

**COUNSELING SERVICES**  
Campus Health Services

**Doctoral Internship in Health Service Psychology**

**Training Manual**

2018 – 2019



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# Table of Contents

<b>Table Of Contents</b> .....	<b>2</b>
<b>Orientation to University</b> .....	<b>5</b>
NAU	5
Campus Health Services	5
Counseling Services	5
<b>Orientation to Training Program</b> .....	<b>6</b>
Training Team	7
• Training Coordinator	7
• Training Committee	7
• Supervisors Team	8
<b>Training Philosophy, Values, and Model</b> .....	<b>9</b>
Development of Training Program	9
Training of Doctoral Psychology Interns	9
Training Model	10
Diversity Statement	11
Training Aim and Competencies	13
• Aim	13
• Profession-wide Competencies	13
• Program-specific Competency	20
<b>Overview of Training Activities</b> .....	<b>21</b>
Example of Typical Schedule	22
<b>General Expectations of Interns</b> .....	<b>23</b>
Note about Hours	23
Professional Development	24
Direct Service	24
Indirect Service	26
Expected General Proficiencies	27
Professionalism, Ethics, and Legal Issues	27
Evaluations	28
<b>Specific Expectations &amp; Policies for Interns and Staff</b> .....	<b>29</b>
Clinical Supervision of Interns	29
Primary Supervision	30
Secondary Supervision	32
Supervision of Group Therapy	33
Supervision Matches	34
Case Consultation/Psychiatric Consultation	34
Formal Case Presentation	35
Intern Summer Project	36
Supervision of Supervision	36
Outreach/Consultation Expectations of Interns	37
Assessment Expectations	39

• Supervisors	40
• Interns	40
Multiculturalism/Diversity Expectation	41
• Objectives	41
• Balance of Evaluation and Safety	41
Meeting with Training Coordinator	42
Didactic Training Seminars	42
• Two-hour Weekly Training Seminar	42
• Orientation Week Trainings	43
Administrative Time	43
<b>Additional Policy and Procedures .....</b>	<b>43</b>
Professionalism (Ethics, Behavior, Dress)	43
Work Outside of Internship	44
Staff/Trainee Relationships	44
Intern Liability Insurance	49
Informed Consent and Notification of Trainee Status	49
Electronic Recording	50
Confidentiality	50
Due Process Procedures	51
Grievance Procedures	55
NAU HR Due Process and Grievance	57
<b>Intern Benefits.....</b>	<b>56</b>
Vacation Leave and Holidays	56
Professional Development/Leave	56
Sick Leave	56
Emergencies	57
<b>Miscellaneous Policies and Procedures .....</b>	<b>57</b>
Completion of Internship	57
Intern Selection	57
<b>NAU HR Policies and Procedures Manual.....</b>	<b>58</b>

**Appendices:**

<b>Appendix A: 2018-2019 Intern Training Agreement .....</b>	<b>61-67</b>
<b>Appendix B: Intern Requirements Tracking Guide.....</b>	<b>68</b>
<b>Appendix C: Senior Staff Summary .....</b>	<b>69</b>
<b>Appendix D: Supervisor Ranking Form.....</b>	<b>70</b>
<b>Appendix E: Supervision Tracking Form .....</b>	<b>71-72</b>
<b>Appendix F: Orientation Schedule.....</b>	<b>73</b>
<b>Appendix G: Orientation Evaluation.....</b>	<b>73-75</b>
<b>Appendix H: Didactic Training Seminar Schedule .....</b>	<b>76-78</b>

<b>Appendix I: Didactic Seminar Evaluation.....</b>	<b>79-80</b>
<b>Appendix J: Didactic Seminar Rotation Evaluation .....</b>	<b>81-82</b>
<b>Appendix K: Doctoral Intern Evaluation .....</b>	<b>83-99</b>
<b>Appendix L: Intern Evaluation of Internship Training Experience.....</b>	<b>100-107</b>
<b>Appendix M:Evaluation of Clinical Supervision(Primary and Secondary).....</b>	<b>108-110</b>
<b>Appendix N: Formal Case Presentation Format .....</b>	<b>111-113</b>
<b>Appendix O: Case Consultation Evaluation Form .....</b>	<b>114-115</b>
<b>Appendix P: Intern Informed Consent and Notification of Trainee Status .....</b>	<b>116</b>
<b>Appendix Q: Consent for Electronic Recording.....</b>	<b>117</b>
<b>Appendix R: Exit Interview .....</b>	<b>118-119</b>

# **Orientation to University**

## **Northern Arizona University**

Northern Arizona University (NAU) opened its doors in 1899 with 23 students, two faculty members, and two copies of Webster's International Dictionary bound in sheepskin. The first president scoured the countryside in horse and buggy seeking students to fill the classrooms of the single school building (now known as Old Main). Since those humble beginnings, the university has continued to grow, undergoing several name changes in accordance with expansions, added degree programs, and achieving university status. As of Fall 2017 the students on NAU's Flagstaff campus number more than 22,000, with more than 8,000 of those living on campus. NAU now offers more than 150 undergraduate and graduate degree programs, distinguished by nationally ranked programs, its high research status, its emergence as a leader in sustainability, science, business, green building, and cultural arts.

## **Campus Health Services**

Campus Health Services (CHS) is a department in NAU's division of Enrollment Management and Student Affairs (EMSA). CHS encompasses three important units: Counseling Services, Health Promotion, and Medical Services consisting of x-ray, full-service lab, and pharmacy. The CHS Mission Statement, "To provide quality integrated care, support, and programs that facilitate a healthy successful and inclusive campus community and academic experience," is the foundation of the work we do within our integrated health care system.

## **Counseling Services**

Counseling Services (CS) works to enhance the psychological growth, emotional well-being, and learning potential of Northern Arizona University students. CS accomplishes this aim by providing psychological counseling, mental health and substance-abuse educational programming/outreach to the NAU campus and community. CS also provides consultation to parents, staff, faculty, administration, and concerned others. Additionally, Counseling Services is committed to the training and development of future professionals. We achieve this by offering advanced training in the provision of health service psychology in an integrated university health care system to both doctoral and master's level students from counseling and psychology graduate programs.

## **Orientation to Training Program**

The training program has been developed with the mission and intention of assisting trainees with their transition into entry-level health service psychology, while simultaneously providing the highest level of care possible to the students, faculty and staff of NAU. Trainees have the opportunity to participate in all aspects of services provided at CS, as well as interact with staff and administration from our outstanding integrated health care system at NAU's Campus Health Services.

Counseling Services is one of three integral offices located within NAU's Campus Health Services. Along with Medical Services and Health Promotion, CS staff and trainees have consistent opportunities for collaborative consultation, outreach, and coordination of care to ensure the needs of the students and the NAU community are met. Trainees play a pivotal role in the delivery of behavioral health and integrated services and are considered integral to the operations of CS. Consequently, trainees have ample opportunity to refine their clinical skills and explore areas of specialized interest related to their future career as a psychologist.

