

Counseling & Psychological Services (C&PS)

at San Diego State University

Psychology Internship Program

Training Manual 2023-24

Introduction and Training Philosophy

Welcome to your new role as a Psychology Intern at C&PS! The counseling faculty and staff here place great value on the training programs, and interns' openness and enthusiasm are viewed as the lifeblood that helps to keep us current and energized with each passing year.

The intention underlying our training programs is the integration of our interns into the work and life of our Center. Interns do much of the same work as our counseling faculty and are viewed as competent and capable colleagues in addition to being professionals in training. We are invested in nurturing our interns' ability to integrate and demonstrate their existing knowledge and skills, while focusing on further development of this base during the training year. Our program activities are thoughtfully designed to offer interns a developmentally appropriate, hands-on experience that is sequential and that increases in complexity as the training year progresses. Collaboration, consultation, innovation, and self-care are the guiding values that infuse our training philosophy and our Center, and we have an open-door policy with respect to case consultations and questions. We aspire to create a training environment in which interns feel supported in their efforts to grow both personally and professionally.

C&PS and its internship programs value and foster an appreciation for diversity. Training activities are designed in such a way that interns are encouraged to discuss, evaluate, and develop their beliefs, attitudes, knowledge, and skills to expand their cultural competence. C&PS has a broad view of diversity, including race, ethnicity, gender, gender identity and expression, sexual orientation, veteran status, socioeconomic status, religious affiliation, nationality, physical and mental abilities, and age. Additionally, we recognize and value the resilience that is often found within individuals who have grown up in underprivileged settings and/or who have experienced tremendous adversity in life. We are committed to creating a work environment in which all faculty and staff feel respected and supported.

The work and training environment at C&PS can best be described as warm and professionally informal. While the training year can be quite demanding at times, C&PS faculty and staff do our best to model self-care and attention to the importance of work-life balance, and we encourage interns to do so as well. This approach is often what sustains us all through the stresses of the academic year.

There is a rhythm to the pace of the training year at C&PS that is specific to the college counseling center setting, and it is a major determining factor in how we organize and deliver our clinical and prevention services to students. The demand for services fluctuates dramatically depending on the time of the year. High demand periods occur during the Fall and Spring semesters of the academic year, with spikes of extremely high demand at the start of the Fall semester and just prior to mid-terms and finals in both Fall and Spring semesters of the academic year. These higher demand periods are mixed with periods of lower demand during the holiday break from mid-December to mid-January, during Spring Break, and during the summer. Understanding and adapting to this rhythm in demand is important for self-care.

Taking advantage of the opportunity to replenish emotional reserves during lower demand periods is an important part of what allows us to cope with the stress of higher demand periods.

Agency Overview

C&PS is a complex agency which serves as the primary provider of mental health services to a diverse body of undergraduate and graduate students at SDSU. You can find current data on the number and diversity of our student body here: <https://asir.sdsu.edu/enrollment-data/>.

In addition to interns, C&PS is staffed by a team of full-time and part-time counseling faculty, case managers, a program manager, front desk staff, interns, ASPIRE counselors, and undergraduate peer educators. The C&PS team works together to provide, manage, and supervise a wide variety of programs and services, including:

- individual and couple's therapy
- skill-based and process-oriented group therapy
- phone triage/referral and crisis intervention for students
- mental health consultation for concerned parents, faculty and staff, alumni, and community members
- short-term alcohol and drug interventions (ASPIRE w/ eCheckupToGo)
- biofeedback
- classes on study/life skills for students on academic probation (Bounce Back)
- assessments and documentation for students seeking academic accommodations from the Student Ability Success Center (SASC) based on mental health diagnoses
- outreach/prevention efforts focused on suicide prevention, stigma reduction, and wellness through our two peer education programs, as well as the provision of a myriad of other outreach programs to the campus community
- assessment and intervention for students referred to the Successful Community Living (SCL) program at C&PS for violations of the student code of conduct
- informal student consultations outside of C&PS (i.e., Talk It Out)
- a wide variety of consultation and collaboration efforts with other departments on campus (e.g., Guardian Scholars, AAPiphany, various cultural centers, Athletics, International Student Center (ISC), Project Rebound)

We include this extensive list of services to pique your curiosity and interest. Our faculty have been recognized with numerous awards for innovation and collaboration by the Division of Student Affairs and Campus Diversity (SA+CD) and the University President, and we pride ourselves on our openness to new ideas and ways of thinking. We extend this spirit of creativity and innovation to our interns in the hopes that you will contribute your own ideas, even if they fall outside of the traditional boundaries of the internship program. We will make every effort to find ways to get you involved in activities that are of interest to you.

C&PS shares our building with Student Health Services (SHS), Student Ability Success Center (SASC), and Wellness & Health Promotion (W&HP) departments, and we maintain close connections with these departments to better serve the needs of students. Consequently, interns are afforded the opportunity to interact and collaborate with a variety of disciplines in addressing the mental health needs of students.

C&PS has a rich history of commitment and excellence in supervision and training. We have been a training site for doctoral Psychology students since 1968. What follows is an overview of our doctoral Psychology internship training program.

Program Overview

Training Aims and Objectives

The overall aims of the doctoral Psychology internship training program are two-fold:

1. To provide a diversified and comprehensive training experience for emerging professionals in the field of Health Service Psychology.
2. To provide training in a variety of functions for those who may wish to pursue a career as a psychologist in a college counseling center setting.

These broad aims assume that interns will develop skills in both clinical and preventive interventions, and that they will learn how to make use of these interventions in ways that are culturally sensitive to the students they are serving.

The internship program is committed to developing the nine profession-wide competencies required by the American Psychology Association's Commission on Accreditation (CoA) as part of an intern's preparation for practice as a Health Service Psychologist (HSP). These competencies are:

1. Evaluation and dissemination of research
2. Ethical and legal standards
3. Individual and cultural diversity
4. Professional values and attitudes
5. Communication and interpersonal skills
6. Assessment
7. Intervention
8. Supervision

9. Consultation and interprofessional/interdisciplinary skills

These nine competencies form the basis for the intern evaluation process, and the direct service and training experiences provided to achieve competency across all these areas are summarized below.

Direct Service Activities

Individual Therapy - Interns conduct individual therapy with diverse students who are experiencing a wide range of presenting problems. These presenting problems cross the spectrum from academic and developmental issues to serious mental illness. Treatment is provided within a brief-therapy model, but without defined session limits.

Group Therapy - C&PS has a vibrant group therapy program, and interns have the opportunity to gain experience with both skill-based and process-oriented groups and workshops. Detailed information about our groups can be found on the C&PS website here: <https://sa.sdsu.edu/cps/our-services-and-programs/groups-and-workshops>. Interns are involved in co-facilitating at least one group each semester during the academic year. Interns typically co-facilitate a group with a faculty member during the first semester, and 30 minutes of time is provided each week for supervision of that group. During the Spring semester, interns have the additional option to use their own creativity and initiative to create and co-facilitate new groups that fit their interests and the needs of our students, if they so choose.

Phone Consultation/Triage - Most students' initial contact with C&PS occurs over the phone. In addition, we are frequently asked to provide consultation services to concerned parents, faculty, staff, and community members. Interns receive training on the phone consultation process and protocol, as well as common referrals that interns might make to both on-campus and off-campus resources. Initially, interns shadow full-time faculty therapists while doing phone consultations, but move toward increasing independence in these duties early in the internship year. Consultation regarding triage, disposition, and referrals is readily available throughout the academic year, as interns undertake their phone consultation duties as part of a team.

Crisis Intervention - C&PS faculty do not provide after-hours emergency coverage, and interns are also not required to be on-call during their training experience. However, interns are involved in providing Face-to-Face consultations (FTFs) and Urgent Assessments (UAs) for students experiencing crises of varying severity. Interns receive training on crisis assessment and risk management early in the internship year, and interns are supported by their phone consultation teams when taking on these more demanding situations as the internship year progresses.

ASPIRE - This is generally a mandated program (typically 3 sessions) for students who have violated campus alcohol and other drug policies. The program utilizes Motivational Interviewing (MI) and assessment measures (Alcohol and/or Marijuana e-CheckupToGo) to provide feedback

regarding patterns of use. This approach has been shown to reduce alcohol and substance use and abuse among college students. Students may also participate in this program on a voluntary basis.

Biofeedback - This program provides SDSU students who are experiencing symptoms of anxiety or academic stress (i.e., test anxiety, fear of public speaking/speaking in class, social anxiety, and panic disorder) with a one-on-one, four session intervention that employs a combination of breathing techniques and real-time heart rate/breathing data to help students gain confidence in their ability to calm their physiological responses under conditions of stress. The goal of the intervention is to reduce symptoms of anxiety and to improve academic performance.

Successful Community Living - SCL supports students who have violated community standards by guiding them to reflect on the root causes of their actions and the impact of these actions on their communities. SCL begins with an individual clinical assessment to gain a holistic understanding of the student and the context of the referral incident, as well as, determine appropriate interventions. Typically, the next intervention involves a 3-hour workshop with activities geared towards personal growth and community well-being. SCL is aligned with restorative justice in that it encourages personal transformation through self-reflection, emotion regulation, and interpersonal effectiveness.

Assessment - Assessment opportunities are provided in the form of training on use of the Counseling Center Assessment of Psychological Symptoms (CCAPS) and eCheckUpToGo instruments. The CCAPS is the primary symptom inventory used in our center, and the Alcohol and Marijuana eCheckUpToGo assessments are an essential part of the ASPIRE program. In addition, interns complete mental health-related disability assessments for our Student Ability Success Center (SASC), which includes thinking through differential diagnosis and integrating clinical interview data into a coherent clinical picture complete with the impact of mental health concerns on student functioning. Interns are required to complete a minimum of two SASC assessments during the academic year.

