ul style="list-style-type: none"> * Develops therapeutic alliance with a wide variety of clients. * Effectively uses open and closed questions, paraphrasing, summarizing, accurate empathic statements, responding to verbal/nonverbal behaviors, exploration of emotions. 		
2	Demonstrates ability and use of conceptualization for treatment plans.		
	<ul style="list-style-type: none"> * Uses theory to conceptualize clients' symptoms and behavior as hypotheses. * Uses hypotheses to develop treatment plans. * Takes into account developmental and multicultural factors, and the treatment model (brief vs. long-term). 		
3	Effectively manages developments in therapy.		
	<ul style="list-style-type: none"> * This includes setting the frame, goal setting, monitoring progress, timing interventions, special circumstances, client's ambivalence, crisis, case management, and termination. * Develops interdisciplinary collaboration and coordination with other professionals when appropriate (e.g., psychiatrists, group therapists, healthcare providers, hospital-based emergency services, and advocacy). 		
4	Uses a range of evidence-based psychotherapeutic techniques and interventions appropriate to the presenting issues, client characteristics, and time limits.		
	<ul style="list-style-type: none"> * Structured interventions include exercises, exposures, psychoeducation, worksheets, role-plays. * Unstructured interventions includes exploration of historical events, narratives, here-and-now and other process comments. 		
5	Effectively manages on the interpersonal dimensions of therapy.		
	<ul style="list-style-type: none"> * This includes the use of the therapist's self, personal style, self-disclosure, humor, creativity, and transference and countertransference. 		

Average for Competency VII-A: #DIV/0! #DIV/0!

Competency VII: Intervention

B. Group Psychotherapy Intervention

Input to include: Group Therapy Supervisor

		Midyear	Final
1	Demonstrate understanding of therapeutic factors in group therapy.		
	<ul style="list-style-type: none"> * Understanding of group as a microcosm, as agent of therapeutic change, and process vs. content. * Able to conceptualize stages of group. 		
2	Demonstrates appropriate interventions for group therapy.		
	<ul style="list-style-type: none"> * Uses interventions to promote member-to-member rather than member-to-facilitator interactions (i.e., group as a whole interventions). * Is able to use appropriate group stage interventions to facilitate client growth and group process. * Utilizes here-and-now process interventions. * Demonstrates skills in attending to group process observing both individual indicators of feelings, thoughts, and behaviors as well as overall group dynamics. * Uses strategies to activate group (including intentional use of silence). 		
3	Effectively manages the dynamics between the co-therapists.		
	<ul style="list-style-type: none"> * Understands and monitors own impact on the group process (e.g., own feelings, style, values, biases, and challenges). * Can work collaboratively and effectively with a co-therapist. 		
4	Understands and attends to issues of diversity in group, including power, privilege, and the impact on group dynamics.		

Average for Competency VII-B: #DIV/0! #DIV/0!

Competency VII: Intervention

C. Crisis Intervention

Input to include: Primary and Secondary Supervisors

		Midyear	Final
1	Selects and applies appropriate interventions to contain the crisis (including using appropriate resources).		
2	Acts in compliance with agency, ethical, and legal standards in crisis intervention.		
3	Provides appropriate case management and follow-up after the initial crisis intervention (including facilitating referrals).		

Average for Competency VII-C: #DIV/0! #DIV/0!

Competency VII: Intervention

D. Outreach & Education Intervention

Input to include:

Primary and Secondary Supervisors, staff psychologists who have supervised outreach

		Midyear	Final
1	Demonstrates the knowledge of how outreach programs are developed and delivered in the college setting.		
	<ul style="list-style-type: none"> * Understands the role of needs assessment, lit review, benchmarking, and adaptation of existing programs. * Understands the process of program design, coordination, and planning. * Uses creativity and theory to design educational interventions, including how people process information and experience. * Is aware of issues related to promotion and marketing, including electronic forms. * Effectively uses program evaluation, and makes informed proposals for adjustments in future programs. 		
2	Is effective in conducting outreach programs.		
	<ul style="list-style-type: none"> * Is adequately familiarized with the programs' contents and process. * Effectively engages audiences. * Effectively delivers interventions across different modalities (e.g., didactic and experiential program components). * Effectively manages group dynamics in the audience (e.g., Q&A, discussion, audience management, the unexpected). 		
3	Competency addresses multicultural and social justice issues in the design, promotion, and delivery of outreach programs, and in consultation.		
	<ul style="list-style-type: none"> * Attends to systemic and multicultural needs of the audience and consultees. * Takes into account cultural and individual differences that may affect the effectiveness of the intervention (e.g., access and ability, learning styles, developmental level, social justice inclusive program content). 		
4	Provides effective informal consultation.		
	<ul style="list-style-type: none"> * This includes consultation with other campus offices. * Effectively addresses consultees' needs. * Understands and manages dual role of clinician and consultant. * Follows up as needed with students, campus partners, and CAPS staff post-consultation, including appropriately connecting students to campus and community resources. 		

