

# **Health Service Psychology Internship Training Manual 2024-2025**



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**NOTE**

This manual was updated in July 2024. It is possible that some agency procedures or processes described here may need to be modified as the year unfolds.

## I. Direct Service Agreement and Schedule Planning

### A. Basic Schedule

You are aiming for a total number of hours on the Direct Service Agreement (DSA) of approximately 24 hours/week. There is always some variation among interns for targeted hours depending on the activities and training goals they have each semester. Additionally, the distribution of hours allocated to each task may need to shift at times based on your training needs and/or the center's clinical needs. Thus, this description provides a guide but not a template. You are likely to have questions while mapping out your schedule. Be sure to talk to the Director of Training, Programming, and Outreach (Angela Enno, Ph.D.; hereafter referred to as the Training Director) and your primary supervisor as you are working on the plan for your Fall Semester service delivery and training activities.

#### Service Delivery: Average Hours per Week

14	Returning Individual Clients (reduction allowed for MPHE seminar facilitation)
0 - 4	Facilitation of MHPE (Mental Health Peer Educator) Seminar
2	Initial Consultation Appointments
1	Crisis Coverage
1.5	Group Counseling
1	Provide Supervision for Practicum Counselor
1	Tabling/Presentations/SIP (Outreach)
0 or 1	SWAMP (Skills Workshops and Mindfulness Programming) / Skills Session

#### Other Time Commitments:

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

- Write case notes, session notes, initial consultation reports
- Write group notes (typically done while in supervision with your co-facilitator)
- Write assessment reports
- Supervision Prep
- Outreach Prep
- SWAMP and/or Skills Session Prep
- MHPE Seminar Prep
- Systems Intervention Project
- 4 hours Research/Scholarship (e.g., dissertation or similar professional development project)
- Psychology Intern Selection/Committee Work (mid November-early January)

### B. Descriptions of Other Time Commitments

1. Interns are expected to engage in 4 outreach projects/presentations per semester. Interns who are leading MHPE seminar are expected to engage in 2 outreach/presentations during that semester. Outreach may include synchronous or asynchronous presentations for classes, student organizations, or staff/faculty groups, as well as participation in campus-wide events (e.g., the yearly Wellness Fair), and content creation for the UCC's social media platforms. Some weeks you may have no outreach involvement, some outreaches require more prep time, and/or other outreaches might last 2-3 hours. Work put into your Systems Intervention Project (SIP)

may also count towards outreach (and you are encouraged to start on this as early in the year as you can).

2. You are required to carry out at least two formal assessment batteries for the training year. These assessments will include a clinical interview, administration of tests, interpretation of results, client feedback session, and a written assessment report. You will get assistance and further details about this in the Assessment Seminar.
3. You will co-facilitate programming through our Skills Workshops & Mindfulness Programming (SWAMP) and Skills Session programs with Permanent Clinical Staff (PCS) and/or other trainees under the direction of the SWAMP & MHPE Coordinators.
4. We ask all four interns to serve on the Intern Selection Committee, selecting interns for the next year's cohort. This committee starts to function in November and continues through early January, and will entail reading internship applications, and participating in interviews. You are also expected to be present for all Intern Selection Committee meetings.
5. You are expected to participate in a number of training seminars and groups. Your Titanium/Medicat schedule indicates when these are held. Examples are: Supervision of Supervision; Professional Development; Critical Positionalities; Ethics; Group; Assessment; Professional Standards, Licensing, and Credentialing; and Staff Meeting. You will also have opportunities to participate in optional meetings and trainings that may be held throughout the year.
6. You will be assigned a Team Day one day per week. Working from home is never permitted on Team Day without prior approval by the Training Director and Director of Clinical Services (hereafter referred to as Clinical Director). Permanent Clinical Staff (PCS) and intern members on their Team Day will offer Initial Consultations, and all initial consultations are held over phone unless a client requests to meet via Zoom or in person. Attendance at Team Meetings on Team Day is mandatory.
7. Crisis coverage and clients with urgent needs will be largely handled by the Mental Health Intervention Specialists (MHIS), Monday through Thursday. Clients in crisis (as defined by specific criteria) will be channeled to MHIS staff who will be backed up by the clinical Team Leader of the day when university classes are in session.
8. Crisis coverage on Fridays is handled differently. On Fridays psychology interns will sign up for rotating shifts to assist the MHIS in providing crisis coverage. On average, interns will be on Friday afternoon coverage about every 4 weeks. During this time, there will always be an identified licensed clinical staff member with whom the intern can consult. You will attend Friday team meeting if you end up doing an initial consultation during your crisis coverage; otherwise you don't need to attend. PCS and Psychology Predoctoral Interns will also be expected to cover additional crisis coverage shifts during break weeks. You will sign up for specific time slots prior to those weeks.
9. You will be assigned and/or you will co-design a Systems Intervention Project (SIP) with the aim of increasing access to mental health education and services for traditionally excluded and/or underserved populations at the U of U. You will work alongside the SIP

Coordinator, Outreach Coordinator, and possibly a UCC staff mentor, to develop your project with the aim of centering the needs and voices of the populations we wish to serve in a *sustainable* way. Completing the SIP can be challenging, and you are encouraged to work with the SIP Coordinator to identify a project and get to work early in the fall semester.

10. You will be supervising a 2<sup>nd</sup>-year doctoral practicum student under the supervision of a licensed psychologist supervisor. In the beginning of the year, your supervisor will provide co-supervision until they have assessed your readiness to provide supervision, and the practicum student's readiness to be supervised by an intern. Your supervision will continue to be supervised by your primary supervisor throughout the year; and you will also attend the Supervision of Supervision seminar, in order to provide the best training for you as a supervisor, and for your supervisee as a clinician.

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

The UCC internship is defined as a 2000 hour experience, of which at least 25%, or 500 hours, must be direct service or "Mental Health Therapy" as defined below. **Be sure to document all of your hours and your specific activities in your Titanium/Medicat schedule. This means that if you were in the agency for 8 hours on a particular day, your Titanium/Medicat schedule needs to reflect that with appointment and activity codes that match how you spent your time.**

This includes all direct service, training activities, professional development, case documentation, consultation, staff meetings, and any other activity that counts toward your internship hours. Canceled and no-show appointments should be supplanted with what you actually did that hour. For example, if group therapy does not occur due to too few clients showing, your schedule should reflect that group was cancelled and you should replace that time in your schedule with whatever you did spend that time doing. **A summary of your hours-to-date will be provided at various points in the training year to help you track your progress and make any changes in your schedule that might be needed to ensure that you will have accumulated the necessary total hours and service delivery hours by the end of your internship.**

**Do not meet with clients except during the regular business hours of the Counseling Center.** You are also not permitted to complete any hours related to internship or UCC responsibilities after hours or on weekends. If you complete hours related to your own research, dissertation, or professional development, however, you should enter these hours into Titanium/Medicat as these can be counted toward your 2,000 total hours. Do not include these hours in your Kronos timecard at any time. At times, you may be asked to stay late for a crisis client or to do an evening outreach presentation after 5:00. When this is the case, you will need to take time off during business hours to keep your hours at no more than 40 per week. You will need to approve that time off through the Training Director.

Prior to completing your internship exit interview, you will be asked to complete an Experience Summary Form to document all your activities in quantitative and narrative formats. The Training Director will provide you with a summary of your hours after July 31, 2025.

**Note:** For the Internship and for licensure in Utah, you need to acquire 500 or more hours of direct client contact this year (25% of the 2000 hour total for internship). Based on the Utah Licensing Act definition of "Mental Health Therapy" and on the Global Cube Model, this includes

remedial, developmental, and preventive interventions. **Be aware that some U.S. states and Canadian provinces require a certain number of face-to-face psychotherapy hours for licensure. You are responsible for ascertaining the requirements of specific states in which you may wish to practice in the future, and for meeting those requirements.** It is best to plan to accumulate the majority of your counseling hours during Fall and Spring Semesters, since we typically see fewer clients in the summer. Also, you need to consider August orientation, no-show appointments, semester breaks, University holidays, and vacations in determining how you will accumulate the required clinical and total hours.

#### ***D. Vacation Policy, Leave, & Holidays***

**You need to request any leave time in advance** by emailing the Training Director (Angela Enno, Ph.D.) and cc'ing JoAnn Kanegae, Administrative Assistant, as JoAnn she will assist you in tracking your leave time. The only information required is the day you will be taking leave, the number of hours of leave that you will use, and the type of leave you will be using. *You do not need to state why you are taking leave.* Once approved, you are responsible for marking yourself out in Titanium/Medicat and for managing your client schedule, so that clinical needs of clients can be covered in your absence. You have the following vacation/professional development/sick leave:

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

You accumulate 1 day/month of sick leave as per U of U Human Resources policy. HR policy indicates that you should only use these days if you or an immediate family member for whom you are responsible are ill. **However, it is to your advantage to work as many days as possible in order to accumulate the hours of clinical and training experience that you need to complete the 2000-hour internship.** You are required to take 15 days of vacation time, 2 days of personal preference time, and 12 days of official University holidays. Official University holidays and University Closure Dates include:

Labor Day	September 2
Thanksgiving	November 28-29
University Closure Day	December 24
Christmas Day (Observed)	December 25
University Closure Day	December 26
New Year's Day (Observed)	January 1
Martin Luther King, Jr. Day	January 20
Presidents' Day	February 17
Memorial Day	May 26
Juneteenth	June 16
Independence Day	July 4
Pioneer Day	July 24

On the following dates, classes are not in session, but the UCC remains open and interns are expected to work

Fall Break (UCC Open)	October 6-13
Holiday Recess	Dec 14-Jan 5
Spring Break (UCC Open)	March 9-16

#### Election Day

Utah law provides for time off with pay on election day (see Utah Code Section 20A-3a-105).