Bounce Back - This program is a resiliency-based, one-unit class for students on academic probation. Interns are instructors for one Spring semester section of the course, and they receive an additional 30 minutes of weekly consultation during this time to prepare and support them in their teaching duties. Class formats are small (typically around 20 students), and instructors are provided with additional support in the form of peer educators, who act as coaches and teaching assistants for the course. Classes focus on the development of academic and life skills in the context of positive psychology. This teaching experience is unique in that it requires both teaching skills and group process skills, as students in this class do best when a sense of group cohesion and mutual care and support permeates their learning experience. It is also an opportunity to mentor a peer educator in the collaborative effort to support and mentor students while maintaining appropriate boundaries between the teaching and counseling roles.

Outreach - C&PS receives frequent requests to provide presentations on campus for various topics, e.g., stress management, healthy relationships, etc., and to participate in various outreach and tabling events in collaboration with other campus departments and offices.

Interns are involved in staffing these requests with the support of the faculty outreach team. Interns are required to complete a minimum of four outreaches during the academic year.

Supervision Activities

Individual Supervision - Interns receive 2 hours of one-on-one weekly supervision with their primary supervisor, and interns are expected to come to supervision prepared to communicate their needs. Discussions in individual supervision range from discussion of clinical cases, theoretical positions, and policies and procedures to processing workplace interpersonal dynamics, the supervisory relationship, and career development. Interns change primary supervisors at the start of the Spring semester. Interns use video software to record their sessions for review.

Mirror Supervision – In addition to the 2 hours of weekly individual supervision for interns, there is 1 hour of live supervision in which primary supervisors view a session live via either one-way mirror or on Zoom. While initially anxiety-provoking for interns, this experience is often the source of the most significant growth for the clinical skills of interns, as it affords the opportunity to receive immediate feedback from the supervisor after each session.

Group Supervision – Interns meet as a group with the training coordinators for 1 hour each week on Thursday mornings to discuss and receive feedback from the group regarding individual therapy cases currently being seen by interns. Policy and procedure questions, as well as individual and group process concerns, are also discussed in this space. This group experience is a rich opportunity to learn and grow from the experiences and expertise of other interns, as well as being a bonding experience for the training cohort.

ASPIRE Group Supervision – For 1 hour each week, Interns meet with the two ASPIRE co-coordinators and the part-time ASPIRE therapists to focus on the application of Motivational Interviewing principles and techniques to clinical cases in which students have been mandated for a short-term alcohol and other drug intervention. This is an opportunity for interns to learn how to apply MI theory and techniques to their ASPIRE clients, as well as their general individual case load. Consultation regarding the use of the eCheckupToGo assessments is also provided during this time.

Group Therapy Supervision – For 30 minutes each week during the Fall and Spring semesters, interns meet with the faculty member co-facilitating their group. This time is used flexibly for group preparation and planning, as well as processing group and facilitator dynamics.

Training and Consultation Activities

Clinical and Professional Issues Seminar – Averaged across the full year, this 1.5-hour training seminar meets approximately 2 times per month on Thursday mornings. Topics focus initially on providing training for the ASPIRE and biofeedback programs, as well as providing training on critical topics, such as: use of the CCAPS assessment, child abuse reporting, therapist safety, and risk management. Later in the year, training shifts to inviting faculty and staff or professional practitioners from the community to present on current topics that stimulate a thoughtful re-examination of clinical skills, theoretical positions, and professional issues. The formats are flexible and can involve lectures, demonstrations, discussions and/or experiential activities.

Diversity Seminar – Averaged across the full year, this 1.5-hour training seminar meets approximately 2 times per month on Thursday mornings. Topics focus on the fostering of cultural competence through both self-reflection and clinical application across of a wide variety of diversity dimensions. Specific topics include race/ethnicity, gender and gender identity, sexual orientation, intersectionality, acculturation, social class, disability, religion/spirituality, generational differences, non-traditional relationships, working with athletes and veterans, privilege, and microaggressions.

Supervision Seminar – This seminar meets bi-weekly on Wednesday mornings. Topics include review of various models of supervision, and how to apply these models in conceptualizing and offering feedback in clinical supervision. In addition, common challenges and cultural considerations experienced in the supervision relationship are discussed, and interns have the opportunity to discuss and practice supervisory skills focused on how to observe, evaluate, and provide feedback.

Outreach Seminar – This seminar meets monthly on Wednesday mornings. Topics include didactic training on various theories and models of outreach and consultation, as well as providing space and time for the planning, organizing, and evaluating of outreach activities.

Open Consultation Hour - For 1 hour on Thursday morning each week during the academic year, the faculty of C&PS are available to consult with one another on various topics, including their clinical cases and/or other professional development issues. This is considered an open office hour for all faculty and interns.

Biofeedback Consultation - For 1 hour each week, Interns meet with two full-time faculty members who coordinate the biofeedback program at C&PS, in order to discuss the application of biofeedback principles and techniques to specific clinical cases. This case conference may also be attended by other faculty who practice biofeedback. Both case conferences offer rich learning experiences given the opportunity to learn from discussion of cases beyond those of the intern cohort itself.

Bounce Back Group Consultation – For 30 minutes each week during the Spring semester, interns meet with one of the Bounce Back coordinators for consultation and support regarding their teaching experience. Frequent topics of discussion include the content of specific lesson

plans, class dynamics, mentoring of peer educators, maintaining health boundaries, and supporting students of concern.

Intern Weekly Activity Summary

The schedule listed below summarizes interns' typical weekly activities:

Direct Clinical Service Delivery

Individual therapy	12 hours (10 hours in Spring)
Group therapy	1.5 hours
ASPIRE cases	2.0 hours
Biofeedback cases	1.0 hours
Successful Community Living intake	1.0 hours
Phone Consultation	4.0 hours
Bounce Back	2.0 hours (Spring only)
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Total	21.5 hours

Supervision/Training

Individual Supervision (including live)	3.0 hours
Group Supervision	1.0 hour
ASPIRE Group Supervision	1.0 hour (AY only)
Biofeedback Consultation	1.0 hour
Supervision of Group	0.5 hours
Training Seminars	2.5 hours
Open Consultation Hour	1.0 hour (0.5 in Spring)
Bounce Back Consultation	0.5 hours (0.5 Spring only)
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Total	10 hours

Case management	8.5 hours
Total time	40 hours/week

Additional Requirements

As outlined above, interns devote approximately 55% of their weekly time to the provision of direct clinical services. Interns are expected to provide these services within a brief therapy model, and to complete their clinical documentation in Titanium in a timely fashion. Other specific requirements include:

1. Making two formal case presentations in group supervision, one in the Fall semester and one in the Spring semester.

2. Completing a minimum of two outreach presentations per semester during the academic year (four total). It should be noted that interns may occasionally be asked to present or participate in outreach activities during evening hours, and interns would adjust their schedules during those weeks to reduce their day-time activities to compensate.
3. Completing a minimum of two SDS assessments during the training year for students seeking accommodations for mental health related diagnoses.
4. Completing an evening clinic shift from 4:30 pm to 6:30 pm on Monday or Tuesday evenings during either the Fall or Spring semester.
5. Providing a one-hour presentation of your dissertation research to the C&PS faculty.
6. Summarizing the research on a diversity topic of your choice, and presenting your findings to the C&PS faculty.
7. Maintaining an accurate record of professional activities using the SPE log form offered by C&PS or another method chosen by the intern. This hourly summary is to be printed out at the end of each month for review and signature by the primary supervisor and Training Coordinator. Interns must complete 500 intervention hours and 2000 total hours over the course of the year to pass the internship. All hours reflected on the SPE log forms must also be present on the intern's Titanium schedule. This ensures that any lost forms can be reproduced, if necessary.
8. Providing anonymous weekly feedback via a Google form regarding the Thursday didactic trainings.

Additional Internship Roles/Supports

Training Coordinator – The Training Coordinator has overall responsibility for the coordination and administration of the internship training program and is the lead for the Psychology Intern Program. While the Coordinator makes the day-to-day administrative decisions, matters involving policy formation, program development and training philosophy are arrived at in consultation with the Supervisors' Group. The Training Coordinator also meets regularly with the Assistant Training Coordinator and the Director of C&PS to review noteworthy occurrences in the conduct of the internship programs, major decisions regarding the development and implementation of internship policy, and the general administration of the training program.

Assistant Training Coordinator - The Assistant Training Coordinator contributes to the coordination and administration of the internship training program and is the lead for the Master's Training Program. The Assistant Training Coordinator also meets regularly with the Training Coordinator and the Director of C&PS to review noteworthy occurrences in the conduct of the internship programs, major decisions regarding the development and implementation of internship policy, and the general administration of the training program.

Communication with Doctoral Program – During the internship year, the Training Coordinator will communicate with each intern's home doctoral program to evaluate progress toward completion of the internship. At a minimum, this includes forwarding the two formal evaluations in January and July for review and discussion, as well as additional communication should any problems arise that require due process procedures. Home programs are afforded the opportunity to provide feedback and support on any supervisory contracts that are to be implemented as part of due process.

Supervisors' Group – The faculty who provide individual and group supervision meet for one hour each week with the Training Coordinators in a consultation group. The Training Coordinators develop the agenda for the meeting and facilitate the discussions. The main function of this group is to discuss the progress and training needs of the interns and to seek mutual support and consultation regarding problems or strategies for supervisory intervention. Due process decisions on how to remediate intern competency concerns also involve consultation with this group.

