

Training Handbook

Counseling and Psychological Services

Ohio University

Predoctoral Psychology Internship

2009-10

Welcome and Introduction

Welcome to the Ohio University Predoctoral Psychology Internship Program. Our goal is to provide high quality training in the practice of professional psychology. You will have the opportunity to receive a wide variety of training experiences that will help you prepare for full-time clinical work.

This handbook is designed to help you become familiar with the organization and functioning of Ohio University's Counseling and Psychological Services (CPS) and to help you understand its role in the life of the University.

CPS functions under the auspices of the Division of Student Affairs. Other offices in this division are Career Services, Dean of Students Office, Health Education and Wellness, University Judiciaries, Student Health Services, University Events, Residence Life, Campus Life, and the Student Health Service.

CPS is located in Hudson Health Center, which is also home to the Student Health Service, Health Education and Wellness, and Environmental Health and Safety. Although CPS works closely with Student Health Service and is located in the same building, they are administratively separate.

Our full-time staff consists of 6 licensed psychologists, 1 licensed clinical mental health counselor, and one alcohol/substance abuse counselor. We have two clerical support staff who operate the front desk, schedule clients, manage files, coordinate meetings and communications, and also provide a wide variety of support tasks for staff. We provide training for up to 6 graduate student trainees from Ohio University's Psychology department and Counselor Education program, in addition to our internship program.

Entrance Criteria

Interns are selected who have a solid foundation of professional knowledge and experience in the field of psychology. Toward this goal, all candidates must meet the following criteria in order to be considered as qualified candidates for the Ohio University predoctoral psychology internship:

- Be a registered student, in good standing, at or beyond the third year in a doctoral level program in clinical, counseling, or professional psychology
- Have successfully completed all preliminary or qualifying exams required by the home program before accepting the internship offer in Feb. Note: candidates indicating that they will not have completed these exams before the date of acceptance of the internship offer will be disqualified from consideration.
- Have completed all predoctoral expectations from the home program by July 1 of the entering internship year, with the exception of completion of the dissertation (note: some programs now require that the dissertation be completed as well. Check with your Clinical Training Director if in doubt)

- Have completed supervised practicum and clinical placement experience to a minimum of 1000 total practicum hours (including on-site hours, individual, group, supervision hrs., etc.)
- Have and provide three letters of reference, at least two of which must be from recent clinical supervisors
- Have and provide a signed Certificate of Readiness from the home program's Clinical Training Director, indicating intern candidate's readiness to enroll in the internship, and attesting to the intern candidate's match with the above mentioned criteria
- Be willing and able to commit to a full-time, twelve month internship
- Demonstrate substantive consistency between candidate's interests and the goals and philosophy of the Ohio University CPS predoctoral psychology internship

Exit Criteria

In order to be granted a Certificate of Completion of the Ohio University predoctoral psychology internship, interns must have completed the following:

- Attendance at a minimum of 80% of individual supervision meetings
- Attendance at a minimum of 80% of group supervision meetings
- At minimum, satisfactory design and presentation of at least two outreach/preventive/psychoeducational program to the university community per quarter (three per quarter are required by contract)
- At minimum, completion of 80% of contracted time in direct clinical hours during the year meaning at least 400 of the 500 contracted hours (includes individual and group client hrs. scheduled, emergency hrs. and on-call crisis interventions.).
- Satisfactory completion of all described responsibilities of the full-time, twelve-month internship, comprised of 2000 hours (with allowable holidays, vacation days, and sick days off), with average ratings for each competency area of Intermediate (4) on all mid-year evaluations.

Philosophy of Training

At Ohio University's Counseling and Psychological Services, interns engage in structured training and professional practice designed to provide a sequence of increasingly complex professional experiences, roles, and responsibilities. As confidence and competency increase, interns learn by becoming progressively more independent while retaining access to consultation, training and support. By the end of the internship year, interns are expected to be ready to function as autonomous, entry-level practitioners with an intermediate to advanced level of competency in all professional areas.

To accomplish this, the training program at Ohio University uses the Practitioner-Scholar-Mentor model. We help interns build on previous skills and knowledge with hands-on learning opportunities as full-time practitioners in training under the guidance of skilled clinicians. We emphasize the dynamic relationship between the larger conversations going on in the scientific field of psychology and the more intimate conversations going on between the mentor and the

apprentice.

The three basic components of our training program are first, a strong emphasis on the growth process of the interns throughout their experience of socialization into the field of professional psychology. Second, we consider as critical the amount and quality of supervision and mentoring the intern receives from experienced clinicians. Third, we understand good professional practice to be possible only when science and practice are integrated (Belar and Perry, 1992) and when the practitioner "reflects-in-action" (Peterson 1995 p.980). We believe that to be responsible and effective practitioners, we must also be scholars.

Training Activities

Special Topics Seminar (1 hour/wk, all year)

This seminar is designed to give special attention to issues such as multicultural competence and cross-cultural counseling, eating disorders, substance abuse, brief therapy models, and many others. Although the seminar is designed to meet for one hour weekly, it is often formatted as a workshop, and so can sometimes be scheduled for 2 or 3 hours once or twice a month.

Professional Development/Ethics Seminar (1 hour/wk, all year)

This is a seminar focused on professional development and ethics throughout the year and is facilitated by the training director.

Supervision of Supervision Seminar (1 hour/wk, fall quarter)

Provides training and preparation for supervision of counseling and psychology trainees at CPS.

Group Supervision of Supervision (2 hours/wk, winter and spring quarters)

Interns provide supervision of practicum students in winter and trainees in spring quarters under supervision of licensed staff.

Group Therapy Seminar/Supervision (1 hr/wk, fall, 2 hrs/wk winter, and spring quarters)

Interns meet to learn about group facilitation and to get supervision for their ongoing therapy groups at CPs.

Consultation/Outreach Seminar/Supervision (1 hours/wk, fall, 1 hr/alternating weeks winter and spring)

Ongoing seminar looking at theory, models, and techniques of consultation and outreach, including how to design programming, conduct a needs assessment, etc. Intern activities in the areas of consultation and outreach are supervised at this time and the amount of time in supervision decreases over the year as interns operate more autonomously.

Assessment & Conceptualization Seminar/Supervision (1 hour/wk, fall and winter)

Interns develop more expertise in the area of assessment for the wide variety of clinical cases we see at CPS with a focus on clinical interviewing. Optional formal testing opportunities are

available. Interns develop further expertise in case conceptualization skills through hearing senior staff case presentations and presenting their own cases for discussion.

Summer intensive seminars (approx. 12 hours per week, approx. 6 weeks in summer)

Brief, intensive seminars are offered in summer to get interns “jump-started” so they can begin providing services in a wide range of areas for fall quarter and our busier periods. These seminars are offered in the following areas: alcohol and substance abuse treatment, group counseling, couples’ counseling, career development (10 hours), clinical interviewing, emergency services and crisis intervention.

