

# **Health Service Psychology Internship Training Manual 2022-2023**



## Contents

I. Direct Service Agreement and Schedule Planning.....	1
A. Basic Formula for Targeting .....	1
B. Descriptions of Other Time Commitments .....	1
C. Required Hours and Activity Summary .....	3
D. Vacation Policy, Leave, & Holidays.....	3
E. “After Hours, Other” Hours .....	4
II. Eligible UCC Psychology Primary Supervisors.....	5
III. Administrative Assistance .....	6
IV. Financial Support.....	6
V. Personal Disclosure Policy for UCC Trainees .....	7
VI. Program Aims, Competencies, and Training Elements.....	9
VII. Evaluation.....	20
A. Evaluation Processes and Schedules .....	20
B. Evaluation of Trainee: Comprehensive Evaluation System.....	21
C. The Comprehensive Evaluation of Student-Trainee Competence in Professional Training Programs .....	22
VIII. Trainee Rights and Responsibilities and Due Process Procedures .....	25
A. Trainee Review and Evaluation .....	26
B. Procedures for Responding to Inadequate Performance by a Trainee .....	27
C. Procedures to Advise and Assist Trainees who are not Performing at the Program's Expected Level of Competence .....	28
D. Problematic Behavior, Attitudes, or Characteristics .....	28
E. Other Areas of Formal Review .....	30
F. Due Process Guidelines .....	30
G. Grievance Procedures.....	31
H. Review Panel and Process.....	32
I. Documentation .....	33
VII. Comprehensive Evaluation Forms .....	34

### **NOTE**

This manual was updated in July 2022.  
It is possible that some agency  
procedures or processes described here  
may need to be modified as the year  
unfolds.

## I. Direct Service Agreement and Schedule Planning

### A. Basic Formula for Targeting

You are aiming for a total number of hours on the Direct Service Agreement (DSA) of 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 description 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 (Susan Chamberlain, Ph.D.) and your primary supervisor as you are working on the plan for your Fall Semester service delivery and training activities. We also have time scheduled into Orientation to work on your DSAs together.

#### Service Delivery: Average Hours per Week

11 or 14	Returning Individual Clients (depending on semester teaching)
2	Intake Appointments
1	Emergency Coverage
1.5	Group Counseling
0 or 3	Teaching <i>Identity and Inclusivity</i> either in Fall or Spring
1	Provide Supervision for Practicum Counselor
1	Tabling/Presentations/SIP (Outreach)
0 or 1	S.W.A.M.P. (Skills Workshops and Mindfulness Programming; either Fall or Spring)

#### Case Documentation/Preparation:

You will need to make time for the following activities in your schedule:

- Write case notes, session notes, intake reports
- Write group notes (typically done while in supervision with your co-facilitator)
- Write assessment reports
- Supervision Prep
- Outreach Prep
- S.W.A.M.P. Workshop prep
- 4 hours Research/Scholarship (e.g., dissertation or similar professional development project)
- Psychology Intern Selection/Committee Work

### B. Descriptions of Other Time Commitments

1. In the semester they are not teaching, interns are expected to engage in 4 outreach projects/presentations per semester. Interns who are co-teaching are expected to engage in 2 outreach/presentations during that semester. Outreach may include synchronous or asynchronous presentations for classes, student organizations, or staff/faculty groups, as well as participation in campus-wide events (e.g., the yearly Wellness Fair), and content creation for the UCC's social media platforms. We ask you to think about scheduling ~1 hour for outreach/outreach prep per week: some weeks you may have no outreach involvement, some outreaches require more prep time, and/or other outreaches might last 2-3 hours. Work put into your Systems Intervention Project (SIP) may also count towards outreach (and you are encouraged to start on this as early in the year as you can).
2. You are required to carry out at least two formal assessment batteries 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. You will co-facilitate programming through our Skills Workshops & Mindfulness Programming (S.W.A.M.P.) with Permanent Clinical Staff (PCS) and/or other trainees under the direction of the S.W.A.M.P. Coordinator. Each intern will complete 1 (assigned) S.W.A.M.P. series (4 weeks, 1 hour/week) in either the fall or spring semester, and then you will facilitate 1 series in the summer.
4. Participation on UCC administrative committees. One psychology intern will be requested to serve on the Training Committee as the cohort liaison in the fall and one in the spring. One intern will also be selected as a point of contact for the Outreach Committee, though this person is not required to attend Outreach Committee meetings. We ask all four interns to serve on the Internship Selection Committee. This committee starts to function in November and continues through mid-January, and will entail reading up to 9 internship applications, and participating in up to 9 interviews starting on 12/1/2022. You are also expected to be present for the Ranking Meeting, which will take place on Tuesday 12/20/2022.
5. You are expected to participate in a number of training seminars and groups. These are not targeted on the DSA. You have a meeting schedule that indicates when these are held. They include the UCC Training Seminar, Psychology Training Seminar, Supervision of Supervision, Critical Positionalities Seminar, and Staff Meeting. You will also have opportunities to participate in the Training Committee, and you may attend optional meetings on a regular or occasional basis including Clinical Case Consultation & consultation with the Disordered Eating Support & Referral Vehicle (DESRV).
6. Crisis coverage and clients with urgent needs will be largely handled by the Mental Health Intervention Specialists (MHIS), Monday through Thursday. Clients in crisis (as defined by specific criteria) will be channeled to the MHISs who will be backed up by the clinical Team Leader of the day when university classes are in session. Permanent Clinical Staff (PCS) and intern members on their Team Day will offer *Advanced* intakes, and all intakes are held over Zoom.
7. Crisis coverage on Fridays is handled differently. On Fridays psychology interns will sign up for rotating shifts to assist the MHIS in providing crisis coverage. On average, interns will be on Friday afternoon coverage every 4 weeks. During this time, there will always be an identified licensed clinical staff member with whom the intern can consult. You will attend Friday team meeting if you end up doing an intake during your crisis coverage; otherwise you don't need to attend.
8. You will be assigned and/or you will co-design a Systems Intervention Project (SIP) with the aim of increasing access to mental health education and services for traditionally excluded and/or underserved populations at the U of U. You will work alongside the SIP Coordinators, and possibly a UCC staff mentor, to develop your project with the aim of centering the needs and voices of the populations we wish to serve in a *sustainable* way. Completing the SIP can be challenging, and you are encouraged to work with the SIP Coordinators to identify a project and get to work early in the fall semester.