Internship Benefits and Other Support

The internship is a 2000-hour, 12-month commitment, and interns are provided with a full range of health benefits, including medical, dental, and vision during this time. Interns are not required to make a monthly contribution to pay for the costs of their health insurance, and additional coverage is available for spouses, domestic partners, and children. Interns accrue two vacation days and 1 sick day per month. In addition, interns do not work on 14 scheduled holidays in which the university campus is closed.

Interns are provided with faculty library privileges, their own individual offices equipped with a desktop computer, and printer/scanner/copier access. Interns are provided with \$200-300 in professional development funding should they be interested in attending and/or presenting at a local, regional, or national conference.

Intern Rights and Responsibilities

Intern Rights

1. The right to a clear statement of program philosophy and objectives upon entry into the internship, including a clear statement of goals, expectations, and parameters of the training experience.
2. The right to be trained by authorized mental health professionals who meet licensure requirements for supervision and who conduct themselves in accordance with professional and ethical guidelines.
3. The right to be treated with professional courtesy and respect, including recognition of the existing skills and experience that interns bring with them.
4. The right to ongoing evaluation that is specific, respectful, and pertinent.
5. The right to engage in ongoing as well as formalized evaluation of the training experience.
6. The right to initiate an informal resolution of problems that might arise in the training experience through request to the individual concerned and/or the Training Coordinator.
7. The right to due process when dealing with problems, should informal resolution either with the supervisor and/or Training Coordinator fail, including the right to file a formal grievance under Article 10 of the collective bargaining agreement (see complaint/grievance process below).
8. The right to be treated with sensitivity to the need for privacy and respect of one's personal life. Disclosure of personal information is voluntary except in very limited circumstances in which disclosure may be necessary to evaluate and/or obtain assistance for interns when personal problems could reasonably be judged to be preventing them from performing their professional responsibilities at C&PS.

Intern Responsibilities

1. The responsibility to read, understand, and clarify, if necessary, the program's philosophy, statements of training goals and expectations, as well as intern rights and responsibilities as described in this training manual.
2. The responsibility to meet formalized training expectations, including minimum levels of achievement (MLAs) in the nine professional competencies outlined in the intern evaluation form.
3. The responsibility to fully involve oneself in the C&PS service programs, both direct and preventive, as well as the training and supervisory structures of the Center.

4. The responsibility to maintain appropriate professional behavior within the scope of the relevant ethical guidelines and within the bounds set forth by the laws and regulations of the State of California.
5. The responsibility to be open to professionally appropriate feedback from supervisors, the Training Coordinator, and other professional staff and Center personnel.
6. The responsibility to behave in a manner that promotes professional interactions and maintains equitable and humane working relationships with professional colleagues, staff and clients. This includes treating others with courtesy and respect and showing an awareness of and sensitivity to the spectrum of human differences and cultural backgrounds.
7. The responsibility to be aware of one's personal and professional limitations and seek consultation or supervision when appropriate. This includes being open and willing to deal with personal problems or issues which could interfere with professional duties or services.
8. The responsibility to give professionally appropriate feedback regarding supervision, the training program, or experiences with C&PS in general.
9. The responsibility to conduct oneself in a professionally appropriate manner if due process procedures are initiated.

Evaluation of Interns

Constructive and timely feedback is an essential part of a growth-producing internship training experience, and one of the primary commitments of the training program is to catalyze the professional and personal growth of our interns by providing this feedback throughout the year. Our training faculty are committed to ongoing communication of interns' strengths and growth edges, and we do so in the context of the positive and meaningful relationships we strive to build with our interns. We acknowledge that being evaluated on required professional competencies can be stressful for interns at times, and that the power differential that inevitably exists between supervisors and interns complicates these relationships. Our commitment is to do the best we can to ensure that the feedback offered to interns is accurate and fair, and that there is no feedback provided in a formal intern evaluation that is a "surprise."

Evaluation of interns begins during orientation when each intern and primary supervisor are asked to review the evaluation form together to identify specific training interests, needs, and goals within the nine required competencies. The evaluation process unfolds from here in both informal/ongoing ways and in formal, written evaluations.

Interns are provided with ongoing feedback regarding their progress during regularly scheduled individual supervision sessions. Interns should also expect to receive feedback from supervisors

in other assigned areas, including ASPIRE, biofeedback, group supervision, and group therapy, and from seminar leaders and faculty who are part of their phone consultation teams. This feedback process is intended to provide interns with a clear view of their strengths and growth edges, as well as clarifying expectations and providing guidance for continued development. If there is concern that an intern might not be making satisfactory progress in a particular competency area, informal feedback enables the intern to focus attention on improving performance in the specified area prior to a formal evaluation.

Formal, written evaluations are completed by the primary supervisor in January and July (see Appendix A for a copy of the form), including feedback from other supervisors in pertinent areas. Areas of strength and areas for growth are identified and recorded in these evaluations in the context of the assessment of progress toward meeting the required minimum levels of achievement (MLAs) necessary for successful completion of the internship.

Formal evaluations are shared and discussed with interns, and interns have the opportunity to provide a written response to the feedback they receive. The evaluation is then signed by both the primary supervisor and the intern before being forwarded to the Training Coordinator. The evaluations are reviewed by the Training Coordinator in the context of progress toward completion of the internship, and the Training Coordinator communicates with the Director of Clinical Training (DCT) of each intern's graduate program to provide an update on this progress (including a copy of the intern evaluation form itself). Lastly, evaluations are placed in the intern's personnel file.

Evaluation of Supervisors and the Training Program

Interns are encouraged to provide feedback throughout the internship year regarding how their supervisors and the training program are meeting their professional needs. The clearest avenues for providing informal feedback occur in individual and group supervision. If an intern has a specific request or suggestion regarding training needs, the intern is encouraged to talk about it with their primary supervisor or the Training Coordinator. We encourage interns to communicate their interests in order to customize their training experience.

Formal, written evaluations of supervision and the training program by interns occur in January and July, and run in parallel with the evaluations of interns (see Appendix B and C for copies of the forms employed). This evaluation focuses on specific areas of strength and weakness for both supervisors and the overall program, including suggestions for improvement. Intern evaluations of supervisors are shared with all involved supervisors, and the program evaluation

is shared with the training coordinators. These evaluations are then used by supervisors and the training coordinators to explore and implement appropriate changes. Program evaluations are also summarized (without identifying data) to comply with yearly APA data submission requirements.

Records Maintenance

Each intern has an electronic personnel file on the C&PS Training Program Google Drive that contains copies all internship related information, including the offer letter, Supervision Agreement, all evaluations of the intern, intern evaluations of supervisors and the training program, informal or formal remediation documents, any intern complaints/grievances, the Verification of Experience form, and completion certificate. These records are kept in perpetuity and are confidential, with only the Training Coordinator, Assistant Training Coordinator, and the Director of C&PS being able to access them. In addition, interns, as members of the Unit 3 California Faculty Association union, have a Personnel Action File (PAF) that is maintained in the department by our director and her administrative budget officer. In keeping with provisions in the current collective bargaining agreement, copies of interns' January and July evaluations are placed in their PAFs within five days of the evaluation being reviewed and signed by the intern.

Consistent with the policy of the California Board of Psychology, the original copies of each intern's Supervision Contract and Verification of Hours forms are given to the intern in a sealed envelope at the end of the internship year for submission to the Board at the time an intern submits their materials for licensure in this state.

Due Process Procedures

Due process ensures that decisions made by the C&PS training program regarding interns are not arbitrary. It requires identification of specific evaluative procedures which are applied to all interns, and which include appropriate appeal procedures available to interns so they may challenge decisions they view as unwarranted or unfair. Due process procedures are implemented in a step-wise fashion in which higher levels of intervention are employed as a problem increases in persistence, complexity, or level of disruption to the training program and/or clinical service delivery.

Definition of a Competency Concern

Professional competence concerns are defined as an interference in professional functioning that is reflected in one or more of the following ways:

- An inability or unwillingness to acquire and integrate professional standards and ethics into one's repertoire of professional behavior.
- An inability or unwillingness to acquire professional skills and reach an acceptable level of competency.
- An inability to manage personal stress, psychological dysfunction or emotional reactions which interfere with professional functioning.
- A health problem which either interferes with the delivery of clinical services, or which leads to an extended work leave that jeopardizes the fulfillment of the minimum time requirements as stated in the Internship Contract.

While it is a professional judgment as to when an issue becomes a problem that requires formal remediation, it typically includes one or more of the following characteristics:

- The intern does not acknowledge, understand, or address the problem when it is identified.
- The problem or area of concern is not simply a skill deficit that can be improved with clinical or didactic training.
- The quality of services delivered by the intern is negatively affected to a significant degree; or, because of the problem, the quantity of services falls short of the minimum required in the Internship Contract.
- The problem is likely to be manifested in more than one area of professional functioning.
- A disproportionate amount of attention by training faculty is required by the Intern.
- The intern's behavior does not change as a function of feedback, setting individual training goals, informal remediation efforts, and/or time.
- The problem has potential for ethical or legal ramifications if not addressed.
- The intern's behavior negatively impacts the public's perception of the services provided at C&PS.
- The problem negatively impacts other interns, faculty, or staff.
- The problem potentially causes harm to a client.

Informal Remediation

Most performance concerns that arise in the course of the internship are a normal part of the training process, and are handled informally during supervision sessions. The discussion and resolution of these problems are seen as opportunities for professional growth, as interns are provided with feedback on the nature of the concern and guidance on how to improve. In cases where there is little or no improvement in a competency area despite additional attention in supervision, an informal verbal or written plan may be created between the intern and involved supervisor(s) to provide more clarity regarding the problem and necessary steps the intern will take toward its resolution.

Formal Remediation

In rare cases in which an intern does not demonstrate sufficient improvement of an identified competency concern after these informal steps have been taken, then formal remediation procedures are employed to provide more structured support in addressing the situation.