Clinical Team Meeting (1 hour/wk, all year starting in fall)

All interns join with the clinical staff for one hour weekly clinical consultation meeting. This meeting provides an opportunity to distribute new cases as well as receive support, feedback, and suggestions for particularly interesting and challenging cases, or those where some factor(s) present potential ethical conflicts, etc. This is also a forum to discuss emerging critical clinical issues from the university community: recent university crises, or emerging situations likely to lead to crisis, such as severe conflict in a program, a student death, an attempted suicide, etc. It is also used at times for professional development topics of interest to the staff. The meetings are informal in format, and trainees as well as staff are invited to bring in relevant information, viewpoints, or case material.

Individual Clinical Supervision (2 hours/wk, all year)

Intern supervision is a priority of the program and is geared to the intern’s level of professional development. Each intern receives a minimum of two hours of individual supervision weekly. All primary supervisors are licensed psychologists. As might benefit the intern, other staff contribute supplementary supervision in areas such as group work, consultation and outreach, etc. Interns will be evaluated quarterly by each of their clinical supervisors (see Quarterly Intern Performance Evaluation) as well as receive evaluative feedback in each of the supervision/seminar areas. Each intern also has a broader evaluation given twice yearly, written by his or her primary supervisor. This evaluation will include feedback from all staff members who had worked with the intern during that evaluation period and will be shared with the intern’s home department (see Six Month Intern Performance Evaluation). Evaluation will be discussed in more detail in the section on evaluation.

Apprenticeship Supervision (weekly as arranged, see list of apprenticeships)

Clinicians at CPS have expertise in a number of different areas, whether clinically (i.e., eating disorders, substance abuse), in other services areas (i.e., groups coordination, outreach), or administratively (i.e., training, clinic management) for which they offer specific mentorship. Interns will need to choose one all-year or “major” rotation for apprenticeship and also can become involved in “minor” rotations or apprenticeship experiences for fall, winter, or spring. It is expected that interns will integrate their apprenticeships into their requirements so that their hours stay within reasonable limits, such as choosing consultation and outreach programming to meet the requirements within the apprenticeships.

Administrative/Staff Activities

Administrative Staff Meeting (1 hr/wk, all year)

All interns and the full staff meet together once a week, for one hour to discuss emerging issues on campus, changes in our policies and procedures, concerns, or information important to all staff. Trainees as well as full staff are invited to bring in topics and concerns to be discussed.

Brown Bag Meeting with the Training Director (1 hr/wk, all year)

The training director meets with the interns as an opportunity to answer administrative questions, discuss any business items, air problems, process, and relax together. This is for the purpose of keeping the lines of communication open between the interns, the training director, and the staff.

Committee Work (variable)

Interns, as part of their apprenticeship experiences and interests, may become involved in committee work either in CPS to further our own goals, for the Division of Student Affairs, or for the Ohio University campus at large.

Dissertation/Research Hours (4 hours/wk, variable)

Each intern is allowed up to four hours per week time for professional development. This time can be used for dissertation, to work on the intern's own research (articles, presentations, etc.), to attend conferences, go to job interviews, or defend the dissertation. Although this time is flexible, it cannot EVER be "banked" for other purposes (i.e., vacation or sick time). It must be used expressly for professional activities and tracked accordingly. Conferences, job interviews, etc. that would require saving up these hours for use over several days need to be discussed ahead of time to the training director.

Direct Services**Clinical Services**

Interns are required to provide direct clinical services to individuals and couples, as well as conduct group therapy sessions throughout the year. They are also required to provide emergency walk-in services in rotation with the rest of the professional staff. Clients at CPS represent a wide range of backgrounds and identities, presenting concerns, and levels of clinical complexity. Interns must contract for the minimum number of hours weekly to meet training requirements, but each intern will be able to either develop some specific clinical interests within an apprenticeship structure or develop broad generalist skills in the counseling center.

Consultation and Outreach Services

Interns engage in regular outreach and prevention programming for CPS, while attending the C/O seminar and group supervision meetings every other week for one hour. Over the course of the year, each intern must provide a minimum of three programs per quarter for the fall, winter, and spring quarters. In addition, each intern will work with the C/O supervisor to design a consultation project that will meet the goals of the division's strategic plan and the needs of the university community. Within this requirement, there is a great deal of flexibility to choose programming or consultation projects that fit within each intern's developed interests as an apprentice.

Supervision of Practicum and Trainees

Interns will be required to provide direct supervision to at least one trainee during the winter and spring quarters of the calendar year. Intern supervision of trainees will initially involve oversight for one or two clients. Subsequently, as interns are ready, their responsibility for cases will increase to about four or five. Part of the supervision will involve reviewing tapes and notes of the supervisee. Training and supervision for supervision will be provided throughout the year, first in the form of a seminar in the fall, then in the form of a 2-hour supervision-of-supervision meeting. (see descriptions of those seminars/group supervision).

Documentation of Hours

Interns are responsible for documenting their hours on an Excel spreadsheet that is provided to them ahead of time. Hours can be totaled for report in the spreadsheet. A copy of the spreadsheet data needs to be submitted to the Training Director on a monthly basis. Interns will be given feedback about their hours every three months at minimum.

Time Commitments

The Intern Weekly Schedule given here is offered as a typical example. An actual week may vary somewhat depending on intern activities and commitments.

Example Schedule:

Direct Clinical Services	Hours Committed
Individual/Couples' Therapy	12
Group work (one quarter or more)	0-2
Intakes	2
Emergency/Walk-in Services	3
Consultation/Outreach	
Outreach Presentations (spread over time)	1
Consultation Project (spread over time)	1
Receiving/Giving Supervision	
Individual Supervision	2
Group Supervision of Group work (2 quarters)	2
Supervision of Consultation/Outreach Projects	0 - 1
Supervision of Supervision (2 quarters)	0 - 2
Intern Supervision of Trainee (2 quarters)	0 - 1
Liaison Supervision for Apprenticeship	.5
Seminars/Didactic Training	
Assessment & Conceptualization	0 - 1
Supervision Seminar (1 quarter)	0 - 1
Professional Issues/Ethics	1
Group Seminar (summer and fall)	1
Clinical Team Meeting with Staff	1

Consultation/Outreach Seminar	0 - 1
Topical Seminar (including summer intensives)	1
Administrative/Other	
Administrative Staff Meeting	1
Brown Bag Meeting with Training Director	1
Dissertation, Research, Conference, Job Search	4
Supervision Prep	1
Consultation/Outreach Preparation (approx)	1
Clinical Paperwork, Preparation (approx)	4
Total Time:	Approx. 41 - 46 hrs

List of Potential Apprenticeships

NOTE: Apprenticeships vary in their time commitment and intensity and interns should plan for their commitment by meeting with mentors early in the year. Interns are expected to integrate their apprenticeship interests into their expected hours for the agency, such that, for example, an apprenticeship in the area of eating disorders would mean that some of the outreach programming, clients, and other activities as considered (i.e., committee work, consultation project), would be devoted to the topic of eating disorders to maximize learning as well as efficient use of hours.