NAU's Counseling Services embraces the training of emerging Health Service Psychologists as a core value of the center. As such, the training program is regarded as a cornerstone of our service delivery system as well as an opportunity for us to give back to the profession via fulfilling generativity needs. We feel this is reflected in our staff's commitment to training and mentoring interns in up-to-date, empirically supported research and theory, which in turn contributes to the ongoing professional development and continuing education of senior staff in best ethical and clinical practice. This dedication to training also resonates down to our trainees in that the emphasis on fostering their professional identities comes first and foremost above clinical demand and service. While the balance between learning opportunities and clinical work ebbs and flows during the academic year, graduated and structured training opportunities are integrated into the work week to ensure that trainees get a rich and dynamic training experience that meets their personal and professional needs. As a means of safeguarding trainees' professional development and training, interns, supervisors, and administrative staff work in concert to clearly identify developmentally appropriate training goals and objectives in keeping with the center's mission, all the while tracking the interns' progress throughout the year. Supervision is one method of gatekeeping in which interns work individually with primary and secondary supervisors to ensure their training needs and goals are being met. Additionally, training opportunities in outreach, consultation, behavioral health, multicultural competence, and case conceptualization exist in multiple realms, thereby challenging professional staff and interns and promoting a sense of collegial respect and growth. Our training program also includes ongoing occasions where interns are encouraged to participate in APA approved continuing education programs and trainings. None of these training experiences are superseded by the clinical demand of the center and are considered an integral element of NAU's CS mission to train ethical, skilled, and multiculturally competent Health Service Psychologists.

Counseling Services' multidisciplinary staff consists of psychologists, licensed professional counselors, doctoral interns in health service psychology, master's level clinical mental health

counseling interns, graduate assistants, and doctoral practicum students from NAU's Counseling Psychology program. Trainees at all developmental levels have the opportunity to interact with members of our staff and benefit from our diverse backgrounds, education, and training experiences.

### **Members of the Training Team**

The training program is overseen by the Training Coordinator, with the help of the Supervisors Team and Training Committee. In essence, every staff person at NAU CS contributes to the training program, be it through informal contacts or through formal training, such as training seminars or supervision. Below is an overview of the training team.

#### **Training Coordinator**

1. Suggests training policy for review by CS senior staff. The Training Coordinator remains responsible for all final training policy decisions.
2. Coordinates or delegates and supervises the coordination of training activities (e.g., supervision assignments, training seminar facilitation, etc.)
3. Integrates input from the training committee and other staff to develop and modify the training program.
4. Reviews and recommends training procedures and oversees their implementation.
5. Arranges all supervisory assignments and coordinates the CS staff to fill a variety of training roles (i.e. primary supervisor, secondary supervisor, group supervisor, etc.)
6. Coordinates the Intern supervisory evaluation and feedback process.
7. Coordinates Intern recruitment, application, interview, and selection processes, as well as maintains liaisons with appropriate faculty from the students' academic programs.
8. Serves as liaison between Interns and staff, providing feedback, processing grievances, etc.
9. Documents and maintains Interns' training records including hour logs, evaluation, and due process procedures.
10. Administrator of self-study for APA accreditation and ensures compliance with APA standards.
11. Oversees the management of the doctoral practicum training program.

#### **Training Committee**

The Training Committee serves as a "think tank" for administrative decisions, policy-making, and the development of procedures for our doctoral internship program. The committee is made up of administrative staff positions (Director, Clinical Coordinator, and Training Coordinator) as well as other identified senior staff.

## **Supervisors Team**

Doctoral interns at CS receive formal supervision in a variety of ways: primary supervision, secondary supervision, supervision of group therapy, supervision of supervision, supervision of assessment activities, and supervision of behavioral health activities. The Supervisors' Team meeting provides an opportunity for formal supervisors to share information about trainee development, including individual strengths and areas of growth, as well as explore strategies to facilitate trainee progress. Members of the Supervisors' Team meet once a month.

## **Additional Training Team Members**

All of our staff contribute to the Training Program, be it through formal means (e.g., facilitation of didactic seminars, supervision, feedback on case presentations, development of policy or procedure) or informal means (e.g., feedback to supervisors about interactions with interns).



## **Training Philosophy, Values, and Model**

### **Development and Administration of Training Program: Philosophy and Principles**

NAU CS holds the following principles as they relate to the development and administration of the training program.

1. We strive to develop a doctoral internship training program that is consistent, predictable, transparent, flexible, and simple.
2. We strive to create and maintain a training program of the highest quality. Consequently, our program has been developed in accordance with best practices and guidance offered by APA's Standards on Accreditation. We aspire to excellence, particularly with regard to supervision and to training clinically competent and ethical trainees. We want our program to be challenging and to be able to offer experiences that are unique to NAU CS.
3. We value the diversity in each of our trainees and staff members. We strive to integrate diversity awareness and skill building into every aspect of the training experience.
4. We strive to deliver training that provides adequate breadth, in order to graduate strong generalists in the provision of health service psychology, who would function well in a university counseling center, as well as in other sites. We also strive to deliver training that provides adequate depth, in order to provide graduates with specialized skillsets in a chosen domain.

### **Training of Doctoral Psychology Interns: Philosophy and Principles**

The following principles underlie the training of Doctoral Psychology Interns at NAU CS:

1. The competent practice of health service psychology entails the development of advanced skills and experience in a broad range of profession-wide competencies.
2. Competent practice must involve modification, collaboration, and adaptation, within different groups, to meet individual and culturally diverse needs.
3. Psychological practice is based on the science of psychology.
4. The emergence of a professional psychologist is the culmination of a developmental process which begins prior to internship training and which extends beyond the completion of the internship.
5. Psychologists should exhibit a high degree of professionalism.

\*These principles form the basis for the practice of psychology by the staff of our center and thereby the training philosophy maintains consistency with the mission, goals, and culture of the sponsor institution.

## Training Model

The “Practitioner-Scholar” model values science and scholarly knowledge in the practical application of psychology<sup>1</sup>. Consistent with NAU CS values, Belar and Perry (1992)<sup>2</sup> describe this approach as fitting for “psychologists who wish to use scientific methods in the conduct of professional practice” (p. 71). We agree that “effective application of psychology depends on having a [scientific] knowledge base from which to act” (Ellis, 1992, p. 573)<sup>3</sup>. Using this model, interns are trained to become competent generalists in the practice of professional psychology.