There are a few sets of circumstances that trigger a formal remediation process:

- Attempts at informal remediation fail to address an intern competency concern.
- An intern receiving a rating below 3.0 on any element(s) of a competency on the January evaluation.
- An intern commits a serious ethical, legal, or policy violation.

A formal remediation process includes the following:

1. Notice: The intern will be notified in writing that a competency concern has been raised to the formal level of remediation, and that a Review will be held.
2. Review: The Training Coordinator and the primary supervisor will hold a Review with the intern within 10 working days of issuing the Notice to discuss the concern and to determine whether formal remediation options should be implemented to address it. The intern will have the opportunity to present their perspective at the Review, including whether they believe formal remediation is warranted and which remediation options they view as most helpful to them.
3. Hearing: If the conclusion of the Review is that the Training Coordinator and the primary supervisor agree that formal remediation options should be implemented, then a Hearing is held with the Supervisors' Group within 10 working days to decide whether a formal remediation option should be approved. The intern has the option of attending to present their perspective and/or providing a written statement for the supervisors' group summarizing their perspective and response to the concern.

4. Outcome: The result of the Hearing will be any of the following options, as determined by the majority of the Supervisors' Group present at the Hearing. This outcome is communicated to the intern in writing within 5 working days of the Hearing:
 - a. An Acknowledgement Notice is issued that outlines the faculty's concern regarding the intern's performance, and that the faculty will continue to work informally with the intern to specify the steps necessary to rectify the concern. This outcome occurs if the majority of the faculty in the Supervisors' Group do not believe that the concern is significant enough to warrant formal remediation at the time.
 - b. The intern is placed on a Remediation Plan. The plan will specify the following:
 - i. the concerns to be addressed by the intern,
 - ii. the data the concerns are based on,
 - iii. how the concern is to be addressed by the intern,
 - iv. how the faculty will actively monitor and support the intern to help address the concern,
 - v. how the intern's performance will be evaluated to ascertain whether the problem has successfully been remediated,
 - vi. what the consequences will be for different outcomes of the plan, including if the concern worsens, stays the same, or improves.
 - vii. The implementation of a Remediation Plan will represent a probationary status for the intern, and the plan will specify the probationary time frame involved. The length of the probationary period will depend on the nature of the problem and will be jointly determined by the intern's primary supervisor and the Training Coordinator in consultation with the intern and the intern's home program.
 - viii. A draft of the remediation plan will be sent to the intern and the intern's home program within 5 working days of the Hearing decision, and an additional 5 working days are provided to the intern and the intern's home program to provide feedback on the plan. This feedback is reviewed for inclusion in the final draft of the plan, copies of which are sent to the intern, the intern's home program, and all faculty involved in directly monitoring and supporting the intern during the probationary period.
 - ix. Additional structured interventions that may be included in formal remediation plans include schedule modification and/or partial suspension of clinical activities. A schedule modification involves reducing an intern's workload to provide dedicated time for additional training or supervision. Partial suspension of clinical activities occurs

when there is concern that the welfare of the intern's clients may have been jeopardized (or could be), so the intern reduces these activities so that additional supervision and training can be provided to ensure the welfare of an intern's clients.

- x. At the end of the probationary period of the Remediation Plan, the Training Coordinator will provide a written statement to the intern indicating whether the concern has been successfully remediated. This statement is included in the intern's personnel file and is also shared with the intern's home program. If the concern has not been remediated, the Training Coordinator will consult with the primary supervisor and the Supervisors' Group to determine whether to extend and/or alter the existing Remediation Plan, or to consider suspension or termination of the intern (see options 4 C and D below).
- c. The intern is placed on full suspension, which would include removing the intern from all clinical service provision for a specified period of time during which the intern would be provided with additional intensive training, mentorship, supervision, and/or other remediation measures to address the concern. Full suspension would typically be considered in circumstances in which there was the potential that the concern could be negatively affecting client care, or in which the intern had committed a serious breach of ethics, laws, or C&PS policies. The length of the suspension period will depend on the nature of the problem and will be jointly determined by the intern's primary supervisor and the Training Coordinator in consultation with the intern and the intern's home program. The suspension period would be effective immediately after the conclusion of the hearing. A written Suspension Plan is provided to the intern and the intern's home program, and will include:
 - i. the concerns to be addressed by the intern,
 - ii. the data the concerns are based on,
 - iii. how the concern is to be addressed by the intern,
 - iv. how the faculty will actively monitor and support the intern to help address the concern,
 - v. how the intern's performance will be evaluated to ascertain whether the problem has successfully been remediated,
 - vi. what the consequences will be for different outcomes of the plan, including if the concern worsens, stays the same, or improves.

A draft of the suspension plan will be sent to the intern and the intern's home program within 5 working days of the Hearing decision, and an additional 5 working days are provided to the intern and the intern's

home program to provide feedback on the plan. This feedback is reviewed for inclusion in the final draft of the plan, copies of which are sent to the intern, the intern's home program, and all faculty involved in directly monitoring and supporting the intern during the suspension period.

At the end of the suspension period, the Training Coordinator will provide a written statement to the intern indicating whether the concern has been successfully remediated to a level that indicates that the intern can resume their clinical duties. This statement is included in the intern's personnel file and is also shared with the intern's home program. If the concern has not been remediated sufficiently for the intern to resume their clinical duties, the Training Coordinator will consult with the primary supervisor and the Supervisors' Group to determine whether to extend the suspension or recommend the termination of the intern (see option D below). This statement may also include a recommendation that the intern be placed on a probationary status with a subsequent Remediation Plan, in which case another Hearing would be scheduled with the Supervisors' Group to consider this option (see C above).

- vii. Termination: If the concern is not rectified through the above processes, or if the concern is judged to be a severe case of misconduct or unethical behavior that has caused harm to a client or clients and/or to the perception of C&PS in the eyes of the public, the intern's placement within the internship program may be terminated. Examples of misconduct or unethical behavior that would rise to this level would include, but not be limited to, attempted or perpetrated sexual contact with a client, being impaired while under the influence of alcohol or substances while at work, or criminal activity. The decision to terminate an intern's position would be made by the Director of C&PS with the recommendation of the majority of the Supervisors' Group in support of such a decision. The Supervisors' Group would make this recommendation during a meeting convened within 10 working days of the previous step completed in this process. The Training Coordinator may elect to suspend an intern's clinical activities during the period leading up to this meeting of the Supervisors' Group. The Training Coordinator will notify the intern, the intern's home program, and APPIC of the decision.

Appeal Process

If the intern wishes to challenge a decision made at any step in the Due Process procedures, the intern may request an Appeals Hearing before a faculty panel. This request must be made in writing to the Training Coordinator within 5 working days of receiving notification regarding the decision with which the intern is dissatisfied. If requested, the Appeals Hearing will be conducted by a review panel convened by the Training Coordinator, and consisting of the Assistant Training Coordinator (or another primary supervisor volunteer, if necessary) and two other members of the Supervisors' Group, one chosen by the Training Coordinator and one selected by the intern. The Appeals Hearing will be convened within 10 working days of the intern's request. The review panel will consider all written materials and may elect to interview the parties involved or any other individuals with pertinent information. Both the Training Coordinator and the intern have the right to present evidence for the review panel to consider, but neither are permitted to vote on a decision. The review panel may uphold the decisions made previously or may modify them based on a majority vote. Decisions made by the review panel will be shared with the intern and the intern's home program.

If the intern is dissatisfied with the decision of the review panel or a decision made at any step in the Due Process procedures, the intern may elect to file a grievance through CFA (see below).

Complaint/Grievance Procedures

Despite not being faculty members, interns are part of the California Faculty Association (CFA) union for purposes of the collective bargaining agreement with the California State University (CSU) system. Consequently, there are formal grievance procedures defined by Article 10 of the collective bargaining agreement, which can be found [here](#). Interns are always free to pursue these formal grievance procedures to resolve a concern should they choose to do so. However, intern concerns involving the internship program may not meet the formal criteria for a grievance under this article, so an internal complaint process is described below.

Complaint Procedures

Complaint procedures are implemented in situations in which an intern raises a concern about a supervisor, other faculty or staff member, a fellow intern or peer educator, or a particular aspect of the training program itself. Interns who pursue complaints in good faith will not experience any adverse professional consequences. For situations in which an intern raises a concern, the following guidelines are intended to provide the intern with the means to resolve it:

1. **Attempt Informal Resolution:** The intern should raise the concern as soon as possible with the involved person in an effort to resolve it. If the concern cannot be resolved informally or the intern does not feel comfortable doing so due to a power differential or for some other reason, then the intern should share the concern with their primary supervisor and/or the Training Coordinator. If the primary supervisor and the Training Coordinator are involved in the concern, then the intern may approach another faculty member for support. The role of the faculty member who is approached is to provide support, mentorship, and direction on how best to proceed with raising the concern. The supporting faculty member may also consult with the C&PS leadership team on how best to proceed.

2. **Formal Complaint:** If the primary supervisor, Training Coordinator, or other supporting faculty member cannot help to resolve the concern, the intern can submit a formal complaint to the Training Coordinator. This complaint must be submitted in writing and with all necessary supporting documentation. Should the Training Coordinator be the person who is the subject of the complaint, then the documentation should be submitted to the C&PS Director. The person about whom the complaint is being made will be asked to submit a response in writing. The Training Coordinator or C&PS Director will then meet with both parties within 10 working days to arrive at a joint plan of action to resolve the matter. This plan will include the following:
 - The behavior associated with the complaint,
 - The specific steps to be taken to rectify the concern,
 - The procedures designed to ascertain whether the problem has been appropriately rectified.