Average for Competency VII-D: #DIV/0! #DIV/0!
 Average for Competencies I-VII: #DIV/0! #DIV/0!

Competency VIII: Supervision

Input to include: Supervisor of Supervision

		Midyear	Final
1	Demonstrates adequate knowledge of supervision for mental health services.		
	<ul style="list-style-type: none"> * Understands the roles, expectations, and limits of clinical supervision. * Knows supervision theory and applies it to practice. 		
2	Effectively cultivates supervisory relationship with supervisee(s).		
	<ul style="list-style-type: none"> * Develops a productive supervisory alliance with the supervisee(s) (including rapport building, creating a facilitative environment). * Integrates diversity and multiculturalism into the context of the supervisory relationship. 		
3	Effectively facilitates the development and addresses the needs of supervisee(s).		
	<ul style="list-style-type: none"> * Identifies supervisees' developmental level and sets appropriate training goals. * Teaches and models specific interventions when appropriate. * Assists with supervisees' knowledge and application of diversity/multiculturalism in their paraprofessional work. * Assists supervisees in building knowledge of self and interpersonal impact. 		

Average for Competency VIII: #DIV/0! #DIV/0!

Competency IX: Consultation and Interpersonal/ Interdisciplinary Skills

Input to include: Primary and Secondary Supervisors

		Midyear	Final
1	Demonstrates knowledge and respect for the roles and perspectives of other professions.		
	* Is able to take a broader systems perspective in considering issues and services.		
2	Applies this knowledge in consultation with individuals, families, other health care professionals, interprofessional groups, or systems related to health and behavior.		
	* Is effective in addressing the consultees' needs. * Consults and collaborates effectively with healthcare professionals to coordinate client services, including mental health professionals, medical professionals, insurance companies. * Consults and collaborates effectively with campus partners and third parties outside of healthcare, including parents, peers, academic advisors, faculty, the Office of Student Life, & Campus Safety Services.		
3	Acts with awareness and sensitivity to the multiple roles and functions of a counseling center.		
	* Roles include being a therapist, committee member, consultant, and provider of outreach work, and liason.		

Average for Competency IX:

#DIV/0! #DIV/0!

Averages of Profession Wide Competencies I-IX

I	Research (Integration of Science and Practice)	#DIV/0!	#DIV/0!
II	Ethical and Legal Standards	#DIV/0!	#DIV/0!
III	Individual and Cultural Diversity	#DIV/0!	#DIV/0!
IV	Professional Values and Attitudes	#DIV/0!	#DIV/0!
V	Communication and Interpersonal Skills	#DIV/0!	#DIV/0!
VI	Assessment	#DIV/0!	#DIV/0!
VII	Intervention	#DIV/0!	#DIV/0!
VIII	Supervision	#DIV/0!	#DIV/0!
IX	Consultation and Interpersonal/Interdisciplinary Skills	#DIV/0!	#DIV/0!

Supervisor's Written Summary:

Type summary for the midyear evaluation in the cell below.

To begin a new paragraph, hold down the "Alt" key while keying enter.

All text must fit within the cell below and the one on the next page.

[Continue here for the midyear evaluation's summary feedback](#) (all text must fit within this cell).

Type Here

Area below is for feedback at final evaluation.
Type Here

Supervisee's Response:

Supervisor: Print out the evaluation form, and ask the supervisee to write a brief response in the space below.