NAU’s Counseling Services (CS) offers a full-time, 12-month Doctoral Internship in Health Service Psychology, rooted in the values of the practitioner-scholar model. The program prepares interns to function as generalist psychologists with a specialization in services to university students in an integrated health care system. Our developmental approach to training incorporates graduated experiences and skill-building, experiential learning and self-reflection, thereby contributing to overall enhanced professional competence. Interns engage in generalist training via the provision of individual, couples, and group counseling, daytime and after-hours crisis intervention, and referral services. We place a strong emphasis on creating personalized training programs and the integration of personal and professional identities. We facilitate this through consistent focus on ethical decision-making, commitment to the understanding of multiculturalism, and a belief in close supervision as the cornerstone of a quality training experience. In addition to ongoing supervisory feedback, interns are encouraged to engage in their own self-assessment. This occurs from the beginning of trainee orientation in August through the culmination of their internship. Interns collaborate with other departments across campus (e.g., Residence Life, NAU PD), conduct outreach, and consult with faculty, staff, students, and concerned others. Interns receive a minimum of 4 hours of weekly supervision and participate in 3 hours of weekly didactic training seminars that serve as additional opportunities for cohort collaboration and learning. Lastly, interns are exposed to the administrative functions of a counseling center through participation in staff meetings and on departmental committees.

<sup>1</sup> Stolenberg, C. D., Pace, T. M., Kashubeck-West, S., Biever, J. L., Patterson, T., & Welch, D. I. (2000). Training models in Counseling Psychology: Scientist-Practitioner Versus Practitioner-Scholar. *The Counseling Psychologist*, 28, 622-640.

<sup>2</sup> Ellis, H. C. (1992). Graduate education in psychology: Past, present, and future. *American Psychologist*, 47, 570-576.

<sup>3</sup> Belar, D., & Perry, N. W. (1992). National conference on scientist-practitioner education and training for the professional practice of psychology. *American Psychologist*, 47, 71-75.

Within this developmental model, we conceptualize doctoral psychology interns as:

- engaging in an ongoing process of personal and professional identity development.
- clarifying and articulating what is encompassed in an identity as a health service psychologist.

- integrating various other dimensions of experience (e.g., gender, culture, race, etc.) into their identity as clinicians in health service psychology..
- moving through developmental stages and tasks, both in a larger lifelong process and in the process contained within the internship year.
- increasing self-awareness and other-awareness over time with critical junctures and challenges, which result in a movement to another stage.
- moving toward increasing complexity in worldview.

## Diversity Statement

NAU Counseling Services is dedicated to the exploration and understanding of the impact of diversity and sociocultural influences on the mental health concerns of NAU students. This is reflected in our multidisciplinary staff's commitment to continuously enhancing our self-awareness of multiculturalism and the role it plays in our clinical work, outreach, advocacy, crisis response, and campus-wide support. Additionally, we pride ourselves on being knowledgeable in our response to the complex and varied impact that diversity has across multiple micro and macro levels including cultural, societal, familial, and individual. We feel that this constant pursuit of enhanced multicultural competence is reflected not only in the center's mission but in our training program as well. Interns are encouraged to engage in self-reflection and assessment throughout their year-long training, exploring beliefs, attitudes, biases, and skills that may contribute to their personal and professional development. While the NAU CS internship training program operates in a manner consistent with the APA's Ethical Standard 7.04 (Student Disclosure of Personal Information, 2002), we also believe in the vital self-understanding that results when interns challenge themselves to consider those issues that are personal in nature and blend into their clinical work.

As a means of fostering diversity, NAU CS commits to ongoing development of diversity training for staff. In turn, staff weave this emphasis into all facets of training including individual supervision, secondary supervision, staff meetings, and training seminars. Ongoing didactic trainings throughout the year are devoted to multicultural topics and dialogs, thereby enhancing interns' multicultural competence through discussion and reflection on their belief systems and backgrounds. Additionally, NAU CS staff integrate diversity-focused research and evidence-based treatment approaches into our didactic training seminars.

Interns are also encouraged to be intentional about the intersection of diversity with their clinical work by seeking out multicultural clients with whom they have little experience, processing their reactions and feelings related to research and trainings with their fellow interns, and proactively volunteering for outreach opportunities that will expand their knowledge-base and awareness about certain diverse populations. Training seminars are designed as graduated and developmentally consider each intern's readiness, willingness, and experience in the area of multicultural competence. This promotes thoughtful opportunities to expose them to increasingly complex concepts and literature with the intention of nurturing a more dynamic and rich understanding of cultural and individual multiculturalism. Furthermore, over the course of the training year, interns are expected to demonstrate their increased awareness and understanding in multiple venues including supervision, case consultation meetings, and formal case presentations. Consequently, interns are evaluated on their ability to incorporate CS values

of inclusivity and respect into their clinical work, collegial relationships, and professional identities.

## Training Aim and Competencies

### AIM:

NAU CS's Doctoral Internship in Health Service Psychology prepares doctoral interns in clinical and counseling psychology to be entry-level Health Service Psychologists through a year-long internship at a university counseling center. We facilitate the development of entry-level competency by adhering to the profession-wide competencies identified by APA in their Standards of Accreditation (2015). Below are the competencies and elements used to assess intern competency during their time on internship, with expected levels of advanced competency attained by the end of the internship training year:

### PROFESSION-WIDE COMPETENCIES:

#### *Competency: Professional values, attitudes, and behaviors:*

1. Conducts self in a professional manner across settings and situations and behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
2. Independently accepts personal responsibility across settings and contexts.
3. Responsibly completes commitments.
4. Responsibly attends, prepares for, and participates in training activities.
5. Takes ownership of professional development and actively engages in activities that maintain and improve professional performance, well-being, and effectiveness.
6. Displays growing consolidation of professional identity as a psychologist.

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

1. Independently monitors and applies knowledge of self as a cultural being in assessment, treatment, supervision, outreach and consultation.
2. Seeks understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
3. Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and direct service.
4. Independently monitors and applies knowledge of others as cultural beings in assessment, treatment, supervision, outreach and consultation.
5. Exhibits ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles.
6. Independently seeks out research and information regarding best practices when working with diverse clients.

7. Shows understanding and ability to work with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.
8. Consults or seeks out resources to further knowledge when presented with a diversity concern with which intern has little knowledge or experience. Additionally, demonstrates skill with applying a framework for effectively working with areas of individual and cultural diversity not previously encountered.
9. Responds professionally to increasingly complex situations with a greater degree of independence as they progress across levels of training.

***Competency: Ethical and Legal Standards:***

1. Demonstrates advanced knowledge and acts in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct.
2. Abides by relevant laws, regulations, rules, and policies governing health service psychology at the agency, organizational, local, state, regional, and federal levels.
3. Independently recognizes ethical dilemmas as they arise and utilizes an ethical decision-making model to ensure ethical resolution.
4. Distinguishes between personal and client/supervisee needs and maintains professional relationships and boundaries.
5. Self-identifies personal distress and seeks resources for healthy functioning during times of personal distress, particularly as it relates to clinical work, relationships with supervisee, and overall professional behavior.
6. Independently integrates ethical and legal standards with all areas of practice and conducts self in an ethical manner in all professional activities.