- Employees must apply for a leave of absence before election day.
- Only available if an employee does not already have at least three hours away from work between the time the polls open and close.
- Available for up to two hours off with pay.
- Employees who apply in advance for two hours off at the beginning or end of their shift (and meet the conditions above), are entitled to the specific time requested. Otherwise, the employee's supervisor may select which two hours to provide.
- For employees who do not meet the requirements of the statute, making appropriate arrangements to take time off using accrued vacation or PTO could be an option. In some cases, granting time off without pay might also be an option for units that can accommodate such a request while still meeting obligations to students, patients, and others.

#### ***E. After Hours Work***

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

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

Therefore, you should enter in Titanium/Medicat all time spent on dissertation, research, job search, and similar professional development activities using the appropriate time codes. Again, please assure that at least 500 of your 2000 hours are direct service, meeting Utah's definition of "Mental Health Therapy" hours.

#### ***F. Supervision Provision Policy***

This policy outlines the procedures and expectations for the supervision of 2nd Year Counseling Psychology Practicum students (here after referred to as practicum students) at the University Counseling Center (UCC). This policy aims to establish a structured and supportive framework for the supervision of practicum students. By adhering to these guidelines, we ensure that supervision is effective, ethical, and conducive to professional growth and development.

Supervision begins with an initial period of co-supervision by a licensed psychologist supervisor and a predoctoral psychology intern (hereafter referred to as intern), followed by transition to supervision solely by the predoctoral intern under the oversight of the licensed supervisor, if and when both the intern and the practicum student have been approved by the licensed supervisor to transition to intern supervision.

#### 1. Initial Co-Supervision Phase

- a. The practicum student will receive 2 hours of co-supervision per week: 1 with the licensed psychologist supervisor and 1 with the intern.
- b. During this phase, the licensed supervisor will orient both the predoctoral intern and the practicum student to the expectations of supervision and their respective roles.
- c. The licensed supervisor will assess the readiness of the predoctoral intern to supervise more independently and the practicum student's readiness for face-to-face supervision conducted solely by an intern.

#### 2. Transition to Intern Supervision

- a. Upon successful completion of the initial co-supervision phase, the intern will assume responsibility for providing both hours of face-to-face supervision per week to the practicum student.
- b. The licensed supervisor will remain the supervisor of record but will not provide face-to-face supervision for the practicum student during this phase.
- c. At any time at the discretion of the licensed psychologist supervisor, supervision may revert to a co-supervision model as needed.

#### 3. Criteria for Determining Readiness for Transition to Intern Supervision

- a. The criteria for determining readiness are provided in the rating scales that follow. An informal assessment will be conducted by the licensed psychologist supervisor utilizing these rating scales in conjunction with their professional judgement to determine readiness.
- b. These informal assessment ratings are not part of the formal evaluation of the intern nor the practicum student that will occur at mid-year and end-of-year.
- c. The criteria listed below are not exhaustive, and licensed supervisors reserve the right to implement additional criteria as needed to enable them to feel comfortable allowing more independence and autonomy in the supervision of the practicum student under their license.

#### 4. Rating Scales

- a. Rating Scale Anchors



1	<b>Insufficient</b> demonstration of skill development. Foundational skills necessary for are not evidenced. Formal remediation is required.
2	<b>Occasional</b> demonstration of skill development. Evidence of this skill with increasing regularity. This is the minimum level of achievement (on average across items) for co-supervision to continue.
3	<b>Frequent</b> demonstration of skill development. Increasing levels of autonomy. Appropriate consultation and receptivity. This is the minimum level of achievement (on average across items) for the transition from co-supervision to intern supervision.
4	<b>Reliable</b> demonstration of skill development. Competency is demonstrated in this skill in all but exceptional cases. Intern is ready for providing supervision with no oversight and is performing at developmentally appropriate level for the completion of internship. Practicum student is performing at developmentally appropriate level for completion of practicum.
5	<b>Advanced</b> demonstration of skill development. Rating is used for exceptional skill development. Evidence of this skill is comparable to that of a skilled psychologist in practice, beyond what would be typical of most psychologists.

b. Intern Readiness Assessment Rating Scale (*all items below will be rated 1-5*)

Demonstrates competence in risk assessment and management appropriate to their level of training.
Demonstrates confidence in their own clinical skills and judgement.
Demonstrates awareness and sensitivity to ethics.
Demonstrates understanding and adherence to maintaining appropriate and ethical boundaries with supervisee.
Demonstration of competence and professionalism in providing clinical work under licensed supervisor's license.
Demonstrates open communication with licensed psychologist supervisor regarding intern's clients and practicum student's clients.
Demonstrates receptivity to feedback from licensed supervisor.
Demonstrates awareness of critical items to address with licensed supervisor in both intern's own clinical work and the clinical work of the practicum student.
Demonstrates awareness and sensitivity to the liability of licensed supervisor in the clinical work of both the intern and practicum student.
Demonstration of ability to provide effective supervision and feedback, appropriate to their level of training.
Establishes appropriate structure in supervision, differentiates supervision from psychotherapy.
Demonstrates ability to articulate their approach to supervision.
Effectively addresses diversity issues in supervision.
Reviews and signs clinical documentation of practicum supervisee in a timely manner.
Proactively initiates conversations with practicum student regarding important clinical concerns such as risk assessment.
Demonstrates awareness of all clients on practicum student's caseload, and has a plan for tracking the status of all practicum students' clients.

Actively solicits feedback from their practicum supervisee and makes adjustments accordingly.
Demonstrates ability to provide constructive and timely feedback, including challenging feedback.
Has adequate familiarity with the practicum student's theoretical orientation and theory of change OR a plan for seeking consultation regarding theoretical orientation(s) they are not familiar with that their supervisee intends to use.

c. Practicum Student Readiness Assessment Rating Scale (*all items below will be rated 1-5*)

Demonstrates competence in risk assessment and management, initial consultation and intake assessment appropriate to their level of training.
Demonstrates competence in basic counseling skills appropriate to their level of training.
Demonstrates ability to engage in reflective practice and self-assessment.
Demonstrates willingness and ability to integrate feedback and apply learning.
Demonstrates respect and professionalism in interactions with intern.
Demonstrates receptivity to feedback from the intern, e.g. does not look to licensed provider to "over-rule" the interns' judgement or feedback.
Demonstrates effective use of supervision.
Proactively initiates conversations about a variety of clients in supervision.
Demonstrates willingness to watch session recordings, including recordings that depict growth areas or difficult sessions.

5. Supervision Structure and Documentation

- a. All parties involved in supervision must comply with university policies, UCC policies (including the UCC Supervision Agreement of Understanding, and the Health Service Psychology Internship Training Manual), state regulations, and ethical guidelines relevant to counseling practice and supervision.
- b. The licensed supervisor will review and sign all session notes and other documentation required for the practicum students' therapy provision.
- c. The licensed supervisor will retain access to video recordings of the practicum student's sessions even when the intern is providing independent face-to-face supervision.
- d. Supervision sessions provided by the intern should include discussion of case conceptualization, intervention strategies, and ethical considerations.
- e. All supervision sessions provided by the intern will be video recorded for review by the licensed psychologist supervisor.
- f. The licensed supervisor will retain access to video recordings of supervision sessions between the practicum student and intern even when the intern is providing independent face-to-face supervision.

- g. The intern will keep a detailed record of all supervision sessions. Documentation should include: supervision notes for every supervision session using the UCC's supervision note template, goals for supervision, and any recommendations or action plans.
- h. The licensed supervisor will periodically review documentation of supervision sessions and provide feedback to the predoctoral intern as needed.
- i. The licensed supervisor retains the right to meet with the practicum student at any time they deem it necessary to do additional assessment. Any concerns raised will be shared with intern.
- j. The practicum student can request to meet with licensed supervisor any time. Any concerns raised will be shared with intern.
- k. The licensed supervisor can require extra supervision time (generally 1 hour or less per week) with the intern to discuss the supervision of the practicum student at any time they deem it necessary.
- l. The intern must watch 1 video (approximately 10 minutes long) of the practicum students' clinical work per week. These videos must represent a variety of clients and in a variety of starting points within the session recording (some from the beginning of a session, some from the middle, some from the end).
- m. The intern must watch video recordings of two full sessions of the practicum students' clinical work per semester and provide timely feedback to the practicum student.
- n. Clear communication will be maintained between the licensed supervisor, predoctoral intern, and practicum student to address any concerns or issues that arise during supervision.
- o. Confidentiality of clients and privacy of supervisees must be maintained in all supervision discussions and documentation in a manner consistent with legal and ethical standards.

## 6. Transition to New Intern Supervisor Mid-Year

- a. Transition to a new licensed psychologist supervisor generally happens for interns as of January 1 each training year.
- b. When the intern transitions to a new licensed psychologist supervisor, the practicum student remains with the licensed supervisor and is transitioned to a new intern supervisor.
- c. The new intern supervisor will immediately assume responsibility for two hours of supervision for the practicum student at that time; no co-supervision is required following this transition unless deemed necessary by the licensed supervisor.