Midyear Evaluation

Supervisor Signature & Date

Supervisee Signature & Date



Final Evaluation

Supervisor Signature & Date

Supervisee Signature & Date



SANTA CLARA UNIVERSITY

THE JESUIT UNIVERSITY IN SILICON VALLEY

COUNSELING AND PSYCHOLOGICAL SERVICES (CAPS)

Intern Evaluation of Supervisor

Intern: _____ Supervisor: _____

____ Primary ____ Secondary Evaluation Period: Midyear ____ Final ____

Please rate each item according to the established scale and then discuss this feedback with your supervisor. All scores are relative to *this point in training*.

RATINGS:

- 5** Supervisor consistently demonstrated this supervisory skill and is a clear strength for this supervisor. Supervisor implemented this skill in a very impactful, effective, and helpful manner.
- 4** Supervisor consistently demonstrated this supervisory skill. Supervisor implemented this skill in an effective and helpful manner.
- 3** Supervisor occasionally demonstrated this supervisory skill. Supervisor implemented this skill in a somewhat effective and helpful manner.
- 2** Supervisor infrequently demonstrated this supervisory skill. Supervisor implemented this skill in a slightly effective and/or unhelpful manner.
- 1** Supervisor did not demonstrate this supervisory skill OR supervisor was ineffective or unhelpful in implementing it.
- N/A** Not Applicable

A) Supervisor's Contribution to the Competencies:

I. Contribution to Competency I: Research (Integration of Science & Practice)

1. Helping me identify, select, adapt, and apply available evidence from research and literature in my clinical practice	1	2	3	4	5	N/A
2. Helping me employ scientific attitudes in clinical services (e.g., using hypotheses, monitoring treatment progress)	1	2	3	4	5	N/A

II. Contribution to Competency II: Ethical and Legal Standards

3. Helping me respond to complex clinical and professional situations in ways that are consistent with the profession's ethical and legal standards	1	2	3	4	5	N/A
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III. Contribution to Competency III: Individual and Cultural Diversity

4. Helping me adjust assessment, conceptualization, and interventions to be more culturally appropriate	1	2	3	4	5	N/A
5. Helping me in enhance my awareness of cultural issues in the client, in myself, in the systems, and in the world	1	2	3	4	5	N/A

IV. Contribution to Competency IV: Professional Values and Attitudes

6. Helping me increase my awareness and adherence to the values of the profession in my actions. Including: integrity, professional identity, accountability, lifelong learning, concern for others' welfare, and having a social justice orientation	1	2	3	4	5	N/A
7. Helping me in developing my capacities for self-reflection, self-care, and openness to supervision, learning, and feedback	1	2	3	4	5	N/A

V. Contribution to Competency V: Communication and Interpersonal Skills

1. Helping me with developing effective relationships with fellow interns, staff, and other professionals	1	2	3	4	5	N/A
2. Helping me be mindful and effective in my verbal communication and interpersonal skills for handling challenging transactions						
3. Helping me in enhancing my documentation skills, including providing suggests regarding information to include, editing, efficiency, style, and use of language	1	2	3	4	5	N/A

VI. Contribution to Competency VI: Assessment

4. Helping me develop assessment and diagnostic abilities in intake, crisis sessions and therapy more generally. This includes abilities regarding clinical judgment about the client's disposition, treatment planning, follow-up, and advocacy following the assessment	1	2	3	4	5	N/A
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VII. Contribution to Competency VII: Intervention

5. Individual psychotherapy: Helping me increase my skills in treatment planning, conceptualization, application of theory/empirical literature, integrating theoretical orientations, and implementing interventions	1	2	3	4	5	N/A
6. Group psychotherapy (<i>if applicable</i>): Helping me gain the ability to assess appropriateness for group and to prepare clients for group; helping me with the use of group theories and multicultural perspectives, and use of the co-facilitation relationship; understanding of group process/dynamics, difference between individual and group therapy, interventions	1	2	3	4	5	N/A
7. Crisis Intervention: Helping me use appropriate interventions to stabilize students in crisis using interventions that are consistent with the agency as well as ethical and legal standards. Helping me determine the appropriate level of care and in treatment planning, including following through with referrals, advocacy, and case management	1	2	3	4	5	N/A
8. Prevention & Outreach, Education: Helping me increase my knowledge of outreach programming in the college setting, conducting programs effectively, addressing multicultural and social justice issues in the outreach design and delivery; and providing effective consultation	1	2	3	4	5	N/A