9. You will be co-supervising a 2<sup>nd</sup>-year doctoral practicum student along with a licensed PCS supervisor. You are expected to find time to meet with your co-supervisor in the first 2 months of co-supervision (i.e., late August-September and October) to better understand how you can collaborate to provide the best training for your supervisee.

### ***C. Required Hours and Activity Summary***

The UCC internship is defined as a 2000 hour experience, of which at least 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.** This means that if you were in the agency for 8 hours on a particular day, your Titanium schedule needs to reflect that with appointment and activity codes that match how you spent your time. This includes all direct service, training activities, professional development, case documentation, consultation, staff meetings, and any other activity that counts toward your internship hours. Canceled and no-show appointments should be supplanted with what you actually did that hour. **I strongly encourage you to review a summary printout on a regular 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 total hours and service delivery hours by the end of your internship.**

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 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 near the completion of your 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 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 the Training Director an e-mail listing the particular dates for approval.** Please cc JoAnn Kanegae, Administrative Assistant, on every one of these emails as she will assist you in tracking your leave time. These emails only require the day you will be taking leave, the number of hours of leave that you will use, and the type of leave you will be using. *You do not need to state why you are taking leave.* 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. HR policy indicates that you should only use these days if you or an immediate family member for whom you are responsible 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, 2 days of personal preference time, and 12 days of official University holidays. Official University holidays and University Closure Dates include:

Labor Day	Monday, September 5
Fall Break (UCC Open)	Sunday – Sunday October 9-16
Thanksgiving Day	Thursday, November 24
Day after Thanksgiving	Friday, November 25
Christmas Day (Observed)	Monday, December 26
New Year's Day (Observed)	Monday, January 2
Martin Luther King, Jr. Day	Monday, January 16
Presidents' Day	Monday, February 20
Spring Break (UCC Open)	Sunday – Sunday March 5-12
Memorial Day	Monday, May 29
Juneteenth	Monday, June 19
Independence Day	Tuesday, July 4
Pioneer Day	Monday, 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) Count your 4 hours per week of dissertation/research time toward your total.
- 2) Document time that you happen to be working on internship-related tasks outside of the Monday to Friday, 8-5 time frame;
- 3) Count professional development time (e.g., APA, other professional conferences or workshops, dissertation defense, job interviewing) toward your total internship hours;

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 December, and the second is from January through July. Eligible UCC supervisors for Fall 2022, in alphabetical order, are:

Susan Chamberlain, Ph.D. (spring/summer only)  
 John Jackson, Ph.D.  
 Kim Meyers, Ph.D.  
 Luana Nan, Ph.D.  
 Amanda Wyrick, Ph.D.

Each of the permanent clinical staff (PCS) members above is a licensed psychologist who has been licensed for at least two years, and who is available to be your primary supervisor. Susan Chamberlain, Ph.D. has removed herself from the supervision pool in the fall so as to reduce the dual relationship given her role as your training director.

While the staff members listed below will not be providing primary supervision, you will work with them across the year in their various roles in the agency as mentioned below, including as seminar leaders and secondary supervisors. Multi-disciplinary PCS include:

Gretchen Anstadt, LCSW  
 Cierra Collum, LMFT  
 Karen Cone-Uemura, PhD  
 Erin Drum, CSW  
 Keri Frantell, PhD  
 Kamala Ganesh, LCSW  
 Jiabao Gao, CMHC  
 Aarati “Ardi” Ghimire, LCSW  
 Christina Kelly-LeCluyse, LCSW  
 Troy Leishman, CMHC  
 Blanca “Fabi” Madrigal, CSW  
 Roberto Martinez, LCSW  
 Claudia Navarro, LCSW  
 Josh Newbury, LCSW  
 Nicole Puertas Sanchez, CSW  
 Alex White, CMHC  
 Megan Wolfe, PhD  
 Sui Zhang, LCSW

Again, these various PCS will be among your clinical team leaders, team members, group and relationship counseling co-therapists, and training seminar leaders. You will end up having informal supervisory and consultative experiences with most PCS members in these various roles.

Finally, our Advanced Practice Registered Nurses (APRN) are:

Rachel Lloyd-Jenkins, MSN, APRN, PMHNP-BC, SANE  
Stacey Dorais, RN, MS, PMHNP-BC

You will work with them to provide psychiatric evaluations and med management for clients in individual, group, or relationship therapy.

### **III. Administrative Assistance**

Everyone at the UCC wants 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 the Interim Training Director, Susan Chamberlain and the Interim Assistant Training Director, Gretchen Anstadt. Claudia Navarro is the Clinical Director and Roberto Martinez is the Assistant Clinical Director; they are available especially for questions or support regarding clinically-related questions. Josh Newbury, as Interim UCC 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, crisis situations, and client disposition.

Regarding assistance with technical or computer-related problems, contact the Student Affairs Support Network at: [help@sa.utah.edu](mailto:help@sa.utah.edu) or at 801-585-0046. Josh and Claudia will be maintaining Titanium and should be consulted if you need technical assistance with Titanium or other computer/network 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). Scarlet Lajara Johnson and Marley Dominguez are available to assist you and your clients with front desk-related issues (e.g., rescheduling appointments, cancellations if you are out sick, etc.). Katy Riney is our Clinical Office Manager if you or your clients have questions about UCC front desk administrative matters (Katy says, “You can also call me Mom, Dog Walker, Dog Ma, Chef, Missy, or Ms kt”).

### **IV. Financial Support**

The psychology intern salary for the 2022-2023 year will be \$36,000. 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. The UCC provides some professional development funds for psychology interns that, pending approval, you can use for things that will directly benefit your work with clients at the UCC (conferences, manuals, etc.). This amount may change year to year, depending on UCC funds. You will need to request funding/reimbursement by



emailing Susan Chamberlain with a rationale for how your request will directly benefit UCC clients, and provide a link to what you are hoping to access/attend. All requests must be submitted by Monday, May 15, 2023. The UCC will also sponsor each intern's attendance at the Utah University and College Counseling Center's Conference this fall.

## **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 diagnosis/treatment, and relationships with parents, peers, and spouses or significant others).

Goals of our training program include professional and personal growth, and we will therefore 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 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 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 may ask 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, or Strong Interest Inventory 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 Aims, Competencies, and Training Elements

As detailed in the Training Program area of the Psychology Internship Training Website, there are nine overall training competencies organized across three developmental aims which define the internship. Each competency is assessed by a range of training elements that will be used to evaluate interns at the mid-point and completion of their internships. The goal is the internship is for interns to perform at the intermediate to advanced level of functioning across each of these competencies and aims by the end of internship.