## 7. Evaluation and Feedback

- a. The licensed psychologist supervisor will provide regular feedback to the intern regarding their performance as a supervisor.
- b. The intern will provide regular feedback to the practicum student regarding their performance as a practicum student (including therapy as well as other activities involved in their role).
- c. Formal evaluation will be provided at the end of each semester.
  - i. The licensed psychologist will formally evaluate the intern's supervision provision and will provide guidance to the intern to aid them in evaluating the practicum students' performance.
  - ii. The practicum student will evaluate the supervision provided by the intern.
  - iii. During fall semester, the practicum student will also evaluate the supervision provided by the licensed supervisor during the Initial Co-Supervision Phase.

## 8. Review and Amendments

- a. This policy may require review and updating during the course of the academic year, and the center reserves the right to make changes as needed, and update as necessary to reflect best practices and changes in accreditation standards.

## ***G. Telesupervision Policy***

1. Rationale & Consistency with Training Program Aims: Utilizing telesupervision allows for the continuity of supervision and ongoing support from and access to supervisors rather than disrupting the supervision schedule when a supervisor or trainee is working from home. Given the increasing use of telehealth and telesupervision in the fields of psychology and mental health, psychologists in training should have exposure during their training to utilizing video conferencing for multiple professional roles, which could include supervision, other meetings, and clinical work. Providing psychological services through a synchronous audio and video format has become a generally expected skill of entry-level Health Service Psychologists. Thus, providing telesupervision is consistent with the aims of the internship to train psychologists in the provision of psychological services and the range of roles of a psychologist on a university campus and to prepare psychology doctoral interns to become entry-level Health Service Psychologists who are equipped to work not only in person but also in a telehealth format when needed.
2. How and When Telesupervision is Used:
  - a. Primary Supervision. Primary Supervision is defined as the individual supervision of the provision of individual psychotherapy. Primary supervision is provided to psychology predoctoral interns for 2 hours per week by psychologists licensed to practice in the state of Utah who have been licensed as psychologists in any state for a minimum of two years. Primary Supervision is provided to counseling psychology practicum students by licensed psychologists, and by psychology

predoctoral interns with significant oversight by the intern's Primary Supervisor, beginning with a co-supervision model at the onset of internship. More information regarding supervision of practicum students is provided in the section titled Supervision Provision. Primary supervisory relationships are assigned by the Director of Training. This primary individual supervision is provided to interns only by psychologists who work primarily in person at the University Counseling Center (UCC), except in times where the entire UCC has shifted to remote work. Supervision is always provided in-person to interns unless there is a specific need to shift to telesupervision as described below. Telesupervision is expected to be done via synchronous audio and video. Remote work, telesupervision, and telehealth expectations apply in every instance in which telehealth services, telesupervision, or remote work occurs.

- b. The following guidelines apply to all supervision other than Primary Supervision, including group or individual supervision of an intern's: group facilitation or co-facilitation, provision of relationship therapy, provision of assessment services, supervision of the intern's provision of supervision to a practicum student therapist, and any other supervision that may be provided. The guidelines that apply depend on the purpose of the supervision and are as follows:
  - i. Supervision of an intern's facilitation or co-facilitation of group therapy may be provided by any member of the center's Permanent Clinical Staff (PCS) who is approved by the Executive Committee (composed of the Executive Director, Clinical Director, and Director of Training) to provide supervision. Supervision of group therapy is generally provided on an individual basis and in the same format in which the group is provided. If the group is provided via telehealth, supervision is provided via telehealth. If the group is provided in person, supervision is provided in person, unless there is a specific need to shift to telesupervision as described below. The group supervisor assumes responsibility for the intern's ethical provision and documentation of group therapy services.
  - ii. Supervision of an intern's provision of assessment services is provided by psychologists licensed to practice in the state of Utah and who have adequate training and experience with the assessment batteries utilized. They may be members of the center's Permanent Clinical Staff (PCS) or outside providers contracted to oversee assessment at the center. Supervision of an intern's provision of assessment services may occur in both group format (in assessment seminar) and in individual format as needed. When supervision of assessment services is provided by a contracted provider external to the UCC, telesupervision may be provided at the discretion of the contracted provider. The licensed psychologist supervisor assumes responsibility for the intern's ethical provision and documentation of assessment services.
  - iii. Supervision of an intern's provision of supervision to a psychology practicum student is provided by psychologists licensed to practice in the

state of Utah, and who have been licensed as psychologists in any state for a minimum of two years. Supervision of supervision is provided only by psychologists who work primarily in person at the UCC, except in times where the entire UCC has shifted to remote work. Supervision of supervision occurs in both individual and group formats.

1. *Individual Supervision of Supervision:* Interns meet with a co-supervisor who also provides supervision to the practicum student therapist. The intern's co-supervisor assumes responsibility for the intern's ethical provision of supervision, and for the clinical work of the practicum student therapist.
2. *Group Supervision of Supervision:* The group supervision of supervision seminar is provided in person unless there is a specific need to shift to telesupervision as described below. Interns receive didactic instruction in supervision and present on their supervision provision to receive consultation from the instructor and their peers.
3. *Specific Need to Shift to Telesupervision:* Circumstances where telesupervision may be used for: the entire center has shifted to remote work; an accommodation plan for either intern or supervisor which allows them to work remotely for a period of time; occasions on which any trainee or staff member may need to work remotely due to illness, inclement weather, or other unforeseen circumstances; regularly scheduled in person supervision needed to be rescheduled to either party's remote work day temporarily; or when supervision is provided by a PCS who works in an embedded position on campus and is expected to work from their embedded office on the day that supervision occurs.
4. *Expectations for Remote Work:* Predoctoral Psychology Interns may be eligible to work remotely (off-site) on a regularly scheduled basis. The specifics of this are subject to the limitations set by University of Utah policy and the expectations of the Vice President of Student Affairs, as well as the UCC Executive Committee (composed of the Executive Director, Clinical Director, and Director of Training). Approval must be given from all these individuals and is not guaranteed. Typically, regularly scheduled remote work is limited to up to 1 day of an intern's weekly schedule and is only permitted on Fridays. Interns are never permitted to work remotely on the days they are assigned crisis coverage, nor on their Team Day (assigned day to conduct Initial Consultations).

In addition to regularly scheduled remote work, there may be occasions on which any trainee or staff member may need to work remotely due to illness, inclement weather, or other unforeseen circumstances. Working from home on these days must be approved by the Director of Training, the intern's Primary Supervisor, and either the Director or Associate Director of Clinical Services. Remote work is never permitted on an intern's assigned Team Day. Remote work, telesupervision, and telehealth expectations apply in all remote work situations. Even with telesupervision and remote work, the licensed psychologist supervising each case maintains professional responsibility for clinical cases.

When working remotely, trainees are expected to be available to be contacted via Microsoft Teams, email and personal phone during work hours. They are expected to be responsive to communications just as they would if working in the UCC office. If trainees will be unable to be contacted for a period of time for some reason, they are expected to inform supervisors, front desk and administrative staff, and the Director of Training.

5. Trainees who are not performing adequately in the program, have demonstrated problematic behavior, and/or are on a remediation plan to support skill attainment may be required to work fully on-site. These changes to schedule and expectations should be outlined in any remediation plan or other plan for additional support to address the concerns.
  - a. Non-Scheduled Consultation and Crisis Coverage: Primary Supervisors will inform trainees of how to contact supervisors when consultation is needed. If a trainee needs to contact a supervisor when they or the supervisor is not physically in the office, they can utilize the chat feature on Microsoft Teams or phone. All trainees have the personal phone numbers of their Primary Supervisors. A licensed psychologist PCS is always available to be contacted via Microsoft Teams or phone during work hours. Additional consultation may be sought from any licensed PCS including social workers, clinical mental health counselors, and marriage and family therapists.
  - b. Privacy and Confidentiality of Client: Confidentiality and privacy expectations for telesupervision remain the same as expectations for confidentiality of clinical sessions conducted within UCC offices. Trainees are never permitted to conduct sessions in a space where client information may be heard or viewed by others. If trainees are unable to ensure the confidentiality of clients while working remotely from home, they are expected to work on site.
  - c. Technology & Quality Requirements: All videoconferencing with UCC clients occurs using the university's HIPPA-compliant Zoom platform (utah-health.zoom.us). Interns are provided with unique credentials to access this platform and should only use their own credentials. At times, supervision sessions may be recorded to aid in the effectiveness and clarity of supervision, or in training of predoctoral interns providing supervision. When this happens, all videos are saved on a password protected video drive that is only accessible by the intern, their supervisor, the Executive Committee, and IT staff. Telesupervision may be conducted via Zoom. It may also be provided via Microsoft Teams if recording is not required.
6. Training in the Use of Technology: Trainees are oriented to all technologies utilized at the UCC as part of their onboarding and orientation at the beginning of the internship year. Any questions that arise can be directed to their supervisors, Director of Training, or other members of the UCC Executive Committee or PCS, or the the IT Help Desk.
7. Assessing the Effectiveness of Telesupervision: Predoctoral Psychology Interns are required to meet at least once per semester with the Director of Training. During this

meeting, they will be invited to discuss their experiences with supervision at the UCC and any concerns that may have arisen. Interns are encouraged to share any concerns, including concerns related to the use of telesupervision.

At the conclusion of each supervisory relationship, after interns have been provided with their evaluative feedback, they will be asked to complete The Short Supervisory Relationship Questionnaire (SR-Q) (Cliffe, Beinart & Cooper, 2013) and invited to provide any other feedback in verbal or written form according to their preference.

Finally, at the conclusion of internship year, an exit interview is conducted with each outgoing intern by the Director of Training. This is conducted after they have received their final evaluation feedback.

## ***H. Group Facilitation Training & Supervision Policy***

### 1. Definition of Group Facilitation

- a. Group facilitation at the UCC includes process and skills-based groups as well as support groups regularly scheduled and provided to 3 or more clients simultaneously.