The Training Coordinator or C&PS Director will document the process and outcome of the meeting. The intern and the person subject to the complaint will report back to the Training Coordinator or the C&PS Director in writing within 10 working days regarding whether the concern has been adequately resolved.

3. **Appeal:** If the intern is not satisfied that the concern has been resolved, then an Appeal Hearing is convened as described above. If the Training Coordinator is the subject of the intern complaint, then another faculty member chosen by the C&PS Director will convene the hearing.

Additional Support Resources for Complaints/Grievances

Given that interns are both employees and Psychology Interns matched via APPIC, they have access to additional consultation resources to help resolve concerns or to make complaints:

- Contacting the DCT of the intern's home doctoral program
- APPIC Problem Consultation
 - <https://www.appic.org/Problem-Consultation>
- California Faculty Association
 - <https://www.calfac.org/faculty-rights/faculty-rights-resources/>

We encourage interns to make use of any or all of these consultation resources to get additional support in determining how best to resolve a concern.

Key Internship Policies and Guidelines

Diversity and Non-Discrimination Policy

The faculty and staff at Counseling & Psychological Services (C&PS) value diversity, and we are dedicated to providing a safe, warm, and welcoming environment for our interns, our students and for each other. We believe that diversity in all its forms enriches our workplace, promotes personal and professional growth, and strengthens our campus community. We are committed to the ongoing process of developing cultural competence and humility, and we recognize that this means challenging ourselves to examine our assumptions and biases, our experiences of privilege and marginalization and our impact on others. Likewise, we expect that our interns will engage in this process with us throughout the training year.

The internship program at C&PS includes an expected competency in diversity, and our focus is on the development of the cultural awareness, knowledge, and skills necessary to serve a diverse public. Our training activities are designed to ensure that interns are supported in their growth toward providing culturally competent psychological services.

C&PS welcomes interns from diverse backgrounds. We provide equal opportunity to all, and we do not discriminate against interns on the basis of race, religion, national origin, sexual orientation, gender, gender identity and expression, marital status, age, ability, pregnancy, medical condition, covered veteran status, or any other factor that is irrelevant to success as an intern.

Telesupervision Policy

Telesupervision is defined as clinical supervision that is provided via an electronic communication device, in real-time, via audio and/or video rather than in person.

In normal conditions, as per the APA Commission on Accreditation, telesupervision may not account for more than one hour (50%) of the minimum required two weekly hours of individual supervision, and two hours (50%) of the minimum required four total weekly hours of supervision for doctoral interns.

However, in the event of unprecedented global health crises, such as the COVID-19 pandemic, expansion of the use of telesupervision has been allowed and may in some cases be the primary form of supervision.

Our telesupervision policy is as follows:

Rationale:

Telesupervision is utilized as an alternative form of supervision when in-person supervision is not practical or safe and to help increase accessibility of services. Our rationale is that telesupervision allows for the continuation of high-quality training even in circumstances that might preclude in-person supervision some of the time.

Consistency with Training Aims and Outcomes:

Telesupervision allows our supervisors to be engaged and available to assigned interns, to oversee client care, and to foster intern development, even in circumstances that preclude in person interactions. In these ways, it is fully consistent with our training aims. Certainly, in-person supervision has unique benefits, including availability of non-verbal and affective cues that can assist in relationship formation and evaluation of competence. We work to ameliorate the drawbacks of telesupervision by discussing inherent challenges of the format with each intern and collaboratively working to identify strategies for maximizing what can be done in this format. This can include discussion of potential for: miscommunication, environmental distractions, temptation to multitask, technology failures, lack of dedicated workspace, etc. We work to set clear expectations and learning objectives at supervision outset and regularly check in on these throughout the supervisory relationship. Interns will continue to receive ongoing formative feedback as well as summative feedback to ensure they are progressing appropriately within core competency areas.

How and When Telesupervision is Used:

Telesupervision is used in place of in-person supervision when meeting physically is not possible or is not safe (such as in a global pandemic or other circumstance in which the supervisor and/or intern may be working from home). We implement telesupervision by using a videoconferencing platform, the HIPAA-compliant version of Zoom. Supervisors and supervisees may access telesupervision either from their individual offices and in some cases from a secure and confidential space within a home.

Trainee Participation:

All interns will be afforded the opportunity to have telesupervision as an option for receiving supervision when telesupervision is indicated or reasonable.

Supervisory Relationship Development:

In-person meetings between supervisor and supervisee are encouraged to help foster the supervisory relationship, especially in the early developmental stages. We also encourage our supervisors to check in regularly on how supervisees are experiencing the telesupervision format. Our supervisors and other clinical staff are readily available between supervision sessions for consultation and for informal discussions. Such availability for consultation and socialization as well as our demonstrated interest in the learning and development of our interns serves to foster development of strong supervisory relationships.

Professional Responsibility for Clinical Cases:

The supervisor conducting the telesupervision continues to have full oversight and professional responsibility for all clinical cases discussed. On-site and/or remotely-working clinical staff are also available to our interns and maintain communication with the direct supervisor regarding any assistance they provide in responding to an intern's needs or client care.

Management of Non-scheduled Consultation and Crisis Coverage:

When supervisors are not available in person, they can be reached by email, text, Google Chat, phone, and/or Zoom in the event of need for consultation between sessions. Other faculty are also available via such forms of communication if the primary supervisor is unavailable. If an intern is working out of their office, we maintain our open-door policy and faculty can be approached for consultation. Supervisors or other faculty can be invited to virtual client sessions to assist in co-facilitation in the event telehealth is being utilized and there are any client emergencies that necessitate intervention by a faculty member or supervisor.

Privacy/Confidentiality of Clients and Trainees:

Supervisors and supervisees will only conduct supervision that pertains to discussion of confidential client information from settings in which privacy and confidentiality can be assured,

whether this be in the office or in a home-based setting. Our video conferencing platform, Zoom, provides end-to-end encryption, and meets HIPAA standards.

Technology Requirements and Education:

Telesupervision will occur via Zoom. During their orientation weeks, interns receive telehealth training, specific training on utilizing Zoom, and training on being prepared for supervision, be this in-person or via teleconference. Our staff receive continuing education and training on providing services in a teleconferencing environment. Primary supervisors review the Telesupervision Supervision policy with their interns during their initial week of supervision to ensure understanding.

Intern Consent and Video Recording Policy

Consistent with California law, interns must disclose their status as interns in training during their first meeting with a new client, as well as providing the name and contact information for their primary supervisor to new clients. In addition, C&PS policy requires interns to inform new clients of the need to get their client's consent to have their sessions, after the intake, video recorded for training purposes. At C&PS, these steps are documented in writing by sending a document with this information via Adobe Sign for new clients to sign and return once the first meeting has concluded. Please review the following folder in the Google Drive for a copy of the document and more information on how to send it:

<https://drive.google.com/drive/folders/1-uYhYuHE41QoTlbdJBpdgfREmV74JwLz?usp=sharing>.

It is expected that the document, once returned, will be uploaded into each new client's electronic medical record file in Titanium. If a client is not comfortable being seen by an intern and/or having their sessions video recorded, then the intern will inform the client that they will be re-assigned to a licensed therapist. Please contact your primary supervisor or the Training Coordinator if you have any questions or concerns regarding how to implement this policy.

Please note that sessions are recorded using our Avigilon video recording system. Interns are not permitted to record sessions using any other method, including recording from Zoom software, without getting the explicit consent of the Training Coordinator prior to recording.

Documentation Guidelines

Interns are expected to adhere to the following guidelines with respect to the timeliness of their documentation. Any clinical note that involves risk, e.g., SI/HI, should be completed and

forwarded to the primary supervisor within 24 hours of the end of the client appointment. All other documentation should be completed and forwarded to the primary supervisor within one week. If an intern is having difficulty maintaining these guidelines, it is expected that the intern will take the initiative to discuss the situation with their primary supervisor at the earliest opportunity.

Self-disclosure Guidelines

The internship program at C&PS adheres to Standard 7.04 of the APA Ethical Principles of Psychologists and Code of Conduct by identifying our expectations of interns with respect to self-disclosure of personal information during training. We do not require interns to self-disclose personal information as a matter of course. However, our training model is one that values both personal and professional development.

We believe that becoming a competent and ethical psychologist often involves exploration of those experiences that have shaped one's worldview. In both individual and group supervision, the supervisors seek to create a safe environment for interns to willingly engage in the process of self-examination in the service of their training and their clients. This process may involve intern self-disclosure of personal information as it relates to the intern's clinical work and/or professional development. Thus, interns at C&PS can expect to engage in some degree of self-exploration in the context of safe supervisory relationships as a means of furthering their professional development.

As noted in the Ethical Principles, we may also require self-disclosure of personal information if the information is necessary to evaluate or obtain assistance for interns whose personal problems could reasonably be judged to be preventing them from performing their training or professionally-related activities in a competent manner or to be posing a threat to their clients or others.

Prior C&PS Services Policy

Upon learning that an intern has previously utilized C&PS services, the Training Program will take the following steps to protect privacy and ensure the intern's training experience and evaluation are maintained separately from their history of services with C&PS:

- The intern will be assigned to an individual supervisor other than the previous treating C&PS therapist, consistent with California Regulations

- The Training Coordinators will take reasonable measures to avoid assigning the previous treating C&PS therapist to other supervisory, consulting, and/or evaluative roles for the Intern. In the event that this cannot be accomplished, Training Coordinators may adjust aspects of the individual training program, including but not limited to adjusting the evaluation structure, providing the intern the option to abstain from a specific program component, or other plans developed in concert with the intern. Modifications would be made in a manner that would not affect the overall quality of the intern's training experience.
- The Intern's clinical record will be locked by the Titanium administrator. C&PS faculty and staff will no longer be able to access the record. Only Titanium administrators would have access to the record.
- In the event that the intern's actions result in need for Due Process proceedings, the previous treating C&PS therapist will not participate in these proceedings.