<p style="text-align: center;"><b>Aim 1: Foundational Development</b></p> <p>Interns will develop foundational skills preparing them to be effective and ethical professionals.</p>
<p><b>Competency 1: Ethical and Legal Standards</b></p> <p>Interns will demonstrate ethical decision-making and conduct consistent with the ethical and legal standards of professional psychology. Interns will handle increasingly complex situations with a greater degree of independence during the course of their training.</p> <ol style="list-style-type: none"> <li>1. Approaches difficult situations with honesty and integrity.</li> <li>2. Articulates reasoning in ethical decision-making and conducts self ethically in all professional activities.</li> <li>3. Anticipates and resolves ethical dilemmas as they arise and utilizes consultation and relevant literature to clarify issues.</li> <li>4. Acts consistently with APA Ethical Principles of Psychologists; ASPPB Code of Conduct; and state, local, university, and agency policies and procedures.</li> <li>5. Consults appropriately with colleagues, supervisors, and experts regarding ethical challenges.</li> <li>6. Knows when and with whom to request consultation in working with diverse clients.</li> <li>7. Practices within the limits of competence while appropriately expanding skills in increasingly complex situations with a greater degree of independence.</li> <li>8. Maintains timely documentation of intake reports, case notes, and termination summaries in a professional manner consistent with UCC policies and professional standards.</li> <li>9. Establishes appropriate structure in supervision, maintains appropriate boundaries, and differentiates supervision from psychotherapy.</li> <li>10. Regularly reviews and signs clinical documentation (e.g., intake reports, case notes) of supervisees.</li> <li>11. Identifies and addresses ethical issues in supervision.</li> <li>12. Articulates the possible ethical dilemmas arising in outreach and consultation service delivery and describes strategies to deal appropriately with them.</li> </ol> <p>Required training/experiential activities to meet elements:</p>

- Active participation in orientation, clinical team meetings, Ethics Seminar, Professional Standards and Licensing Seminar, and other training seminars regarding ethical decision-making and professional practice as a developing psychology intern
- Engage in weekly supervision and consultation as needed regarding professional practice within ethical guidelines and legal standards

How outcomes are measured:

- Completion of standard internship evaluations.
- Licensed staff provide formative and summative feedback in supervision and seminars.

## **Competency 2: Professional Values, Attitudes, and Behaviors**

Interns will adhere to professional values with integrity, continuously acquire new skills and knowledge in the practice of psychology, and respond professionally in increasingly complex situations with a greater degree of independence.

13. Approaches difficult situations with honesty and integrity.
14. Articulates reasoning in ethical decision-making and conducts self ethically in all professional activities.
15. Articulates and demonstrates how one's own intersectional identities and value systems may impact case conceptualization, selection of treatment modalities, treatment planning, and culture-specific interventions in the counseling process.
16. Articulates the impact of social, economic, political and other relevant environmental factors on the psychological mental health of clients, while providing support and fostering resilience of affected individuals.
17. Uses theoretical and empirical literature to generate hypotheses about client dynamics/behavior and selects, plans, and carries out interventions appropriate to the client and the conceptualization.
18. Empathizes and acknowledges others' perspectives, especially when discordant with their own perspective.
19. Appropriately manages own emotional reaction in response to others.
20. Practices within the limits of competence while appropriately expanding skills in increasingly complex situations with a greater degree of independence.
21. Maintains timely documentation of intake reports, case notes, and termination summaries in a professional manner consistent with UCC policies and professional standards.
22. Writes informative and well-integrated notes that address group factors along with information pertinent to each individual member.
23. Engages in self-reflection regarding one's personal and professional development to respond professionally with openness to feedback and supervision
24. Responds maturely to feedback with a growth, rather than a fixed, mindset.
25. Uses current theoretical and empirical research regarding diversity to inform professional practice, clinical intervention, and supervision.

26. Offers social justice advocacy to campus community, e.g., agency outreach, Systems Intervention Projects, and UCC “In-reach” initiatives of the intern’s choosing.

Required training/experiential activities to meet elements:

- Attendance at professionally relevant workshops and conferences (e.g., APA, UPA, Utah University and College Counseling Centers’ Conference).
- Participation in relevant training seminars and university responsibilities

How outcomes are measured:

- Completion of standard internship evaluations.
- Licensed staff provide formative and summative feedback in supervision and seminars.

### **Competency 3: Individual and Cultural Diversity**

Interns will increase their awareness, knowledge, sensitivity, and skills in providing culturally competent professional psychological services to diverse individuals and groups who embody broad dimensions of intersectional, cultural, and personal backgrounds.

- 27. Knows when and with whom to request consultation when working across difference.
- 28. Provides culturally competent and multiculturally-oriented counseling to a diverse client population.
- 29. Articulates and demonstrates how one’s own identities, positionalities, and value systems may impact case conceptualization, selection of treatment modalities, treatment planning, and culture-specific interventions in the counseling process.
- 30. Articulates the impact of social, economic, political and other relevant environmental factors on the psychological mental health of clients, while providing support and fostering resilience of affected individuals.
- 31. Includes interventions for diversity-related support and mobilizing culturally commensurate resources.
- 32. Incorporates relevant intersectional factors in conceptualizing cases and making interventions.
- 33. Uses Empirically Supported Treatments (ESTs) appropriately, adapts treatment to multicultural populations, and justifies treatment rationale based on psychological theory.
- 34. Establishes clear group norms that keep multicultural factors in mind.
- 35. Effectively addresses multicultural issues in supervision.
- 36. Uses current theoretical and empirical research regarding diversity to inform professional practice, clinical intervention, and supervision.
- 37. Formulates a theory-based, conceptual understanding of client problems informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.

38. Offers social justice advocacy to campus community, e.g., agency outreach, Systems Intervention Projects, and UCC “In-reach” initiatives of the intern’s choosing.

39. Addresses relevant environmental and intersectional factors in assessment and case conceptualization that may impact clients’ mental health.

Required training/experiential activities to meet elements:

- Effective summary of relevant multicultural aspects of clinical assessment from intake interviews in Clinical Team Meetings.
- Demonstration of understanding of the impact of culture and systems of privilege and oppression on outcomes of clinical and formal assessment in assessment case presentation in Assessment Seminar.
- 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.

How outcomes are measured:

- Completion of standard internship evaluations.
- Discussion and case documentation with supervisors.
- Licensed staff provide formative and summative feedback in supervision and seminars.