### 2. Group Appointment Cancellations

- a. If any client fails to attend for 4 group sessions in one semester, they should be removed from the group for the duration of the semester and notified by the group facilitator(s) at least 24 hours prior to the next group session.
- b. If fewer than 2 clients are present for any scheduled group session, group is effectively cancelled for that session. At no time should a group appointment be conducted with fewer than 2 attendees.
- c. If fewer than 3 clients are present for 4 scheduled group sessions, group is effectively cancelled for the duration of the semester. At no time should group facilitators continue to hold a group that has had consistent attendance of fewer than 3 clients.
- d. In the event of group cancellation for the duration of the semester, clients should all be notified of the group's cancellation by the group facilitator(s). All group facilitators should then:
  - i. work with the clinical director and their supervisor to update their DSA (direct service agreement) accordingly.
  - ii. notify the groups coordinator so that their group can be removed from the list of group offerings for that semester.
- e. In the event of group cancellation when a trainee is co-facilitating the group, the supervising co-facilitator should notify the groups coordinator and the training director in charge of the trainee's training program (e.g. Associate Director of



Training or Director of Training, Programming and Outreach) that the group has been cancelled for the semester as soon as possible.

- f. If questions arise or if an exception is requested, this should be discussed with the groups coordinator. The groups coordinator will make decisions about whether or not exceptions should be made and will consult with the clinical director and training director as needed.

### 3. Coding Group in Titanium/Medicat:

- a. Group attendance should be coded accurately in Titanium/Medicat.
- b. When a group session is cancelled, all Titanium/Medicat schedules should reflect that the group was cancelled, including group facilitator schedules.
- c. Schedules should be updated to reflect what the group facilitator(s) actually spent their time on during what was originally intended to be group time.
- d. At no time should a group facilitator's schedule indicate "Attended" when fewer than 2 clients attended, because the group is then cancelled.
- e. When a client has failed to attend 4 group sessions and is thus removed from a group, they should be removed from all future group appointments in Titanium/Medicat. They should NOT be listed on future appointments and marked as "client cancelled" or "client no show."
  - i. A case management note explaining the reason for removing the client from the group list and to document the email notification sent to the client should be written and signed in Titanium/Medicat.

### 4. Concerns or Conflict Between Co-Facilitators

- a. In the event of concerns or conflict occurring between group co-facilitators (including a supervising co-facilitator and trainee co-facilitator) that is severe enough to potentially impact the functioning and/or co-facilitation of the group, facilitators should immediately bring this to the attention of the groups coordinator and Director of Clinical Services. If a trainee is involved in group co-facilitation, the facilitators should notify the trainee's primary supervisor, and the training director in charge of the trainee's training program (e.g. Associate Director of Training or Director of Training, Programming and Outreach) immediately as well.
- b. If changes need to be made in group facilitation, the decisions will be made by the groups coordinator and the executive team, with consultation and input from both co-facilitators.

### 5. Definition of Group Facilitation Supervision

- a. Supervision of group facilitation is provided with the purpose of facilitating the trainee's skills in group and their professional development, and these topics should be the primary focus.
- b. Included in the definition of supervision of group facilitation is any activity associated with running the group that is performed by a supervising co-facilitator and a trainee co-facilitator. For example, if supervisor and trainee review group members' CCAPS scores together at the same time, this should be considered supervision. If group notes are written together at the same time, this time should be coded as supervision. If these tasks are completed by co-facilitators separately or at different times, this is not supervision and should be coded as note writing or as clinical prep time.

## 6. Providing Supervision of Group Facilitation

- a. Prior to beginning group co-facilitation, co-facilitators should meet one-on-one for 1 hour in order for the supervisor to get a sense of the trainee's group experience and training needs.
- b. Time should also be spent during this meeting orienting the trainee to the use of Titanium/Medicat for group appointments as needed.
- c. Once the group begins, supervision should generally occur on a weekly basis.
  - i. Supervision should generally be conducted immediately prior to and/or immediately after group where possible, but may be rescheduled at times if needed at the co-facilitators' discretion.
  - ii. Supervision should occur for a minimum duration of 0.5 hour and a maximum duration of 1 hour per group meeting.
  - iii. Co-facilitators may decide to split up 1 hour of supervision, for example, providing 0.5 hour before group to prepare for group, and 0.5 hour after group to debrief, at the co-facilitators' discretion.
  - iv. At times when planning or debriefing group requires additional supervision time, group supervisors should request an exception with the training director in charge of the trainee's training program (e.g. Associate Director of Training for 2nd Year Advanced Social Work Practicum students, Director of Training, Programming and Outreach for Psychology Predoctoral Interns), in advance if possible or soon after if not possible.
- d. Supervision in the Event of Group Cancellation
  - i. In the event of a group cancellation, supervision may be held for the originally planned duration (0.5 to 1 hour) or it may be cancelled at the co-facilitators' discretion.

- ii. Group co-facilitators may decide to move a 0.5 hour supervision appointment that was originally scheduled for after the group, and hold that 0.5 hour supervision during group time instead. However, if supervision takes place during the planned group time, it should not exceed 1 hour total and should be primarily focused on the trainee's skills in group and professional development.

## 7. Coding Supervision in Titanium/Medicat

- a. Supervision of group facilitation should be coded accurately and using the appropriate supervision codes in Titanium/Medicat.
- b. For the trainee's schedule, the designation depends on the supervisor's licensure. Any supervisor other than a licensed psychologist should be indicated with the "Social Work or Other" designation, including psychology residents who provide supervision.
- c. The specific appointment codes to be used on trainee schedules are:
  - i. Supervision, Receive (1:1, Social Work or Other)
  - ii. Supervision, Receive (1:1, Licensed Psychologist)
- d. For the supervisor's schedule, the following code should be used:
  - i. Supervision, Provide (1:1)
- e. Both supervisor and trainee schedules should reflect the actual amount of time spent on supervision, and any supervision time indicated should actually be spent on supervision.

## 8. Privacy of Group Supervision

- a. Supervision of group facilitation is generally considered private, though not confidential. At times, the information obtained during the course of supervision should be kept private. At other times, it should not be kept private.
- b. Supervisors have a responsibility to report to the training director in charge of the trainee's training program (e.g. Associate Director of Training or Director of Training, Programming and Outreach) any ethical concerns they become aware of during the course of group supervision, whether those concerns are relevant to group facilitation or not, and whether those ethical concerns relate to the behavior of the trainee or others.
- c. At times, trainees may share concerns during group supervision that do not pertain to group facilitation, such as concerns related to other domains of their training or experience at the UCC. Supervisors should address these concerns in a professional manner as follows:

- i. Encourage the trainee to discuss their concerns with other involved parties and/or their training director and/or the executive team. Notify the trainee's training director of any major concerns.
- ii. Offer to advocate or mediate these conversations if the trainee chooses.
- iii. Provide emotional support and reassurance.
- iv. Start from a place of assuming good intentions of all parties involved.
- v. Keep information shared by trainees on a need-to-know basis. Avoid discussing information shared in supervision with other staff or trainees.
- vi. Keep the focus on the trainee's experience. Avoid using supervision time to discuss concerns outside of the trainees' concerns and training needs. Address any other concerns through appropriate channels.
- vii. Maintain appropriate boundaries in supervision.
  
- viii. Follow all policies and expectations of supervisors set forth by the university, the state, ethics codes relevant to supervisor and trainee profession(s), and the UCC.
- ix. Follow all university policies regarding required reporting to the Office of Equal Opportunity And Affirmative Action (OEO/AA)

## **II. Eligible UCC Psychology Primary Supervisors**

You will have 2 primary supervisors during the internship year; the first supervision period is from August until December, and the second is from January through July. Current eligible UCC psychologist supervisors, in alphabetical order, are:

Christopher Chapman, PhD  
 Keri Frantell, PhD  
 Kim Meyers, PhD  
 Luana Nan, PhD

Each of the permanent clinical staff (PCS) members above is a licensed psychologist who has been licensed for at least two years, and who is available to be your primary supervisor.

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

Louisa Bradford, LCSW  
 Cierra Collum, LMFT  
 Angela Enno, PhD  
 Jiabao Gao, CMHC  
 Cristian Gutierrez, CSW  
 Breanna “Bre” Lambert, LCSW  
 Christina Kelly-LeCluyse, LCSW  
 Shun Li, PsyD  
 Troy Leishman, CMHC  
 Blanca “Fabi” Madrigal, LCSW  
 Roberto Martinez, LCSW  
 Scott McAward, PhD  
 Claudia Navarro, LCSW  
 Josh Newbury, LCSW  
 Erin Norris, LCSW  
 Jarad Ringer, LCSW  
 Kandis Thorpe, CSW  
 Amira Trevino, PhD  
 Steven Trujillo, LCSW  
 Lex Uehline, PhD  
 Alex White, CMHC  
 Sui Zhang, LCSW

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

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

Stacey Dorais, RN, MS, PMHNP-BC

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

### **III. Administrative Assistance**

Everyone at the UCC wants you to have all the tools and support you need to be successful. Of course, if you have any concerns or needs regarding administrative support, please feel free to consult with the Training Director, Angela Enno. In addition, Claudia Navarro is the Clinical Director and Roberto Martinez is the Associate Clinical Director; they are available especially for questions or support regarding clinically-related questions. Scott McAward, as Executive Director, is another good resource for administrative support and assistance. Your primary clinical supervisor is a resource for general consultation. Your clinical team leader should be consulted regarding team matters, initial consultations, crisis situations, and client disposition.