***Competency: Communication and Interpersonal Skills:***

1. Demonstrates reflectivity regarding one's personal and professional functioning; utilizes reflection to facilitate change; uses self as a therapeutic tool.
2. Accurately self-assesses competence in all domains and has extended plan to enhance knowledge/skills.
3. Self-monitors issues related to self-care and promptly consults and intervenes when disruptions occur.
4. Develops and maintains effective relationships with a wide range of clients, colleagues, supervisors, supervisees, campus organizations, community providers and supports.
5. Possesses advanced interpersonal communication skills.
6. Verbal, nonverbal, and written communications are informative, articulate, succinct, sophisticated, and well-integrated; demonstrates thorough grasp of clinical language and concepts.
7. Demonstrates affect tolerance in professional relationships, contexts and settings, even in complex, challenging, ambiguous and/or novel situations.
8. Demonstrates appropriate and effective boundary management.

9. Monitors and evaluates the effects of own identities, behaviors, affects, attitudes, values, and beliefs on others in professional situations and contexts, and responds accordingly so as to further professional goals, including positive working relationships.
10. Collaborates with supervisor to set appropriate goals for supervision and to work to achieve goals.
11. Prepares adequately for supervisory sessions.
12. Accepts responsibility for learning; initiates learning.
13. Willing to self-disclose and/or explore personal issues that affect counseling process.
14. Aware of how their own and their supervisor's cultural background and social identities affect supervision.
15. Actively seeks out feedback/supervision and demonstrates openness and responsiveness without defensiveness. Willing to reflect on feedback and makes a concerted effort to implement feedback into clinical work and collegial relationships in a professional way.
16. Appropriately independent and self-reliant, while aware of situations in which one should seek consultation or supervision.
17. Demonstrates effective interpersonal skills and the ability to manage difficult communication with fellow staff, supervisors, and clients well.
18. Participates effectively with supervisors in evaluation of own performance.
19. Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

***Competency: Intervention:***

1. Establishes and maintains effective relationships with the recipients of psychological service.
2. Independently develops individual case conceptualization for clients and plans interventions specific to the service-delivery goals.
3. Demonstrates ability to implement interventions consistent with current scientific literature, assessment findings, diversity characteristics, and contextual variables.
4. Displays effective clinical skills with a wide variety of clients and uses good judgment even in unexpected or difficult situations.
5. Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated.
6. Demonstrates a thorough grasp of professional and clinical language and concepts.
7. Modifies and adapts evidence-based approaches and intervention goals effectively when necessary and in keeping with the goals of service.
8. Demonstrates the core conditions of therapy such as basic attending and listening skills, establishing and maintaining trust and rapport, and communicating a non-judgmental attitude and accurate empathy.
9. At the beginning of session, explains clearly the limits of confidentiality; accurately discusses recording/video consent and role as supervisee; defines the basic boundaries of the services to be provided.

10. Accurately assesses presenting need of client and adapts session foci to reflect stated and implicit needs.
11. Takes relevant history and identifies factors contributing to client's current difficulties (e.g., cultural, biological, development, substance use, trauma symptoms, suicidal/homicidal ideation, environmental) and does so in a systematic way to inform clinical decision making.
12. Accurately assess the acuity, severity, and complexity of client concerns.
13. Consistently reviews results of CCAPS with clients and addresses increases and decreases in symptom report as well as inconsistencies between CCAPS results and client presentation.
14. Makes appropriate case disposition plans including referrals to community providers and organizations when ethically or clinically warranted.
15. Ability to formulate and apply diagnoses; to understand the strengths and limitations of current diagnostic approaches.
16. Ability to formulate (atheoretically) and conceptualize (theoretically) cases based on the initial assessment.
17. Arrives at a culturally sensitive and appropriate treatment plan for clients based on the conceptualization and information gathered during the initial assessment.
18. Is able to gather information in a manner that builds trust and a relationship with client.
19. Bases interventions on relevant goals, objectives, and/or treatment plans.
20. Implements interventions with fidelity to empirical models, best practices, and flexibility to adapt where appropriate.
21. Integrates knowledge of psychological theory and practice in applying interventions.
22. Relates interventions to treatment phase (beginning, middle, termination).
23. Makes culturally congruent interventions.
24. Relates interventions to treatment parameters.
25. Takes appropriate action and advocates on behalf of clients when necessary.
26. Makes appropriate use of self-disclosure.
27. Effectively utilizes silence in therapy.
28. Develops and implements treatment plans.
29. Recognizes and appropriately addresses significant issues that are affecting clients outside of those which are presented.
30. Independently evaluates treatment process and consults with supervisor to modify as indicated.
31. Facilitates a mindful termination.
32. Independently recognizes risk and resiliency factors in client.
33. Inquires directly, thoroughly, and therapeutically about risk and resiliency factors.
34. Accurately assesses client and other welfare; responds appropriately.
35. Appropriately utilizes third parties to promote recovery and safety.
36. Immediately, thoroughly, and accurately documents emergency/crisis related notes.
37. Alerts supervisor or other clinical staff in a timely manner when client safety issues arise.



38. Follows up with clients with risk factors.
39. Understands models and theories of group therapy and is able to articulate and utilize model appropriate to group dynamics.
40. Independently develops individual and group case conceptualization and plans interventions consistent with conceptualization.
41. Implements interventions with fidelity to empirical models and flexibility to adapt where appropriate.
42. At the beginning of session, explains clearly the limits of confidentiality; accurately discusses recording/video consent and role of supervisee (if applicable); defines the basic structure and boundaries of the services to be provided.
43. Recognizes client readiness for group counseling, uses appropriate selection criteria, and successfully refers clients to group counseling.
44. Demonstrates ability to independently and effectively conduct group orientation sessions.
45. Prepares adequately for group session.
46. Facilitates establishment of group norms, boundaries, and safety.
47. Provides feedback to group members that is descriptive and non-judgmental and helps build universality and focus on group process.
48. Explores and reflects feelings to group and individual members.
49. Is sensitive to issues of diversity in group process and interventions.
50. Uses individual interventions in a manner sensitive to group context.
51. Demonstrates the core conditions of therapy such as basic attending and listening skills, establishing and maintaining trust and rapport, and communicating a non-judgmental attitude and accurate empathy.
52. Relates interventions to treatment phase (beginning, middle, termination).
53. Tailors interventions to specific needs of group.
54. Effectively uses interventions consistent with group model and theory.
55. When applicable, works effectively and cooperatively as a group co-leader, including demonstrating an awareness of co-leader dynamics.
56. Prepares members for group ending or transitions.
57. Facilitates expression of termination-related affect.
58. Assists members in consolidating and integrating gains.
59. Helps members plan for additional treatment as needed.