VIII. Contribution to Competency VIII: Supervision

9. Helped me understand effective supervision in all applicable profession-wide competencies (intervention, ethical and legal standards, etc.) through their modeling of these skillsets	1	2	3	4	5	N/A
10. <i>If applicable:</i> Helping me increase effectiveness in working with supervisees in mental health services, developing supervisory relationships, and facilitating supervisees' growth.	1	2	3	4	5	N/A

IX. Contribution to Competency IX: Consultation and Interprofessional Skills

11. Helping me gain effectiveness in consultation with third-parties, with other campus partners, and with other healthcare professionals	1	2	3	4	5	N/A
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B) Supervisor's Roles

1. Commitment to the supervisory role <i>Includes a focus on my learning & development, accessibility, dependability, patience, timeliness, communicativeness, regularity, collaboration in goal setting for my growth</i>	1	2	3	4	5	N/A
2. Facilitation of the supervisory relationship <i>Includes rapport in supervision, working alliance, safety and trust, fostering the learning atmosphere, use of humor, response to my complaints/needs, constructive use of power, fairness, appropriate boundaries, respect for me as a person, and attending to the multicultural issues in our relationship and to my cultural identities</i>	1	2	3	4	5	N/A
3. Feedback for me <i>Includes accuracy, constructiveness, comprehensiveness, effectiveness, and clarity of feedback</i>	1	2	3	4	5	N/A
4. Emotional support for me <i>Includes appropriateness of the support, sensitivity to my needs as a supervisee, motivating me, encouragement</i>	1	2	3	4	5	N/A
5. Support for my professional development <i>Includes considerations of legal and ethical issues in clinical work, mentorship, advice; guidance on professionalism, professional identity, and credentialing; assists me in managing stress/engaging in self-care</i>	1	2	3	4	5	N/A
6. Models professionalism <i>Includes embracing a growth-mindset; knowledge and application of the APA Ethics Code/state law/prevaling standards for professional conduct; speaks about clients in a helpful, respectful manner; shows an enthusiasm for clinical work; interacts with others in a respectful, positive manner</i>	1	2	3	4	5	N/A
Additional or Summary Comments of Supervisor's Roles:						

Please describe a critical incident that had a great positive impact upon you in supervision:

Please describe a critical incident in which your supervisor could have been more helpful:

Please share any additional comments you have:

This evaluation was reviewed with my supervisor:

Signature of Trainee: _____ **Date:** _____

Signature of Supervisor: _____ **Date:** _____



SANTA CLARA UNIVERSITY

THE JESUIT UNIVERSITY IN SILICON VALLEY

COUNSELING AND PSYCHOLOGICAL SERVICES (CAPS)

Intern Evaluation of Group Therapy Supervisor

Intern: _____ Supervisor: _____

Group Name: _____ Quarter: _____

Please rate each item according to the established scale and then discuss this feedback with your supervisor. All scores are relative to *this point in training*.

RATINGS:

- 5** Supervisor consistently demonstrated this supervisory skill and is a clear strength for this supervisor. Supervisor implemented this skill in a very impactful, effective, and helpful manner.
- 4** Supervisor consistently demonstrated this supervisory skill. Supervisor implemented this skill in an effective and helpful manner.
- 3** Supervisor occasionally demonstrated this supervisory skill. Supervisor implemented this skill in a somewhat effective and helpful manner.
- 2** Supervisor infrequently demonstrated this supervisory skill. Supervisor implemented this skill in a slightly effective and/or unhelpful manner.
- 1** Supervisor did not demonstrate this supervisory skill OR supervisor was ineffective or unhelpful in implementing it.
- N/A** Not Applicable

A) Supervisor's Contribution to Competency in Group Therapy:

8. Understanding of therapeutic factors in group therapy: Helped my understanding of group as a microcosm, as an agent of therapeutic change, and decipher process vs. content; enhanced my ability to conceptualize stages of group development	1	2	3	4	5	N/A
9. Interventions in group therapy: Helped me use interventions to promote member-to-member rather than member-to-facilitator interactions; helped me use interventions appropriate to the group stage to facilitate client growth and group process; utilize here-and-now process interventions; develop skills in attending to group process observing both individual indicators of feelings, thoughts, and behaviors as well as overall group dynamics; use strategies to active group (including intentional use of silence)	1	2	3	4	5	N/A
10. Effectiveness managing the dynamics between the co-therapists: Helped me understand and monitor my impact on the group process (e.g., own feelings, style, values, biases, challenges); assist me in working collaboratively and effectively with a co-therapist	1	2	3	4	5	N/A
11. Understanding and attending to issues of diversity in group, including power, privilege, and the impact of group dynamics: Helped me develop my knowledge, awareness, and skills within this area	1	2	3	4	5	N/A