Eating Disorders (can be minor experience or full apprenticeship)

An intern apprenticing in this area would develop more indepth experience with clients who have diagnosed with an eating disorder, would meet regularly with the ED interdisciplinary team, and his or her outreach and/or consultation responsibilities could be focused on outreach, training, and consultation with the Ping Center, OU Athletics, Wellworks, Health Promotion, and other groups on campus as needed. The staff member in charge of organizing and monitoring this area is Deanna Potkanowicz.

Substance Abuse (full apprenticeship only)

Alcohol and other drug use present a huge challenge to student development and wellbeing. An intern wanting extra experience in this area can shadow our AOD specialist, work with him on programming, training, and consultation with the many departments and people he collaborates with regularly. The intern will also develop more indepth clinical experience with alcohol and drug issues by having a greater concentration of AOD issues in their client caseload. This apprenticeship will be mentored by Jason Weber.

Sexual Assault (can be minor experience or full apprenticeship)

CPS collaborates with a number of administrative related to sexual assault prevention, training, treatment, and reporting. An intern apprenticing in this area would develop more indepth experience with clients who have experienced or are accused of perpetrating a sexual assault, would meet regularly with groups such as ACASA, the sexual assault task force for OU, and other concerned groups. He or she would also collaborate regularly with the Sexual Assault Educator at Health Promotions. The staff member in charge of organizing and monitoring this area is Michelle Pride.

Sexual/Gender Orientation (can be minor experience or full apprenticeship)

CPS collaborates regularly with the LGBT programming office and provides clinical services for lesbian, bisexual, gay, and transgendered students across the campus. An intern apprenticing in this area would get a chance to have greater individual clinical experience with queer students, co-lead Transitions, which is the transgender student support group, and involve themselves in consultation and outreach programming to benefit this student population and subsequently all students on campus. The staff member mentoring this experience is Susan Young

Training (can be minor experience or full apprenticeship)

This is an administrative apprenticeship that permits the intern to gain expertise with organizing a training program. This intern would co-teach the trainee seminar throughout the year, help to manage coordination and communication between the students' home departments, the supervisors on staff, and the training director at CPS. The staff member responsible for this area is Susan Young.

Group Programming (full apprenticeship only)

An intern choosing a more intensive experience with group work will get experience doing process observation, co-lead an additional group of their choice, and aid in administrating and promoting the group program at CPS. The staff member responsible for this area is Michelle Pride.

Consultation and Outreach (can be minor experience or full apprenticeship)

An intern can work directly with the C/O coordinator, learning how outreach programming is organized and managed, how to connect staff with expertise and potential clients needing outreach and consultation. The intern will have an opportunity to get more indepth experience in the practice of consultation, developing and working on additional projects that are the direct responsibility of the coordinator. The staff member mentoring this opportunity is Sheila Williams.

Contact with Home Departments

Under normal circumstances the home programs of interns are contacted in writing three times. The first contact occurs when the intern accepts an offer from CPS. A letter will be sent to the academic Training Director informing him/her of acceptance. The second and third contacts occur after the mid and end of the year evaluations. These reports include: the intern's progress in the program, a description of the training and service activities in which the intern engaged, and a summary of the evaluation reports written by the supervisors.

In the case that serious concerns are experienced about an intern, the home department is contacted early on in the remediation process as outlined in the section on "Evaluation, Disciplinary Actions, Appeals and Grievances Procedures."

Goals and Expected Competencies for Internship

Goals and Objectives for the Ohio University CPS Psychology Internship Program

- I. To provide interns the opportunity to function as professional psychologists. This goal is implemented through**
 - a. providing a collegial environment in which interns work with other professional psychologists as staff members;
 - b. exposing interns to a variety of client concerns and diagnoses, a diversity of client ethnic and cultural backgrounds, different theoretical orientations, and a variety of treatment modalities;
 - c. increasing interns' responsibilities and opportunities for autonomous functioning over the duration of the internship;
 - d. exposing interns to a variety of professional activities beyond assessment, diagnosis, and treatment including activities such as outreach programming, supervision of trainees, administrative and committee involvement, consultation, etc.;

- II. To provide regular, intensive supervision of intern activities. This goal is accomplished through the provision of**
 - a. a minimum of two hours a week of individual, face-to-face supervision by a licensed psychologist in addition to other supervision experiences as described below, to total a minimum of approximately one hour of direct supervision for every four hours of direct service provided;
 - b. formal and informal consultation as requested with staff members;
 - c. apprenticeship opportunities for one-on-one mentoring and supervision in specialized areas such as eating disorders, substance abuse, or training.
 - d. group supervision provided within training activities such as outreach and consultation seminar, supervision of supervision, and group therapy seminar.

- III. To provide a depth and breadth of educational experiences focused on the acquisition of core and secondary professional skills. This goal is accomplished through**
 - a. participating in training seminars and apprenticeship experiences offered by professional staff with expertise in working with special populations, (clients with alcohol or drug problems; eating disordered clients); counseling ethnic and

cultural minorities; counseling couples; and/or using special treatment modalities such as brief psychodynamic therapy or motivational interviewing;

- b. providing direct psychological services with a professional staff member, e.g. group or couples' therapy;

IV. To provide individualized experiences in addition to the required activities. These activities are provided via

- a. opportunities for individualizing intern experience including participation in the multidisciplinary Eating Disorders Treatment Team; participating in Student Affairs committees and other professional student affairs activities; working collaboratively with professional staff on administration and assessment projects; developing a consultation project that is an outgrowth of the intern's particular interests combined with the institution's strategic goals or apprenticeship goals;
- b. allowing time for individualized personal and professional growth experiences (attending workshops or regional professional conferences or choosing an apprenticeship, for example).

Competency Areas for Evaluation

Throughout the internship experience, the intern is to display competency in the following areas:

I. Legal and Ethical Issues

A. Demonstrates knowledge and behavior consistent with APA ethical principles

- 1. The intern behaves in a consistently ethical manner in all professional activities throughout internship.
- 2. The intern participates and contributes in orientation and training seminars on ethical issues.

B. Demonstrates knowledge of and behavior consistent with Ohio State and Federal mental health statutes

- 1. The intern behaves in accordance with all statutes relevant to the practice of psychology in Ohio.
- 2. The intern participates and contributes in orientation and training seminars on legal issues in the practice of psychology.

Evaluation: Evaluation of interns' knowledge and behavior in the areas of professional ethics and the law will be performed by all staff members who have direct work contact with any given intern (at minimum, direct individual supervisors and the training director).

II. Professional Behavior

- A. Demonstrates awareness of current professional issues in professional psychology which relate to his or her clinical, supervisory, and other applied work.
- B. Demonstrates professional self-direction and integration throughout the internship
 - 1. The intern can define and communicate a professional identity as a counseling or clinical psychologist, drawing from appropriate professional literature.
 - 2. The intern takes initiative in structuring experiences to develop strengths in areas of relative weakness in order to further enhance and solidify his or her professional identity.
- C. Demonstrates ability to function effectively as a staff member
 - 1. The intern in his or her intra-agency and extra-agency relationships exhibits maturity, respect, sensitivity to potential areas of conflict, effective conflict resolution techniques, and sound professional judgment.
 - 2. The intern is active in staff meetings, works cooperatively with staff, demonstrates willingness to assume additional responsibility in response to agency need.
 - 3. The intern works effectively with support staff and accomplishes routine tasks (such as paperwork) efficiently.
- D. Contributes to maintenance of agency evaluation and accountability data
 - 1. The intern keeps accurate administrative and client records.
 - 2. The intern responds to supervisor's and the training director's requests for information concerning their development, reports weekly activities in a timely fashion, demonstrates understanding of the need for certain administrative procedures.
 - 3. The intern accurately reports use of vacation, sick leave, professional development time, etc.