***Competency: Research:***

1. Demonstrates the substantially independent knowledge and ability to critically evaluate and formulate research and other scholarly activities at the local, regional, or national level.
2. Conducts research or other scholarly activities to enhance knowledge base and to aid in their clinical treatment; this activity is sufficiently encouraged and tracked by the intern's supervisors.
3. Utilizes empirically-based treatment approaches, informed by scholarly readings and/or research articles and is able to evaluate the effectiveness of these approaches.

4. Utilizes contemporary research and scientific findings to enhance their individual understanding of multiculturalism and its intersection with treatment.

***Competency: Assessment:***

1. Independently selects and implements multiple methods and means of evaluation that draw from the best available empirical literature and that reflect the science of measurement and psychometrics.
2. Selection of assessment measures are responsive to and respectful of unique needs and contexts of clients with particular emphasis on the intersection of diverse identities with goals of evaluation.
3. Collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as consideration of relevant diversity characteristics of the service recipient.
4. Independently understands the strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis and treatment planning.
5. Independently selects and administers a variety of assessment tools and integrates results to accurately evaluate presenting question appropriate to the practice site and broad area of practice.
6. Administers/scores tests in accordance with standardized guidelines.
7. Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while maintaining awareness of guarding against decision-making biases, distinguishing elements of the assessment that are subjective from those that are objective.
8. Communicates results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner.
9. Documents results and provides feedback that reflect accurate interpretations of test results.
10. Documents and provides feedback in a timely manner.
11. Demonstrates ability to conceptualize from different theoretical orientations in both documentation and feedback sessions.
12. Integrates relevant cultural data/implications into interpretation, documentation, and feedback.

***Competency: Supervision:***

1. Understands the ethical, legal, and contextual issues embedded in the role of supervisor.
2. Demonstrates knowledge of various supervision models or theories.
3. Demonstrates knowledge of limits of competence to supervise.
4. Demonstrates knowledge of diversity issues in supervision.
5. Is able to identify with a model of supervision that is consistent with intern's developmental level and professional identity.

6. Provides supervision in a manner that is consistent with legal and ethical guidelines and appropriately manages potential ethical situations between themselves and trainees.
7. Integrates models of supervision into their work with trainees.
8. Applies knowledge in direct or simulated practice with psychology trainees including role plays and peer supervision.
9. Assists trainees in exploration of their own theoretical orientation and is able to supervise from a variety of theoretical orientations.
10. Engages in professional reflection about one's clinical relationships with supervisees, as well as supervisees' relationships with their clients.
11. Establishes appropriate frame of supervision with supervisee early in the relationship.
12. Independently manages the administrative tasks of supervision.
13. Adjusts to the evolving and developmental needs of the supervisee over time, demonstrating their own growing sophistication in the supervision process.
14. Monitors the ethical and professional behavior of supervisees; provides feedback and opportunities for exploration of issues when relevant.
15. Assists trainees in incorporating multicultural research, knowledge, and perspectives into their supervision.
16. Accurately assesses supervisees' needs and manages supervision time to meet them.
17. Delivers feedback in a way that is digestible for the supervisee.

***Competency: Consultation and Interprofessional/Interdisciplinary skills:***

1. Aware of the models, research, and theory based literature related to the implementation of proactive developmental/preventive outreach programming.
2. Independently designs, implements, and evaluates outreach programs.
3. Demonstrates skill in facilitating group discussion and student/staff engagement in outreach presentations or workshops.
4. Plans outreach events based on assessment of community needs.
5. Demonstrates skill in working both independently and as a member of a cooperative team in the provision of outreach services and assumes a leadership role, as developmentally appropriate.
6. Demonstrates skill in incorporating sensitivity and knowledge of diversity issues into the provision of outreach services.
7. Demonstrates awareness of ethical considerations involved in the provision of outreach services and incorporates this knowledge into their work.
8. Demonstrates knowledge and respect for the roles and perspective of other professions.
9. Aware of the models, research, and theory based literature related to the implementation of proactive developmental/preventative consultation services.
10. Applies knowledge in direct or simulated consultation with individuals, other health professionals, interprofessional groups, family members, concerned students, and staff/faculty.
11. Independently designs, implements, and evaluates consultation services.

12. Demonstrates skill in working both independently and as a member of a cooperative team in the provision of consultative services and assumes a leadership role, as developmentally appropriate.
13. Demonstrates skill in incorporating sensitivity and knowledge of diversity issues into the provision of consultation services.
14. Demonstrates awareness of ethical considerations involved in the provision of consultation services and incorporates this knowledge into their work.
15. Effectively differentiates role as consultant from other professional identities; communicates their role clearly to others, and adapts interactions to that role.

#### **PROGRAM-SPECIFIC COMPETENCY:**

In addition to the profession-wide competencies, NAU's CS internship training program also provides program-specific training in the promotion of holistic well-being via support and service delivery in an integrated university counseling center health care system.

***Program Specific Competency: Develop skills and demonstrate competence working as an entry-level health service psychologist in a multi-disciplinary, integrated university-based health care system.***

1. Intern will actively participate in the Behavioral Health Seminar and Rotation.
2. Interns will seek out research and enhance their knowledge about working in a multidisciplinary, integrated student health care system.
3. Interns will utilize evidence-based practices for treating mental health concerns in a Primary Care setting.
4. Interns will utilize evidence-based practices for addressing behavioral components of chronic diseases in a Primary Care setting.
5. Interns will proactively learn about and gain awareness of the roles of providers of various disciplines within a multidisciplinary, integrated student health care system (e.g., psychologists, psychiatrists, social workers, physicians, dietitians).
6. Interns will display their knowledge through active and consistent participation in integrated health care activities including the behavioral health rotation and regular consultation with other multidisciplinary professionals in Campus Health Services.
7. Interns will seek out opportunities to engage Primary Care providers in behavioral health integration via interdepartmental trainings, team-approaches to treatment, and formal and informal consultation.