B) Supervisor's Roles

7. Commitment to the supervisory role <i>Includes a focus on my learning & development, accessibility, dependability, patience, timeliness, communicativeness, regularity, collaboration in goal setting for my growth</i>	1	2	3	4	5	N/A
8. Facilitation of the supervisory relationship <i>Includes rapport in supervision, working alliance, safety and trust, fostering the learning atmosphere, use of humor, response to my complaints/needs, constructive use of power, fairness, appropriate boundaries, respect for me as a person, and attending to the multicultural issues in our relationship and to my cultural identities</i>	1	2	3	4	5	N/A
9. Feedback for me <i>Includes accuracy, constructiveness, comprehensiveness, effectiveness, and clarity of feedback</i>	1	2	3	4	5	N/A
10. Emotional support for me <i>Includes appropriateness of the support, sensitivity to my needs as a</i>	1	2	3	4	5	N/A

<i>supervisee, motivating me, encouragement</i>	
11. Support for my professional development <i>Includes considerations of legal and ethical issues in clinical work, mentorship, advice; guidance on professionalism & professional identity with respect to group therapy (if applicable)</i>	1 2 3 4 5 N/A
12. Models professionalism <i>Includes embracing a growth-mindset; knowledge and application of the APA Ethics Code/state law/prevaling standards for professional conduct; speaks about clients in a helpful, respectful manner; shows an enthusiasm for clinical work; interacts with others in a respectful, positive manner</i>	1 2 3 4 5 N/A
<i>Additional or Summary Comments of Supervisor’s Roles:</i>	

Please share any additional comments you have:

This evaluation was reviewed with my supervisor:

Signature of Trainee: _____ Date: _____

Signature of Supervisor: _____ Date: _____



SANTA CLARA UNIVERSITY

THE JESUIT UNIVERSITY IN SILICON VALLEY

COUNSELING AND PSYCHOLOGICAL SERVICES (CAPS)

Intern Evaluation of Group Supervision

Trainee: _____ Group Supervisor: _____

Evaluation Period: Mid-year _____ Year-end _____

Goals of Trainee Group Supervision:

Reviewing both written case material and videotapes of trainee work are an integral part of the group supervision experience. In addition to supervisory feedback, this experience serves as an opportunity for peer input and support. It is also a forum in which clinical, ethical, and professional development issues can be explored.

With the above goals in mind, please rate each item below according to the following scale:

1	2	3	4	5
Definitely not satisfactory	Needs improvement	Meets expectations	Above Average	Excellent

Supervisory Relationship & Effectiveness of Supervision

1. Establishes rapport and relates effectively with group members;	1	2	3	4	5	N/A
2. Provides a climate in which questions and concerns can be freely expressed;	1	2	3	4	5	N/A
3. Offers criticisms and suggestions in a constructive and supportive way support and encouragement during the learning process;	1	2	3	4	5	N/A
4. Offers support and encouragement during the learning process	1	2	3	4	5	N/A
5. Demonstrates expertise with the range of clinical problems being presented	1	2	3	4	5	N/A
6. Provides helpful suggestions about alternative ways of conceptualizing and working with client's problems	1	2	3	4	5	N/A

7. Demonstrates awareness regarding issues of diversity (e.g. multi-ethnic/cross-cultural, gender, LGBTQ, age, disability status etc.)	1	2	3	4	5	N/A
8. Shows enthusiasm for clinical work	1	2	3	4	5	N/A
9. Has a respectful, helpful, and professional approach to clients	1	2	3	4	5	N/A
10. Maintains professional behavior and interacts in a positive manner with colleagues and trainees	1	2	3	4	5	N/A
11. Behaves and provides guidance in accordance with the APA Ethical Principles, State Law, and prevailing standards for professional conduct	1	2	3	4	5	N/A

Additional Comments about Group Supervision:

How can Group Supervision be improved?

