

Psychology Internship Training Manual 2014-2015



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I. PROJECTED SERVICE AGREEMENT AND PLANNING YOUR SCHEDULE

A. Basic Formula for Targeting

You are aiming for a total number of hours on the Projected Service Agreement (PSA) = 30 hours/week. There is always some variation among interns for targeted hours depending on the activities and training goals they have each semester. This handout provides a guide but not a template, so you are likely to have questions while mapping out your schedule. Be sure to talk to the Training Director (Glade Ellingson) and to your primary supervisor as you are working on the plan for your fall semester service delivery and training activities.

Service Delivery: Average Hours per Week

11-12	Returning Clients
2	Intake Appointments
1	Emergency Coverage/Same Day Intakes (4 hrs. every 4 th week)
1.5	Group Counseling
3-4	Teaching [Strategies for College Success or Multicultural Issues]
1-2	Provide Supervision for Practicum Counselor
0.5-1	Tabling/Presentations (Outreach)
4	Research/Scholarship (e.g., dissertation or similar professional development project)

Case Documentation/Preparation: Average Hours per Week

1.5	Write Case Notes; e.g., 12 client hours = 1.5 hours
0.75	Write-Up Intakes (In addition to shorter intake times, credited above)
0.5	Write Group Notes
0.5-1	Supervision Prep

B. Descriptions of Other Time Commitments

1. You are expected to conduct 2 or more outreach presentations each for Fall & Spring Semesters.
2. You are expected to carry out at least one formal assessment battery for Fall Semester and one formal assessment battery for Spring Semester (minimum of 2 for the training year). These assessments will include a clinical interview, administration of tests, interpretation of results, client feedback session, and a written assessment report. You will get assistance and further details about this in the Assessment Seminar.
3. Participation on at least one UCC Committee or formal administrative experience is required; you may serve on one committee throughout the year or on several different committees at different times. This is not indicated on the PSA. At least one psychology intern will be needed on the Training Committee. Other UCC or University Committees are the Mindfulness Clinic Committee, Outreach Coalition, UCC Research Team, and Love Your Body Week Committee. (Please

note that you are welcome to attend more than one committee, but not required to do so.)

Note: We ask that two or three interns serve on the Internship Selection Committee. Because of the time commitment involved, you target for 1.5 hours in Fall Semester and 1.5 hours in Spring Semesters if you participate on this committee. This committee starts to function about mid-November and continues through the end of January. Luckily, much of this time overlaps with the holiday break between semesters when your caseloads tend to be very light.

4. You are expected to participate in a number of training seminars and groups. These are not targeted on the PSA. You have a meeting schedule that indicates when these are held. They include the UCC Training Seminar; Psychology Training Seminar; Supervision of Supervision; a monthly UCC Staff Development series; and Staff Meeting/Peer Meeting. You also may attend optional meetings on a regular or occasional basis including Clinical Case Consultation, Research Meeting, and the optional Couples Training in the Spring.
5. Crisis coverage and clients with urgent needs will be handled by the clinical teams for Monday-Thursday when University classes are in session. Clients in crisis (as defined by specific criteria) will be channeled to the Team Leader. Permanent Clinical Staff members on the Team Day will cover "Same Day" intakes (which include, but are not limited to, urgent situations).

Crisis coverage and Same Day services are handled differently on Fridays, at which time there is no clinical team of the day. On Fridays psychology interns will sign up for rotating half-day shifts (8:00 to 12:30) of crisis coverage and "Same Day" intakes/services. During this time, interns will be backed up and supervised by a licensed staff member. During this half-day, clients meeting our specific criteria for "crisis" will be responded to by the licensed staff member providing back-up coverage. For 3 hours of this time, interns will provide "Same Day" services/intakes. During the remaining time interns may be asked to respond to other requests that need immediate attention but do not rise to the level of designated crisis.

During breaks between semesters and fall and spring breaks when the agency is open, psychology interns will join permanent clinical staff members in signing up for half-day sessions (8:00 to 12:30 or 12:30 to 5:00) to provide emergency coverage and/or Same Day intakes during break periods. As with Friday coverage, interns will always have licensed clinical staff back-up in the agency while providing these services. Each intern will sign up for **approximately 14 half-day Emergency/Same Day Intake shifts** (Friday mornings and weekdays during the breaks) between now and the beginning of Spring Semester.

6. In Spring Semester you will implement a Diversity Initiative of your choice. You need to begin to develop this during Fall Semester, including identifying a UCC staff member sponsor and developing a collaborative relationship with a specific office or population (e.g., attending staff meetings of an agency; attending meetings of a student group; etc.). Torrence Wimbish and Lauren Weitzman will clarify the process and expectations with you as part of the Consultation & Collaborative Outreach training in UCC Training Seminar. Torrence Wimbish will be assisting interns with their Diversity Initiatives this year, and will also be available for consultation.

C. Required Hours and Activity Summary

The UCC internship is defined as a 2000 hour experience, of which 25%, or 500 hours, must be direct service or "Mental Health Therapy" as defined below. **Be sure to document all of your hours and your specific activities in your Titanium schedule.** Fill this out daily as soon as you can access Titanium, including all training activities, professional development, case documentation, and direct service. **I strongly encourage you to review a summary printout on a monthly basis to help you track your progress and make any changes in your schedule that might be needed to ensure that you will have accumulated the necessary hours and service delivery hours by the end of your internship.** (Glade may also review printouts listing your service delivery hours from time to time.)

If you complete hours related to the internship after 5:00 pm or on weekends, insert these hours into Titanium. Examples might include writing some case notes after 5:00, or doing an evening outreach presentation on campus after 5:00. (Do not meet with clients except during the regular business hours of the Counseling Center.) You may also be allowed to count some after-hours research, dissertation, or professional development time, as described below.

You will be asked to complete an Experience Summary Form twice during the Internship to document all your activities in quantitative and narrative formats. You'll be asked to hand in a report of all your hours based on the Titanium activities at mid-year and again at the end of the year.

Note: For the Internship and for licensure in Utah, you need to acquire 500 or more hours of direct client contact this year (25% of the 2000 hour total for internship). Based on the Utah Licensing Act definition of "Mental Health Therapy" and on the Global Cube Model, this includes remedial, developmental, and preventive interventions. Be aware that some U.S. states and Canadian provinces require a certain number of face-to-face psychotherapy hours for licensure. You are responsible for ascertaining the requirements of specific states in which you may wish to practice in the future, and for meeting those requirements. It is best to plan to accumulate the majority of your counseling hours during Fall and Spring Semesters, since we typically see fewer clients in the summer. Also, you need to consider August orientation, no-show appointments, semester breaks, University holidays, and vacations in determining how you will accumulate the required clinical and total hours.

D. Vacation Policy, Leave, & Holidays

You need to request vacation time in advance by sending Glade an e-mail listing the particular dates for approval. JoAnn Kanegae, Administrative

Assistant, will assist you in tracking your vacation time. Once approved, you are responsible for marking yourself out in Titanium and for managing your client schedule, so that clinical needs of clients can be covered in your absence. You have the following vacation/professional development/sick leave:

15 days	Vacation
3 days	Professional Development (e.g., meet with your dissertation committee; final defense of your dissertation; attend a professional conference; interview for jobs)
2 days	Personal Preference

You accumulate 1 day/month of sick leave as per U of U Human Resources policy. I want you to use these days if you are ill. However, it is to your advantage to work as many days as possible in order to accumulate the hours of clinical and training experience that you need to complete the 2000-hour internship. You are required to take 15 days of vacation time, in addition to official University holidays. Official University holidays and University Closure Dates this academic year include:

Labor Day	Monday, September 1
Thanksgiving	Thursday & Friday, November 27 & 28
Christmas	Thursday & Friday, December 25 & 26
New Year's	Thursday & Friday, January 1 & 2
Martin Luther King, Jr. Day	Monday, January 19
Presidents' Day	Monday, February 16
Memorial Day	Monday, May 25
Independence Day	Friday, July 3
Pioneer Day	Friday, July 24

E. "After Hours, Other" Hours

As mentioned above, in order to compensate for vacation time and official University holidays and closure dates, and to complete the required 2000 hours, you can and should:

- 1) Document time that you happen to be working on internship-related tasks outside of the Monday to Friday, 8-5 time frame;
- 2) Count professional development time (e.g., APA, other professional conferences or workshops, dissertation defense, job interviewing) toward your total internship hours;
- 3) Count your 4 hours per week of dissertation/research time toward your total.