Regarding assistance with technical or computer-related problems, contact the help desk at 801-581-4000.

Scott and Claudia will be maintaining Titanium/Medicat and should be consulted if you need technical assistance with Titanium/Medicat or other computer/network issues. The UCC is in the process of transitioning from the use of Titanium as our electronic health record to the use of Medicat.

JoAnn Kanegae, the long-time UCC Administrative Assistant, provides secretarial or clerical support, manages maintenance requests; and is the appropriate person to approach regarding questions about payroll and physical facilities (e.g., keys, office supplies, etc.) JoAnn is also the person who collects requests for secretarial work orders such as copying requests (if you prefer, you are also welcome to do your own copying). Scarlet Lajara Johnson and Katy Riney are available to assist you and your clients with front desk-related issues (e.g., rescheduling appointments, cancellations if you are out sick, etc.). Katy Riney is our Clinical Office Manager if you or your clients have questions about UCC front desk administrative matters (Katy says, "You can also call me Mom, Dog Walker, Dog Ma, Chef, Missy, or Ms kt").

#### **IV. Financial Support**

The psychology intern salary for the 2024-2025 year will be \$37,500. JoAnn Kanegae will get you set up with payroll through Human Resources and will make paycheck arrangements. As full University staff members, psychology interns receive several benefits in accordance with University policy and as described in our APPIC Directory and UCC Training website materials. These benefits include health insurance, dental insurance, life insurance, vacation, sick leave, professional development time, and dissertation/research release time. Psychology interns also enjoy full campus library privileges, a discount at the University Bookstore, free or discounted admission to campus museums, discounts to many campus cultural events, and a free public transportation pass. The UCC provides some professional development funds for psychology interns that, pending approval, you can use for things that will directly benefit your work at the UCC (conferences, manuals, etc.). This amount may change year to year, depending on UCC funds. You will need to request funding/reimbursement by emailing the training director and provide a link to what you are hoping to access or attend. All requests must be submitted by May 15. The UCC will also sponsor each intern's attendance at the Utah University and College Counseling Center's Conference this fall.

#### **V. Personal Disclosure Policy for UCC Trainees**

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

##### 7.04 Student Disclosure of Personal Information

*Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal*

*problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.*

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

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

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

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

1. The trainee, with awareness that their professional activities may be impacted by personal experiences, may choose to disclose such experiences. Trainees are welcome and encouraged to share personal information they determine may have a bearing on their professional functioning.
2. A supervisor may notice significant incidents or patterns in behavior that suggest that a trainee's professional behavior may be influenced by personal issues. The supervisor may ask the trainee to reflect on this in the context of encouraging professional growth.

3. An intern may manifest difficulties that have a severe enough impact on competent professional functioning to cause initiation of remediation strategies. Therapy might be recommended. However, trainees would not be required to sign releases to disclose the content of their therapy to supervisors or administrators at the Counseling Center.

Possible exceptions to the general policy include:

1. Trainees are required to disclose some personal information in their applications for training positions and as required by the Division of Human Resources at the University of Utah. And as of May 2009, all benefitted University employees are subject to a background check.
2. Sometimes we may ask trainees to administer standardized instruments to each other for practice, such as the Personality Assessment Inventory, Wechsler Adult Intelligence Scale, Wechsler Individual Achievement Test, Delis-Kaplan Executive Function System, California Verbal Learning Test, Conner's Adult ADHD Rating Scale, Social Responsive Scale, Social Communication Questionnaire for the purpose of learning about the instruments and their interpretation prior to using them with clients. Results of these inventories and tests are used to increase trainees' knowledge and familiarity with the instruments. They are not fully scored, nor used to evaluate trainees' performance in the agency and the practice results are not expected to be reported or shared with anyone else. Trainees may also be asked to complete assessments such as the Multicultural Counseling Inventory, as part of various training seminars. The purpose for this is to increase trainee self-awareness and familiarity with the assessment. They are not used to evaluate trainees' performance in the agency.
3. Similarly, trainees may have the option to participate in research during the training year, and this research may involve disclosure of personal information. Research participation is voluntary and not required by the training program.
4. We might require trainees to provide information necessary to evaluate or obtain assistance for them if it appeared that personal problems were likely to be preventing the trainee from performing their training, clinical, or other professional duties in a competent and ethical manner or were posing a threat to themselves (i.e., suicidal) or others (i.e., homicidal). [This policy is consistent with exception #2 of Item 7.04 of the Ethical Principles of Psychologists and Code of Conduct (APA, 2010)].
5. If you have questions or concerns about self-disclosure policies at the UCC, please talk to the Training Director or your primary supervisor for further clarification.

## **VI. Program Aims, Competencies, and Training Elements**

There are nine overall training competencies organized across three developmental aims which define the internship. Each competency is assessed by a range of training elements that will be used to evaluate interns at the mid-point and completion of their internships. The goal is the



internship is for interns to perform at the intermediate to advanced level of functioning across each of these competencies and aims by the end of internship.

### **Aim 1: Foundational Development**

Interns will develop foundational skills preparing them to be effective and ethical professionals.

#### **Competency 1: Ethical and Legal Standards**

Interns will demonstrate ethical decision-making and conduct consistent with the ethical and legal standards of professional psychology. Interns will handle increasingly complex situations with a greater degree of independence during the course of their training.

1. Approaches difficult situations with honesty and integrity.
2. Articulates reasoning in ethical decision-making and conducts self ethically in all professional activities.
3. Anticipates and resolves ethical dilemmas as they arise and utilizes consultation and relevant literature to clarify issues.
4. Acts consistently with APA Ethical Principles of Psychologists; ASPPB Code of Conduct; and state, local, university, and agency policies and procedures.
5. Consults appropriately with colleagues, supervisors, and experts regarding ethical challenges.
6. Knows when and with whom to request consultation in working with diverse clients.
7. Practices within the limits of competence while appropriately expanding skills in increasingly complex situations with a greater degree of independence.
8. Maintains timely documentation of initial consultation reports, case notes, and termination summaries in a professional manner consistent with UCC policies and professional standards.
9. Establishes appropriate structure in supervision, maintains appropriate boundaries, and differentiates supervision from psychotherapy.
10. Regularly reviews and signs clinical documentation (e.g., initial consultation reports, case notes) of supervisees.
11. Identifies and addresses ethical issues in supervision.
12. Articulates the possible ethical dilemmas arising in outreach and consultation service delivery and describes strategies to deal appropriately with them.

Required training/experiential activities to meet elements:

- Active participation in orientation; clinical team meetings; Ethics Seminar; Professional Standards, Licensing and Credentialing Seminar; and other training seminars regarding ethical decision-making and professional practice as a developing psychology intern

- Engage in weekly supervision and consultation as needed regarding professional practice within ethical guidelines and legal standards

How outcomes are measured:

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

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

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

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

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

Required training/experiential activities to meet elements:

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

How outcomes are measured:

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

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

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

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

37. Formulates a theory-based, conceptual understanding of client problems informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
38. Offers social justice advocacy to campus community, e.g., agency outreach, Systems Intervention Projects, and UCC “In-reach” initiatives of the intern’s choosing.
39. Addresses relevant environmental and intersectional factors in assessment and case conceptualization that may impact clients’ mental health.

Required training/experiential activities to meet elements:

- Effective summary of relevant multicultural aspects of clinical assessment from initial consultation interviews in Clinical Team Meetings.
- Demonstration of understanding of the impact of culture and systems of privilege and oppression on outcomes of clinical and formal assessment in assessment case presentation in Assessment Seminar.
- Evaluation of cultural competence in counseling by primary supervisors through review of videotaped counseling sessions and discussions of case conceptualizations and treatment interventions appropriate to individual clients.

How outcomes are measured:

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

## **Aim 2: Professional Development**

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

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

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

40. Provides culturally competent multicultural counseling to a diverse client population.
41. Articulates and demonstrates how one’s own intersectional identities and value systems may impact case conceptualization, selection of treatment modalities, treatment planning, and culture-specific interventions in the counseling process.
42. Articulates the impact of social, economic, political and other relevant environmental factors on the psychological mental health of clients, while providing support and fostering resilience of affected individuals.
43. Interprets and explains therapeutic assessments as counseling progresses to

- inform diagnosis, case conceptualization, and treatment planning.
44. Presents research results in professionally acceptable written and oral format.
  45. Effectively works with mental health professionals from different disciplines.
  46. Appropriately consults with permanent clinical staff members, peers, and local or national experts when needed.
  47. Empathizes and acknowledges others' perspectives, especially when discordant with their own perspective.
  48. Maintains therapeutic relationships with therapy clients.
  49. Appropriately manages own emotional reaction in response to others.
  50. Responds appropriately to client affect, verbal, and non-verbal behaviors.
  51. Makes appropriate process interventions (e.g., use of self, immediacy, or use of self).
  52. Develops and maintains an effective working relationship with co-facilitator.
  53. Uses direct and respectful language to clarify misunderstandings, manage difficult conversations, and resolve conflicts in interpersonal relationships.
  54. Maintains timely documentation of initial consultation reports, case notes, and termination summaries in a professional manner consistent with UCC policies and professional standards.
  55. Writes informative and well-integrated notes that address group factors along with information pertinent to each individual member.
  56. Responds maturely to feedback with a growth, rather than a fixed, mindset.
  57. Engages supervisees and maintains effective supervisory relationships in practice.
  58. Provides constructive and timely evaluative feedback to supervisees regarding their provision of therapy.
  59. Uses formative and summative evaluation with supervisees, incorporating verbal and written feedback.
  60. Establishes a therapeutic rapport with initial consultation clients.
  61. Screens walk-in or phone-in clients appropriately for urgency of need.
  62. Succinctly describes clients, client issues, and relevant background factors.
  63. Demonstrates conceptual understanding of clinical information through appropriate use of professional terminology.
  64. Professionally discusses the similarities and differences between outreach, consultation, and psychotherapy.
  65. Accurately describes models and theories of outreach and consultation that underlie our service delivery of these modalities (e.g., the Interactive Cube Model, systems variables, organizational cultures, factors that influence change, principles of collaborative multicultural outreach).
  66. Articulates the possible ethical dilemmas arising in outreach and consultation

service delivery and describes strategies to deal appropriately with them.