Evaluation: Evaluation of an intern's professional behaviors will be performed by the staff members who have direct working contact with the given intern.

III. Psychotherapy

A. Develops a rationale for a conceptually and personally meaningful style of therapy

1. The intern discusses cases, draws from personality theory, theory and research of psychotherapy, and knowledge of psychotherapy to develop a conceptualization of his or her clients.
2. The intern draws from various theories of psychotherapy in developing treatment strategies for differing clients.
3. The intern gives at least one formal case presentation which is focused primarily on therapy issues and which incorporates basic demographic information, interview data, and dimensions discussed above (1) in conceptualizing the client and which ties the conceptualization to the treatment.

B. Demonstrates competence in individual psychotherapy

1. The intern carries a caseload of individual clients of varying difficulty and with a variety of presenting concerns and symptoms.
2. The intern uses both core conditions (empathy, genuineness, and warmth) and advanced interview skills (confrontation, process comments/immediacy, interpretation, silence) in therapy sessions.
3. The intern develops and implements a treatment plan based on an assessment of the client and of treatment strategies which have optimal chance for success (i.e., uses differential treatment approaches).
4. The intern demonstrates ability to implement time-limited approaches to psychotherapy with clients.
5. The intern evaluates progress of therapy (this includes the ability to analyze a given session; the development of a short-term session-treatment plan based on evaluation of progress; ability to proceed with appropriate termination; and other dimensions as determined by supervisor).
6. The intern manages own affect without compromising treatment or therapy relationship.

7. The intern demonstrates case management skills (judgment concerning medication, knowledge of major classes of psychotropic medication, referral, hospitalization, etc.).

C. Demonstrates competence in group therapy

1. The intern conceptualizes the group and bases interventions on major theories of group development and treatment.
2. The intern demonstrates effective group facilitator and co-leader skills in group therapy sessions, to the benefit of client members.
3. The intern evaluates progress of group therapy (includes same dimensions as in B5 above).
4. The intern manages own affect without compromising treatment of therapy relationship.
5. The intern demonstrates case management skills (as in B7).

D. Demonstrates couple/marital therapy skills

1. The intern sees at least one couple over the course of the internship.
2. The intern uses at least one major theory of relationship therapy in work with these clients.
3. The intern evaluates the progress of therapy (as in B5).

E. Demonstrates competent intake skills

1. The intern writes up intakes legibly and promptly: write-up should address history and current status of the presenting concern, psychosocial and relevant family history, history of physical and/or sexual abuse, assessment of social support systems, client's use of mood-altering substances, client's physical health (eating habits, illness) and other data as relevant; in addition, write-up should draw conclusions regarding mode and length of treatment, diagnostic impressions, and client severity and case difficulty.

F. Demonstrates competence in general crisis work

1. The intern serves a 3-hour crisis walk-in shift weekly throughout their time at CPS.
2. The intern manages crises as they may arise in own ongoing caseload.

3. The intern uses knowledge of crisis intervention and brief, solution-focused theory in assessing situation and in implementing interventions.
4. The intern maintains professional demeanor in crisis intervention and consults with other professionals as necessary.
5. The intern develops an awareness of campus and community resources, and how to interface with these resources appropriately in an emergency.

Evaluation: All professional staff who have significant contact with interns with respect to their functioning will be expected to provide evaluative feedback. The primary clinical supervisor, the chief psychologist, and any senior staff co-therapists will have major responsibility in evaluating interns' performance in therapy.

IV. Assessment

- A. Demonstrates competence in using the interview to develop an assessment of client's presenting concern
 1. The intern demonstrates competence in using the DSM-IV-TR
 2. The intern demonstrates competence in conducting a comprehensive interview, including mental status and behavioral observations
 3. The intern demonstrates competence in considering issues of diversity when conducting an interview
 4. The intern demonstrates competence in considering college student development theory and a strength-based, wellness approach, where appropriate, when conducting an interview
- B. Demonstrates ability to assess clients presenting in an emergency psychological state
 1. The intern demonstrates knowledge and awareness of decision-making and planning for instances during which outpatient clinical care at CPS is not sufficient or appropriate
 2. The intern demonstrates knowledge of the Ohio state code regarding criteria for involuntary hospitalization as well as their duty to warn or protect others
 3. The intern demonstrates competence in assessment of current mental status with people in crisis as well as very challenging or incapacitated clients including assessment of emotional and psychological

functioning, capacity for self-care, and accurate assessment of their safety

C. Demonstrates competence in developing, organizing, and presenting clinical information

1. The intern gives a formal case presentation which includes a case conceptualization based in theory
2. The intern presents cases informally through case staffings

Evaluation: Evaluation of above competencies will be accomplished primarily through the primary supervisor and the Assessment & Conceptualization Seminar instructor who will be reviewing the interns' work in assessment and case planning.

V. Consultation and Outreach

A. Demonstrates knowledge of and ability to implement models of consultation

1. The intern completes at least one ongoing consultation project during the internship year. The total time commitment to consultation activities is approximately 40-50 hours.
2. The intern exhibits knowledge of at least one model of consultation which is appropriate for the type of consultation the intern is doing.
3. The intern uses ideas generated by the model being employed to plan, implement, and evaluate the consultation project.

B. Demonstrates knowledge of and ability to implement models of outreach

1. The intern becomes involved with outreach activities (i.e., programs, workshops, or classroom presentations).
2. The intern effectively plans and implements at least three outreach activities per quarter.

Evaluation: Evaluation of above competencies will be accomplished primarily by the Consultation/Outreach coordinator who supervises all projects, along with feedback from liaison or other supervisors who may also be overseeing projects as coordinated by the C/O director.

VI. Providing Supervision

- A. Demonstrates the ability to conceptualize the supervisee and the supervisory relationship within a coherent theoretical framework, incorporating professional literature on models of supervision and research in the area
- B. Demonstrates ability to create a supervisory environment which incorporates monitoring supervisee's clients' treatment, attending to supervisee's theme interference issues and to parallel process issues
 - 1. The intern, in supervision of supervision, incorporates discussion of supervisee's clients' dynamics and behaviors in assessing clients and supervisee's theme interference issues which may affect clients' progress.
 - 2. The intern presents tapes or digital recordings of supervision session illustrating supervisory environment in which both challenge and support are demonstrated.
- C. Demonstrates ability to function as a role model and mentor for supervisee
 - 1. The intern provides specific treatment alternatives, readings, and other resources for supervisee.
 - 2. The intern makes extra time available for supervisee for emergency consultation or direct assistance.
- D. Demonstrates ability to provide accurate and specific feedback to supervisee in constructive fashion

Evaluation: The primary evaluative responsibility rests with the licensed psychologist providing supervision of the intern's supervision, however, other professional staff members who have relevant data for a given intern's supervision of practicum students can also provide evaluative feedback.