Intern Evaluation, Retention, and Termination Policy

This policy is a summary of important aspects of the evaluation process discussed earlier in this manual and on the Psychology Intern Evaluation form, to ensure that they are clear.

The internship program requires that interns demonstrate minimum levels of achievement across all competencies and training elements. Interns are formally evaluated by their primary supervisor twice annually, in January and July. These evaluations are conducted using the Psychology Internship Evaluation form, which includes both numerical ratings and specific written summary feedback regarding interns' performance and progress. The Psychology Intern Evaluation form includes information about interns' performance regarding all nine of the APA profession wide competencies and their related training elements. Supervisors review these evaluations with their interns and provide an opportunity for discussion at each evaluation timepoint.

A minimum level of achievement on each evaluation is defined as an average rating of 4.0 for each competency, with no element rated less than a 3.0. The rating scale for each evaluation is a 5-point scale, with the following rating values: 1.0 = Beginning Competence, 2.0 = Limited Competence, 3.0 = Intermediate Competence, 4.0 = Maturing Competence, and 5.0 = Proficient. If an intern receives a score less than 3.0 on any training element at the mid-year evaluation, or if supervisors have reason to be concerned about the intern's performance or progress, the program's Due Process procedures are initiated. Interns must receive an average rating of 4.0 or above on all competencies and no ratings below 3.0 on all training elements on their final evaluation to successfully complete the program.

Additionally, interns are expected to complete 500 intervention hours and 2000 total hours of training during the internship year. Meeting the hours requirement and obtaining sufficient ratings on the final evaluation demonstrates that the intern has progressed satisfactorily through to the completion of the program. Upon successful completion of the internship, interns receive a certificate of completion. Intern evaluations and certificates of completion are maintained indefinitely by the Training Coordinator in a secure digital file. Intern evaluations and any other relevant feedback to the interns' home doctoral program are provided at minimum at the mid-point and end of the internship year. Doctoral programs are contacted within two weeks following the end of the internship year, and informed that the intern has successfully completed the program. If successful completion of the program comes into question at any point during the internship year, or if Due Process procedures are initiated due to a concern by a faculty member or an inadequate rating on an evaluation, the home doctoral program is contacted. This contact is intended to ensure that the home doctoral program, which also has a vested interest in the interns' progress, is kept engaged to support an intern who may be having difficulties during the internship year. The home doctoral program is also notified of any further action that may be taken by the program as a result of Due Process procedures, up to and including termination from the program.

In addition to the evaluations described above, interns complete an evaluation of their supervisors and a program evaluation at the mid-point and end of the training year. Feedback from these evaluations is reviewed by the Supervisors' Group and used to inform changes or improvements made to the training program. All evaluation forms are available as appendices in the Training Manual.

Accreditation Status Disclosure

Please note that our internship is not currently accredited by the American Psychological Association (APA). We have submitted our APA self-study materials, which are under review. For more information about our accreditation status with APA, please contact them directly at:

Office of Program Consultation and Accreditation
American Psychological Association
750 First Street, NE
Washington, DC 20002-4242
202-336-5979
Email: apaaccred@apa.org
Web: apa.org/ed/accreditation

Appendices

Program Evaluation

San Diego State University C&PS Psychology Internship Program Evaluation Form
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Intern: _____ Primary Supervisor: _____

Period of Evaluation (mark one): Fall (August-January) Spring (January-July)

This Program Evaluation is utilized by C&PS to continually improve and enhance the training program. All responses are reviewed by the Psychology Training Coordinator and shared with the Supervisors' Group, and all feedback is carefully considered. Any ratings of "Bad" or "Poor" should be accompanied by additional explanatory comments to help us respond most effectively to improve the program.

1 = Bad	2 = Poor	3 = Fair	4 = Good	5 = Excellent
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OVERALL INTERNSHIP EXPERIENCE

Rating

1	Overall quality of training	
2	Respect for diversity in the climate of the training environment	
3	Breadth of clinical experiences	
4	Clarity of expectations and responsibilities for interns	
5	Respect and courtesy shown to interns by faculty and staff	
6	Opportunities for professional socialization	

Please provide any additional comments/feedback about your experience and provide explanations for any “bad” or “poor” ratings:

GROUP TRAINING OPPORTUNITIES

Rating

1	Clinical and Professional Issues Seminar	
2	Diversity Seminar	
3	Supervision Seminar	
4	Outreach and Consultation Seminar	
5	Group Supervision	
6	ASPIRE Group Supervision	
7	Biofeedback Group Supervision	
8	Bounce Back Consultation (Spring only)	

Please provide any additional comments/feedback about your experience and provide explanations for any “bad” or “poor” ratings:

OVERALL SUPERVISION AND CONSULTATION EXPERIENCES

Rating

1	Courtesy and respect shown by supervisors	
2	Effectiveness of supervision	
3	Availability of supervisors	
4	Supervisors as professional role models	
5	Open door consultation	

Please provide any additional comments/feedback about your experience and provide explanations for any “bad” or “poor” ratings:

For the following items, please rate the quality of the training you have received in each. Please consider your experience with didactic seminars, supervision, direct clinical experiences, professional development opportunities, and other experiential training.

QUALITY OF TRAINING WITHIN REQUIRED COMPETENCY AREAS

Rating

I.	Research	
II.	Ethics and Legal Standards	
III.	Individual and Cultural Diversity	
IV.	Professional Values, Attitudes, and Behaviors	
V.	Communication and Interpersonal Skills	
VI.	Assessment	
VII.	Intervention	
VIII.	Supervision	
IX.	Consultation & Interpersonal/Interdisciplinary Skills	

Please provide any additional comments/feedback about your experience and provide explanations for any “bad” or “poor” ratings:

ADDITIONAL FEEDBACK

Please provide any other feedback or recommendations that you believe might be helpful to improve the quality of the internship program:

Intern's Signature and Date

Supervisor's Signature and Date

Counseling & Psychological Services San Diego State University

Evaluation of Supervisors

Trainee:

Semester/Year:

Primary Supervisor:

Group Sup Supervisors:

Group Therapy Supervisor(s):

Please respond to the following questions regarding your current supervisors using the scale below, and then add comments and examples that describe your experience in each general area. **You do not need to address every numbered bullet point listed for an area.** The bullet points are provided to help you think about various aspects of supervision in the hopes that you will be better able to accurately describe your experience. Both positive feedback and constructive criticism are welcome.

- 5 Exceptional, my supervisor could not have done this better.
- 4 Excellent, a clear strength for this supervisor.
- 3 Supervisor did a satisfactory job.
- 2 Supervisor was inconsistent in this area.
- 1 Supervisor often failed to address my needs in this area.

Primary Supervisor

Competency Rating

A. Professional/Ethical:

1 2 3 4 5

1. Is prompt and dependable for supervision sessions.
2. Comes prepared for supervision.
3. Maintains a high priority on uninterrupted supervisory sessions.
4. Offers structure and/or direction as needed.
5. Maintains a focus on addressing my needs and concerns.
6. Maintains clear professional and ethical boundaries.
7. Demonstrates involvement/commitment to my learning.
8. Is available for additional consultation as needed.
9. Is knowledgeable about the policies and procedures of the agency.
10. Is prompt and timely in reviewing and offering feedback regarding my notes.

Comments and examples regarding strengths and areas for growth:

Competency Rating

B. Relationship:

1 2 3 4 5

1. Promotes a learning environment that is supportive and safe.
2. Encourages independent thinking and responsible action.
3. Gives clear feedback.
4. Points out what I do well.
5. "Confronts" me constructively.
6. Is sensitive to cultural & individual differences between us.
7. Is open to feedback regarding my experience in supervision.
8. Assists me in maintaining self-care and balance.
9. Uses humor.

Comments and examples regarding strengths and areas for growth:

Competency Rating

C. Development of Therapy Skills:

1 2 3 4 5

1. Assists in case conceptualization.
2. Provides insight into client dynamics.
3. Furthers my ability to conduct multi-culturally competent therapy.
4. Provides specific suggestions/strategies.
5. Suggests relevant readings to help augment my knowledge.
6. Helps me develop my own theoretical orientation.
7. Focuses on the therapy process with my clients.
8. Assists in establishing goals for clients.
9. Helps me see how my own personal reactions affect my work with clients.
10. Helps me determine how and when to refer my clients to other resources.

Comments and examples regarding strengths and areas for growth:

D. Overall Evaluation

Competency Rating

1 2 3 4 5

Any additional feedback and examples regarding areas not previously covered in the evaluation:

Group Supervision Supervisors

A. Professional/Ethical:

Competency Rating

1 2 3 4 5

1. Is prompt and dependable for group sup sessions.
2. Comes prepared for supervision.
3. Offers structure and/or direction as needed.
4. Maintains a focus on addressing my needs and concerns.
5. Maintains clear professional and ethical boundaries.
6. Demonstrates involvement/commitment to my learning.
7. Is knowledgeable about the policies and procedures of the agency.
8. Provides a good balance between discussing cases vs other important issues.

Comments and examples regarding strengths and areas for growth:

Competency Rating

B. Relationship:

1 2 3 4 5

1. Promotes a learning environment that is supportive and safe.
2. Encourages independent thinking and responsible action.
3. Gives clear feedback.
4. Points out what I do well.
5. "Confronts" me constructively.
6. Is sensitive to cultural & individual differences between us.
7. Is open to feedback regarding my experience in group sup.
8. Assists me in maintaining self-care and balance.
9. Attends to the group process within our group sup sessions.
10. Uses humor.