## **Aim 2: Professional Development**

Interns will identify and practice continuing abilities for meaningful practice as psychologists.

### **Competency 4: Communication and Interpersonal Skills**

Interns will identify and practice effective verbal, non-verbal, and written communication skills to interact competently and professionally with clients, colleagues, supervisors, and trainees. Interns will develop meaningful relationships in their professional roles.

- 40. Provides culturally competent multicultural counseling to a diverse client population.
- 41. Articulates and demonstrates how one’s own intersectional identities and value systems may impact case conceptualization, selection of treatment modalities, treatment planning, and culture-specific interventions in the counseling process.
- 42. Articulates the impact of social, economic, political and other relevant environmental factors on the psychological mental health of clients, while providing support and fostering resilience of affected individuals.
- 43. Interprets and explains therapeutic assessments as counseling progresses to inform diagnosis, case conceptualization, and treatment planning.
- 44. Presents research results in professionally acceptable written and oral format.
- 45. Effectively works with mental health professionals from different disciplines.
- 46. Appropriately consults with permanent clinical staff members, peers, and local or national experts when needed.

47. Empathizes and acknowledges others' perspectives, especially when discordant with their own perspective.
48. Maintains therapeutic relationships with therapy clients.
49. Appropriately manages own emotional reaction in response to others.
50. Responds appropriately to client affect, verbal, and non-verbal behaviors.
51. Makes appropriate process interventions (e.g., use of self, immediacy, or use of self).
52. Develops and maintains an effective working relationship with co-facilitator.
53. Uses direct and respectful language to clarify misunderstandings, manage difficult conversations, and resolve conflicts in interpersonal relationships.
54. Maintains timely documentation of intake reports, case notes, and termination summaries in a professional manner consistent with UCC policies and professional standards.
55. Writes informative and well-integrated notes that address group factors along with information pertinent to each individual member.
56. Responds maturely to feedback with a growth, rather than a fixed, mindset.
57. Engages supervisees and maintains effective supervisory relationships in practice.
58. Provides constructive and timely evaluative feedback to supervisees regarding their provision of therapy.
59. Uses formative and summative evaluation with supervisees, incorporating verbal and written feedback.
60. Establishes a therapeutic rapport with intake clients.
61. Screens walk-in or phone-in clients appropriately for urgency of need.
62. Succinctly describes clients, client issues, and relevant background factors.
63. Demonstrates conceptual understanding of clinical information through appropriate use of professional terminology.
64. Professionally discusses the similarities and differences between outreach, consultation, and psychotherapy.
65. Accurately describes 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).
66. Articulates the possible ethical dilemmas arising in outreach and consultation service delivery and describes strategies to deal appropriately with them.
67. Establishes a robust working alliance across professional relationships.
68. Communicates psychological concepts in a manner that can be easily comprehended.
69. Writes testing and assessment focused integrated reports appropriate to the differing needs of the consumers of the report (e.g. client, therapist, referring offices).

Required training/experiential activities to meet elements:

- Participation in relevant training seminars

- Systems Intervention Project (SIP) presentation to other trainees and staff
- “Job talk” in Professional Development Seminar
- Engages in outreach and consultation with other university organizations

How outcomes are measured:

- Completion of standard internship evaluations.
- Licensed staff provide formative and summative feedback in supervision and seminars.

### **Competency 5: Consultation and Inter-professional/ Interdisciplinary Skills**

Interns will acquire knowledge and skills to perform consultation and outreach within university and community settings as well as collaborate with other mental health professionals.

70. Knows when and with whom to request consultation when working across difference.
71. Effectively works with mental health professionals from different disciplines.
72. Appropriately consults with permanent clinical staff members, peers, and local or national experts when needed.
73. Appropriately identifies and refers clients for crisis intervention, brief therapy, group therapy and/or community services.
74. Identifies the steps involved in assessment and needs evaluation of the outreach and consultation process and the importance of tailoring interventions to meet the needs of the organization.
75. Professionally discusses the similarities and differences between outreach, consultation, and psychotherapy.
76. Accurately describes 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).
77. Articulates the possible ethical dilemmas arising in outreach and consultation service delivery and describes strategies to deal appropriately with them.
78. Establishes a robust working alliance across professional relationships.
79. Offers social justice advocacy to campus community, e.g., agency outreach, Systems Intervention Projects, and UCC “In-reach” initiatives of the intern’s choosing.
80. Writes testing and assessment focused integrated reports appropriate to the differing needs of the consumers of the report (e.g. client, therapist, referring offices).

Required training/experiential activities to meet elements:

- Participation in relevant training seminars, including Outreach and Systems Intervention Project (SIP) seminar
- Engage in at least 4 outreach presentations each semester in coordination with the Outreach Coordinator, as well as tabling events in the summer for New Student Orientation
- Select and follow-through on completion of a Systems Intervention Project (SIP)
- Present summary report of Systems Intervention Project (SIP) to staff and trainees



How outcomes are measured:

- Completion of standard internship evaluations.
- Licensed staff provide formative and summative feedback in supervision and seminars.

### **Competency 6: Research**

Interns will demonstrate integration of empirical science and clinical practice to produce and disseminate new knowledge, critically evaluate and use current knowledge to solve novel problems, and apply research in clinical settings.

81. Uses theoretical and empirical literature to generate hypotheses about client dynamics/behavior and selects, plans, and carries out interventions appropriate to the client and the conceptualization.
82. Presents research results in professionally acceptable written and oral format.
83. Engages in ongoing scholarly activities.
84. Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities at the local, regional, or national level.
85. Integrates professional research into clinical practice, conceptualization, and treatment.
86. Uses current theoretical and empirical research regarding diversity to inform professional practice, clinical intervention, and supervision.
87. Formulates a theory-based, conceptual understanding of client problems informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
88. Chooses and integrates use of a variety of psychometric instruments having considered the relevant empirical literature.

Required training/experiential activities to meet elements:

- Integrate empirical research into relevant professional and clinical presentations, including training seminars, clinical supervision, and outreach.
- Successful submission and defense of dissertation/equivalent project or use of weekly research time for continued progress on dissertation project, if not yet completed.

How outcomes are measured:

- Completion of standard internship evaluations.
- Generation of manuscripts, presentations, workshops, or dissertation progress while on internship.
- Participation in research teams as they are available, or demonstration of integration of research into clinical or professional work

### **Aim 3: Clinical Development.**

Interns will engage in evidence-based practice to support client and trainee growth.