VII. Receiving Supervision

- A. Demonstrates professional behavior in supervisory activities, including openness to feedback and exploration of issues, ability to articulate own position on a given issue, willingness to share his or her own work (e.g., presentation of audio/videotapes, digital recordings, written notes or reports, etc.)
- B. Demonstrates knowledge of one's own limitations as a therapist, including acknowledgment of any theme interference issues which may be present, inexperience with certain types of clients or presenting concerns, areas of weakness in understanding of theory or research

- C. Demonstrates ability to be appropriately assertive with supervisor and to disagree or challenge supervisor's viewpoint
- D. Demonstrates involvement in the supervisory process through preparedness, punctuality, and evidence of thoughtfulness

Evaluation: All professional staff directly supervising the clinical work of interns are expected to provide assessments of the performance of their supervisees on the dimensions outlined above.

VIII. Counseling Special Populations

- A. Displays awareness of own cultural identity development
- B. Demonstrates an awareness of cultural identity development models
- C. Applies a multicultural orientation to clients' presenting concern.
- D. Demonstrates awareness of the effects of gender, sexual orientation, and role socialization on our clients' lives.
- E. Demonstrates effective skills in building rapport with clients from both a universal and a culturally-specific orientation.
- F. Seeks supervision and consultation appropriately regarding cross-cultural and same-culture issues as they affect the therapeutic relationship, outreach activities, and other CPS services.

Evaluation: All professional staff who directly supervise the clinical work of interns are expected to provide assessments of the performance of their supervisees on the dimensions outlined above.

Procedures for Evaluation

1. Every three months throughout the year, interns are given verbal and written feedback about their progress in the competency areas listed under the objectives of the internship program. Quarterly evaluation periods include feedback from seminars, group supervisions, and individual clinical supervision. In addition, interns give their seminar facilitators, supervisors, and the training director feedback about the program, their training experiences, and their supervision. Beside the specific evaluation forms designed for the separate seminar areas, an overall Quarterly Intern Performance Evaluation form is completed by individual clinical supervisors. This form covers primary areas of competency that are appropriate for clinical work including professional and ethical conduct, therapy, assessment, multicultural skills, etc. Just before this evaluation is due, the training faculty meet to discuss their experiences with each intern, including the strengths and weakness, growth areas and goals that they would suggest to the intern, in order for the staff to clarify their feedback and catch any potential areas that might need more attention. Information from that meeting and from all evaluations is shared with the intern by the relevant supervisor or seminar facilitator.

2. The next level of evaluation occurs at each six month period. These evaluations are identical to the quarterly evaluations in most ways, including the meeting with all training staff. The purpose of this meeting is to integrate feedback on intern performance from as many sources as possible in order for the Six-Month Intern Evaluation to be completed. The primary clinical supervisor is responsible for completing this Six-Month Intern Evaluation following the meeting and after reviewing any written evaluation material from seminars and other sources. The primary clinical supervisor meets with the intern to go over the evaluation form and review the process. Following that meeting, the primary supervisor, the Training Director, and the intern then meet together to go over the evaluation form in order to ensure that everyone is comfortable and clear with how the evaluation has proceeded and has been able to voice any concerns they might have. In the event that the primary supervisor is the Training Director, the Director will sit in for this meeting in order to facilitate any discussion needed. A copy of the Six-Month Intern Evaluation is sent to the home department of each intern after it has been signed and a copy placed in the intern's personnel file. Copies of all written evaluative material are placed in the file as well, throughout the year.

3. The six month evaluation form that is sent to the home department will be accompanied by an overview letter to the Director of Clinical Training of that department from the Training Director with a cover letter.

Any concern about an intern's progress through the program is first discussed with the intern, then if a supervisor feels that a concern is not being addressed adequately, he or she approaches the Training Director who then determines the next action – whether it be more intensive supervision, consultation with the training committee or other experienced supervisory staff, or consultation with the Director. We make this

process as transparent as possible to the intern, while also protecting the intern's confidentiality.

4. The supervisor and intern discuss written evaluations prior to their submission to the Training Director and before inclusion in the intern's file. Any evaluation report must be signed by the individual supervisor and the intern. The intern's signature on the document **does not** necessarily reflect agreement with the content, but rather that the document has been presented to the intern. The intern may provide a written reaction to the evaluation report. The evaluation report and any additional material must be submitted to the Training Director for inclusion in the intern's file.

5. Interns are expected to evaluate their individual supervisors at the end of each quarter (See Evaluation of Internship Supervision). A two-hour luncheon is scheduled at the end of the year for interns and professional staff members where interns have the opportunity to express feedback about the strengths and weaknesses of the internship program itself.

Disciplinary Actions

1. Probation

In the event an intern fails to meet or make satisfactory progress toward meeting the general expectations of the training program, she or he may be placed on probation. This action would ordinarily occur in the context of a regularly or a specially scheduled evaluation session. Probationary status is defined as a situation where the intern is actively and systematically monitored by supervisors and the Training Director for a specified period of time, in regard to the necessary and expected changes in problematic behavior. The intern will be given a written statement notifying him/her of the probationary status and specifying the behaviors that need to be changed, recommendations for a remediation program, the time period of the probation, and the procedures designed to ascertain whether the problem has been appropriately rectified. The intern may choose to accept or to challenge the probation through the procedures outlined in this document. Probation will be terminated by action of the Training Director following a special review session. The intern will be notified in writing when the probationary period has ended. If the intern does not sufficiently meet the conditions of probation a second probationary period can be set following the above mentioned procedures or the intern can be temporarily suspended.

2. Temporary suspension

If there is reason to believe that an intern has violated the APA Code of Ethics and/or is not competent, she or he may be temporarily suspended from engaging in any and all activities associated with the internship. Such suspension can be ordered by the Training Director in consultation with the Chief Psychologist and CPS Director (these three individuals comprising the Administrative Council). Temporary suspension

will go into effect immediately upon informing the intern of the suspension in writing. The written notification, including the reasons for suspension, will be sent to the intern, the intern's primary supervisor, and the intern's Clinical Training Director from their home department within one working day. The Training Director is required to call a special meeting with the Chief Psychologist, Director, and primary supervisor within five working days of the temporary suspension. The attendees of this meeting will set a date for a special review meeting and will then proceed under the normal procedures outlined in the Intern Evaluation and Appeals Procedures of this handbook.

3. Termination

In the event the Training Director, in consultation with other members of the professional staff determines that an intern lacks competence to the extent he or she is not able to meet the minimal standards of the training program during the internship year, s/he may be terminated from the program. If the intern is terminated from the internship he or she is also terminated as employee of Ohio University.