Finally, after working normal 8-hour days during the time you are in the agency and documenting hours as in (1)-(3) above, you may also count some approved research or professional development time performed during evenings or

weekends, as necessary, to round out and complete the required 2000 hours. Therefore, you should enter in Titanium after-hours time spent on dissertation, research, job search, and similar professional development activities as "After Hours, Other" time. Again, please assure that at least 500 of your 2000 hours are direct service, meeting Utah's definition of "Mental Health Therapy" hours.

II. ELIGIBLE UCC PSYCHOLOGY PRIMARY SUPERVISORS

You will have 2 primary supervisors during the internship year; the first supervision period is from August until January, and the second is from January through July. Eligible UCC supervisors for 2014-2015, in alphabetical order, are:

Karen Cone-Uemura	
Rob Davies	(2 nd supervision period only)
Glade Ellingson	(2 nd supervision period only)
Frances Harris	
Lois Huebner	
Jonathan Ravarino	
Lauren Weitzman	

Each of the seven permanent clinical staff members above is a licensed psychologist who has been licensed for at least three years, and who is therefore eligible to be your primary supervisor. Glade Ellingson is not part of the eligible supervisor pool in the first supervision period (August until January); this allows the Training Director to develop more equal relationships with each of the psychology interns initially. Glade will then be an eligible supervisor for the second period of supervision (January through July). Similarly, Rob Davies will not be an eligible supervisor in the first supervision period as he settles into his new Clinical Director duties, but plans to be an available supervisor in the second half of the year. You will have an opportunity to meet with each of the eligible supervisors in the first days of internship and will be asked for your supervisory preferences.

Cindy Harling, Emily Miranda, Glenda Wilkinson, and Sui Zhang are all Licensed Clinical Social Workers (LCSWs) and Torrence Wimbish is currently an Associate Clinical Mental Health Counselor. These five therapists are not primary supervisors for psychology interns. However, you are encouraged to participate in group co-therapy and couples co-therapy with all of our permanent clinical staff members; your co-therapists provide supervision and consultation related to the co-therapy situation. You also may discuss these co-therapy experiences with your primary supervisor. You also end up having supervisory and consultative experiences with a number of permanent clinical staff members including your clinical Team Leader, clinical team members, various Seminar Leaders, and supervisors for teaching classes.

III. ADMINISTRATIVE ASSISTANCE

We here at the UCC want you to have all the tools and support you need to be successful. Of course, if you have any concerns or needs regarding administrative support, please feel free to consult with Glade Ellingson as the Associate Director &

Training Director. As of August 15, 2014 Rob Davies will be the Associate Director & Clinical Director, and will be available especially for questions or support regarding clinically-related questions; Cindy Harling is the Assistant Clinical Director and should be consulted particularly if Rob is unavailable. Lauren Weitzman, as Director, is another good resource for administrative support and assistance. Your primary clinical supervisor is a resource for general consultation. Your clinical team leader should be consulted regarding team matters, intakes, and client disposition.

Regarding assistance with technical or computer-related problems, contact the Student Affairs Support Network at: help@sa.utah.edu or at 5-0046. Rob Davies maintains Titanium and can be consulted regarding Titanium issues.

In terms of secretarial or clerical support, JoAnn Kanegae is the long-time UCC Administrative Assistant and is the appropriate person to approach regarding questions about payroll and physical facilities (e.g., keys, office supplies, business cards, etc.) JoAnn is also the person who collects requests for secretarial work orders such as copying requests. (If you prefer, you are also welcome to do your own copying.) Janine Packer, Pat Tsuyuki, and Doug Hein are available to assist you and your clients with front desk-related issues (e.g., rescheduling appointments, cancellations if you are out sick, etc.) While you will have only incidental involvement with billing, Becky Robinson is our billing secretary if you or your clients have questions about UCC bills.

IV. FINANCIAL SUPPORT

The psychology intern salary for the 2014-2015 year will be \$25,047; this is slightly more than advertised. JoAnn Kanegae will get you set up with payroll through Human Resources and will make paycheck arrangements. As full University staff members, psychology interns receive several benefits in accordance with University policy and as described in our APPIC Directory and UCC Training website materials. These benefits include health insurance, dental insurance, life insurance, vacation, sick leave, professional development time, and dissertation/research release time. Psychology interns also enjoy full campus library privileges, a discount at the University Bookstore, free or discounted admission to campus museums, discounts to many campus cultural events, and a free public transportation pass. UCC provides some professional development funds for psychology interns. For example, UCC will purchase the Gottman Level I Training Materials for the your couples training and will sponsor each intern's attendance at the Utah University and College Counseling Center's Conference this fall in Park City. Interns may also request Professional Development funding to register for one other local or in-state professional conference, pending approval.

V. PERSONAL DISCLOSURE POLICY FOR UCC TRAINEES

The Ethical Principles of Psychologists and Code of Conduct (APA, 2010) address the issue of requiring personal disclosure by trainees in applied and academic training situations:

7.04 Student Disclosure of Personal Information

Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

In general, trainees at the University Counseling Center are not required to disclose personal information. In particular, with the exception noted in (2) above, the UCC training programs do not require trainees to engage in personal self-disclosure in program-related activities either orally or in writing (i.e., we do not require disclosure of sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others).

Personal and professional growth are goals of our training program, and therefore we may offer opportunities for personal exploration and reflection during the training year. When appropriate, trainees are encouraged to explore historical influences and personal information that may affect their clinical practice. Thus, we value awareness and use of self as an important component of the professional practice of social work, psychiatry, professional counseling, and psychology. Similarly, we believe that the behavior and demeanor of the therapist is an important factor contributing to therapeutic change. This means that in training we assist trainees in exploring and understanding the qualities and dynamics they bring to each interpersonal encounter and how these facilitate or hinder effective interactions. Personal reactions in therapy sessions, classrooms, or workshop presentations also may provide valuable information about the course and conduct of the intervention. Therefore, supervisors often ask supervisees for self-reflections.

It is our experience that voluntary personal disclosures related to clinical work can be quite useful in the context of a supervisory relationship. We value personal exploration in the course of supervision and want trainees to feel free to engage in personal disclosures when they wish. We expect the supervisory relationship to be characterized by mutual respect. We interact with trainees as healthy colleagues who may choose with whom and for what purposes to share personal information. We believe that it can be helpful to discuss personal issues and reactions arising from clinical work in the supervisory relationship. Such discussions assist trainees in using their personal reactions as tools in understanding and intervening appropriately with clients and in preventing personal issues from adversely affecting the psychotherapy process. Supervisors also may disclose personal experiences and reactions as they relate to clinical work, the supervisory alliance, or the trainee's learning and performance. At the same time, trainees may decline to share personal information and are not penalized in their performance evaluations for doing so.

Self-disclosure in supervision may occur in a variety of ways. The following are example situations that illustrate this concept:

1. The trainee, with awareness that their professional activities may be impacted by personal experiences, may choose to disclose such experiences. Trainees are welcome and encouraged to share personal information they determine may have a bearing on their professional functioning.
2. A supervisor may notice significant incidents or patterns in behavior that suggest that a trainee's professional behavior may be influenced by personal issues. The supervisor may ask the trainee to reflect on this in the context of encouraging professional growth.
3. An intern may manifest difficulties that have a severe enough impact on competent professional functioning to cause initiation of remediation strategies. Therapy might be recommended. However, trainees would not be required to sign releases to disclose the content of their therapy to supervisors or administrators at the Counseling Center.

Possible exceptions to the general policy include:

1. Trainees are required to disclose some personal information in their applications for training positions and as required by the Division of Human Resources at the University of Utah. And as of May 2009, all benefitted University employees are subject to a background check.
2. Sometimes we require trainees to take self-assessment instruments, such as the Multicultural Counseling Inventory, as part of various training seminars. Similarly, we may ask trainees to take standardized assessment instruments such as the Minnesota Multiphasic Inventory-2, Personality Assessment Inventory, Woodcock-Johnson Psychoeducational Battery-III, Strong Interest Inventory, or Myers-Briggs Type Indicator for the purpose of learning about the instruments and their interpretation prior to using them with clients. Results of these inventories and tests are used to increase trainees' awareness and understanding of the instruments and themselves. They are not used to evaluate trainees' performance in the agency.
3. Similarly, trainees may have the option to participate in research during the training year, and this research may involve disclosure of personal information. Research participation is voluntary and not required by the training program.
4. We might require trainees to provide information necessary to evaluate or obtain assistance for them if it appeared that personal problems were likely to be preventing the trainee from performing their training, clinical, or other professional duties in a competent and ethical manner or were posing a threat to themselves (i.e., suicidal) or others (i.e., homicidal). [This policy is consistent with exception #2 of Item 7.04 of the Ethical Principles of Psychologists and Code of Conduct (APA, 2010)].