## **Overview of Training Activities**

### **Direct Service Training Activities**

- Brief Assessment/intake
- Individual Therapy
- Couples Therapy
- Group Therapy
- Psychotherapeutic Assessment/Testing (feedback session)
- Crisis Intervention/Triage/On-Call
- Outreach/Consultation
- Supervision (provision of)
- Behavioral Health Services
- Psychiatric/Case Consultation Meetings

### **Indirect Service Training Activities**

- Supervision (receipt of)
- Formal Case presentations
- Didactic training seminars
- Administration (e.g., test data interpretation, report writing, committees, meetings)
- Paperwork, Planning, and Notes (PPN) time
- Professional Development (e.g., professional conference presentation, research, literature review)

## **Example of typical schedule for Doctoral Psychology Intern:**

### **(40 hrs/week)**

#### **Direct Counseling Services: (19-20 hrs/wk)**

2.0 hr/wk: Scheduled Brief Assessments

4.0 hrs/wk: Screening Time shift (Brief Assessment, Triage, Consultation)

7.0 hrs/wk: Individual Counseling, BRA's, Couples

1.5 hrs/wk: Group Therapy

4.0 hrs/wk: Behavioral Health Rotation

1.0 hr/wk: Outreach (where appropriate)

1.0 hr/wk: Supervision of MA Intern/Doc Prac Student (when applicable)

*\*On-Call/Emergency coverage:* Interns are expected to be on-call for two weeks during the fall and spring semesters, as well as the summer months, totaling 6 weeks of on-call coverage.

#### **Counseling Training Activities: (7.5 hrs/wk)**

4.5 hrs/wk: Supervision (Individual, secondary, and group)

2.0 hrs.wk: Didactic training seminars

1.0 hrs/wk: Rotating/Professional Seminars

#### **Counseling Support Activities: (9.0 hrs/wk)**

1.0 hr/wk: Departmental/Administrative Staff and CHS meetings

2.0 hrs/wk: Professional Development

6.0 hrs/wk: Paperwork/Planning/Notes (clinical planning, documentation, outreach/organizational consultations, professional reading/research, program evaluation)

\*Please note that this schedule is subject to change based on availability of all training opportunities, the ebb and flow of the university calendar, as well as the intern's management of hours, paperwork, and other related responsibilities associated with their position as trainee.

## General Expectations of Interns:

### Program Requirements

#### Overall

- 40 hour work week
- 500 direct service hours minimum (25% direct service) throughout the entirety of the internship
- 2000 hours completed at the end of internship contract

#### A Note about Hours

Interns are responsible for tracking their hours weekly through Point and Click (PnC) and on the Monthly Training Logs. Monthly logs will be submitted to the Training Coordinator on the first business day following the end of the month. The Training Coordinator will continuously monitor intern hours, including direct service and receipt of supervision totals, each month.

The number of hours needed for licensure in each state varies. It is up to the Intern to investigate the requirements for the states in which they may wish to receive licensure. If a difference exists between that state's requirements and those of CS, this should be discussed with the Training Coordinator at the beginning of the internship year. Information about state requirements for licensure can be found at: <http://www.asppb.net/>

\*According to Arizona Revised Statute §32-2071(H), trainees will not receive credit for more than 40 hours of work per week. Consequently, we encourage interns to take whatever steps necessary to ensure that all documented work occurs during the typical work day (8am-5pm). In some rare instances (i.e. after-hours outreach), interns may be required to work outside of normal business hours. It is incumbent on the intern to work with their primary supervisor and/or the Training Coordinator to ensure that any direct service hours accrued outside of normal business hours do not impose on this 40 hr/wk rule.

It can be challenging to acquire the required number of hours needed for internship (2000). Interns should be strategic in how they manage their schedules and how they use provided leave time to ensure they reach this minimum standard.

#### *\*Interns should consider the following:*

Hours in a full year: 52 weeks X 40 hrs = 2080

Leave time: Vacation hours accrued: 175.24 hrs

Leave time: Sick leave hours accrued: 95.68hrs

Leave: University Holidays (approximate): 10 days X 8hrs = 80 hrs  
350.88 hrs

Total Available Time– Potential Time Off = 1729.12

If an Intern were to take all of this time off and work the remainder, they would not accrue the required 2000 hours. (Barring unexpected circumstances, Interns do not generally use all of their sick days.)

Further consideration should be given to the first two weeks and last two weeks of internship, which include little or no direct service hours. Additionally, during the summer and breaks between semesters there is a typically lower demand for clinical hours. Interns who plan for lower therapy demand by increasing direct service hours during peak use times (Fall and Spring Semesters) and who plan vacations during semester breaks are better able to meet minimum hour requirements.

Interns who use two work weeks of their paid leave in addition to their paid professional development time, will be left with 42 weeks to accrue 500 direct service hours. This takes into account estimated university breaks as well as the lack of direct service in the first two weeks and last two weeks of the internship. 500 direct hours across 42 weeks is about 12 hours of direct service each week. Given the center's no-show rate and lighter client load in the summer, interns are encouraged to schedule at least 15 hours of direct service per week. Approximately twenty hours of direct service are built into the template schedules above as a very conservative estimation of how interns might address challenges to accruing time.

In reviewing the sample weekly schedules, please notice that if interns were to do "all" activities available to them, the potential exists to schedule oneself well over 40 hours in most weeks. Therefore, interns are expected to work with their supervisors and Training Coordinator to establish a reasonable schedule for themselves each semester that does not schedule more than 40 hours each week.

### **Professional Development**

Each Intern is allotted \$500.00 of professional development funds to be used to pursue scholarly training and/or educational opportunities (i.e., purchase of articles, conference registration). Additionally, Interns are granted 40 hours (5 days) of professional development leave time over the course of the internship training year. These hours are allotted for research, dissertation work, reading scholarly journals/articles, conference attendance, etc. while on site. Any additional leave time must be approved by the intern's primary supervisor, as well as the Training Coordinator. Should an intern not use the full amount of professional development funds, this money will not be paid out at the end of the intern's contract and remains with CS. It is the Intern's responsibility to remain aware of the impact of attending conferences and exploring professional development opportunities off-campus given the required number of hours for internship completion (2000).

### **Direct Service**

Direct service hour activities are summarized under "Overview of Training Activities." Interns should anticipate that it is easier to accumulate direct service hours in the Fall and Spring semesters, and more difficult during breaks and in the Summer. Client demand in the summer is unpredictable and significantly lower compared to other semesters. Interns are encouraged to obtain a minimum of 450 of their 500 direct service hours before the start of the summer semester.



In addition to general direct service requirements, the following are specific requirements under the category of direct service. Interns are responsible for tracking that they are meeting these requirements. They will keep the relevant supervisors and Training Coordinator informed of their status in completing these activities.