- a) Lack of competence is defined as interference in professional functioning that is reflected in one or more of the following ways:
- (1) an inability or unwillingness to acquire and integrate professional standards and ethics into one's repertoire of professional behavior;
 - (2) an inability to acquire professional skills and reach an acceptable level of competency;
 - (3) an inability or unwillingness to control personal stress, psychological dysfunction or emotional reactions which interfere with professional functioning;
- b) Impairment is defined as interference in professional functioning that, as its primary genesis involves:
- (1) a health problem, family or relationship concerns, or an unexpected life event which interferes with the delivery of clinical service, or leads to an extended work leave that jeopardizes the fulfillment of the minimum time requirements as stated in the Internship Contract.
- c) Distinguishing problematic behavior from lack of competence: It is a matter of professional judgment as to when an intern's behavior is considered a long-term competence problem rather than just problematic or in need of improvement. For this internship the latter refers to behaviors, attitudes or characteristics, which, while of concern, are not unexpected or excessive for professionals in training. Long-term lack of competence, on the other hand, typically includes one or more of the following characteristics:

- (1) The intern does not acknowledge, understand, or address the problem when it is identified.
 - (2) The problem or area of concern is not merely a reflection of a skill deficit which can be improved with academic or didactic training.
 - (3) The quality of services delivered by the intern is negatively affected to a significant degree; or, as a result of the problem, the quantity of services falls short of the minimum required in the Internship Contract.
 - (4) The problem is likely to be manifested in more than one area of professional functioning.
 - (5) A disproportionate amount of attention by training staff is required by the intern.
 - (6) The intern's behavior does not change as a function of feedback, setting individual training goals, applying a remediation program, and/or time.
 - (7) The problematic behavior has potential for ethical or legal ramifications if not addressed.
- d) In the event there are serious problems as the result of an intern's violation of ethical standards or inability to perform his/her internship duties, the training director will notify the intern's doctoral training program of the problems and the actions being taken by Ohio University CPS Psychology Internship Program. A copy of any report or letter sent to the home university on behalf of the training program will be placed in the intern's permanent file maintained by the Training Director.

Appeals and Due Process

The appeals process may be used by an intern who is in disagreement with an evaluation and/or disciplinary action. There are three possible steps in the grievance procedure, designated as first, second, and third review, as follows:

1. First Review

- a) In the event that an intern disagrees with his or her overall evaluation report, she or he may initiate the appeals process. A written request for a review must be submitted to the Training Director within 10 working days of receipt of the supervisor's written evaluation report.
- b) A meeting will be scheduled in which the Administrative Council and the primary supervisor will meet in a closed session to review the written evaluation report and

any letters of addendum submitted by the intern or others. The intern is not present in this session.

c) Based on their review, the Training Director may take any action deemed appropriate. Such action is not limited to, but may take the form of the following:

(1) Accept the supervisor's evaluation report of problems and recommended program of remediation.

(2) Amend the supervisor's evaluation report to include specified changes in the statement of deficits or program of remediation. This may include a reversal of the need for a program of remediation or it may specify additional activities required for remediation.

(3) Place the intern on probation for a specified period of time during which changes in the intern's behavior, according to the remediation program, are to be expected.

(4) Suspend or terminate the intern from the program.

d) Following the review meeting, the Training Director will communicate in writing to the intern the decision of the Administrative Council, including any amendments or changes to the evaluation report.

2. Second Review

a) In the event that an intern is not satisfied with the outcome of the first review, a second appeal may be initiated by the intern, in a written request to the Training Director within 10 working days from notification first review decision.

b) The intern and his/her primary supervisor will be notified in writing by the Training Director that a second review meeting will be held. The intern may submit to the Training Director any written statements he or she feels appropriate and/or request that the Training Director interview other individuals who might have relevant information. The Training Director may then request the presence of and/or written statements from individuals as deemed appropriate.

c) The Administrative Council, the intern, and the intern's primary supervisor will be present at the second review meeting. The intern has the option of having an advocate present. The advocate may be a faculty member from the intern's home department, a past clinical supervisor who is familiar with the intern's work, or another professional staff member.

d) Following the second review meeting, the Administrative Council may take any action it deems appropriate. Such action is not limited to, but may take the form of the following:

(1) Accept the supervisor's evaluation report of problems and recommended program of remediation.

(2) Amend the supervisor's evaluation report to include specified changes in the statement of deficits or program of remediation. This may include a reversal of the need for a program of remediation or it may specify additional activities required for remediation.

(3) Place the intern on probation for a specified period of time during which changes in the intern's behavior, according to the remediation program, are to be expected.

(4) Suspend or terminate the intern from the program.

e) Following the review meeting, the Training Director will communicate in writing to the intern the decision of the Council, including any amendments or changes to the evaluation report, if any. The second appeal and review will be completed within 30 working days of the receipt of the written request for appeal.

3. Third Review

a) If an intern is dissatisfied with the decision of the Council in the second appeal, she or he may request a third and final review. The request for a third review must be submitted to the Training Director in writing within 10 working days from the date of notification of the second review decision.

b) An Appeals Panel will be convened, comprising three people: the Ohio University Associate Dean of Students, a faculty member of the Clinical Psychology Doctoral Program at Ohio University, and the Vice President of Student Affairs.

c) The intern will be notified in writing that a third review meeting will be held. The intern may submit to the Appeals Panel any additional written statements s/he feels appropriate and/or request that the Appeals Panel interview other individuals who might have relevant information. The Appeals Panel may request the presence of and/or written statements from individuals as it deems appropriate, including the individual supervisor and/or the Training Director.

d) The intern will be present at the hearing. The intern has the option of having an advocate present. The advocate may be a faculty member from the intern's home department or may be a past clinical supervisor who is familiar with the intern's work.

e) Following the third review meeting, the Appeals Panel may take any action it deems appropriate. Such action is not limited to, but may take the form of the following:

(1) Accept the evaluation report of problems and recommended program of remediation.

(2) Amend the evaluation report to include specified changes in the statement of deficits or program of remediation. This may include a reversal of the need for a program of remediation or it may specify additional activities required for remediation.

(3) Place the intern on probation for a specified period of time during which changes in the intern's behavior, according to the remediation program, are to be expected.

(4) Suspend or terminate the intern from the program.

f) Following the third review meeting, the decision of the Appeals Panel will be communicated to the intern in writing. Copies of the decision will be sent to the training director of the internship, the intern's home department training director and the individual supervisor. The report will be placed in the intern's file. The third review will be completed within 30 working days of the receipt of the written request for the appeal. The decision of this Appeals Panel (the third review) is final.

Grievance Procedures

If an intern experiences difficulty with a supervisor or has complaints about some aspect of training the following steps can be taken by the intern:

1. The intern can discuss their concerns directly with their primary supervisor. The primary supervisor will listen to the intern's concerns, attempt to rectify the concerns, and remind them of their other avenues of redress if they are not satisfied with the outcome. If the intern is not satisfied with the outcome of the first step the intern can proceed to the second step.

2. The intern can next discuss their concerns with the Training Director. The Training Director will make every effort to respond to the intern's concerns. If the concerns involve a conflict with a primary supervisor the Training Director will assist in mediating the conflict. If the concern involves a deficiency in the seminars or some other aspect of training in the internship the Training Director will do their best to correct the situation if at all possible. If the intern is still not satisfied with the outcome they can file a formal written grievance with the Training Director and proceed to the third step.