Santa Clara University
Counseling & Psychological Services
Training Seminar Evaluation

Title of Seminar:	
Instructor(s):	

Please use the following key to answer questions 1-10.

Absolutely- 1	Somewhat- 2	Uncertain- 3	Probably not- 4	Absolutely not- 5
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1. The training seminar objectives were met:	
A. Objective #1 (<i>Write out specific objective from syllabus here</i>)	
B. Objective #2 (<i>Write out specific objective from syllabus here</i>)	
C. Objective #3 etc. (<i>Write out specific objective from syllabus here</i>)	
2. The seminar was consistent with its objectives and title	
3. The seminar was appropriately challenging	
4. The seminar expanded your knowledge in this topic	
5. The seminar was taught at the appropriate level	
6. The seminar deepened your multicultural awareness	
7. The material was relevant to your professional role and activities	
8. The instructor(s) was knowledgeable in the subject area	
9. The instructor(s) was prepared	
10. The instructor(s) was attentive to questions	

11. How would you rate the overall value of the program?

Excellent **Good** **Fair** **Poor**

PLEASE TURN OVER AND COMPLETE THE OTHER SIDE. Thank you!

12. Instructors should INSERT AT LEAST 2 questions (multiple choice, true or false, or short answer-type questions) that directly assess learning objectives here.

Example1: What is one common ethical dilemma that occurs when working in a university counseling center that you learned about in this seminar? Discuss briefly at least one strategy that you would use in working through the dilemma?

Example2: Describe one strategy, grounded in social justice that you learned about today that you could implement when working with clients living with disabilities on college campuses that could increase your multicultural competence?

12a.

12b.

13. Any other feedback that you'd like to share? Additional comments are welcomed:

Santa Clara University
Counseling and Psychological Services
Intern Evaluation of Training Program

Name: _____ Training year: _____

Please use the following scale to rate your degree of satisfaction with various features of the training program at CAPS.

1	2	3	4	5
Definitely not satisfactory	Needs improvement	Average	Above Average	Excellent

I. Program Components

1. Effectiveness of recruitment and selection procedures for trainees	1	2	3	4	5	N/A
2. Effectiveness of the trainee orientation period in September;	1	2	3	4	5	N/A
3. Appropriateness of the client population for training needs;	1	2	3	4	5	N/A
4. Effectiveness of training seminars for enhancement of clinical skills and professional development;	1	2	3	4	5	N/A
5. Overall quality of training seminars;	1	2	3	4	5	N/A
6. Overall quality of case consultation component;	1	2	3	4	5	N/A
7. Overall quality of group supervision component;	1	2	3	4	5	N/A
8. Balance between service demands and training experiences;	1	2	3	4	5	N/A
9. Opportunity to learn and apply different therapy approaches or interventions;	1	2	3	4	5	N/A
10. Opportunity to participate in preventative and outreach programs;	1	2	3	4	5	N/A
11. Overall quality of supervision available on CAPS staff;	1	2	3	4	5	N/A
12. Adequacy of support and back-up from CAPS permanent staff;	1	2	3	4	5	N/A
13. Diversity of professional role models (differing clinical orientation, professional interests etc.) available on the staff;	1	2	3	4	5	N/A
14. Awareness and responsiveness among CAPS staff to ethical and legal issues;	1	2	3	4	5	N/A
15. Sensitivity and respect among staff for cultural differences;	1	2	3	4	5	N/A
16. Diversity of orientations and professional interests among CAPS staff;	1	2	3	4	5	N/A
17. Respect shown by CAPS staff for individual differences and points of view;	1	2	3	4	5	N/A
18. Effectiveness of the program's forms/procedures for evaluating trainee level of professional competence, performance, and development;	1	2	3	4	5	N/A
19. Adequacy of procedures for trainee feedback and program evaluation;	1	2	3	4	5	N/A