- Psychotherapeutic Assessment Requirement
  - 5 Total Therapeutic Assessments and Write-Ups
  - Assessment will be a combination of diagnostic interview, CCAPS, and formal assessment measure (Personality Assessment Inventory- PAI)
    1. 2 PAI Administrations, interpretation and write-ups in the Fall
    2. 2 PAI Administrations, interpretation, and write ups in the Spring
    3. 1 PAI Administration, interpretation, and write up in the Summer
- Group Therapy Requirement
  - Minimum of two unique groups, with two different group supervisors, during the internship year.
- Provision of Supervision Requirement
  - Spring: Interns deemed ready to provide supervision will provide weekly supervision to either an MA counseling intern or a doctoral practicum student. Doctoral Interns will receive verbal consent from MA or practicum trainees to record these supervision sessions. This supervision will be monitored and tracked during the supervision of supervision rotating seminar in the fall and/or spring, with primary supervisory responsibility falling on the seminar facilitator.
    - If no MA Interns/Practicum students are available for supervision, doctoral interns will have the opportunity to provide supervision to one another. This supervision will be recorded and reviewed during the supervision of supervision seminar and supervision will be provided by the seminar facilitator.
- Outreach Experiences (per semester)
  - One observation of staff doing an outreach presentation (early fall)
  - Two presentations, observed or co-facilitated and evaluated by staff (fall semester)
  - Participation in a minimum of four outreach events (i.e. tabling events, Campus Connect) during both fall and spring semesters
  - Facilitation of one outreach presentation that includes development of topic and presentation to campus audience.
  - Summer Project

## Indirect Service

Indirect Service Hours will include, minimally, the following:

- Supervision
  - Receiving 2 Hours Face-to-Face Primary Supervision
  - Receiving 1 Hour Secondary Supervision
  - Receiving ½ hour of Group Therapy Supervision per group
  - Assessment Supervision during rotating Assessment didactic seminar
  - Outreach Supervision as needed to develop and provide outreach programming
  - Case Consultation/Psychiatric Case Consultation: One hour per week
  - Supervision of Supervision - 1 hour every three weeks (rotating seminar in Fall and Spring semesters)
  
- Didactic Training Seminar
  - 2 hours per week (see seminar schedule for more details)
  - Facilitation of Didactic seminar to CS staff in Summer
  
- Rotating Diversity, Supervision of Supervision, Behavioral Health, and Assessment Seminars
  - 1 hour per week (Meetings rotate)
  
- Staff Meeting
  - 1 hour per week
  
- Meeting with Training Coordinator
  - Intern Cohort meets with TC approximately once a month or as needed.
  - Interns meet singularly with the TC approximately 2x per semester or as necessary.
  - At the beginning of the Spring semester, TC and intern cohort meet to discuss how to best meet needs (e.g. continue with this meeting rotation/frequency approximately once monthly).
  
- Readings
  - NAU CS Policies and Procedures Manual, including required readings listed there
  - NAU CS Training Manual
  - APA Ethics Codes
    - <http://www.apa.org/ethics/code/principles.pdf>
  - Arizona Statutes
    - <https://psychboard.az.gov/statutes-rules>
  - Title IX Documents
    - <http://www.dol.gov/oasam/regs/statutes/titleix.htm>
  - Additional readings assigned by supervisors or seminar leaders
  
- Additional Required Trainings
  - Safe Zone – interns will register during orientation for a fall seminar
  - Campus Connect

- All required HR trainings
  - Interns will be given instruction regarding trainings during orientation
- Case Presentation
  - Two formal case presentations
    - One each during Fall and Spring semesters
    - Presentation will be given during staff Team Meeting time with full staff
    - Presentation time allotted is 50 minutes, including time for questions/answers/discussion
    - Case presentation write-up is due one week prior to presentation, to allow staff to read prior to meeting
    - Intern should consult with supervisor regarding case presentation in the weeks leading up to it
    - Case Presentation requirements are separate and more extensive than the Case Consultation presentation requirements (more detailed instruction will be provided)

## Expected General Proficiencies

See Aims and Competencies

## Professionalism, Ethics and Legal Issues

The Intern will be knowledgeable of and conduct oneself in accordance with the APA Ethical Principles of Psychologists and Code of Conduct (<http://www.apa.org/ethics/>) or the ACA Code of Ethics and other relevant ethical codes, Arizona laws, and federal laws which govern the practice of Psychology and which are covered during orientation.

The Intern will conduct work in a manner that conforms to the professional standards of Northern Arizona University and the NAU Division of Enrollment Management and Student Affairs. Also see NAU CS Policy and Procedures Manual.

- NAU EMSA Mission and Values: <https://nau.edu/EMSA/Mission-Values/>
- NAU HR Policies Page: <http://hr.nau.edu/apps/policy-manual>
- Arizona Board of Regents: <http://www.azregents.edu/board-committees/policy-manual>

Additionally, the Intern will be knowledgeable of and conduct oneself in accordance with the NAU CS Policy and Procedures Manual and the NAU CS Intern Training Manual.

## Evaluations

Ongoing evaluation of trainees is an integral part of the program. The goal of evaluations is to help Interns identify areas of strength and areas in need of improvement in order to become competent entry-level professionals in the field of health service psychology. Certain thresholds exist at which we deem an Intern prepared to practice at the postdoctoral level upon graduating the internship. All evaluations can be found on bluto Shares under “Open Training” and “Evaluations”. Additionally, an Evaluation Guide with rubric, rating scale, and criteria can be found at the top of the Doctoral Intern Evaluation. Written evaluations of an Intern’s performance occur at the end of each semester with an additional evaluation period at the end of the summer. Informal evaluations occur at the midpoint of each semester. This provides the opportunity for supervisors and supervisees to explore the interns’ progress.

Interns must earn an average rating of “4” (Advanced) on all elements within the competencies by the end of internship in order to pass internship. Interns must receive a score of “3” (Intermediate) or higher in the final semester on every evaluation element. Beyond these general guidelines, we recognize that some questions on the evaluations may bear more significance on an Intern’s preparedness for entry-level professional practice. Therefore, good judgment is used by the supervisor, Training Committee, and Training Coordinator in determining if scores on individual questions are concerning enough to impact an intern’s successful completion of the program (see section of this manual on remediation plans, and due process procedures for more detail). Depending on the significance of the assessment question, the score, and the time in the academic year, a corrective plan of action or remediation may be initiated.

Interns are encouraged to review the evaluations prior to the start of supervision. As part of the evaluation process, Interns are expected to fill out the Doctoral Internship Self-Assessment, both during the first two weeks of orientation and then at the culmination of their internship. This self-assessment is an important marker and tool to assist the intern in understanding their professional and clinical strengths, as well as identify areas of growth that can serve to inform their personal and professional goals for the training year. Additionally, interns will be expected to review their self-assessments with their supervisors both in the beginning of the semester, as well as at the end following the supervisor’s evaluation. This serves to provide the intern with valuable feedback from someone knowledgeable of their skills and experience during the training year. Furthermore, the ability to self-evaluate is an integral skill that the interns will be evaluated on during their capstone training year.

### **NAU CS’ evaluative process with Interns includes:**

- Intern self-appraisal reported to Training Coordinator and primary supervisor at the start of the fall semester.
- Supervisors Meeting to review Intern progress.
- Provision of feedback to and from Intern through formal written evaluations and informal verbal discussion at multiple points throughout the training year.
- Second self-assessment completed prior to end of internship and reviewed with Training Coordinator during exit interview.