### **Competency 7: Intervention**

Interns will demonstrate competence in evidence-based clinical interventions with clients presenting with a variety of concerns across psychotherapy modalities.

89. Anticipates and resolves ethical dilemmas as they arise and utilizes consultation and relevant literature to clarify issues.
90. Acts consistently with APA Ethical Principles of Psychologists; ASPPB Code of Conduct; and state, local, university, and agency policies and procedures.
91. Knows when and with whom to request consultation when working across difference.
92. Provides culturally competent and multiculturally oriented counseling to a diverse client population.
93. Articulates and demonstrates how one's own identities and value systems may impact case conceptualization, selection of treatment modalities, treatment planning, and culture-specific interventions in the counseling process.
94. Articulates 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.
95. Includes interventions for diversity-related support and mobilizing culturally commensurate resources.
96. Incorporates relevant intersectional factors in conceptualizing cases and making interventions.
97. Uses Empirically Supported Treatments (ESTs) appropriately, adapts treatment to multicultural populations, and justifies treatment rationale based on psychological theory
98. Uses theoretical and empirical literature to generate hypotheses about client dynamics/behavior and selects, plans, and carries out interventions appropriate to the client and the conceptualization.
99. Interprets and explains therapeutic assessments as counseling progresses to inform diagnosis, case conceptualization, and treatment planning.
100. Assesses for suicidality, self-harm, homicidality, and severe mental illness and appropriately intervenes.
101. Integrates professional research into clinical practice, conceptualization, and treatment.
102. Maintains therapeutic relationships with therapy clients.
103. Appropriately manages own emotional reaction in response to others.
104. Responds appropriately to client affect, verbal, and non-verbal behaviors.
105. Makes appropriate process interventions (e.g., use of self, immediacy, or use of self).
106. Appropriately assesses group dynamics and provides interventions that facilitate interactions among group members using core group therapy skills.

107. Establishes clear group norms that keep multicultural factors in mind.
108. Develops and maintains an effective working relationship with co-facilitator.
109. Practices within the limits of competence while appropriately expanding skills in increasingly complex situations with a greater degree of independence.
110. Writes informative and well-integrated notes that address group factors along with information pertinent to each individual member.
111. Uses current theoretical and empirical research regarding diversity to inform professional practice, clinical intervention, and supervision.
112. Establishes a therapeutic rapport with intake clients.
113. Screens walk-in or phone-in clients appropriately for urgency of need.
114. Appropriately identifies and refers clients for crisis intervention, brief therapy, group therapy and/or community services.
115. Proposes appropriate treatment modalities and interventions for clients based on their mental health history, presenting problems, and resiliency factors.
116. Formulates a theory-based, conceptual understanding of client problems informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
117. Succinctly describes clients, client issues, and relevant background factors.
118. Professionally discusses the similarities and differences between outreach, consultation, and psychotherapy.
119. Establishes a robust working alliance across professional relationships.
120. Chooses and integrates use of a variety of psychometric instruments having considered the relevant empirical literature.
121. Addresses relevant environmental and intersectional clinical factors in assessment and case conceptualization that may impact clients' mental health.
122. Accurately integrates psychometric data with clinical information and can adapt intervention goals and methods consistent with ongoing evaluation
123. Communicates psychological concepts in a manner that can be easily comprehended.

Required training/experiential activities to meet elements:

- Participation in relevant training seminars
- Provision of individual and group therapy
- Observation by permanent clinical staff as interns perform intake sessions and are "cleared" for independent intakes
- Presentation of each intake in Clinical Team Meetings with other trainees and permanent clinical staff
- Observation of therapy video recordings in supervision and training seminars
- Periodic reports from Titanium database on direct service hours
- Session-to-session reports of CCAPS data on each client via Titanium
- Feedback from permanent clinical staff co-therapists in group

How outcomes are measured:

- Completion of standard internship evaluations.
- Licensed staff provide formative and summative feedback in supervision and seminars.
- Discussion and case documentation with supervisors.

### **Competency 8: Assessment**

Interns will demonstrate competence in conducting evidence-based assessments and integrate assessment related data into therapeutic intervention.

124. Interprets and explains therapeutic assessments as counseling progresses to inform diagnosis, case conceptualization, and treatment planning.
125. Assesses for suicidality, self-harm, homicidality, and severe mental illness and appropriately intervenes.
126. Maintains timely documentation of intake reports, case notes, and termination summaries in a professional manner consistent with UCC policies and professional standards.
127. Formulates a theory-based, conceptual understanding of client problems informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
128. Demonstrates conceptual understanding of clinical information through appropriate use of professional terminology.
129. Identifies the steps involved in assessment and needs evaluation of the outreach and consultation process and the importance of tailoring interventions to meet the needs of the organization.
130. Chooses and integrates use of a variety of psychometric instruments having considered the relevant empirical literature.
131. Addresses relevant environmental and intersectional clinical factors in assessment and case conceptualization that may impact clients' mental health.
132. Accurately integrates psychometric data with clinical information and can adapt intervention goals and methods consistent with ongoing evaluation
133. Communicates psychological concepts in a manner that can be easily comprehended.
134. Writes testing and assessment focused integrated reports appropriate to the differing needs of the consumers of the report (e.g. client, therapist, referring offices).

Required training/experiential activities to meet elements:

- Participation in relevant training seminars
- Makes use of CCAPS data in clinical documentation and services
- Engages in psychological/psychoeducational testing with UCC clients

How outcomes are measured:

- Completion of standard internship evaluations.
- Licensed staff provide formative and summative feedback in supervision and seminars.
- Discussion and case documentation with supervisors.

### **Competency 9: Supervision**

Interns will gain experiential knowledge and skills to mentor, monitor, and evaluate trainee competence development in the professional practice of psychology as well as respond professionally to feedback with their own supervisors.

135. Consults appropriately with colleagues, supervisors, and experts regarding ethical challenges.
136. Engages in self-reflection regarding one's personal and professional development to respond professionally with openness to feedback and supervision
137. Responds maturely to feedback with a growth, rather than a fixed, mindset.
138. Establishes appropriate structure in supervision, maintains appropriate boundaries, and differentiates supervision from psychotherapy.
139. Understands and uses supervision models developmentally appropriate to supervisee and supervisor.
140. Engages supervisees and maintains effective supervisory relationships in practice
141. Identifies and addresses ethical issues in supervision.
142. Effectively addresses multicultural issues in supervision.
143. Uses current theoretical and empirical research regarding diversity to inform professional practice, clinical intervention, and supervision.
144. Regularly reviews and signs clinical documentation (e.g., intake reports, case notes) of supervisees.
145. Provides constructive and timely evaluative feedback to supervisees regarding their provision of therapy.
146. Uses formative and summative evaluation with supervisees, incorporating verbal and written feedback.