3. The intern can next ask to present their formal written grievance to the Administrative Council. The Council will listen to the intern's concerns and suggestions as well as the concerns and suggestions of all other parties involved and then vote on how to proceed. When the Council reaches a decision the intern who

filed the grievance will be given a written response by the Council informing the intern of that decision. The vote of the Administrative Council is the final step in the Grievance Procedures for the internship.

4. The Predoctoral Psychology Internship at Ohio University is a member of APPIC and so is subject to APPIC policies and procedures. Interns dissatisfied with the outcome of a grievance process with the internship may consult with APPIC staff, through either an informal process of consultation and mediation or formally, by lodging a complaint against the internship. The procedure is explained in detail at http://www.appic.org/problem_resolution/index.html. This website also provides current contact information for the staff members handling these two different routes for expressing grievance through APPIC.

Evaluation Forms

Six Month Intern Performance Evaluation

Intern: _____

Supervisor: _____

Beginning Date of Performance Period: _____ Ending Date: _____

Not enough Data	Need For Improvement		Beginning skill level for intern		Intermed. skill level for intern		Outstanding skill level -- comparable to professional psychologist		
0	1	2	3	4	5	6	7		

I. Legal and Ethical Issues

- | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1. Behavior is consistent with APA ethical principles | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. Within supervision accurately identifies boundaries competence and expertise. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. Within supervision accurately identifies own beliefs, values, and needs and effect of these on work. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. Demonstrates awareness of individual differences including those due to age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, and socioeconomic status. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. Conveys appropriate respect for the individual's rights, personal dignity, and worth of all clients. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6. Discusses confidentiality as early as possible in therapeutic relationship. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7. Does not exploit persons over whom they have supervisory, evaluative, or other authority. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8. Behavior is consistent with Ohio mental health statutes. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9. Is knowledgeable of the implication of the Tarasoff decision on duty to warn and the effects of this and other key legal decision on clinical work | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 10. Is knowledgeable of the criteria for involuntary hospitalization and the effects on clinical work | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 11. Other: _____ | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

II. Professional Behavior

- | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1. Demonstrates awareness of current professional issues in professional psychology | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. Demonstrates professional self-direction and and integration | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. In professional relationships exhibits maturity, respect and sensitivity to potential areas of conflict, effective conflict resolution techniques, and sound professional judgment | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. Works effectively with support staff and accomplishes routine tasks efficiently. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. Keeps accurate administrative and client records. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6. Other: _____ | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

III. Psychotherapy (Individual, Groups, Couples/Family)

- | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|
| 1. In presenting cases, integrates personality theory and knowledge of psychotherapy techniques. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. Systematically draws from a variety of theories and models in developing treatment strategies | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. Establishes and maintains clear ground rules around session limits, absences, and scheduling. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. Conveys appropriate empathy, genuineness, and positive regard. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. Uses the following interventions in a timely and accurate fashion: | | | | | | | | |
| a. Reflection of thought | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| b. Reflection of feeling | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| c. Immediacy/process comments | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| d. Confrontation | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| e. Interpretation | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| f. Summarization | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| g. Silent listening | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6. Establishes treatment plan and goals for therapy. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7. On an ongoing basis, realistically assesses client's growth and progress in relation to goals | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8. Accurately assesses client's readiness for termination. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

9. Uses own reactions to increase understanding of the client.	0	1	2	3	4	5	6	7
10. Demonstrates case management skills (e.g. makes appropriate medical/psychiatric referrals)	0	1	2	3	4	5	6	7
11. Demonstrates competence in couple/marital therapy.	0	1	2	3	4	5	6	7
12. Demonstrates knowledge of a coherent theory of family/relationship counseling.	0	1	2	3	4	5	6	7
13. Demonstrates group conceptual and assessment skills.	0	1	2	3	4	5	6	7
14. Demonstrates group facilitation skills.	0	1	2	3	4	5	6	7
15. Is able to work cooperatively and effectively with group co-leader	0	1	2	3	4	5	6	7
16. Is able to bring group members into the here-and-now.	0	1	2	3	4	5	6	7
17. Actively promotes building of appropriate group norms.	0	1	2	3	4	5	6	7
18. Other: _____	0	1	2	3	4	5	6	7

IV. Assessment

1. Demonstrates competence as an interviewer as reflected in intake reports and digital recordings of intake sessions.	0	1	2	3	4	5	6	7
2. When possible, makes clear disposition recommendations.	0	1	2	3	4	5	6	7
3. Demonstrates competence in providing crisis assessments.	0	1	2	3	4	5	6	7
4. Actively participates in the clinical issues seminar.	0	1	2	3	4	5	6	7
5. Demonstrates willingness to expand knowledge of assessment beyond home program's training.	0	1	2	3	4	5	6	7
6. Determines when objective or projective testing, or other more indepth evaluation is needed and develops batteries appropriately.	0	1	2	3	4	5	6	7
7. Interprets tests appropriately, with attention to measures of validity and to special circumstances..	0	1	2	3	4	5	6	7
8. Provides clinically relevant feedback to clients re: assessment results.	0	1	2	3	4	5	6	7
9. Other: _____	0	1	2	3	4	5	6	7

V. Consultation and Outreach

1. Establishes and maintains appropriate ongoing contact with consultee regarding consultation project.	0	1	2	3	4	5	6	7
2. Shows a commitment to the consultation project by fulfilling responsibilities and seeing the project to completion.	0	1	2	3	4	5	6	7

- | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 3. When serving as a consultant, displays strong entry, diagnostic, implementation, and disengagement skills. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. Works diligently to meet outreach programming obligations. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. Demonstrates appropriate design and planning skills for educational and outreach programs and workshops. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6. Demonstrates appropriate presentations skills, as demonstrated through program feedback or observation. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7. Other: _____ | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

VI. Providing Supervision

- | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1. Able to draw accurately from existing literature to conceptualize supervisee and supervisory relationship. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. Demonstrates understanding of supervision models and research. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. Discusses supervisee’s clients’ dynamics and behaviors in assessing clients’ progress in counseling. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. Demonstrates openness to receiving feedback from supervisee. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. Demonstrates ability to function as a professional role model and mentor for the supervisee. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6. Demonstrates ability to provide accurate and specific feedback to supervisee in a constructive fashion. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7. Makes appropriate use of supervision of supervision. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8. Other: _____ | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

VII. Receiving Supervision

- | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|
| 1. Formulates goals for supervision based on own current developmental needs and communicates these to supervisor. . | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. Consistently attends supervisory meetings and informs supervisor of necessary absences. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. Is winning to raise and address personal issues within supervision which may affect clinical functioning. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. Recognizes, acknowledges, and addresses in supervision theme interference issues which may be present in work with clients. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. Accurately acknowledges limited competence with particular clients or issues. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6. Communicates with supervisor about challenging aspects of working in psychotherapy practice. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

- | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 7. Communicates with supervisor about areas of relative weakness in understanding counseling theory and research. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8. Takes initiative to inform supervisor about current caseload and the disposition of terminated clients. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9. Is appropriately assertive when communicating with supervisor. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 10. Other: _____ | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