5. If you have questions or concerns about self-disclosure policies at the UCC, please talk to the Training Director or your primary supervisor for further clarification.

VI. PROGRAM GOALS, OBJECTIVES & COMPETENCIES

As detailed in the Training Program area of the Psychology Internship Training Website, there are nine overall training goals which define the internship. Each of these goals is comprised of several objectives, and each objective has one or more competency associated with it. Collectively, these goals, competencies and objectives define the internship program. The goal of the internship is for interns to function at the intermediate to advanced level of functioning in each of these competencies by the end of internship.

<p>Goal #1: Assessment Interns will acquire intermediate to advanced skills in clinical and psychometric assessment.</p>
<p>Objectives for Goal #1:</p> <ol style="list-style-type: none"> A. Develop competence in clinical interview assessment in intake and crisis situations; perform crisis intervention assessment services with permanent clinical staff back up. B. Develop competence in the use of outcome assessment data to establish a client baseline and to monitor the progress of counseling. C. Develop competence in appropriate selection, administration and interpretation of other assessment tools. D. Develop skills in writing psychological reports and providing effective feedback to clients.
<p>Competencies Expected:</p> <p>Objective 1.A.</p> <ol style="list-style-type: none"> 1. Effectively gather information and evaluate this information in clinical decision-making. 2. Screen walk-in clients or phone-in clients appropriately for urgency of need. 3. Assess for suicidality, other self-harm, homicidality, and severe mental illness. 4. Distinguish among clients appropriate for crisis intervention, brief therapy, and/or community referral. <p>Objective 1.B.</p> <ol style="list-style-type: none"> 1. Access and interpret outcome assessment data in working with clients as they initially present for services. 2. Interpret changes in outcome measures as counseling progresses and to use this information in formulating treatment planning. <p>Objective 1.C.</p> <ol style="list-style-type: none"> 1. Use appropriately a variety of psychometric instruments (i.e., cognitive ability tests, personality measures, interest inventories) with a variety of clients.

2. Interpret accurately psychometric data and integrate it appropriately with clinical information.
3. Utilize assessment information to inform diagnosis, case conceptualization, and treatment planning.

Objective 1.D.

1. Write interpretive reports of testing and assessment results appropriate to the needs of the consumer of the report (e.g. client, therapist, Center for Disability Services).
2. Provide effective oral interpretation of testing and assessment results to clients.

How Outcomes are Measured:

1. Completion of standard internship evaluations.
2. Review and signature by supervising psychologist of all clinical documentation including intake assessment report and case notes, which include client progress and treatment planning information.
3. Performance of assessment case presentation in Assessment Seminar.
4. Evaluation and co-signature of psychological assessment reports by Assessment Coordinator and/or primary clinical supervisor.
5. Permanent Staff Evaluations of Trainee: Preliminary Review, Mid-year and End-of-year.

Goal #2: Clinical Conceptualization & Intervention

Interns will acquire intermediate to advanced skills in case conceptualization and clinical interventions, and will demonstrate the use of these skills with clients with a variety of presenting concerns in a variety of modalities (i.e., individual, group, and couples therapy).

Objectives for Goal #2:

- A. Develop skills in counseling and psychotherapy that are empirically supported.
- B. Develop skills in generating case conceptualizations that reflect theoretical orientation, intervention strategies, and outcome evaluations.
- C. Conduct intake interviews that engage clients in therapeutic alliance with the clinician and with the UCC.
- D. Understand the roles and expertise of other mental health professionals (i.e., social workers, psychiatrists) and to consult appropriately and interact respectfully.
- E. Develop skill in making timely, accurate, and useful clinical documentation, and demonstrate the ability to deal appropriately with confidential information.

Objective 2.A.

1. Build therapeutic relationships with clients.
2. Use theoretical and empirical literature to generate hypotheses about client dynamics/behavior and to select, plan, and carry out interventions appropriate to the client and the conceptualization.

3. Explore client issues.
4. Demonstrate accurate empathy and ability to respond appropriately to client affect.
5. Respond appropriately to contextual issues and nonverbal behavior.
6. Provide appropriate timing of interventions.
7. Observe and understand process in therapy and make appropriate process interventions.
8. Understand the intern's impact on clients and make appropriate use of this for therapeutic gain.
9. Understand the impact of clients on the intern and make appropriate use of this for the client's benefit.
10. Incorporate information and perspectives relevant to cultural and individual diversity in conceptualizing cases and making interventions.
11. Use a variety of interventions, including empirically supported treatments, to help clients move toward their goals.

Objective 2.B.

1. Describe succinctly their clients, client issues and relevant background factors.
2. Formulate a conceptual understanding of client problems.
3. Propose appropriate treatment modalities or interventions for clients.

Objective 2.C.

1. Establish an initial therapeutic rapport with intake clients.
2. Gather pertinent information about client background, present situation, mental health history, and current problems.
3. Engage with new clients and facilitate their entry into counseling, as appropriate.

Objective 2.D.

1. Understand the background training of other mental health professionals and their roles.
2. Appropriately acknowledge the expertise of other professionals.
3. Appropriately consult with or refer to these professionals.

Objective 2.E.

1. Write intake reports, case notes, and termination summaries in a timely and professional manner.
2. Understand the functions, uses, and misuses of case notes and to write notes consistent with UCC policies and professional standards.
3. Utilize effectively an electronic record keeping system.

How Outcomes are Measured:

1. Completion of standard internship evaluations.
2. Oral evaluations from primary supervisor accompanying written evaluations twice a year.
3. One preliminary review and two formal evaluations a year by the entire permanent clinical staff.
4. Observation by permanent clinical staff as interns perform intake sessions and are "cleared" for independent intakes.

5. Presentation of each intake in Clinical Team Meetings where permanent clinical staff members evaluate whether sufficient information was gathered.
6. Observation of therapy video recordings in supervision and training seminars.
7. Periodic reports from Titanium database on direct service hours.
8. Session-to-session reports of CCAPS data on each client via Titanium.
9. Feedback from permanent clinical staff co-therapists for group and couples co-therapy.
10. One case presentation in Case Conceptualization Seminar.
11. Review and sign-off by supervisor of intake write-ups, progress notes, and terminations.
12. Presentation of challenging cases in the multidisciplinary Clinical Case Consultation meeting.
13. Clinical Director oversight of all case notes on an as-needed basis.

Goal #3: Cultural and Individual Diversity

Interns will increase their awareness and knowledge of cultural and individual diversity. They will use their awareness and knowledge to provide culturally competent professional psychological services to individuals and groups representing various dimensions of diversity, broadly defined.

Objectives for Goal #3:

- A. Develop awareness and knowledge of how one's own cultural identity, beliefs, and values influence the delivery of culturally competent services to clients.
- B. Increase awareness of the impact of social and political dimensions (e.g. power dynamics, discrimination, White privilege) on the counseling process.
- C. Provide culturally competent psychological services to clients representing a wide range of cultural and individual diversity.

Competencies Expected:

Objective 3.A.

1. Articulate and demonstrate how one's various individual and cultural identities and value system may impact case conceptualization, selection of treatment modalities, treatment planning, and culture-specific interventions in the counseling process.

Objective 3.B.

1. Provide intermediate to advanced level of culturally competent multicultural counseling to a diverse client population.
2. Offer social justice advocacy to campus community. This is done primarily via agency outreach and Diversity Initiatives; may also occur via UCC "In-reach" initiatives of the intern's choosing.

Objective 3.C.

1. Articulate the impact of social, economic, political and other relevant environmental factors on the psychological mental health of diverse clients, while providing support and fostering resilience of affected individuals.

2. Include in assessment and case conceptualization relevant environmental factors that impact clients' mental health.
3. Include in treatment planning interventions for diversity-related support and the fostering of resilience.
4. Know when and with whom to request consultation in working with diverse clients.
5. Provide culturally competent outreach services to a selected group or population through a Diversity Initiative.

How Outcomes are Measured:

1. Completion of standard internship evaluations.
2. Feedback from permanent clinical staff members and peers during seminars.
3. Feedback from permanent clinical staff co-therapists (for groups and couples).
4. Discussions and case documentation review with primary supervisor.
5. Feedback from primary supervisor in weekly supervision.
6. One preliminary review and two formal evaluations a year by the entire staff.
7. Effective summary of relevant multicultural aspects of clinical assessment from intake interviews in Clinical Team Meetings.
8. Demonstration of understanding of the impact of culture and oppression on outcomes of clinical and formal assessment in assessment case presentation in Assessment Seminar.
9. Evaluation of cultural competence in counseling by primary supervisors through review of videotaped counseling sessions and discussions of case conceptualizations and treatment interventions appropriate to individual clients.