Comments and examples regarding strengths and areas for growth:

Competency Rating

C. Development of Therapy Skills:

1 2 3 4 5

1. Assists in case conceptualization.
2. Provides insight into client dynamics.
3. Furthers my ability to conduct multi-culturally competent therapy.
4. Provides specific suggestions/strategies.
5. Suggests relevant readings to help augment my knowledge.
6. Helps me develop my own theoretical orientation.
7. Focuses on the therapy process with my clients.
8. Assists in establishing goals for clients.

- 9. Helps me see how my own personal reactions affect my work with clients.
- 10. Helps me determine how and when to refer my clients to other resources.

Comments and examples regarding strengths and areas for growth:

	<u>Competency Rating</u>
D. <u> </u> Overall Evaluation	1 2 3 4 5

Any additional feedback and examples regarding areas not previously covered in the evaluation:

Group Therapy Supervisor, if applicable – (specify group name here: _____)

	<u>Competency Rating</u>
A. <u> </u> Professional/Ethical:	1 2 3 4 5

- 1. Is prompt and dependable for group sup sessions.
- 2. Comes prepared for supervision.
- 3. Offers structure and/or direction as needed.
- 4. Maintains a focus on addressing my needs and concerns.
- 5. Maintains clear professional and ethical boundaries.
- 6. Demonstrates involvement/commitment to my learning.

Comments and examples regarding strengths and areas for growth:

	<u>Competency Rating</u>
B. <u> </u> Relationship:	1 2 3 4 5

- 1. Promotes a learning environment that is supportive and safe.
- 2. Encourages independent thinking and responsible action.
- 3. Gives clear feedback.
- 4. Points out what I do well.
- 5. “Confronts” me constructively.
- 6. Is sensitive to cultural & individual differences between us.
- 7. Is open to feedback regarding my experience in supervision.

- 8. Addresses my learning needs and agenda.
- 9. Assists me in maintaining self-care and balance.
- 10. Uses humor.

Comments and examples regarding strengths and areas for growth:

<u>C. Development of Group Therapy Skills:</u>	<u>Competency Rating</u>
	1 2 3 4 5

- 1. Assists in conceptualizing group dynamics.
- 2. Provides insight into understanding the developmental dynamics of the group.
- 3. Furthers my ability to conduct multi-culturally competent group therapy.
- 4. Provides specific suggestions/strategies for group interventions.
- 5. Suggests relevant readings to help augment my group knowledge.
- 6. Helps me develop my own theoretical understanding of how groups work.
- 7. Focuses on the group process.
- 8. Processes our co-leader relationship and its impact on the group dynamic.
- 9. Assists in establishing goals for the group.
- 10. Helps me see how my own personal reactions impact my experience in the group.

Comments and examples regarding strengths and areas for growth:

<u>D. Overall Evaluation</u>	<u>Competency Rating</u>
	1 2 3 4 5

Any additional feedback and examples regarding areas not previously covered in the evaluation:

Evaluation of Interns

San Diego State University C&PS
Psychology Intern Evaluation Form

Intern: _____ Primary Supervisor: _____

Period of Evaluation (mark one): Fall (August-January) Spring (January-July)

Methods of Evaluation (mark all that apply):

- Video Recordings
- Discussion
- Review of documentation
- Live Observation
- Other (specify): _____

Total Hours for Review Period: _____

Total Supervision Hours for Review Period: _____

Evaluation is a collaborative process to develop training goals, to facilitate growth, and to highlight areas of strength and difficulty. The evaluation form is a tool to assess competency levels, and a vehicle for communication between supervisors and interns. Supervisors provide interns with regular, ongoing feedback throughout the evaluation period, which is then summarized at the end of each evaluation period in a formal, written evaluation that is discussed directly with the intern.

DIRECTIONS: The doctoral internship at C&PS aims at the development of 9 profession-wide competencies (PWCs) as defined by APA’s Commission on Accreditation. Each of these competencies is broken down into “elements” with associated bullet points that seek to provide behavioral examples and clarifiers that exemplify the elements more concretely. Supervisors rate interns on these elements, and each element is rated on a developmental continuum that reflects the cumulative nature of skills acquisition.

1	2	3	4	5
Early Stage Practicum	Late Stage Practicum	Doctoral Intern	Entry-Level Psychologist	Licensed Psychologist

Quick Rating Guide

- Supervisors are encouraged to rate by halves, e.g., 3, 3.5.

- Please review the behavioral anchors on page 2 for the competency rating scale.
- If you cannot rate a particular element during the Fall evaluation, write “U” for “Unable to Evaluate.”
- Normative values for interns = 3.0 to 4.5. Values of 5 are for particular strengths.
- If an intern receives a rating less than **3.0** on any element the mid-year evaluation, our program’s **due process** procedures will be initiated.
- To pass the internship, interns must receive an **average rating of 4.0** or above on all competencies AND **ratings of 3.0 or above** on all training elements on their **final evaluation**.

Developmentally Based Competency Rating Scale

1	2	3	4	5
Early Stage Practicum	Late Stage Practicum	Doctoral Intern	Entry-Level Psychologist	Licensed Psychologist

Behavioral Anchors

1 to 1.5 **Beginning competence.** Performance fluctuates widely upon variations in client presentation, client characteristics, and/or the situation at hand. Requires rigorous guidance, structure, and instruction from supervisors. Doctoral interns with this rating are considered to have insufficient competence and readiness for internship, thus requiring immediate and structured augmentation of supervision and corrective measures. Due Process procedures must be initiated in response to this rating.

2 to 2.5 **Limited competence.** Performance fluctuates upon variations in client presentation, client characteristics, and/or the situation at hand, and the intern requires consistent guidance, structure, and instruction from supervisors. Doctoral interns with this rating are considered to be behind in their developmental trajectory, and may require some structured augmentation of supervision and training in order to achieve minimal levels of competency by the end of the internship year. Due Process procedures must be initiated in response to this rating.

3 to 3.5 **Intermediate competence.** Expected during internship. Frequent signs of independence and effective functioning are emerging. Clinical/professional

insight and performance is being applied from one situation/client to another. Continues to benefit from supervision, especially to enhance self-confidence, gain perspectives, and increase cognitive flexibility in this area. There are still a few occasions that the intern requires guidance and/or correction from the supervisor.

- 4 to 4.5 **Maturing competence.** Expected at the end of the internship year. Demonstrates independence and sophistication in decisions and actions with increasing regularity and consistency. Applies insights or approaches that have worked well in the past to new situations and uses supervision mainly to refine existing skills. Ready for entry-level practice as a psychologist.
- 5 **Proficient.** Ready for independent practice as a licensed psychologist. Consultation is still helpful to expand and refine this area, and the intern uses good judgment in identifying when consultation is needed. Used for areas of particular strength and skill.

COMPETENCY I: RESEARCH

Rating

1	Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities.		
2	Disseminates research or other scholarly activities (e.g., case conference, presentations, publications) at the local, regional, or national level.		

COMPETENCY II: ETHICS & LEGAL STANDARDS

1	Is knowledgeable of and acts in accordance with ethical and legal standards.		
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- The current version of the APA Ethical Principles of Psychologists and Code of Conduct.
- Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, and national levels.
- Relevant professional standards and guidelines, including:
 - Disclosing of trainee status and supervisor; seeking consent for recording.
 - Keeping clinical documentation in accordance with professional and agency standards.
 - Navigating confidentiality and professional boundaries.

- o Being knowledgeable about organizational policies within the agency.

2	Recognizes ethical dilemmas as they arise, and applies ethical decision-making processes in order to resolve them.	
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- Seeking appropriate consultation in the process of resolving ethical dilemmas.

3	Conducts one's self in an ethical manner in all professional activities.	
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COMPETENCY III: INDIVIDUAL AND CULTURAL DIVERSITY

1	Demonstrates an understanding of how one's own personal and cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.	
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- Is aware of ways in which one's own attitudes, values, beliefs, power, and cultural identity may affect the provision of psychological services and interactions with others.
- This item covers clinical and nonclinical interactions with clients, supervisors, peers, professionals, and other third parties.

2	Demonstrates knowledge of the current theoretical and empirical literature as it relates to addressing diversity in all professional activities.	
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- This includes scientific research, training, supervision, consultation, and service.
- Critically evaluates the contributions of diversity variables and power/privilege.

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3	Integrates the awareness and knowledge of individual and cultural differences in the conduct of professional roles.	
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4	Applies a framework for working effectively with areas of individual and cultural diversity.	
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- Works effectively with areas of individual and cultural diversity not previously encountered.

5	Works effectively with individuals whose group membership, demographic characteristics, and/or worldviews create conflict with one's own.	
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**COMPETENCY IV: PROFESSIONAL VALUES,
ATTITUDES, & BEHAVIORS**

1	Behaves in ways that reflect the values and attitudes of psychology.	
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- This includes embodying values of cultural humility, integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
- This also includes awareness of being a representative of C&PS and the mental health care profession, punctuality, keeping commitments, effective time and workload management, and respect for self and others.

2	Engages in self-reflection and action related to personal and professional functioning.	
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- This includes engaging in activities to maintain and improve performance, well-being, and professional effectiveness.
- This also includes self-care and recognizing and addressing personal concerns to minimize interference with competent professional functioning.

3	Actively seeks and demonstrates openness and responsiveness to feedback and supervision.	
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- Takes active responsibility for learning in supervision through being prepared and organized, asserting training needs, and making appropriate requests of supervisors.
- Responds nondefensively and productively to feedback and suggestions and makes purposeful changes in subsequent work.
- Uses supervision to develop self-awareness in clinical work, including examination of one's own behavior, motivation, affect, and countertransference.
- Approaches supervision with appropriate boundaries, including appropriate self-disclosure and the ability to differentiate supervision from personal therapy.