Required training/experiential activities to meet elements:

- Provision of supervision to a 2nd year Ph.D. Counseling Psychology practicum trainee
- Participation in Supervision of Supervision seminar
- Case presentation(s) on supervisee each semester in Supervision of Supervision seminar with written conceptualization and video-clip

How outcomes are measured:

- Completion of standard internship evaluations.
- Licensed staff provide formative and summative feedback in supervision and seminars.
- Discussion and case documentation with supervisors.
- Review of supervisory performance via tape in Supervision of Supervision seminar

## 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, co-facilitators, Team Leader, coordinators, seminar facilitators, 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 Direct Service Agreement (DSA) 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 direct services (i.e., 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 therapeutic change via the CCAPS.
8. Written instructor evaluations regarding interns' teaching.
9. Ratings by practicum supervisees on supervisor feedback 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.

***B. Evaluation of Trainee: Comprehensive Evaluation System***

There will be one Preliminary Review in mid-fall semester and one in mid-spring semester and two Formal Reviews, the first in January and the second in July near the end of the internship year. Trainees will be informed of the actual dates of these reviews when they are scheduled.

The evaluation items appear in the Comprehensive Evaluation Form 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. The Comprehensive Evaluation of Student-Trainee Competence in Professional Training Programs<sup>1</sup>***

#### **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 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 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 for use in their respective program handbooks and other written materials. This policy was developed in consultation with CCTC member 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

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<sup>1</sup> This document was developed by the Student Competence Task Force of the Council of Chairs of Training Councils (CCTC) 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.



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 psychology, social work, professional counseling, psychiatric medicine, and interdisciplinary undergraduates.

### *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 Procedures (2017 Revisions)**

University Counseling Center  
University of Utah

With regard to behavior and performance, the general expectations of the Training Program are that trainees<sup>2</sup> 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 General Guidelines for Providers of Psychological Services and Professional Practice Guidelines;
  - ASPPB Code of Conduct;
  - NASW Code of Ethics;
  - APNA Scope and Standards of Psychiatric-Mental Health Nursing;
  - 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, Clinical Mental Health Counselors, and APRNs.
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 APRN into one's repertoire of behaviors.
9. Participate in the training, service, and continuing education activities of the University

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<sup>2</sup> Trainee refers specifically to psychology interns, social work interns, graduate practicum students, professional counseling interns, any other students pursuing mental health related degrees, and any other students engaging in an undergraduate internship who are recruited, selected, trained, and evaluated by UCC staff with the explicit purpose of engaging in some type of clinical, outreach, or other professional service provision on behalf of the UCC.

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, APRN, or Change Coalition undergraduate intern at the Counseling Center.

**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/January; the second formal review for social work interns/prac, psychology practicum students, and undergraduate students is in March/April; 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. The Training Director 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, normally by the trainee's primary supervisor. 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 would assist in formulating a plan to address a concern.
3. For the Formal Reviews and evaluations, supervisors, training seminar 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.
4. At a supervision session designated to share evaluative feedback, trainees and their primary supervisors discuss evaluations of the work done during that semester. Evaluations are signed and then forwarded to the Training Director. 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.
5. 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.
6. At the end of the year, Psychology Interns complete the Training Experience Summary 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, graduate practicum students, professional counseling interns are provided to their academic programs, and copies are maintained in the trainees' 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 a trainee'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 the trainee's performance, behavior, knowledge, or attitude differs from expectations. This information would be provided to the trainee in writing and discussed with the trainee.
2. Possible steps to remediate skill deficits or inadequate performance may include:
  - I. Increase supervision, shift the focus of supervision, or modify the format of supervision with either the same or a different supervisor;
  - II. 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;
  - III. Reduce the trainee's caseload or responsibilities;
  - IV. Require specific academic course work or a tutorial in a specific area to be regularly monitored by a staff member knowledgeable in that area;
  - V. Recommend a leave of absence or a second training year at another setting;
  - VI. Place the trainee on probation in the event the trainee 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;
  - VII. Suspend the trainee. If a trainee is charged with violating the APA or other Code of Ethics, the trainee 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:
    - I. The trainee does not acknowledge, understand, or address the problem when it is identified;
    - II. The problem is not merely a reflection of a skill deficit, which can be rectified by academic, didactic, or experiential training;
    - III. The quality of services delivered by the trainee is sufficiently affected in a negative way;
    - IV. The problem is not restricted to one area of professional functioning;
    - V. A disproportionate amount of time and attention is required by training staff;
    - VI. 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 the problematic behavior, attitudes, or characteristics, the Training Committee may need to take more formal action:
    - I. Give the trainee a limited endorsement, specifying settings in which the trainee could function adequately;

II. Inform the trainee and the academic program that the trainee has not successfully completed the Training Program;

III. Recommend and assist in implementing a career shift for the trainee, and/or

IV. 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
  - a. APA Ethical Principles of Psychologists and Code of Conduct;
  - b. APA General Guidelines for Providers of Psychological Services and Professional Practice Guidelines;
  - c. ASPPB Code of Conduct;
  - d. NASW Code of Ethics;
  - e. APNA Scope and Standards of Psychiatric-Mental Health Nursing;
  - f. Other relevant and applicable codes, standards, or guidelines.
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 without permission from appropriate UCC PCS.

#### **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, where appropriate, 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:
  - I. Discuss the issue with the staff member(s) involved.
  - II. If the issue cannot be resolved informally, the intern should discuss the concern with the Training Director, Assistant Training Director, or other member of the Executive Committee.
  - III. If the Training Director, Assistant 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:
  - I. Discuss the issue with the trainee who is involved.
  - II. Discuss the issue with the trainee's primary supervisor.
  - III. Consult with the Training Director and/or appropriate Training Coordinator.
  - IV. 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 University of Utah Human Resources.

***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.

## **VII. Comprehensive Evaluation Forms**

A note of explanation about the evaluation forms: The first form is the Integrated Evaluation form, which is a compilation of all of the evaluation items which will be used for formal evaluation. These items will be compiled and reviewed with you twice during the year, at mid-year and at the end of the year.