Goal #4: Consultation & Outreach

Interns will acquire knowledge and skill to perform consultation and outreach functions in a university setting.

Objectives for Goal #4:

- A. Understand theories and models of outreach and consultation.
- B. Acquire skills in the design, implementation and evaluation of outreach and consultation programming for academic departments, student groups, or agencies of the University of Utah.
- C. Gain experiential knowledge by providing consultation and outreach.

Competencies Expected:

Objective 4.A.

1. Understand the similarities and differences between outreach, consultation, and psychotherapy.
2. Understand the models and theories of outreach and consultation that underlie our service delivery of these modalities (e.g., the Interactive Cube Model, systems variables, organizational cultures, factors that influence change, principles of collaborative multicultural outreach).

Objective 4.B.

1. Identify the steps involved in assessment and needs evaluation in the outreach

and consultation process and the importance of tailoring interventions to meet the needs of the organization.

2. Plan a Diversity Initiative intervention in conjunction with a permanent clinical staff member.
3. Articulate the possible ethical dilemmas arising in outreach and consultation service delivery and describe strategies to deal appropriately with them.

Objective 4.C.

1. Conduct outreach programs and/or consultation services with permanent clinical staff member co-facilitators or mentors.
2. Carry out a Diversity Initiative with a campus agency or population of interest.

How Outcomes are Measured:

1. Completion of standard internship evaluations.
2. Participation in 4-5 session Outreach & Consultation seminar.
3. Successfully conduct and complete at least two outreach presentations Fall and Spring Semesters; track total number of outreach and consultation interventions completed.
4. Formal and/or informal evaluations by participants and/or recipients of outreach services.
5. Permanent clinical staff co-facilitators give evaluative feedback at preliminary review and two formal evaluation meetings.
6. Interns generate Diversity Initiative report and project is presented to permanent clinical staff.

Goal # 5: Supervision

Interns will acquire intermediate to advanced skills in clinical supervision.

Objectives for Goal #5:

- A. Gain knowledge and understanding of models of supervision and issues related to providing competent supervision.
- B. Gain experiential knowledge by providing supervision.

Competencies Expected:

Objective 5.A.

1. Be familiar with developmental supervision models and the implications of supervisees' and supervisors' levels of training.
2. Be aware of other supervision models and approaches (e.g., Psychotherapy-based Supervision Models, Interpersonal Process Recall, Feminist/Multicultural) and their implications.
3. Learn about and present on various aspects of applied supervision (e.g. evaluation, dealing with supervisees with competence problems, supervisory working alliance, ethical considerations) using supervision literature and small group discussions.
4. Engage in Supervision Seminar and consult with fellow faculty supervisor counterpart as needed.

Objective 5.B.

1. Engage supervisees and maintain effective supervisory relationships.
2. Use aspects of one or more supervision models to inform one's applied clinical supervision.
3. Establish appropriate structure in supervision, maintain appropriate boundaries, and differentiate supervision from psychotherapy.
4. Provide constructive and timely evaluative feedback to supervisees regarding their provision of therapy.
5. Regularly review and sign clinical documentation (e.g., intake reports, case notes) of supervisees.
6. Address multicultural issues in supervision. Work effectively with at least one supervisee who is, in some way, culturally different from oneself.
7. Use formative and summative evaluations with supervisees, incorporating verbal and written feedback.
8. Identify and address ethical issues in supervision.

How Outcomes are Measured:

1. Completion of standard internship evaluations.
2. Attend and participate in the weekly Supervision Seminar.
3. Receive formative evaluation from Supervision Seminar leader, Practicum Faculty Instructor, and intern peers.
4. Successfully present one topical didactic presentation in Supervision Seminar each semester.
5. Successfully present approximately two supervision case presentations each semester in Supervision Seminar, each with a written conceptualization and video clip.
6. Demonstrate satisfactory performance on video recordings of supervisory sessions in Supervision Seminar.
7. Receive feedback and evaluation from one's primary supervisor.
8. Receive summative, written evaluations each semester from each supervisee supervised.
9. Permanent clinical staff evaluation via one preliminary review and two formal evaluations per year.

Goal #6: Career Development

Interns will acquire intermediate to advanced skills in career assessment and counseling.

Objectives for Goal #6:

- A. Integrate theories of career assessment and career development with practical applications in a university setting.
- B. Appropriately utilize quantitative and qualitative career assessment techniques in the career decision-making process.
- C. Implement appropriate career exploration and decision-making interventions.

Competencies Expected:

Objective 6.A.

1. Increase understanding of their own career development via trainings during the Orientation & Training period; ability to apply this understanding to career work with clients.
2. Facilitate career exploration and decision-making processes in individual counseling; integrate personal and career counseling in individual counseling sessions.

Objective 6.B.

1. Know how to select, use, and interpret appropriate career assessment instruments.
2. Know how to integrate career assessment findings into career counseling process.

Objective 6.C.

1. Be familiar with diverse methods and resources (e.g. written exercises, information-gathering interviews, Career Services Center) to enhance career exploration.

How Outcomes are Measured:

1. Completion of standard internship evaluations.
2. Feedback from primary supervisor in weekly supervision.
3. Feedback from Career Coordinator regarding initial career development training.
4. One preliminary review and two formal evaluations a year by the entire staff.

Goal # 7: Research

Interns will complete the dissertation research project or its equivalent. Interns will be involved in other research-related activities of the intern's choosing once the dissertation is complete.

Objectives for Goal #7:

- A. Complete data collection, data analysis and writing of the dissertation or equivalent.
- B. Successfully defend the dissertation research project or equivalent.
- C. Participate in research-related activities once the dissertation or equivalent is defended. (Examples of research-related activities include preparing dissertation research or equivalent for publication/presentation, participating in ongoing UCC research or evaluation projects, participating in departmental research groups on campus, initiating other research projects of the intern's choosing.)

Competencies Expected:

Objective 7.A.

1. Maintain communication with the dissertation or equivalent project advisor in the home academic department.
2. Collect data for a dissertation or equivalent project as specified by the home academic department.
3. Complete appropriate data analysis.

4. Present results and implications in a written format acceptable to the home academic department.

Objective 7.B.

1. Present the dissertation project or equivalent orally and in writing, in a manner acceptable to the intern's home department.

Objective 7.C.

1. Display initiative in preparing completed research for presentation/publication, participating as a member of a research team, or initiating a research project subsequent to the dissertation or equivalent.

How Outcomes are Measured:

1. Completion of standard internship evaluations.
2. Successful submission of the dissertation or equivalent project to the intern's dissertation/project committee.
3. Successful defense of the dissertation or equivalent project.
4. Practice dissertation defense with feedback from permanent clinical staff members and intern peers.
5. Generation of manuscripts, publications, and presentations while on internship.
6. Participation in UCC or other campus research teams.

Goal #8: Ethics & Standards

Interns will demonstrate ethical decision-making and conduct consistent with the ethical and legal standards of professional psychology. Interns will understand professional standards (i.e., licensing and credentialing) and be able to initiate the next steps toward licensure.

Objectives for Goal #8:

- A. Increase knowledge about ethical standards of the profession including APA's Ethical Principles of Psychologists and Code of Conduct and ASPPB's Code of Conduct.
- B. Increase knowledge of legal and ethical rules governing the practice of psychology in the State of Utah, policies and procedures of the University Counseling Center, and other legal and ethical standards related to professional practice.
- C. Demonstrate behavior consistent with ethical principles and standards of professional conduct.
- D. Increase knowledge regarding licensing and credentialing processes and identify next steps toward licensure.

Competencies Expected:

Objective 8.A.

1. Anticipate and prevent potential ethical conflicts when possible (e.g. exploitative multiple relationships, breaches of confidentiality).

2. Recognize ethical dilemmas as they arise and utilize consultation and relevant literature to clarify issues.

Objective 8.B.

1. Increase familiarity with state, local, institutional, and agency ethical rules, guidelines, and policies and procedures.
2. Act consistently with these rules, guidelines, policies and procedures in day-to-day practice.

Objective 8.C.

1. Demonstrate the ability to make reasoned ethical choices regarding issues as they arise in the UCC areas of practice.
2. Articulate reasoning as applied to ethical decision-making.
3. Practice within the limits of competence.
4. Consult appropriately with colleagues, experts, and peers regarding ethical challenges.