67. Establishes a robust working alliance across professional relationships.
68. Communicates psychological concepts in a manner that can be easily comprehended.
69. Writes testing and assessment focused integrated reports appropriate to the differing needs of the consumers of the report (e.g. client, therapist, referring offices).

Required training/experiential activities to meet elements:

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

How outcomes are measured:

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

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

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

70. Knows when and with whom to request consultation when working across difference.
71. Effectively works with mental health professionals from different disciplines.
72. Appropriately consults with permanent clinical staff members, peers, and local or national experts when needed.
73. Appropriately identifies and refers clients for crisis intervention, brief therapy, group therapy and/or community services.
74. Identifies the steps involved in assessment and needs evaluation of the outreach and consultation process and the importance of tailoring interventions to meet the needs of the organization.
75. Professionally discusses the similarities and differences between outreach, consultation, and psychotherapy.
76. Accurately describes models and theories of outreach and consultation that underlie our service delivery of these modalities (e.g., the Interactive Cube Model, systems variables, organizational cultures, factors that influence change, principles of collaborative multicultural outreach).
77. Articulates the possible ethical dilemmas arising in outreach and consultation service delivery and describes strategies to deal appropriately with them.

78. Establishes a robust working alliance across professional relationships.
79. Offers social justice advocacy to campus community, e.g., agency outreach, Systems Intervention Projects, and UCC “In-reach” initiatives of the intern’s choosing.
80. Writes testing and assessment focused integrated reports appropriate to the differing needs of the consumers of the report (e.g. client, therapist, referring offices).

Required training/experiential activities to meet elements:

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

How outcomes are measured:

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

### **Competency 6: Research**

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

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

88. Chooses and integrates use of a variety of psychometric instruments having considered the relevant empirical literature.

Required training/experiential activities to meet elements:

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

How outcomes are measured:

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

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

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

#### **Competency 7: Intervention**

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

89. Anticipates and resolves ethical dilemmas as they arise and utilizes consultation and relevant literature to clarify issues.
90. Acts consistently with APA Ethical Principles of Psychologists; ASPPB Code of Conduct; and state, local, university, and agency policies and procedures.
91. Knows when and with whom to request consultation when working across difference.
92. Provides culturally competent and multiculturally oriented counseling to a diverse client population.
93. Articulates and demonstrates how one's own identities and value systems may impact case conceptualization, selection of treatment modalities, treatment planning, and culture-specific interventions in the counseling process.
94. Articulates the impact of social, economic, political and other relevant environmental factors on the psychological mental health of diverse clients, while providing support and fostering resilience of affected individuals.
95. Includes interventions for diversity-related support and mobilizing culturally commensurate resources.
96. Incorporates relevant intersectional factors in conceptualizing cases and making



interventions.

97. Uses Empirically Supported Treatments (ESTs) appropriately, adapts treatment to multicultural populations, and justifies treatment rationale based on psychological theory
98. Uses theoretical and empirical literature to generate hypotheses about client dynamics/behavior and selects, plans, and carries out interventions appropriate to the client and the conceptualization.
99. Interprets and explains therapeutic assessments as counseling progresses to inform diagnosis, case conceptualization, and treatment planning.
100. Assesses for suicidality, self-harm, homicidality, and severe mental illness and appropriately intervenes.
101. Integrates professional research into clinical practice, conceptualization, and treatment.
102. Maintains therapeutic relationships with therapy clients.
103. Appropriately manages own emotional reaction in response to others.
104. Responds appropriately to client affect, verbal, and non-verbal behaviors.
105. Makes appropriate process interventions (e.g., use of self, immediacy, or use of self).
106. Appropriately assesses group dynamics and provides interventions that facilitate interactions among group members using core group therapy skills.
107. Establishes clear group norms that keep multicultural factors in mind.
108. Develops and maintains an effective working relationship with co-facilitator.
109. Practices within the limits of competence while appropriately expanding skills in increasingly complex situations with a greater degree of independence.
110. Writes informative and well-integrated notes that address group factors along with information pertinent to each individual member.
111. Uses current theoretical and empirical research regarding diversity to inform professional practice, clinical intervention, and supervision.
112. Establishes a therapeutic rapport with initial consultation clients.
113. Screens walk-in or phone-in clients appropriately for urgency of need.
114. Appropriately identifies and refers clients for crisis intervention, brief therapy, group therapy and/or community services.
115. Proposes appropriate treatment modalities and interventions for clients based on their mental health history, presenting problems, and resiliency factors.
116. Formulates a theory-based, conceptual understanding of client problems informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
117. Succinctly describes clients, client issues, and relevant background factors.
118. Professionally discusses the similarities and differences between outreach,

consultation, and psychotherapy.

119. Establishes a robust working alliance across professional relationships.
120. Chooses and integrates use of a variety of psychometric instruments having considered the relevant empirical literature.
121. Addresses relevant environmental and intersectional clinical factors in assessment and case conceptualization that may impact clients' mental health.
122. Accurately integrates psychometric data with clinical information and can adapt intervention goals and methods consistent with ongoing evaluation
123. Communicates psychological concepts in a manner that can be easily comprehended.

Required training/experiential activities to meet elements:

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

How outcomes are measured:

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

### **Competency 8: Assessment**

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

124. Interprets and explains therapeutic assessments as counseling progresses to inform diagnosis, case conceptualization, and treatment planning.
125. Assesses for suicidality, self-harm, homicidality, and severe mental illness and appropriately intervenes.
126. Maintains timely documentation of initial consultation reports, case notes, and termination summaries in a professional manner consistent with UCC policies and professional standards.
127. Formulates a theory-based, conceptual understanding of client problems informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.

128. Demonstrates conceptual understanding of clinical information through appropriate use of professional terminology.
129. Identifies the steps involved in assessment and needs evaluation of the outreach and consultation process and the importance of tailoring interventions to meet the needs of the organization.
130. Chooses and integrates use of a variety of psychometric instruments having considered the relevant empirical literature.
131. Addresses relevant environmental and intersectional clinical factors in assessment and case conceptualization that may impact clients' mental health.
132. Accurately integrates psychometric data with clinical information and can adapt intervention goals and methods consistent with ongoing evaluation
133. Communicates psychological concepts in a manner that can be easily comprehended.
134. Writes testing and assessment focused integrated reports appropriate to the differing needs of the consumers of the report (e.g. client, therapist, referring offices).

Required training/experiential activities to meet elements:

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

How outcomes are measured:

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

### **Competency 9: Supervision**

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

135. Consults appropriately with colleagues, supervisors, and experts regarding ethical challenges.
136. Engages in self-reflection regarding one's personal and professional development to respond professionally with openness to feedback and supervision
137. Responds maturely to feedback with a growth, rather than a fixed, mindset.
138. Establishes appropriate structure in supervision, maintains appropriate boundaries, and differentiates supervision from psychotherapy.
139. Understands and uses supervision models developmentally appropriate to supervisee and supervisor.

- 140. Engages supervisees and maintains effective supervisory relationships in practice
- 141. Identifies and addresses ethical issues in supervision.
- 142. Effectively addresses multicultural issues in supervision.
- 143. Uses current theoretical and empirical research regarding diversity to inform professional practice, clinical intervention, and supervision.
- 144. Regularly reviews and signs clinical documentation (e.g., initial consultation reports, case notes) of supervisees.
- 145. Provides constructive and timely evaluative feedback to supervisees regarding their provision of therapy.
- 146. Uses formative and summative evaluation with supervisees, incorporating verbal and written feedback.

Required training/experiential activities to meet elements:

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

How outcomes are measured:

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

## **VII. Evaluation**

### ***A. Evaluation Processes and Schedules***

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

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

Proximal evaluation measures include:

1. Review of the content of interns' projected Direct Service Agreement (DSA) and activity

- summaries.
2. Contributions in training seminars.
  3. Staff observations from in the preliminary review and in the two performance evaluation meetings.
  4. Titanium/Medicat reports and documentation of direct services (i.e., number of initial consultations and ongoing counseling hours completed).
  5. Permanent clinical staff members' written evaluations of intern's performance.
  6. Client reports of therapeutic change via the CCAPS.
  7. Written instructor evaluations regarding interns' teaching.
  8. Ratings by practicum supervisees on supervisor feedback forms.

Distal evaluation measures include:

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

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

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

The evaluation items appear in the Comprehensive Evaluation Form of this Manual. These forms will be used for the two Formal Reviews. The items on these various forms correspond one-to-one with the objectives in the table above. Permanent clinical staff members most familiar with your performance in each of several functional areas will complete these forms.