The forms that follow the Integrated Evaluation form are included here to show you which of those items are completed by which individual. The primary supervisor completes the greatest number of items, but others in the agency—team leader, seminar leaders, and others—each complete a smaller number of items as well.

**UCC Psychology Internship Training Evaluation**  
**Intern Name**

**0.00 FOUNDATIONAL DEVELOPMENT**

0.00	<b>Ethical and Legal Standards</b>	Interns will demonstrate ethical decision-making and conduct consistent with the ethical and legal standards of professional psychology. Interns will handle increasingly complex situations with a greater degree of independence during the course of their training.
0.00	<b>Professional Values, Attitudes, and Behaviors</b>	Interns will adhere to professional values with integrity, continuously acquire new skills and knowledge in the practice of psychology, and respond professionally in increasingly complex situations with a greater degree of independence.
0.00	<b>Individual and Cultural Diversity</b>	Interns will increase their awareness, knowledge, sensitivity, and skills in providing culturally competent professional psychological services to diverse individuals and groups who embody broad dimensions of intersectional, cultural, and personal backgrounds.

**0.00 PROFESSIONAL DEVELOPMENT**

0.00	<b>Communication and Interpersonal Skills</b>	Interns will identify and practice effective verbal, non-verbal, and written communication skills to interact competently and professionally with clients, colleagues, supervisors, and trainees. Interns will develop meaningful relationships in their professional roles.
0.00	<b>Consultation and Interprofessional/ Interdisciplinary Skills</b>	Interns will acquire knowledge and skills to perform consultation and outreach within university and community settings as well as collaborate with other mental health professionals.
0.00	<b>Research</b>	Interns will demonstrate integration of empirical science and clinical practice to produce and disseminate new knowledge, critically evaluate and use current knowledge to solve novel problems, and apply research in clinical settings.

**0.00 CLINICAL DEVELOPMENT**

0.00	<b>Intervention</b>	Interns will demonstrate competence in evidence-based clinical interventions with clients presenting with a variety of concerns across psychotherapy modalities.
0.00	<b>Assessment</b>	Interns will demonstrate competence in conducting evidence-based assessments and integrate assessment related data into therapeutic intervention.
0.00	<b>Supervision</b>	Interns will gain experiential knowledge and skills to mentor, monitor, and evaluate trainee competence development in the professional practice of psychology as well as respond professionally to feedback with their own supervisors.

**0.00 Cumulative Average**

This document reflects the integrated evaluative ratings and comments for the period above regarding the various competencies related to the goals and objectives that define the Psychology Internship Training Program at the University Counseling Center (UCC) at the University of Utah. These ratings and comments have been collected from primary and secondary supervisors, training seminar leaders, and UCC permanent clinical staff members as a whole. Typing your name below represents a binding electronic signature. This document should be saved as a PDF file after both supervisor and supervisee have electronically signed. Signatures below indicate that the supervisor and supervisee have verbally reviewed the evaluation and does not necessarily constitute agreement on its scores.

**Supervisor Name and Title:** *Susan Chamberlain, PhD*  
Associate Director/Director of Training

**Supervisee Name and Title:**  
Psychology Intern

**Date:**

**Training Period:**

Rating Training Level Expectation	
1	<b>Insufficient</b> demonstration of skill development. Foundational skills necessary for internship are not evidenced. Formal remediation is required for this skill.
2	<b>Occasional</b> demonstration of skill development. Evaluator notices intern evidencing this skill with increasing regularity. Intern is performing at <i>developmentally appropriate level for the mid-year evaluation</i> . This is the <u>Minimum Level of Achievement (MLA) at the mid-year evaluation for intern to continue in internship.</u>
3	<b>Frequent</b> demonstration of skill development. Intern appropriately engages in consultation with increasing levels of autonomy.
4	<b>Reliable</b> demonstration of skill development. Competency is demonstrated in this skill in all but exceptional cases. Intern is ready for professional practice and is performing at <i>developmentally appropriate level for the end-of-year evaluation</i> . This is the <u>MLA for successful completion of internship at the end of the year.</u>
5	<b>Advanced</b> demonstration of skill development. Rating is used for exceptional skill development by an intern. Evidence of this skill is comparable to that of a skilled psychologist in practice.
-	Not enough data to rate

Rating	Primary Supervision Evaluation Items
	Presents research results in professionally acceptable written and oral format.
	Effectively works with mental health professionals from different disciplines.
	Appropriately consults with permanent clinical staff members, peers, and local or national experts when needed.
	Engages in ongoing scholarly activities.
	Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities at the local, regional, or national level.
	Integrates professional research into clinical practice, conceptualization, and treatment.
	Approaches difficult situations with honesty and integrity.
	Articulates reasoning in ethical decision-making and conducts self ethically in all professional activities.
	Anticipates and resolves ethical dilemmas as they arise and utilizes consultation and relevant literature to clarify issues.
	Acts consistently with APA Ethical Principles of Psychologists; ASPPB Code of Conduct; and state, local, university, and agency policies and procedures.
	Practices within the limits of competence while appropriately expanding skills in increasingly complex situations with a greater degree of independence.
	Uses direct, respectful, and culturally sensitive communication to clarify misunderstandings, manage difficult conversations, and resolve conflicts in interpersonal relationships.
	Engages in self-reflection regarding own personal and professional development to respond with openness to feedback and supervision.
	Responds maturely to feedback with a growth, rather than a fixed, mindset.
	Consults appropriately with colleagues, supervisors, and experts regarding ethical challenges.
	Effectively addresses multicultural issues in supervision.
	Knows when and with whom to request consultation in working with diverse clients.
	Provides culturally competent multicultural counseling to a diverse client population.
	Articulates and demonstrates how one's own various intersectional identities and value system may impact case conceptualization, selection of treatment modalities, treatment planning, and culture-specific interventions in the counseling process.
	Articulates 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.
	Includes interventions for diversity-related support and mobilizing culturally appropriate resources.
	Incorporates relevant diverse intersectional factors in conceptualizing cases and making interventions.
	Uses Empirically Supported Treatments (ESTs) appropriately, adapts treatment to multicultural populations, and justifies treatment rationale based on psychological theory.
	Uses current theoretical and empirical research regarding diversity to inform professional practice, clinical intervention, and supervision.
	Uses theoretical and empirical literature to generate hypotheses about client dynamics/behavior and selects, plans, and carries out interventions appropriate to the client and the conceptualization.
	Interprets and explains therapeutic assessments as counseling progresses to inform diagnosis, case conceptualization, and treatment planning.