Objective 8.D.

1. Demonstrate the ability to locate relevant licensing and credentialing resources (e.g., state boards of psychology, ASPPB materials, EPPP overview and registration materials).
2. Demonstrate the ability to initiate the next steps toward licensure (e.g., contacting state boards of psychology, accessing ASPPB website, registering for EPPP, etc.)

How Outcomes are Measured:

1. Completion of standard internship evaluations.
2. Active participation in group discussions about standards and ethics during Orientation & Training, Team Meetings, Ethics Seminar, Professional Standards and Licensing Seminar, Staff Development, other training seminars, and with the intern's primary supervisors.
3. One preliminary review and two formal evaluations a year by the entire staff.

Goal # 9: Professional Development

Interns will acquire habits of on-going professional development and life-long learning.

Objectives for Goal #9:

- A. Maintain competence and continuously acquire new skills and knowledge in the science and practice of psychology.
- B. Contribute to the discipline of psychology.
- C. Understand and engage effectively in the job search process.

Competencies Expected:

Objective 9.A.

1. Engage in educational activities to increase skills and knowledge (i.e. be familiar with and/or participate in local, state, regional, and/or national professional

organizations).

2. Attend professional seminars, workshops, and conferences.
3. Read and discuss research and clinically relevant literature related to professional practice of psychology with permanent clinical staff members and peers.

Objective 9.B.

1. Engage in scholarly activities.
2. Consult readily with permanent clinical staff members, peers, and local or national experts to share expertise.

Objective 9.C.

1. Know how to define job objectives most congruent with one's goals, values, interests, skills, and abilities.
2. Know how to identify job openings and develop professional networks related to the job search.
3. Understand professional norms for constructing a cover letter.
4. Understand professional norms for constructing a professional vita.
5. Understand the job interview process and develop job interview skills (e.g., developing a job talk).
6. Acquire skill to effectively negotiate a job offer.

How Outcomes are Measured:

1. Completion of standard internship evaluations.
2. Participation in UCC Staff Development Seminar.
3. Attendance at professionally relevant workshops and conferences (e.g., APA, UPA, Utah University and College Counseling Centers' Conference).
4. Receive feedback from primary supervisor in weekly supervision.
5. Demonstrate progress toward or completion of dissertation research.
6. Produce research, professional writing, and oral presentations at professional conferences.
7. Contribute to discussions about the job search process in Professional Development Seminar.
8. Discuss the job search process with primary supervisors, peers, mentors, etc..
9. Construct a cover letter appropriate to career objective.
10. Construct a vita appropriate to career objective.
11. Present a job talk in Professional Development (or other venue) with feedback from participants.
12. Obtain employment in positions matching interns' preferred criteria.

VII. EVALUATION

A. Evaluation Processes and Schedules

Intern evaluation processes and schedules are discussed in the document "Trainee Rights And Responsibilities and Due Process Procedures" which appears later in this Manual. Please read that document for details about agency evaluation procedures. Agency evaluation includes both formative and summative feedback. Formative feedback is the on-going information you receive about your performance from supervisors, co-therapists, Team Leaders, and others with whom you work; it is often informal and verbal. Summative feedback, on the other hand, is more formal evaluative information that comes at different points in the training year; it is normally written feedback.

Evaluations can also be characterized as either "proximal" or "distal." Proximal evaluations are those which are collected during the internship year, whereas distal measures are normally collected after the internship is complete.

Proximal evaluation measures include:

1. Review of the content of interns' Projected Service Agreement and activity summaries.
2. Contributions in training seminars.
3. Staff observations from in the preliminary review and in the two performance evaluation meetings.
4. Titanium reports and documentation of number of intakes and ongoing counseling hours completed.
5. Monthly reports from the Director recording the percent of actual to targeted hours of intake and returning appointments, and the range of these percentages for permanent staff over the same time period.
6. Permanent clinical staff members' quantitative/written evaluations of intern's performance.
7. Client reports of behavior change via the CCAPS.
8. Written instructor evaluations regarding interns' teaching.
9. Ratings by practicum supervisee(s) on supervisor evaluation forms.

Distal evaluation measures include:

1. Length of time to complete doctoral degree following internship.
2. Obtaining a professional position in psychology relevant to the intern's long term career goals.
3. Achieving licensure as a psychologist.
4. Professional contributions of former interns to their institutions or agencies, their communities, the discipline of psychology, and/or national or international issues related to research and practice in psychology.
5. Presentation records of former interns at national, regional, state and local professional meetings.
6. Publication records of former interns who are in academic and applied settings.
7. Participation of former interns in local, regional, national, and international professional organizations.
8. Alumni Follow-up Survey data.

As mentioned, trainee evaluation is also discussed in the "Trainee Rights And Responsibilities And Due Process Procedures" later in this Manual.

B. EVALUATION OF TRAINEE: COMPREHENSIVE EVALUATION SYSTEM

There will be one Preliminary Review in October and two Formal Reviews, the first in December and the second in July near the end of the internship year. You will be informed of the actual dates of these reviews when they are scheduled.

The evaluation forms appear in Appendix A of this Manual. These forms will be used for the two Formal Reviews. The items on these various forms correspond one-to-one with the objectives in the table above. Permanent clinical staff members most familiar with your performance in each of several functional areas will complete these forms. Feedback from the forms will be aggregated and presented individually to each intern.

C. SUPERVISOR SKILLS EVALUATION FORM

[This is the form which your practicum counselor supervisee will use to evaluate you.]

SUPERVISOR SKILLS EVALUATION FORM ¹

Supervisor _____

Supervisee _____

Date of Evaluation _____

For the Period (Dates) _____

Check methods of supervision used:

- audio tape video tape live observation
 co-therapy/facilitation documentation review

Supervision Climate and Structure

Supervisor works on establishing a climate of trust, support, and understanding of supervisee.

1	2	3	4	5	NA
not at all characteristic		characteristic		extremely characteristic	

Supervisor elicits input from supervisee and works with supervisee to develop specific supervision goals; maintains a flexible focus on those goals.

1	2	3	4	5	NA
not at all characteristic		characteristic		extremely characteristic	

Supervisor assesses skill level of supervisee.

1	2	3	4	5	NA
not at all characteristic		characteristic		extremely characteristic	

Supervisor is respectful of individual differences between supervisor and supervisee.

1	2	3	4	5	NA
not at all characteristic		characteristic		extremely characteristic	

¹ This Form was Developed by Psychological and Counseling Services, Indiana University
And was Adapted with Permission, 1999

Supervisor is reliably available when scheduled.

1	2	3	4	5	NA
not at all characteristic		characteristic		extremely characteristic	

Supervisor works toward conflict resolution in constructive ways.

1	2	3	4	5	NA
not at all characteristic		characteristic		extremely characteristic	

Supervisor works collaboratively with supervisee to define supervision process.

1	2	3	4	5	NA
not at all characteristic		characteristic		extremely characteristic	

Supervisor works collaboratively with supervisee on establishing agenda for supervision session.

1	2	3	4	5	NA
not at all characteristic		characteristic		extremely characteristic	

Comments on Supervision Climate and Structure:

Focus on Work with Client**Supervisor assists supervisee in clarifying differential diagnostic issues.**

1	2	3	4	5	NA
not at all characteristic		characteristic		extremely characteristic	

Supervisor assists in case conceptualization and understanding of client dynamics.

1	2	3	4	5	NA
not at all characteristic		characteristic		extremely characteristic	

Supervisor explores various therapeutic processes such as confrontation, support, timing, and their uses.

1	2	3	4	5	NA
not at all characteristic		characteristic		extremely characteristic	

Supervisor discusses theory-based interventions, particularly but not limited to interpersonal, dynamic and cognitive strategies.

1	2	3	4	5	NA
not at all characteristic		characteristic		extremely characteristic	

Supervisor discusses empirically validated approaches to psychotherapy.

1	2	3	4	5	NA
not at all characteristic		characteristic		extremely characteristic	

Supervisor demonstrates or role plays techniques.

1	2	3	4	5	NA
not at all characteristic		characteristic		extremely characteristic	

Comments on Focus on Work with Client:

Focus on Supervisee

Supervisor gives feedback on supervisee-client relationship.

1	2	3	4	5	NA
not at all characteristic		characteristic		extremely characteristic	

Supervisor addresses supervisee's professional/personal issues and behaviors relevant to professional goals.