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4	Responds professionally in increasingly complex situations with a greater degree of independence as the intern progresses across levels of training.	
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COMPETENCY V: COMMUNICATION & INTERPERSONAL SKILLS

1	Develops and maintains effective relationships with a wide range of people.	
	<ul style="list-style-type: none">• This includes colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.	
2	Demonstrates a thorough grasp of professional language and concepts.	
	<ul style="list-style-type: none">• Produces, comprehends, and engages in verbal and written communications that are informative and well-integrated.	
3	Demonstrates effective interpersonal skills and the ability to manage difficult communication well.	
	<ul style="list-style-type: none">• This includes potential misunderstandings, disagreements, and conflicts within any of the relational contexts mentioned in #1 above.	
4	Maintains accurate clinical documentation.	
	<ul style="list-style-type: none">• This includes all client contacts.• Transitions appropriately to a more detailed level of clinical documentation when risk factors and/or mandated reporting situations are involved.	

COMPETENCY VI: ASSESSMENT

1	Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, and consideration of client strengths and psychopathology.	
2	Demonstrates understanding of human behavior within its context, e.g., family, social, societal, and cultural.	
3	Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors, including context, to the assessment and/or diagnostic process.	
4	Selects and applies assessment methods that draw from the best available empirical literature, and that reflect the science of measurement and psychometrics; collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment, as well as relevant diversity characteristics of the service recipient.	

- Conducts effective triage assessments with appropriate disposition and recommendations.
- Gathers relevant data at intake, including clients' presenting problems, symptoms, treatment history, familial and sociocultural history, strengths, and risk factors.
- Integrates available data from the clinical interview with those from the triage and any self-administered tests.
- Conducts current and historical assessment of relevant risk factors, especially harm to self/others.

Rating

5	Interprets assessment results, following current research and professional standards/guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.	
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- Makes accurate clinical formulations at intake while including relevant diversity factors.
- At intake and during crisis appointments, formulates appropriate treatment recommendations.

6	Communicates the findings and implications of the assessments in an accurate and effective manner sensitive to a range of audiences.	
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- Writes accurate SASC disability assessment documentation.
- Provides accurate feedback to students regarding the results of their alcohol and marijuana use assessments.

COMPETENCY VII: INTERVENTION

A. General Skills

1	Establishes and maintains effective relationships with the recipients of psychological services.		
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- Develops therapeutic alliance with a wide variety of clients.

2	Demonstrates the ability to conceptualize in treatment planning and intervention.	
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- Uses theory to conceptualize clients' symptoms, behavior, and/or identified needs and goals as hypotheses.
- Uses hypotheses in the context of treatment/intervention planning.
- Considers developmental and multicultural factors in the delivery of psychological services.

3	Develops evidence-based intervention plans specific to the service delivery goals.	
4	Implements interventions informed by current scientific literature, relevant theory, assessment findings, diversity characteristics, and contextual variables.	
5	Uses a range of evidence-based interventions appropriate to the presenting issues, context, client characteristics, and time limits.	

- Structured interventions include exercises, exposure, psychoeducation, worksheets, and role-plays.
- Unstructured interventions include exploration of values, events, and narratives, as well as here-and-now process comments.
- Adapts clinical strategies to client variables, including multicultural considerations and client preferences.

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6	Demonstrates the ability to apply the relevant research literature to clinical decision-making.	
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- This includes scientific research on effective interventions, relevant disorders, college student development, and trends in college student mental health.

7	Modifies and adapts evidenced-based approaches effectively when a clear evidence base is lacking.	
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8	Evaluates intervention effectiveness and adapts intervention goals and methods consistent with ongoing evaluation.	
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B. Individual Psychotherapy

9	Exhibits proficiency in the use of core counseling skills.	
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- Effectively uses open and closed questions, paraphrasing, summarizing, accurate empathic statements and reflections, and exploration of emotions and verbal/nonverbal behavior.

10	Effectively manages the course of treatment.	
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- This includes setting the frame for treatment, goal setting, identifying client stage of change, timing interventions, monitoring progress, managing crises, and concluding the termination process.
- Coordinates treatment with other professionals, when appropriate.

11	Effectively manages the interpersonal dimensions of therapy.	
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- This includes the therapist’s self, personal style, self-disclosure, humor, creativity, cultural differences, and management of transference and countertransference.

C. Group Psychotherapy

12	Demonstrates understanding of therapeutic factors in group therapy.	
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- Understanding of group as a microcosm, and as the agent of therapeutic change.
- Understanding the value of process versus content.
- Able to conceptualize the stages of a group.

13	Utilizes interventions specific to group therapy.	
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- Uses strategies to activate the group, including the intentional use of silence.
- Uses interventions that promote member-to-member, rather than member-to-facilitator, interactions.
- Is able to use appropriate group stage interventions to facilitate client growth and the group process.

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14	Effectively manages the dynamics between co-therapists.	
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- Understands and monitors own impact on the group process.
- Can work collaboratively and effectively with a co-therapist.

D. Crisis Intervention

15	Conceptualizes the goals of crisis intervention separately from initial triage or intake appointments.	
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- Understands the narrow and deep focus of crisis intervention in contrast to the broad focus of triage and intake assessment.

16	Selects and applies appropriate interventions to contain and/or de-escalate crises.	
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- This includes methods for de-escalating anger, instilling hope, and engaging in safety planning.
- Consults effectively in the process of crisis intervention.

17	Provides appropriate follow-up after the initial crisis intervention.	
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E. Alcohol/Substance Use Intervention

18	Demonstrates working knowledge of the theoretical underpinnings of Motivational Interviewing (MI).	
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- This includes the general principles of MI, Social Norms Theory, and the Transtheoretical Model of Change.

19	Effectively conceptualizes clients' stage in the change process.	
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20	Applies appropriate MI interventions to build discrepancy and elicit change talk.	
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- This includes effective integration of data from the Alcohol and Marijuana eCheckUpToGo assessments to provide personalized feedback to clients regarding their patterns of use.

F. Student Conduct Intervention

21	Assesses impact of personal histories, current stressors, and/or mental health concerns on client functioning.	
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- This includes use of clinical assessment skills and utilization of a Restorative Justice lens.

22	Facilitates students taking responsibility for their actions and increasing awareness of the impact of student conduct on the university community.	
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- This includes effective use of MI skills

23	Provides appropriate rationale for additional interventions.	
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- This includes effective assessment of group appropriateness, ability to address resistance, and use of consultation to determine supportive interventions.

G. Biofeedback Intervention

24	Demonstrates working knowledge of the theoretical underpinnings of Heart Rate Variability (HRV) biofeedback.	
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- This includes the structure of the autonomic nervous system, Polyvagal Theory, resonant frequency, and diaphragmatic breathing.

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25	Provides an effective rationale for the efficacy and practice of biofeedback techniques by clients.	
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26	Effectively utilizes biofeedback technology with clients.	
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- This includes use of biofeedback apps, HRV equipment, and Physiodata software.

H. Outreach Intervention

27	Demonstrates knowledge of how outreach programs are developed and implemented in a college setting.	
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- Understands the process of program design and adaptation, coordination, and planning.
- Uses creativity to design and adapt educational programming interventions.
- Effectively uses program evaluation to assess the impact of outreach programs.

28	Conducts outreach programs effectively.	
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- Engages audiences.
- Effectively delivers interventions.
- Manages group dynamics in the audience.

29	Competently addresses multicultural considerations in the design and delivery of outreach programs.	
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- Is inclusive when designing outreach content, especially visual content.
- Adapts content cultural and individual differences that may affect the effectiveness of an intervention.

I. Bounce Back Teaching Intervention

30	Demonstrates the ability to provide appropriate structure for student learning.	
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- This includes the creation of a syllabus and creating/adapting content for the course curriculum.

31	Teaches course content effectively.	
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- Balances class lectures with experiential and process-oriented activities.

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32	Manages classroom dynamics appropriately.	
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- This includes managing student behavior, like quiet students, disruptive behavior, students who arrive late to class, and unexplained absences.
- Sets appropriate boundaries with students and peer coach to manage dual-role situations.

COMPETENCY VIII: SUPERVISION

1	Applies supervision knowledge in direct or simulated practice with psychology trainees or other health professionals.
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- Includes knowledge related to supervision theory, as well as the integration of multicultural knowledge into the practice of supervision.
- May involve role-played supervision with others and/or peer supervision with other trainees.

2	Applies the supervisory skill of observing in direct or simulated practice.
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3	Applies the supervisory skill of evaluating in direct or simulated practice.
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4	Applies the supervisory skill of giving guidance and feedback in direct or simulated practice.
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COMPETENCY IX: CONSULTATION & INTERPERSONAL /INTERDISCIPLINARY SKILLS

1	Demonstrates knowledge and respect for the roles and perspectives of other professions.
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- Is able to take a broader, systems perspective in considering issues and services.

2	Applies knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.
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- Is effective in addressing the consultees' needs.
- Consults and collaborates effectively with other healthcare providers to coordinate client services.
- Consults and collaborates effectively with campus partners, including parents, faculty and staff, and campus police.

AVERAGE COMPETENCY RATINGS

Rating

I.	Research	
II.	Ethics and Legal Standards	
III.	Individual and Cultural Diversity	
IV.	Professional Values, Attitudes, and Behaviors	
V.	Communication and Interpersonal Skills	
VI.	Assessment	
VII.	Intervention	
VIII.	Supervision	
IX.	Consultation & Interpersonal/Interdisciplinary Skills	

SUPERVISOR'S NARRATIVE FEEDBACK SUMMARY

Intern's Signature and Date

Supervisor's Signature and Date

INTERN'S WRITTEN RESPONSE TO FEEDBACK