This evaluation was based on the following methods of observation:	
Live supervision	
Videotape review	
Trainee verbal report	
Review of case notes or other written documentation	
Other:	

Primary Supervisor Comments:	

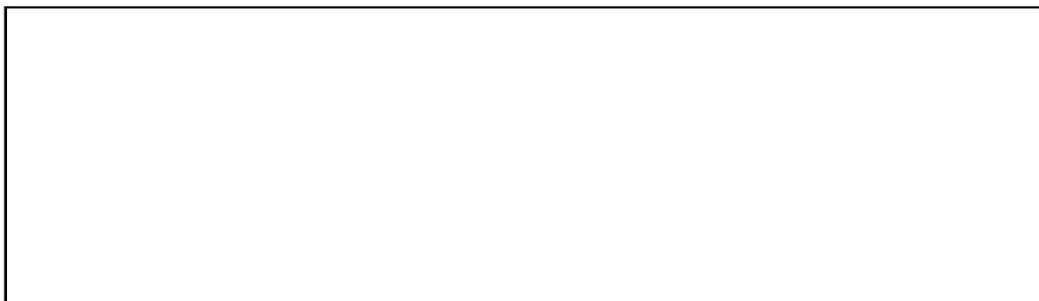
Intern Comments:

Rating	Group Evaluation Items
	Appropriately identifies and refers clients for crisis intervention, brief therapy, group therapy and/or community services.
	Demonstrates cultural humility by empathizing and acknowledging others' perspectives, especially when discordant with their own perspective.
	Maintains therapeutic relationships with therapy clients.
	Appropriately manages own emotional reaction in response to others.
	Responds appropriately to client affect, verbal, and non-verbal behaviors.
	Makes appropriate process interventions (e.g., use of self, immediacy, etc.).
	Appropriately assesses group dynamics and provides interventions that facilitate interactions among group members using core group therapy skills.
	Establishes clear group norms that keep multicultural factors in mind.
	Develops and maintains an effective working relationship with co-facilitator.
	Practices within the limits of competence while appropriately expanding skills in increasingly complex situations with a greater degree of independence.
	Uses direct, respectful, and culturally sensitive communication to clarify misunderstandings, manage difficult conversations, and resolve conflicts in interpersonal relationships.
	Maintains timely documentation of intake reports, case notes, and termination summaries in a professional manner consistent with UCC policies and professional standards.
	Writes informative and well-integrated notes that address group factors along with information pertinent to each individual member.
	Engages in self-reflection regarding own personal and professional development to respond with openness to feedback and supervision.
	Responds maturely to feedback with a growth, rather than a fixed, mindset.

This evaluation was based on the following methods of observation:
Live supervision
Videotape review
Trainee verbal report
Review of case notes or other written documentation
Other:

Group Supervisor Comments:

Intern Comments:
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Rating	Supervision Seminar Evaluation Items
	Establishes appropriate structure in supervision, maintains appropriate boundaries, and differentiates supervision from psychotherapy.
	Understands and uses supervision models developmentally appropriate to supervisee and supervisor.
	Engages supervisees and maintains effective supervisory relationships in practice.
	Identifies and addresses ethical issues in supervision.
	Effectively addresses multicultural issues in supervision.
	Uses current theoretical and empirical research regarding diversity to inform professional practice, clinical intervention, and supervision.
	Regularly reviews and signs clinical documentation (e.g., intake reports, case notes) of supervisees.
	Provides constructive and timely evaluative feedback to supervisees regarding their provision of therapy.
	Uses formative and summative evaluation with supervisees, incorporating verbal and written feedback.

This evaluation was based on the following methods of observation:
Live supervision
Videotape review
Trainee verbal report
Review of case notes or other written documentation
Other:

**Supervision Seminar Supervisor Comments:****Intern Comments:**

Rating	Clinical Team Leader Evaluation Items
	Establishes a therapeutic rapport with intake clients.
	Screens walk-in or phone-in clients appropriately for urgency of need.
	Appropriately identifies and refers clients for crisis intervention, brief therapy, group therapy, and/or community services.
	Proposes appropriate treatment modalities and interventions for clients based on their mental health history, presenting problems, and resiliency factors.
	Formulates a theory-based, conceptual understanding of client problems informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
	Succinctly describes clients, client issues, and relevant background factors.
	Demonstrates conceptual understanding of clinical information through appropriate use of professional terminology.

This evaluation was based on the following methods of observation:
Live supervision
Videotape review
Trainee verbal report
Review of case notes or other written documentation
Other:

**Clinical Team Leader Comments:****Intern Comments:**

Rating	Outreach/Systems Intervention Project (SIP) Evaluation Items
	Identifies the steps involved in assessment and needs evaluation of the outreach and consultation process and the importance of tailoring interventions to meet the needs of the organization.
	Effectively provides outreach and consultation as distinct from psychotherapy.
	Provides outreach and consultation that reflects accurate understanding of models and theories 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).
	Responds effectively to ethical dilemmas arising in outreach and consultation service delivery and deals appropriately with them.
	Establishes a robust working alliance across professional relationships.
	Offers social justice advocacy to campus community, e.g., agency outreach, SIP, and UCC "In-reach" initiatives of the intern's choosing.

This evaluation was based on the following methods of observation:
Live supervision
Videotape review
Trainee verbal report
Review of case notes or other written documentation
Other:

#### Outreach Supervisor Comments:

#### Intern Comments:

Rating	Assessment Evaluation Items
	Chooses and integrates use of a variety of psychometric instruments having considered the relevant empirical literature.
	Addresses relevant environmental and intersectional clinical factors in assessment and case conceptualization that may impact clients' mental health (e.g. understanding of human behavior within its context).
	Accurately integrates psychometric data with clinical information and can adapt intervention goals and methods consistent with ongoing evaluation.
	Communicates psychological concepts in a manner that can be easily comprehended.
	Writes testing and assessment focused integrated reports appropriate to the differing needs of the consumers of the report (e.g. client, therapist, referring offices).
	Demonstrates knowledge and application of diagnostic classification systems, functional and dysfunctional behaviors, strengths based approaches, and psychopathology in the assessment and diagnostic process.

This evaluation was based on the following methods of observation:
Live supervision
Videotape review
Trainee verbal report
Review of case notes or other written documentation
Other:

**Assessment Supervisor Comments:****Intern Comments:**