1	2	3	4	5	NA
not at all characteristic		characteristic		extremely characteristic	

Supervisor helps supervisee assess the variety of approaches/techniques which may be appropriate in a given case.

1 2 3 4 5 NA
not at all characteristic characteristic extremely characteristic

Supervisor helps supervisee assess own strengths and weaknesses.

1 2 3 4 5 NA
not at all characteristic characteristic extremely characteristic

Supervisor facilitates development of supervisee's own theoretical position.

1 2 3 4 5 NA
not at all characteristic characteristic extremely characteristic

Supervisor assists supervisee with case management; provides feedback on case records.

1 2 3 4 5 NA
not at all characteristic characteristic extremely characteristic

Comments on Focus on Supervisee:

Focus on Supervisor

Supervisor possesses clinical skills commensurate with experience and displays or communicates those skills in supervision.

1 2 3 4 5 NA
not at all characteristic characteristic extremely characteristic

Supervisor acts in an ethical manner and promotes awareness of ethical issues.

1 2 3 4 5 NA
not at all characteristic characteristic extremely characteristic

Supervisor readily shares ideas and constructive criticism regarding case management issues.

1 2 3 4 5 NA
not at all characteristic characteristic extremely characteristic

Supervisor encourages and responds to feedback made by supervisee.

1 2 3 4 5 NA
not at all characteristic characteristic extremely characteristic

Supervisor views tapes provided by trainee on a regular basis.

1 2 3 4 5 NA
not at all characteristic characteristic extremely characteristic

Supervisor uses appropriate books, articles and other references.

1 2 3 4 5 NA
not at all characteristic characteristic extremely characteristic

Supervisor knows campus/community resources and helps supervisee refer appropriately.

1 2 3 4 5 NA
not at all characteristic characteristic extremely characteristic

Supervisor uses appropriate self-disclosure.

1 2 3 4 5 NA
not at all characteristic characteristic extremely characteristic

Comments on Focus on Supervisor:

Describe any aspect(s) of your supervision or supervisory relationship that helped you benefit from supervision:

Describe any aspect(s) of your supervision or supervisory relationship that limited your learning from supervision:

By signing below you acknowledge that this evaluation has been reviewed by both parties:

Supervisor Signature Date _____
Supervisee Signature Date

D. THE COMPREHENSIVE EVALUATION OF STUDENT-TRAINEE COMPETENCE IN PROFESSIONAL TRAINING PROGRAMS²

A. Overview and Rationale

Licensed mental health service providers are expected to demonstrate competence within and across a number of different but interrelated dimensions. Programs that educate and train licensed mental health providers also strive to protect the public and mental health care professions. Therefore, faculty, training staff, supervisors, and administrators in such programs have a duty and responsibility to evaluate the competence of students and trainees across multiple aspects of performance, development, and functioning.

It is important for students and trainees to understand and appreciate that academic and professional competence in the provision of mental health care services (e.g., master's, doctoral, internship, postdoctoral) is defined and evaluated comprehensively. Specifically, in addition to performance in counseling, teaching, outreach/consultation, research, and related program requirements, other aspects of professional development and functioning (e.g., cognitive, emotional, psychological, interpersonal, technical, and ethical) also will be evaluated. Such comprehensive evaluation is necessary in order for supervisors, faculty, and other training staff to appraise the entire range of performance, development, and functioning of their student-trainees. This model policy attempts to disclose and make these expectations explicit for student-trainees prior to program entry and at the outset of education and training.

In response to these issues, the Council of Chairs of Training Councils (CCTC) in psychology developed a model policy (see <http://www.apa.org/ed/graduate/cctc.html>) for use in their respective program handbooks and other written materials. This policy was developed in consultation with CCTC member

² This document was developed by the Student Competence Task Force of the Council of Chairs of Training Councils (CCTC) (<http://www.apa.org/ed/graduate/cctc.html>) and approved by the CCTC on March 25, 2004. Impetus for this document arose from the need, identified by a number of CCTC members, that programs in professional psychology needed to clarify for themselves and their student-trainees that the comprehensive academic evaluation of student-trainee competence includes the evaluation of intrapersonal, interpersonal, and professional development and functioning. Because this crucial aspect of academic competency had not heretofore been well addressed by the profession of psychology, CCTC approved the establishment of a "Student Competence Task Force" to examine these issues and develop proposed language. This document was developed during 2003 and 2004 by a 17-member task force comprised of representatives from the various CCTC training councils. Individuals with particular knowledge of scholarship related to the evaluation of competency as well as relevant ethical and legal expertise were represented on this task force. The initial draft of this document was developed by the task force and distributed to all of the training councils represented on CCTC. Feedback was subsequently received from multiple perspectives and constituencies (e.g., student, doctoral, internship), and incorporated into this document, which was edited a final time by the task force and distributed to the CCTC for discussion. This document was approved by consensus at the 3/25/04 meeting of the CCTC with the following clarifications: (a) training councils or programs that adopt this "model policy" do so on a voluntary basis (i.e., it is not a "mandated" policy from CCTC); (b) should a training council or program choose to adopt this "model policy" in whole or in part, an opportunity should be provided to student-trainees to consent to this policy prior to entering a training program; (c) student-trainees should know that information relevant to the evaluation of competence as specified in this document may not be privileged information between the student-trainee and the program and/or appropriate representatives of the program.

organizations, and is consistent with a range of oversight, professional, ethical, and licensure guidelines and procedures that are relevant to processes of training, practice, and the assessment of competence within professional psychology (e.g., the Association of State and Provincial Psychology Boards, 2004; *Competencies 2002: Future Directions in Education and Credentialing in Professional Psychology*; *Ethical Principles of Psychologists and Code of Conduct*, 2003; *Guidelines and Principles for Accreditation of Programs in Professional Psychology*, 2003; *Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists*, 2002). The University Counseling Center at the University of Utah has adapted this model policy to fit the needs of its multidisciplinary training programs which include trainees and supervisors who are mental health care providers in social work, psychology, professional counseling, and psychiatry.

B. Model Policy

Students and trainees in mental health care provider training programs (at the master's, doctoral, internship, or postdoctoral level) should know—prior to program entry, and at the outset of training—that training staff, supervisors, faculty, and administrators have a professional, ethical, and potentially legal obligation to: (a) establish criteria and methods through which aspects of competence other than, and in addition to, a student-trainee's knowledge or skills may be assessed (including, but not limited to, emotional stability and well being, interpersonal skills, professional development, and personal fitness for practice); and, (b) ensure—insofar as possible—that the student-trainees who complete their programs are competent to manage future relationships (e.g., client, collegial, professional, public, scholarly, supervisory, teaching) in an effective and appropriate manner. Because of this commitment, and within the parameters of their administrative authority, training staff, supervisors, faculty, and administrators strive not to advance, recommend, or graduate students or trainees with demonstrable problems (e.g., cognitive, emotional, psychological, interpersonal, technical, and ethical) that may interfere with professional competence to other programs, the profession, employers, or the public at large.

As such, within a developmental framework, and with due regard for the inherent power difference between students and training staff, students and trainees should know that their training staff, supervisors, and faculty will evaluate their competence in areas other than, and in addition to counseling, teaching, outreach/consultation, research, seminars, scholarship, or related program requirements. These evaluative areas include, but are not limited to, demonstration of sufficient:

- (a) interpersonal and professional competence (e.g., the ways in which student-trainees relate to clients, peers, faculty, allied professionals, the public, and individuals from diverse backgrounds or histories);
- (b) self-awareness, self-reflection, and self-evaluation (e.g., knowledge of the content and potential impact of one's own beliefs and values on clients, peers, faculty, allied professionals, the public, and individuals from diverse backgrounds or histories);

- (c) openness to processes of supervision (e.g., the ability and willingness to explore issues that either interfere with the appropriate provision of care or impede professional development or functioning); and
- (d) resolution of issues or problems that interfere with professional development or functioning in a satisfactory manner (e.g., by responding constructively to feedback from supervisors or program faculty; by the successful completion of remediation plans; by participating in personal therapy in order to resolve issues or problems).

This policy is applicable to settings and contexts in which evaluation would appropriately occur (e.g., counseling, teaching, outreach/consultation, supervision, research), rather than settings and contexts that are unrelated to the formal process of education and training (e.g., non-academic, social contexts). However, irrespective of setting or context, when a student-trainee's conduct clearly and demonstrably (a) impacts the performance, development, or functioning of the student-trainee; (b) raises questions of an ethical nature; (c) represents a risk to public safety; or (d) damages the representation of the mental health discipline to the profession or public, appropriate representatives of the program may review such conduct within the context of the program's evaluation processes.