II. General Work Environment/ Structure

20. General morale of CAPS clinicians and professional staff;	1	2	3	4	5	N/A
21. Appropriateness of administrative rules and policies;	1	2	3	4	5	N/A
22. Clarity with which rules and policies are communicated;	1	2	3	4	5	N/A
23. Appropriateness of required paperwork and administrative forms;	1	2	3	4	5	N/A
24. Appropriateness of work demands and time pressures;	1	2	3	4	5	N/A
25. Maintenance of a professional and ethical work climate;	1	2	3	4	5	N/A
26. General working relationship with Cowell clinical and professional staff;	1	2	3	4	5	N/A
27. Adequacy of the equipment and physical facilities for training needs	1	2	3	4	5	N/A

III. Training Director

28. Effectiveness of Training Director in Administering Program;	1	2	3	4	5	N/A
29. Effectiveness of Training Director in Supporting and Advocating for Interns;	1	2	3	4	5	N/A

IV. Overall Rating

30. <u>Overall effectiveness</u> of the intern program for your professional training and development as a psychologist with specialized training working with a college student population;	1	2	3	4	5	N/A
31. Your rating of the overall quality and effectiveness of the work environment and structure of the training program;	1	2	3	4	5	N/A
32. Would you recommend this internship site to a fellow student?	Yes		No			

Please provide any suggestions you have for the internship program's improvement:

Other comments: *(Feel free to use other side or additional paper if needed)*

CAPS Staff would like to keep in touch with you in the future.

Please provide information that will allow us to contact you in the future.

Address: _____

Email: _____

Phone: _____

Santa Clara University
Counseling and Psychological Services
Evaluation of Intern Case Presentation

Intern:

Date:

Summary Ratings

RATINGS:

Please evaluate Intern's case presentation on the following dimensions. The evaluation should be based on the skill level typical of interns at a comparable stage of training.

- 5** *Performs significantly above current expected level of competency for a Doctoral Intern.*
- 4** *Performs above current expected level of competency for a Doctoral Intern.*
- 3** *Performs at expected level of competency for a Doctoral Intern.*
- 2** *Performs below current expected level of competency for a Doctoral Intern.*
- 1** *Performs significantly below current expected competency level for a Doctoral Intern.*

1. ____ Presentation and clarity or presenting problems/concerns;
2. ____ Presentation of relevant background/ historical information;
3. ____ Assessment of client functioning level (i.e. C-CAPS, mental status);
4. ____ Conceptualization of case according to stated theoretical model;
5. ____ Diagnostic formulation (DSM V diagnosis, diagnostic considerations etc.);
6. ____ Consideration of any relevant multi-cultural issues/ concerns;
7. ____ Consideration of any ethical/ legal issues/ concerns;
8. ____ Formulation of treatment plan;
9. ____ Discussion of therapy process to date;
10. ____ Professional preparation of written and oral material;
11. ____ Ability to receive constructive feedback;

Comments and/ or suggestions (Over)

Santa Clara University
Counseling and Psychological Services
Evaluation of Intern Training Seminar

Intern: _____

Training Year: _____

Seminar Title: _____

Evaluator: _____

RATINGS:

5 *Performs significantly above current expected level of competency for a Doctoral Intern.*

4 *Performs above current expected level of competency for a Doctoral Intern.*

3 *Performs at expected level of competency for a Doctoral Intern.*

2 *Performs below current expected level of competency for a Doctoral Intern.*

1 *Performs significantly below current expected competency level for a Doctoral Intern.*

1. Seminar objectives were clearly presented.	1	2	3	4	5	N/A
2. Content was appropriate for the intended audience.	1	2	3	4	5	N/A
3. Intern was well prepared and knowledgeable in the subject area.	1	2	3	4	5	N/A
4. The concepts were well explained and material was presented in a clear, organized manner.	1	2	3	4	5	N/A
5. Intern facilitated discussion/ activities in a clear, effective manner.	1	2	3	4	5	N/A
6. Information given could be applied to clinical practice	1	2	3	4	5	N/A
7. Information given was informed by scholarly material	1	2	3	4	5	N/A
8. Information given addressed relevant diversity issues	1	2	3	4	5	N/A
9. Visual aids/ handouts help to enhance content and understanding	1	2	3	4	5	N/A
10. Intern's presentation skills were engaging and approachable	1	2	3	4	5	N/A

Additional Comments:

Intern(s): _____

Training Year: _____

Santa Clara University
Counseling and Psychological Services
Evaluation of Intern Final Project

Title of Project: _____

Supervising Psychologist(s): _____

RATINGS:

- 5 Performs significantly above current expected level of competency for a Doctoral Intern.***
- 4 Performs above current expected level of competency for a Doctoral Intern.***
- 3 Performs at expected level of competency for a Doctoral Intern.***
- 2 Performs below current expected level of competency for a Doctoral Intern.***
- 1 Performs significantly below current expected competency level for a Doctoral Intern.***

- 1. _____ Needs assessment/ preparation for project;
- 2. _____ Project assimilated evidence from empirical literature and clinical practice;
- 3. _____ Project demonstrated attention to multi-cultural issues;
- 4. _____ Organization and quality of the project;
- 5. _____ Appropriate level of presentation for intended audience;
- 6. _____ Responsiveness to feedback;
- 7. _____ Overall rating of the project;

Comments:

APPENDIX C

SANTA CLARA UNIVERSITY

This is to certify that

Intern Name

has successfully fulfilled the requirements of the Doctoral Psychology Internship Program in Health Service Psychology at Counseling and Psychological Services.

Dates of Internship: _____

Number of Completed Hours:

First Name Last Name, Degree
Supervisor

First Name Last Name, Degree
Supervisor

Estrella Ramirez, Ph.D.
Training Director

Heather Dumas-Dyer
Interim Director, Cowell Center

APPENDIX D



SANTA CLARA UNIVERSITY

THE JESUIT UNIVERSITY IN SILICON VALLEY

COUNSELING AND PSYCHOLOGICAL SERVICES (CAPS)

Supervisory Disclosure and Recording Consent Form

Your assigned therapist is a Psychology Intern in a doctoral training program who is currently working at SCU CAPS. Since your therapist is not licensed, it is required that his or her clinical work be supervised by a licensed psychologist. This supervisor is a staff member at CAPS. We require that intern therapy sessions be recorded to ensure the highest standard of clinical care. Your therapist meets weekly with a supervisor who reviews the intern's recordings and clinical work.

Your signature on this form indicates you understand and give consent to the following:

- My therapist is being supervised by a licensed CAPS staff member and this supervisor is available for consultation upon my request.

The supervisor working with my therapist is:

- My therapy sessions will be recorded and used only for supervision by CAPS staff.
- All recordings are confidential, securely kept, and erased directly after supervision.
- I can revoke this consent at any time.

Client Print Name

Client Signature

Date

Therapist Print Name

Therapist Signature

Date

Name (please print)

Date

I am requesting professional leave on: _____ Date(s)

I will return to CAPS on

Purpose of professional leave:

I will be utilizing a total of:

Professional leave hours and/or

Professional leave days _____

____ Days of professional leave remaining

I am requesting vacation on: _____
Date(s)

I will return to CAPS on

I will be utilizing a total of:

Vacation hours	Vacation days remaining
----------------	-------------------------

Vacation days

Primary Supervisor

Date

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Delegated Supervisor	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date
---	---

Training Director

Date

APPENDIX E

Santa Clara University Counseling and Psychological Services Resource Documents

The following reference materials are available in printed form in the CAPS Resource Binder and in digital form on the CAPS shared L drive:

- I. Ethical Principles of Psychologists and Code of Conduct
- II. Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists
- III. Guidelines for Psychological Practice with Lesbian, Gay, and Bisexual Clients
- IV. Standards for Providers of Psychological Services
- V. Transgender, Gender Identity, and Gender Expression Non-Discrimination
- VI. Standards of Care for Gender Identity Disorders, Sixth Version
- VII. California Board of Psychology Laws & Regulations
- VIII. Psychology Education and Training from Culture-Specific and Multiracial Perspectives
- IX. Guidelines for Assessment of and Intervention with Persons with Disabilities
- X. Professional Therapy Never includes Sex
- XI. Guidelines for the Practice of Telepsychology
- XII. Council of Chairs of Training Councils (CCTC) Recommendations for Communication

APPENDIX F

Santa Clara University
Counseling and Psychological Services
Confirmation of Review of Training Manual

I have read and reviewed all the information contained within this training manual. I have had the opportunity to ask questions regarding the content, and I understand the material contained within this document. I will act in accordance with the guidelines defined within this manual.

Please return this to the Training Director by the completion of orientation.

Signature of Intern

Printed Name

Date

Training Director Signature

Date