***C. The Comprehensive Evaluation of Student-Trainee Competence in Professional Training Programs<sup>1</sup>***

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<sup>1</sup> This document was developed by the Student Competence Task Force of the Council of Chairs of Training Councils (CCTC) and approved by the CCTC on March 25, 2004. Impetus for this document arose from the need, identified by a number of CCTC members, that programs in professional psychology needed to clarify for themselves and their student-trainees that the comprehensive academic evaluation of student-trainee competence includes the evaluation of intrapersonal, interpersonal, and professional development and functioning. Because this crucial aspect of academic competency had not heretofore been well addressed by the profession of psychology, CCTC approved the establishment of a "Student

## A. Overview and Rationale

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

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

In response to these issues, the Council of Chairs of Training Councils (CCTC) in psychology developed a model policy for use in their respective program handbooks and other written materials. This policy was developed in consultation with CCTC member organizations, and is consistent with a range of oversight, professional, ethical, and licensure guidelines and procedures that are relevant to processes of training, practice, and the assessment of competence within professional psychology (e.g., the Association of State and Provincial Psychology Boards, 2004; *Competencies 2002: Future Directions in Education and Credentialing in Professional Psychology*; *Ethical Principles of Psychologists and Code of Conduct*, 2003; *Guidelines and Principles for Accreditation of Programs in Professional Psychology*, 2003; *Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists*, 2002). The University Counseling Center at the University of Utah has adapted this model policy to fit the needs of its multidisciplinary training programs which include trainees and supervisors who are mental health care providers in psychology, social work, professional counseling, psychiatric medicine, and interdisciplinary undergraduates.

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Competence Task Force" to examine these issues and develop proposed language. This document was developed during 2003 and 2004 by a 17-member task force comprised of representatives from the various CCTC training councils. Individuals with particular knowledge of scholarship related to the evaluation of competency as well as relevant ethical and legal expertise were represented on this task force. The initial draft of this document was developed by the task force and distributed to all of the training councils represented on CCTC. Feedback was subsequently received from multiple perspectives and constituencies (e.g., student, doctoral, internship), and incorporated into this document, which was edited a final time by the task force and distributed to the CCTC for discussion. This document was approved by consensus at the 3/25/04 meeting of the CCTC with the following clarifications: (a) training councils or programs that adopt this "model policy" do so on a voluntary basis (i.e., it is not a "mandated" policy from CCTC); (b) should a training council or program choose to adopt this "model policy" in whole or in part, an opportunity should be provided to student-trainees to consent to this policy prior to entering a training program; (c) student-trainees should know that information relevant to the evaluation of competence as specified in this document may not be privileged information between the student-trainee and the program and/or appropriate representatives of the program.

### *B. Model Policy*

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

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

- (a) interpersonal and professional competence (e.g., the ways in which student-trainees relate to clients, peers, faculty, allied professionals, the public, and individuals from diverse backgrounds or histories);
- (b) self-awareness, self-reflection, and self-evaluation (e.g., knowledge of the content and potential impact of one's own beliefs and values on clients, peers, faculty, allied professionals, the public, and individuals from diverse backgrounds or histories);
- (c) openness to processes of supervision (e.g., the ability and willingness to explore issues that either interfere with the appropriate provision of care or impede professional development or functioning); and
- (d) resolution of issues or problems that interfere with professional development or functioning in a satisfactory manner (e.g., by responding constructively to feedback from supervisors or program faculty; by the successful completion of remediation plans; by participating in personal therapy in order to resolve issues or problems).

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

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

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

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

### **VIII. Trainee Rights and Responsibilities and Due Process Procedures (2017 Revisions)**

University Counseling Center  
University of Utah

With regard to behavior and performance, the general expectations of the Training Program are that Psychology Predoctoral Interns:

1. Behave within the bounds of the ethical principles of their professional disciplines.  
These include:
  - APA Ethical Principles of Psychologists and Code of Conduct;
  - APA General Guidelines for Providers of Psychological Services and Professional Practice Guidelines;
  - ASPPB Code of Conduct;
  - Other relevant and applicable codes, standards, or guidelines.
2. Behave within the bounds of the laws and regulations of the State of Utah Boards of Licensure for Psychologists.
3. Behave in a manner that conforms to the policies and procedures of the University Counseling Center and of the University of Utah.
4. Demonstrate proficiency in counseling and therapy skills as required to successfully carry out assigned tasks at the University Counseling Center.



5. Demonstrate proficiency in relevant assessment and evaluative procedures as required to successfully carry out tasks at the University Counseling Center.
6. Demonstrate proficiency in program development and implementation as required to successfully complete assigned tasks at the University Counseling Center.
7. Demonstrate the ability to communicate clearly and precisely in both oral and written formats.
8. Participate in the training, service, and continuing education activities of the University Counseling Center with the year-end goal of being able to provide services across a range of activities and with a frequency and quality appropriate to that of a staff psychologist at the Counseling Center.

**A. *Trainee Review and Evaluation***

1. A Preliminary Review is conducted in October. Formal Reviews and evaluations are held two times during the year. The first Formal Review for is in December/January; the second formal review is in July.
2. For the Preliminary Review, supervisors, consultation/seminar leaders, and other staff who have training responsibilities meet together to discuss each trainee's progress and any concerns. The Training Director and Primary Supervisor are responsible to document the feedback for the trainee's permanent file. Feedback for each trainee will be aggregated, summarized, and presented individually to each trainee, normally by the trainee's primary supervisor or the Training Director. If concerns or problems have been noted, then supervisors discuss these with their supervisees and plan a strategy for dealing with the concern. The Training Director would assist in formulating a plan to address a concern.
3. For the Formal Reviews and evaluations, supervisors, training seminar leaders, and other staff who have training responsibilities complete standard evaluation forms. The Training Director is responsible to document the feedback for the trainee's permanent file. Feedback for each trainee will be aggregated, summarized, and presented individually to each trainee. If concerns or problems have been noted, then supervisors discuss these with their supervisees and plan a strategy for dealing with the concern. The Training Director may assist in formulating a plan to address a concern.
4. At a supervision session designated to share evaluative feedback, trainees and their primary supervisors or the Training Director discuss evaluations of the work done during that semester. Evaluations are signed and then added to the intern's training record. The signatures on these documents do not necessarily reflect agreement with their content but rather indicate that the documents have been presented and discussed with the respective individuals. The Training Director may use the evaluations of the trainees as a basis for progress reports to their academic programs.
5. The Formal Evaluations are not considered to be replacements for informal verbal feedback, which the staff and trainees are encouraged to give throughout the year. It is expected that trainees should have been presented with any areas of deficiency or misconduct and an opportunity to ameliorate them prior to any request for a special

review.

6. At the end of the year, Psychology Interns complete the Training Experience Summary which documents the activities they have participated in and services they have provided. Copies or summaries of these forms may be sent to the academic training programs of the Interns and are maintained in the Interns' permanent files at the University Counseling Center. The Training Director writes a letter to the academic program summarizing the Intern's experiences and performance evaluations. Interns receive a copy of the letter sent to their academic programs. Copies are also maintained in the trainees' permanent files at the University Counseling Center.

**B. Procedures for Responding to Inadequate Performance by a Trainee**

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

1. The staff member will consult with the Training Director to determine if there is reason to proceed and/or if the behavior in question is being rectified.
2. If neither the staff member who brings the concern nor the Training Director are the trainee's primary supervisor, the Training Director will discuss the concern with the trainee's primary supervisor.
3. The primary supervisor or Training Director will inform the trainee of the concern and solicit the trainee's perspective on the matter.
4. If the Training Director and primary supervisor determine that the alleged behavior in the complaint, if proven, would constitute a serious violation, the Training Director may inform the staff member who initially brought the complaint that this is the case.
5. The Training Director may meet with the Training Committee (excluding trainee members of the Committee) to discuss the performance rating or the concern.
6. The Training Director, primary supervisor, Clinical Director and Executive Director also may meet, as appropriate to their roles, to discuss possible action steps.
7. Whenever a decision has been made about a trainee's training or status in the agency, the Training Director will inform the trainee in writing and will meet with the trainee to review the decision. This meeting may include the trainee's primary supervisor. If the trainee accepts the decision, any formal action taken by the Training Program may be communicated in writing to the intern's academic department. This notification indicates the nature of the concern and the specific actions implemented to address the concern.
8. The trainee may choose to accept the conditions or may choose to challenge the action. The procedures for challenging the action are described below.

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

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

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

Trainees are expected "to demonstrate interpersonal and professional competence; self-awareness, self-reflection, and self-evaluation; openness to processes of supervision; and to

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

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

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

### ***E. Other Areas of Formal Review***

A formal review may be activated at any time by a trainee, by member(s) of the University Counseling Center clinical or administrative staff, or by clients. The following situations may call for the filing of a grievance and activation of a formal review:

When a staff member or student is charged with engaging in any of the following behaviors, standard University procedures as stated in the University of Utah Policy and Procedures Manual or Student Code are applied to the disposition of the case. When a predoctoral psychology intern (as defined here) is charged, the review procedure described in this document is used. This list is suggestive of, but not limited to, the types of behaviors and events which may arise (separate from the official evaluation procedures previously discussed):

1. Sexual Harassment.
2. Violation of the
  - a. APA Ethical Principles of Psychologists and Code of Conduct;
  - b. APA General Guidelines for Providers of Psychological Services and Professional Practice Guidelines;
  - c. ASPPB Code of Conduct;
  - d. Other relevant and applicable codes, standards, or guidelines.
3. Insubordinate behavior.
4. Exploitive or abusive behavior.
5. Other behaviors not listed elsewhere in this document but which represent infringement on the rights, privileges, and responsibilities of trainees, professional and support staff, and other volunteers/employees or clients of the Counseling Center.
6. Removal of a client or patient's protected health information from the Counseling Center without permission from appropriate UCC PCS.