Although the purpose of this policy is to inform students and trainees that evaluation will occur in these areas, it should also be emphasized that a program's evaluation processes and content should typically include:

- (a) information regarding evaluation processes and standards (e.g., procedures should be consistent and content verifiable);
- (b) information regarding the primary purpose of evaluation (e.g., to facilitate student or trainee development; to enhance self-awareness, self-reflection, and self-assessment; to emphasize strengths as well as areas for improvement; to assist in the development of remediation plans when necessary);
- (c) more than one source of information regarding the evaluative area(s) in question (e.g., across supervisors and settings); and
- (d) opportunities for remediation, provided that training staff, supervisors, or faculty conclude that satisfactory remediation is possible for a given student-trainee.

Finally, the criteria, methods, and processes through which student-trainees will be evaluated should be clearly specified and should also include information regarding due process policies and procedures (e.g., including, but not limited to, review of a program's evaluation processes and decisions).

VIII. TRAINEE RIGHTS AND RESPONSIBILITIES AND DUE PROCESS PROCEDURES¹ (2013 Revisions)

University Counseling Center University of Utah

With regard to behavior and performance, the general expectations of the Training Program are that trainees² will:

1. Behave within the bounds of the ethical principles of their professional disciplines. These include:
 - APA Ethical Principles of Psychologists and Code of Conduct;
 - APA Standards for Providers of Psychological Services and Specialty Guidelines for the Delivery of Services;
 - ASPPB Code of Conduct;
 - NASW Code of Ethics;
 - AMA Principles of Medical Ethics, With Annotations Especially Applicable to Psychiatry;
 - Other relevant and applicable codes, standards, or guidelines.
2. Behave within the bounds of the laws and regulations of the State of Utah Boards of Licensure for Psychologists, Social Workers, Professional Counselors, and Psychiatrists.
3. Behave in a manner that conforms to the policies and procedures of the University Counseling Center as outlined in the current UCC Policies and Procedures Manual, and of the University of Utah.
4. Demonstrate proficiency in counseling and therapy skills as required to successfully carry out assigned tasks at the Center.
5. Demonstrate proficiency in relevant assessment and evaluative procedures as required to successfully carry out tasks at the Center.
6. Demonstrate proficiency in program development and implementation as required to successfully complete assigned tasks at the Center.
7. Demonstrate the ability to communicate clearly and precisely in both oral and written formats.
8. Demonstrate the ability to integrate relevant professional and ethical standards as a professional psychologist, social worker, counselor, or psychiatrist into one's repertoire of behaviors.
9. Participate in the training, service, and continuing education activities of the University Counseling Center with the year-end goal of being able to provide services across a range of activities and with a frequency and quality appropriate to that of a staff psychologist, social worker, professional counselor, or psychiatrist at the Counseling Center.

¹ This document is a modification and adaptation of a similar document developed at the Counseling Center at the University of California at Davis.

² Trainee refers specifically to psychology interns, social work interns, psychiatry residents, and professional counseling interns.

A. Trainee Review and Evaluation

1. A Preliminary Review is conducted in October. Formal Reviews and evaluations are held two times during the year. The first Formal Review for all trainees is in December; the second formal review for Social Work Interns and APRN Trainees is in March/April; for Psychiatric Residents in May/June; and for Psychology Interns in July.
2. For the Preliminary Review, supervisors, consultation/seminar leaders, and other staff who have training responsibilities meet together to discuss each trainee's progress and any concerns. For the Psychology Interns, feedback from the comprehensive evaluations may be used in a preliminary way. The Training Director or appropriate Training Coordinator is responsible to document the feedback for the trainee's permanent file. Feedback for each trainee will be aggregated, summarized, and presented individually to each trainee. If concerns or problems have been noted, then supervisors discuss these with their supervisees and plan a strategy for dealing with the concern. The Training Director and/or appropriate Training Coordinator may assist in formulating a plan to address a concern.
3. For the Formal Reviews and evaluations, supervisors, consultation group leaders, and other staff who have training responsibilities complete standard evaluation forms relevant to each trainee's program of training. For example, Psychology Interns are evaluated via a set of comprehensive evaluation forms which correspond to Psychology Internship competencies while Social Work Interns are evaluated via forms and criteria established by the College of Social Work. The Training Director or appropriate Training Coordinator is responsible to document the feedback for the trainee's permanent file. Feedback for each trainee will be aggregated, summarized, and presented individually to each trainee. If concerns or problems have been noted, then supervisors discuss these with their supervisees and plan a strategy for dealing with the concern. The Training Director and/or appropriate Training Coordinator may assist in formulating a plan to address a concern.

At a supervision session designated to share evaluative feedback, trainees and their primary supervisors discuss evaluations of the work done during that rotation or semester. Evaluations are signed and then forwarded to the Training Director or appropriate Training Coordinator. The signatures on these documents do not necessarily reflect agreement with their content but rather indicate that the documents have been presented and discussed with the respective individuals. The Training Director may use the evaluations of the trainees as a basis for progress reports to their academic programs.

4. The Formal Evaluations are not considered to be replacements for informal verbal feedback, which the staff and trainees are encouraged to give throughout the year. It is expected that trainees should have been presented with any areas of deficiency or misconduct and an opportunity to ameliorate them prior to any request for a special review.
5. At the end of each semester or rotation, Psychology Interns complete the Training Experience Form, which documents the activities they have participated in and services they have provided; they print out a summary of their activities from the computerized record-keeping system adopted by the agency. Copies or summaries

of these forms may be sent to the academic training programs of the Interns and are maintained in the Interns' permanent files at the University Counseling Center. The Training Director writes a letter to the academic program summarizing the Intern's experiences and performance evaluations; Interns receive a copy of the letter sent to their academic programs.

Similarly, written evaluation forms for Social Work Interns, Professional Counseling Interns and Psychiatric Residents are provided to their academic programs, and copies are maintained in the Interns'/Residents' permanent files at the University Counseling Center.

B. Procedures for Responding to Inadequate Performance by a Trainee

If a trainee receives an "unacceptable rating" from any of the evaluation sources in any of the major categories of evaluation, or if a staff member has concerns about an intern's behavior (e.g., ethical or legal violations, professional competence, etc.), the following procedures will be initiated:

1. The staff member will consult with the Training Director to determine if there is reason to proceed and/or if the behavior in question is being rectified.
2. If the staff member who brings the concern is not the trainee's primary supervisor, the Training Director will discuss the concern with the trainee's primary supervisor.
3. The primary supervisor or Training Director will inform the trainee of the concern and solicit the trainee's perspective on the matter.
4. If the Training Director and primary supervisor determine that the alleged behavior in the complaint, if proven, would constitute a serious violation, the Training Director will inform the staff member who initially brought the complaint that this is the case.
5. The Training Director will meet with the Training Committee (excluding trainee members of the Committee) to discuss the performance rating or the concern.
6. The Training Director, primary supervisor, and Director also may meet to discuss possible action steps.
7. Whenever a decision has been made about a trainee's training or status in the agency, the Training Director will inform the trainee in writing and will meet with the trainee to review the decision. This meeting may include the trainee's primary supervisor. If the trainee accepts the decision, any formal action taken by the Training Program may be communicated in writing to the intern's academic department. This notification indicates the nature of the concern and the specific actions implemented to address the concern.
8. The trainee may choose to accept the conditions or may choose to challenge the action. The procedures for challenging the action are described below.

C. Procedures to Advise and Assist Trainees who are not Performing at the Program's Expected Level of Competence

1. First, it is important that the trainee clearly understand the expected level of competence and how his/her performance, behavior, knowledge, or attitude differs from expectations. This information would be provided to the trainee in writing and discussed with him/her.
2. Possible steps to remediate skill deficits or inadequate performance may include:
 - a. Increase supervision, shift the focus of supervision, or modify the format of supervision with either the same or a different supervisor;
 - b. Recommend/require personal therapy especially when the problems are psychological in nature. Whether or how the therapy contacts will be used in the trainee evaluation process should be clarified;
 - c. Reduce the trainee's caseload or responsibilities;
 - d. Require specific academic course work or a tutorial in a specific area to be regularly monitored by a staff member knowledgeable in that area;
 - e. Recommend a leave of absence or a second training year at another setting;
 - f. Place the trainee on probation in the event he/she fails to meet or make satisfactory progress toward meeting the general expectations of the training experience. The probation may be for a specified period of time and include regular evaluation/supervision. While on probation, the trainee will function under a remediation program designed by the Training Committee and approved by the Training Director and the Director of the Counseling Center. Probation will be terminated by action of the Training Director and Director of the Counseling Center following a special review session;
 - g. Suspend the trainee. If a trainee is charged with violating the APA or other Code of Ethics, he/she may be temporarily suspended from engaging in any/or all counseling or direct services. Such suspensions can be instigated by the Training Director or Director of the Counseling Center. All temporary suspensions become effective immediately upon written and oral notification of the trainee. The written notification, which includes the reasons for the sanction, is expected to be in the hands of the trainee within one working day.