VIII. Working With Special Populations

- | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|
| 1. Displays awareness of own cultural identity | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. Is aware of cultural identity development models | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. Applies a multicultural orientation to clients' presenting concerns. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. Demonstrates awareness of the effects of gender, sexual orientation, and role socialization on our clients' lives. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. Demonstrates effective skills in building rapport with clients from both a universal and a culturally-specific orientation. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6. Seeks supervision and consultation appropriately regarding cross-cultural and same-culture issues as they affect the therapeutic relationship, outreach activities, and other CPS services. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7. Appropriately addresses concerns about a cross-cultural or same-culture dynamic in supervision, training or administrative activities. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8. Other: _____ | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Comments: (Description of intern's growth, strengths, weaknesses, areas of focus, suggestions for improvement)

Signature of Intern _____

Date _____

Signature of Supervisor _____

Date _____

Quarterly Intern Performance Evaluation

Intern: _____

Supervisor: _____

Date: _____

Not enough Data	Need For Improvement		Beginning skill level for intern		Intermed. skill level for intern		Outstanding skill level -- comparable to professional psychologist		
0	1	2	3	4	5	6	7		

I. Legal and Ethical Issues

- | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1. Behavior is consistent with APA ethical principles | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. Demonstrates awareness of individual differences including those due to age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, and socioeconomic status. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. Conveys appropriate respect for the individual's rights, personal dignity, and worth of all clients. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. Discusses confidentiality as early as possible in therapeutic relationship. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. Does not exploit persons over whom they have supervisory, evaluative, or other authority. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

II. Professional Behavior

- | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1. Demonstrates professional self-direction and integration. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. In professional relationships exhibits maturity, respect and sensitivity to potential areas of conflict, effective conflict resolution techniques, and sound professional judgment | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. Works effectively with support staff and accomplishes routine tasks efficiently. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. Keeps accurate administrative and client records. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

III. Psychotherapy (Individual, Groups, Couples/Family)

- | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|
| 1. In presenting cases, integrates personality theory and knowledge of psychotherapy techniques. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. Systematically draws from a variety of theories and models in | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

developing treatment strategies

- | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|
| 3. Establishes and maintains clear ground rules around session limits, absences, and scheduling. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. Conveys appropriate empathy, genuineness, and positive regard. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. Establishes treatment plan and goals for therapy. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6. On an ongoing basis, realistically assesses client's growth and progress in relation to goals | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7. Demonstrates case management skills (e.g. makes appropriate medical/psychiatric referrals) | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8. Demonstrates competence in couple/marital therapy. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9. Demonstrates group conceptual and facilitation skills. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

IV. Assessment

- | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|
| 1. Demonstrates competence as an interviewer as reflected in intake reports and digital recordings of intake sessions. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. When possible, makes clear disposition recommendations. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. Interprets tests appropriately, with attention to measures of validity and to special circumstances. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. Provides clinically relevant feedback to clients re: assessment results. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

V. Consultation and Outreach

- | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|
| 1. Shows a commitment to the consultation project by fulfilling responsibilities and seeing the project to completion. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. Works diligently to meet outreach programming obligations. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

VI. Providing Supervision

- | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1. Demonstrates understanding of supervision models and research. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. Discusses supervisee's clients' dynamics and behaviors in assessing clients' progress in counseling. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. Makes appropriate use of supervision of supervision. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

VII. Receiving Supervision

- | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1. Formulates goals for supervision ased on own current developmental needs and communicates these to supervisor. . | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|---|---|

- | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|
| 2. Consistently attends supervisory meetings and informs supervisor of necessary absences. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. Communicates with supervisor about challenging aspects of working in psychotherapy practice. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. Takes initiative to inform supervisor about current caseload and the disposition of terminated clients. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

VIII. Working with Special Populations

- | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|
| 1. Displays awareness of own cultural identity | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. Demonstrates awareness of the effects of gender, sexual orientation, and role socialization on our clients' lives. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. Seeks supervision and consultation appropriately regarding cross-cultural and same-culture issues as they affect the therapeutic relationship, outreach activities, and other CPS services. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Comments

Signature of Intern_____

Date_____

Signature of Supervisor_____

Date_____

Evaluation of Supervision

Intern or Trainee: _____

Supervisor: _____

Beginning Date of Performance Period: _____ Ending Date: _____

	Not enough Information 0	Poor Never 1	2	OK Manageable 3	4	Good Often 5	6	Excellent Always 7						
1.	Provides a safe and facilitative atmosphere that enables me to feel at ease in supervision.						0	1	2	3	4	5	6	7
2.	Clearly communicates the model of supervision they use.						0	1	2	3	4	5	6	7
3.	Is able to help me work within my own theoretical framework.						0	1	2	3	4	5	6	7
4.	Establishes mutually determined goals for the content of supervision sessions.						0	1	2	3	4	5	6	7
5.	Is on time and prepared for supervision sessions.						0	1	2	3	4	5	6	7
6.	Is appropriately available for consultation outside of regularly scheduled sessions.						0	1	2	3	4	5	6	7
7.	Points out non-facilitative behaviors and suggests alternative interventions.						0	1	2	3	4	5	6	7
8.	Helps me focus on how my behaviors influence the client.						0	1	2	3	4	5	6	7
9.	Encourages me to become actively involved in the supervision process.						0	1	2	3	4	5	6	7
10.	Helps me develop clear and specific goals for the evaluation period.						0	1	2	3	4	5	6	7
11.	When appropriate, shares his/her experience with clients with me.						0	1	2	3	4	5	6	7
12.	Accurately pinpoints process issues and makes recommendations to address them.						0	1	2	3	4	5	6	7
13.	Emphasizes rationale for intervention strategies based on theory.						0	1	2	3	4	5	6	7
14.	Encourages me to develop solutions, responses, and techniques that would be helpful in future therapy sessions.						0	1	2	3	4	5	6	7
15.	Apprises me of my growth and progress on an ongoing basis.						0	1	2	3	4	5	6	7

- | | | | | | | | | | |
|-----|--|---|---|---|---|---|---|---|---|
| 16. | Communicates his/her willingness to examine our supervisor-supervisee relationship. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 17. | Encourages me to broaden my conceptualization of client cases. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 18. | Helps me organize relevant case data in planning goals and strategies with my clients. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 19. | Suggests specific interventions congruent with my conceptualization of client issues. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 20. | Challenges me to identify focal themes across client sessions. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 21. | Reviews and provides feedback on case notes/ psychological reports. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 22. | Explains the criteria for my evaluation in behavioral terms. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 23. | Gives feedback on evaluations in a timely and direct manner. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 24. | Makes opportunity for and encourages discussion of evaluation ratings. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 25. | Allows and encourages me to evaluate myself. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 26. | Models ethical behavior in supervision sessions. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 27. | Demonstrates awareness of diversity issues by pointing out and discussing implications when appropriate. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 28. | Suggests relevant references as an adjunct to material provided in supervision sessions. | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 29. | Other: | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Comments:

Intern Signature_____

Date_____

Supervisor Signature_____

Date_____