### ***F. Due Process Guidelines***

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

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

### ***G. Grievance Procedures***

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

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

with the Training Director or other member of the Executive Committee.

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

#### ***H. Review Panel and Process***

1. When needed, a Review Panel of three Counseling Center staff members will be formed by the Executive Director with recommendations from the Training Director and the trainee involved in the dispute. The trainee has the right to hear all facts with the opportunity to dispute or explain the behavior of concern.
2. Within 10 working days of receipt of the request for appeal, a hearing will be conducted in which the challenge is heard and relevant material presented.
3. Within 5 working days of the completion of the review, the Review Panel submits a written report to the Executive Director, including any recommendation for further action. Recommendations made by the Review Panel will be made by majority vote.
4. Within 5 working days of receiving the recommendation, the Executive Director will

either accept or reject the Review Panel's recommendations. If the Executive Director rejects the panel's recommendations, due to an incomplete or inadequate evaluation of the dispute, the Executive Director may refer the matter back to the Review Panel for further deliberation and revised recommendations or may make a final decision.

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

### ***I. Documentation***

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

### ***J. Comprehensive Evaluation Forms***

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

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

#### **Rating Scale\***

1. **Insufficient** demonstration of skill development. Foundational skills necessary for internship are not evidenced. Formal remediation is required for this skill.
2. **Occasional** demonstration of skill development. Evaluator notices intern evidencing this skill with increasing regularity. Intern is performing at developmentally appropriate level



for the mid-year evaluation. This is the Minimum Level of Achievement (MLA) at the mid-year evaluation for intern to continue in internship.

3. **Frequent** demonstration of skill development. Intern appropriately engages in consultation with increasing levels of autonomy.
4. **Reliable** demonstration of skill development. Competency is demonstrated in this skill in all but exceptional cases. Intern is ready for professional practice and is performing at developmentally appropriate level for the end-of-year evaluation. This is the Minimum Level of Achievement (MLA) for successful completion of internship at the end of the year.
5. **Advanced** demonstration of skill development. Rating is used for exceptional skill development by an intern. Evidence of this skill is comparable to that of a skilled psychologist in practice.

\*Supervisors also have the option to indicate "not enough data to rate" or "not observed" on any skill

#### Primary Supervision Evaluation Items

1. Presents research results in professionally acceptable written and oral format.
2. Effectively works with mental health professionals from different disciplines.
3. Appropriately consults with permanent clinical staff members, peers, and local or national experts when needed.
4. Engages in ongoing scholarly activities.
5. Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities at the local, regional, or national level.
6. Integrates professional research into clinical practice, conceptualization, and treatment.
7. Approaches difficult situations with honesty and integrity.
8. Articulates reasoning in ethical decision-making and conducts self ethically in all professional activities.
9. Anticipates and resolves ethical dilemmas as they arise and utilizes consultation and relevant literature to clarify issues.
10. Acts consistently with APA Ethical Principles of Psychologists; ASPPB Code of Conduct; and state, local, university, and agency policies and procedures.
11. Practices within the limits of competence while appropriately expanding skills in increasingly complex situations with a greater degree of independence.
12. Uses direct, respectful, and culturally sensitive communication to clarify misunderstandings, manage difficult conversations, and resolve conflicts in interpersonal relationships.
13. Engages in self-reflection regarding own personal and professional development to respond with openness to feedback and supervision.
14. Responds maturely to feedback with a growth, rather than a fixed, mindset.
15. Consults appropriately with colleagues, supervisors, and experts regarding ethical challenges.
16. Effectively addresses multicultural issues in supervision.
17. Knows when and with whom to request consultation in working with diverse clients.
18. Provides culturally competent multicultural counseling to a diverse client population.

19. Articulates and demonstrates how one's own various intersectional identities and value system may impact case conceptualization, selection of treatment modalities, treatment planning, and culture-specific interventions in the counseling process.
20. Articulates the impact of social, economic, political and other relevant environmental factors on the psychological mental health of diverse clients, while providing support and fostering resilience of affected individuals.
21. Includes interventions for diversity-related support and mobilizing culturally appropriate resources.
22. Incorporates relevant diverse intersectional factors in conceptualizing cases and making interventions.
23. Uses Empirically Supported Treatments (ESTs) appropriately, adapts treatment to multicultural populations, and justifies treatment rationale based on psychological theory.
24. Uses current theoretical and empirical research regarding diversity to inform professional practice, clinical intervention, and supervision.
25. Uses theoretical and empirical literature to generate hypotheses about client dynamics/behavior and selects, plans, and carries out interventions appropriate to the client and the conceptualization.
26. Interprets and explains therapeutic assessments as counseling progresses to inform diagnosis, case conceptualization, and treatment planning.
27. Assesses for suicidality, self-harm, homicidality, and severe mental illness and appropriately intervenes.
28. Demonstrates cultural humility by empathizing and acknowledging others' perspectives, especially when discordant with their own perspective.
29. Maintains therapeutic relationships with therapy clients.
30. Appropriately manages own emotional reaction in response to others.
31. Responds appropriately to client affect, verbal, and non-verbal behaviors.
32. Makes appropriate process interventions (e.g., use of self, immediacy, etc.).
33. Proposes appropriate treatment modalities and interventions for clients based on their mental health history, presenting problems, and resiliency factors.
34. Formulates a theory-based, conceptual understanding of client problems informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
35. Succinctly describes clients, client issues, and relevant background factors.
36. Demonstrates conceptual understanding of clinical information through appropriate use of professional terminology.
37. Chooses and integrates use of a variety of psychometric instruments having considered the relevant empirical literature.
38. Addresses relevant environmental and intersectional clinical factors in assessment and case conceptualization that may impact clients' mental health (e.g. understanding of human behavior within its context).
39. Accurately integrates psychometric data with clinical information and can adapt intervention goals and methods consistent with ongoing evaluation.
40. Communicates psychological concepts in a manner that can be easily comprehended.
41. Maintains timely documentation of intake reports, case notes, and termination summaries in a professional manner consistent with UCC policies and professional standards.

#### Group Therapy Supervision Evaluation Items

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

#### Supervision of Supervision Evaluation Items

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

#### Team Leader Evaluation Items

1. Establishes a therapeutic rapport with intake clients.
2. Screens walk-in or phone-in clients appropriately for urgency of need.
3. Appropriately identifies and refers clients for crisis intervention, brief therapy, group

- therapy, and/or community services.
4. Proposes appropriate treatment modalities and interventions for clients based on their mental health history, presenting problems, and resiliency factors.
  5. Formulates a theory-based, conceptual understanding of client problems informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
  6. Succinctly describes clients, client issues, and relevant background factors.
  7. Demonstrates conceptual understanding of clinical information through appropriate use of professional terminology.

#### Outreach & SIP Evaluation Items

1. Identifies the steps involved in assessment and needs evaluation of the outreach/SIP process and the importance of tailoring interventions to meet the needs of the organization.
2. Effectively provides outreach/SIP as distinct from psychotherapy.
3. Provides outreach/SIP that reflects accurate understanding of models and theories that underlie our service delivery of these modalities (e.g., the Interactive Cube Model, systems variables, organizational cultures, factors that influence change, principles of collaborative multicultural outreach).
4. Responds effectively to ethical dilemmas arising in outreach/SIP service delivery and deals appropriately with them.
5. Establishes a robust working alliance across professional relationships.
6. Offers social justice advocacy to campus community, e.g., agency outreach, SIP, and UCC "In-reach" initiatives of the intern's choosing.

#### Assessment Evaluation Items

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

Scores from each of these evaluations are used to calculate an average score in each of three major domains of competency, each with three subdomains of competency. Those domains and subdomains are:

1. Foundational Development
  - a. Ethical and Legal Standards: Interns will demonstrate ethical decision-making and conduct consistent with the ethical and legal standards of professional

psychology. Interns will handle increasingly complex situations with a greater degree of independence during the course of their training.

- b. Professional Values, Attitudes, and Behaviors: Interns will adhere to professional values with integrity, continuously acquire new skills and knowledge in the practice of psychology, and respond professionally in increasingly complex situations with a greater degree of independence.
  - c. Individual and Cultural Diversity: Interns will increase their awareness, knowledge, sensitivity, and skills in providing culturally competent professional psychological services to diverse individuals and groups who embody broad dimensions of intersectional, cultural, and personal backgrounds.
2. Professional Development
    - a. Communication and Interpersonal Skills: Interns will identify and practice effective verbal, non-verbal, and written communication skills to interact competently and professionally with clients, colleagues, supervisors, and trainees. Interns will develop meaningful relationships in their professional roles.
    - b. Consultation and Interprofessional / Interdisciplinary Skills: Interns will acquire knowledge and skills to perform consultation and outreach within university and community settings as well as collaborate with other mental health professionals.
    - c. Research: Interns will demonstrate integration of empirical science and clinical practice to produce and disseminate new knowledge, critically evaluate and use current knowledge to solve novel problems, and apply research in clinical settings.
  3. Clinical Development
    - a. Intervention: Interns will demonstrate competence in evidence-based clinical interventions with clients presenting with a variety of concerns across psychotherapy modalities.
    - b. Assessment: Interns will demonstrate competence in conducting evidence-based assessments and integrate assessment related data into therapeutic intervention.
    - c. Supervision: Interns will gain experiential knowledge and skills to mentor, monitor, and evaluate trainee competence development in the professional practice of psychology as well as respond professionally to feedback with their own supervisors.

At the end of internship year on their final evaluation, interns are expected to average at or above a 4 in each of these domains and subdomains.