A date will be set for a special meeting at which time the Training Director will review the conditions imposed and indicate the progress to be made toward remediating the violation(s)

D. **Problematic Behavior, Attitudes, or Characteristics**

Trainees are expected "to demonstrate interpersonal and professional competence; self-awareness, self-reflection, and self-evaluation; openness to processes of supervision; and to resolve issues or problems that interfere with professional development or functioning in a satisfactory manner," as outlined in "The Comprehensive Evaluation of Student-Trainee Competence in Professional Training Programs" model policy developed by the Council of Chairs of Training Councils in psychology and adapted for use at the University Counseling Center. In contrast, problematic behavior, attitudes, or characteristics are defined broadly as interferences in professional functioning which are exhibited in one or more of the following ways:

- an inability 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 control personal stress, strong emotional reactions, and/or psychological dysfunction such that they interfere with professional functioning.
1. Problematic trainee behavior, attitudes, or characteristics typically include one or more of the following:
 - a) The trainee does not acknowledge, understand, or address the problem when it is identified;
 - b) The problem is not merely a reflection of a skill deficit, which can be rectified by academic, didactic, or experiential training;
 - c) The quality of services delivered by the trainee is sufficiently affected in a negative way;
 - d) The problem is not restricted to one area of professional functioning;
 - e) A disproportionate amount of time and attention is required by training staff;
 - f) The trainee's behavior does not change as a function of feedback, remediation efforts, and/or time.
 2. It is important to have meaningful ways to address problematic behavior, attitudes, and characteristics once they have been identified. In implementing remediation or sanction interventions, the training staff must be mindful and balance the needs of the trainee, the clients involved, other members of the trainee cohort, the training staff, and other agency personnel. Possible interventions may include all those mentioned above in relation to deficits in skill and competence: verbal warning, written acknowledgment, written warning, schedule modification, probation, suspension of direct service activities, administrative leave, and dismissal from the internship.
 3. When a combination of interventions does not rectify the problem or when the trainee seems unable or unwilling to alter his/her problematic behavior, attitudes, or characteristics, the Training Committee may need to take more formal action:

- a) Give the trainee a limited endorsement, specifying settings in which he/she could function adequately;
- b) Inform the trainee and the academic program that the trainee has not successfully completed the Training Program;
- c) Recommend and assist in implementing a career shift for the trainee, and/or
- d) Terminate the trainee from the Training Program and/or the University Counseling Center.

E. **Other Areas of Formal Review**

A formal review may be activated at any time by a trainee, by member(s) of the Counseling Center professional or support staff, or by clients. The following situations may call for the filing of a grievance and activation of a formal review: When a staff member or student is charged with engaging in any of the following behaviors, standard University procedures as stated in the University of Utah Policy and Procedures Manual or Student Code are applied to the disposition of the case. When a trainee (as defined here) is charged, the review procedure described in this document is used. This list is suggestive of, but not limited to, the types of behaviors and events which may arise (separate from the official evaluation procedures previously discussed):

1. Sexual Harassment.
2. Violation of the APA Ethical Principles of Psychologists and Code of Conduct or Specialty Guidelines for the Delivery of Services, the ASPPB Code of Conduct, the NASW Code of Ethics, or the American Psychiatry Association's Code of Medical Ethics with Annotations Especially Applicable to Psychiatry.
3. Insubordinate behavior.
4. Exploitive or abusive behavior.
5. Other behaviors not listed elsewhere in this document but which represent infringement on the rights, privileges, and responsibilities of trainees, professional and support staff, and other volunteers/employees or clients of the Counseling Center.
6. Removal of a client or patient's protected health information from the Counseling Center.

F. **Due Process Guidelines**

Due process procedures offer protection to trainees to assure, as much as possible, that decisions are not arbitrary or personally biased. They require that the Training Program identify specific evaluative procedures that are applied to all trainees and provide appropriate appeal procedures. All steps need to be appropriately documented and implemented. General due process guidelines include:

1. During the orientation period, trainees receive in writing the program's expectations related to professional functioning. These are discussed in group and individual settings with the trainees.
2. The procedures for evaluation, including when and how evaluations will be conducted, are described to the trainees.
3. The various procedures and actions involved in making decisions regarding inadequate performance or problematic behavior are described.
4. The Training Program communicates early and often with the academic program about any suspected difficulties with trainees and when necessary, seeks input from these academic programs about how to address such difficulties.
5. The Training Program institutes, when appropriate, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies.
6. The Training Program provides a written procedure to the trainee which describes how the intern may appeal the program's action.
7. The program ensures that trainees have sufficient time to respond to any action taken by the program.
8. The Training Program uses input from multiple professional sources when making decisions or recommendations regarding the trainee's performance.
9. The rationale for and actions taken by the program are documented in writing and shared with all relevant parties.

G. **Grievance Procedures**

There are two situations in which grievance procedures can be initiated:

1. **If a trainee encounters significant difficulties or problems** (e.g., poor supervision, unavailability of supervisor, evaluations perceived as unfair, workload issues, personality clashes, other staff conflict) during the training experience, a trainee can:
 - a) Discuss the issue with the staff member(s) involved.
 - b) If the issue cannot be resolved informally, the intern should discuss the concern with the Training Director or other member of the Executive Committee.

- c) If the Training Director or member of the Executive Committee cannot resolve the issue, the trainee can formally challenge any action or decision taken by the Training Director, the supervisor, or any member of the training staff by following this procedure:
 - i) The intern should file a formal complaint in writing and all supporting documents with the Training Director. If the intern is challenging a formal evaluation, the intern must do so within 5 days of receipt of the evaluation.
 - ii) Within 3 days of receiving a formal complaint, the Training Director must consult with the Director and implement Review Panel procedures as described below.
2. **If a training staff member has a specific concern about a trainee**, the staff member can:
- a) Discuss the issue with the trainee who is involved.
 - b) Consult with the Training Director and/or appropriate Training Coordinator.
 - c) If the issue is not resolved informally,
 - i) The staff member may seek resolution of the concern by written request, with all supporting documents, to the Training Director for a review of the situation.
 - ii) When this occurs, The Training Director must consult with the Director and implement Review Panel procedures as described below.

H. **Review Panel and Process**

1. When needed, a Review Panel of three Counseling Center staff members will be formed by the Director with recommendations from the Training Director and the trainee involved in the dispute. The trainee has the right to hear all facts with the opportunity to dispute or explain the behavior of concern.
2. Within ten business days of receipt of the request for appeal, a hearing will be conducted in which the challenge is heard and relevant material presented.
3. Within five business days of the completion of the review, the Review Panel submits a written report to the Director, including any recommendation for further action. Recommendations made by the Review Panel will be made by majority vote.
4. Within five business days of receiving the recommendation, the Director will either accept or reject the Review Panel's recommendations. If the Director rejects the panel's recommendations, due to an incomplete or inadequate evaluation of the dispute, the Director may refer the matter back to the Review Panel for further deliberation and revised recommendations or may make a final decision.

5. If referred back to the panel, they will report back to the Director within five working days of the receipt of the Director's request of further deliberation. Then, the Director makes a final decision regarding what action is to be taken.
6. The Training Director informs the trainee, staff members involved, and if necessary members of the training staff, of the decision and any action taken or to be taken.
7. If the trainee disputes the Director's final decision, the trainee has the right to appeal to the University Dean of Students. The decision of the Dean of Students is final.

I. **Documentation**

1. All steps need to be adequately and appropriately documented in a manner consistent with the due process procedures.
2. The Training Director has the responsibility of sending reports that provide feedback to the trainee's academic program. For each report, the most recent evaluation constitutes the primary basis for comments. In the event there are serious problems with regard to a trainee's ability to perform his/her counseling duties, incidents of unethical behavior, or particular behavioral/interpersonal difficulties substantiated by supervisory report or appeal, the Training Director will notify the academic program in writing. A copy of any report or letter sent to the trainee's academic department will be placed in the trainee's permanent file maintained at the Counseling Center by the Training Director.

Appendix A
Comprehensive Evaluation Forms