Formal Written Evaluations: (See Appendix K; Also found on bluto Shares; in Open Training)

Didactic Training:

- Orientation Evaluation (Appendix G; Completed by the interns; Found on bluto Shares; in Open Training)
- Training Seminar Evaluations (Appendix I; Completed by the interns; Found on bluto Shares; in Open Training)

Supervisor's Evaluations:

*Evaluation of Interns is the responsibility of their primary supervisor. Feedback from the supervisors listed below will be compiled into one evaluation. Evaluations of each supervisor are completed by each of the interns.*

- Primary Supervisor Evaluations
- Secondary Supervisor Evaluations (included in primary supervisory evaluation)
- Group Supervisor Evaluation (included in primary supervisory evaluation)
- Assessment Supervisor Evaluations (included in primary supervisory evaluation)

Additional Evaluations

- Evaluation of Primary Supervision
- Evaluation of Secondary Supervision
- Case Presentation Evaluations (by all staff present)
- Case Consultation evaluation (by interns and staff)
- Observed Outreach Evaluation (by staff and by audience members)
- Outreach Evaluations (by audience members)
- Internship Training Experience Evaluation (Completed by interns)
- Training Coordinator Evaluation (Completed by interns)
- Client Evaluations (completed by intern's clients each semester)

## **Specific Expectations & Policy for Interns and Staff**

### **Clinical Supervision of Interns**

The general objectives of supervision are to present critical didactic and experiential opportunities for Interns to learn and refine skills, become more confident in their role, ensure competency in the delivery of services, and consolidate a stronger sense of professional identity. The Training Coordinator holds a Supervisors' Meeting, a monthly meeting with the Intern supervisors (i.e., primary, secondary, group therapy, outreach, assessment, and supervisor of supervision), to monitor Interns' progress, address training issues, and support the supervisory process.

APA requires a minimum of 4 hours of clinical supervision weekly. Consequently, Interns and Supervisors should make every effort to avoid missing supervision. In the rare instances when this must occur, attempts should be made to reschedule the supervision time for the same week. During periods of supervisor absence, Interns are encouraged to reschedule individual supervision with a second licensed psychologist on staff (if available), as well as consult with any other clinical staff person about their work. Tele-supervision (supervision over the phone) should be conducted in the even rarer instance that a trainee is not able to reschedule supervision with another supervisor. In this case, the Intern and supervisor should make every effort to plan for this by scheduling time in PnC and establishing a plan for the Intern to contact the supervisor by phone at the designated time. Supervision will then be conducted over the phone as it would in person.

Should an Intern need to consult during a therapy session, the Intern should follow this “Consultation Hierarchy”:

1. Primary Supervisor
2. Secondary Supervisor
3. Training Coordinator
4. Available clinicians (determined by checking schedules in PnC)
5. Clinicians working on administrative tasks or paperwork
6. Clinicians in meetings
7. Last resort: Clinicians in session

Interns will never see clients in the center without senior staff present and, therefore, can always consult if needed. Clinicians will always make themselves available to you.

## Primary Supervision

Interns will have the opportunity to meet with all available licensed psychologists available as primary supervisors during orientation. The purpose of these meetings are to expose interns to the different backgrounds, personalities, and supervision styles of the supervisors, as well as explore the potential strengths and limitations of different supervisory relationships. The Training Coordinator will then match interns and supervisors for the fall semester based on intern preference and supervisor availability. Interns will be paired with their primary supervisors for the first semester, and then switch to a different primary supervisor during both the spring semester and summer session. This system promotes growth through a diversity of supervisory experiences while also encouraging interns to remain focused on their training goals and needs.

Supervisors: It is expected that primary supervisors meet with Interns at least two hours per week for face-to-face supervision, and spend, on average, one hour per week on other supervisory tasks (e.g., reviewing notes, watching videos). The specific minimum tasks of primary supervisors are as follows:

- Read the Doctoral Internship Training Manual

- Review Brief Assessment notes and disposition decisions made, keeping in mind center policies and the kinds of clients needed to maximize Intern growth.
- Review PnC Task List and sign off on clinical notes in a timely manner in accordance with agency policy (see CS PPM).
- Review case notes and other clinical materials (e.g., correspondence) as needed for usefulness to the Intern, usefulness to next therapist, ethical/legal considerations.
- Provide back-up/emergency consultation as needed.
- Maintain a current overview of the number, severity, and presenting concerns of clients being seen by Intern.
- Provide on-going verbal feedback to Intern regarding the various aspects of their counseling skills.
- Provide mid-semester and end-of-semester feedback to Intern using evaluation forms and provide Training Coordinator with copies of written feedback.
- Attend monthly supervisors' meetings with the Training Coordinator and supervisory team.
- Assist Intern in development of clinical and professional skills.
- Assist Intern in working towards mutually agreed upon training goals.

Interns: It is expected that Interns meet with primary supervisors at least two hours per week for face-to-face supervision, and spend, on average, one hour per week preparing for supervision sessions. The specific minimum tasks of Interns in primary supervision are as follows:

- Come to each supervision session prepared with clients or issues to be discussed and minutes noted on digital recordings for review.
- Digitally record each client session and save to the "Recordings" folder for review. All sessions must be recorded. In the event a client refuses to be recorded during an "Initial Assessment" appointment, the Intern may conduct the session and consult with their primary supervisor to determine appropriateness of the client for the intern's level of skill and competence.
- Provide supervisor with regular updates regarding caseload (e.g., client number, presenting problem, cultural concerns, level of risk, case disposition, etc.) A sample template is available in Appendix I.
- Review training goals with supervisor regularly. Alert supervisor to any special requests regarding client presenting issues or cultural considerations which may help you meet your training goals.
- Discuss any clients who present particular clinical or personal challenges to you that, in your judgment, provide opportunities for and/or impediments to your growth and effective functioning as a clinician.
- Consult with supervisor (or available clinical staff member) for back-up/support on emergencies as needed, including high risk clients (see Appendix J).
- Keep supervisor informed of any concerns or difficulties you have that may represent ethical or legal dilemmas for you.
- Present to supervisors any clients who present risk to self, others, or who might rise to the attention of campus or local officials. Interns should keep in mind the safety of the client

and community, as well as remain mindful they are working under the license of your supervisor.

- Create notes for all therapy sessions and client contacts and send notes to supervisor within 48 hours of client contact. Notes for emergencies should be completed within 24 hours of client contact.
- Provide supervisor with timely oral and written feedback regarding the supervisory experience. Provide Training Coordinator with copies of written evaluations of your supervisor.

## Secondary Supervision

Interns will be paired with secondary supervisors each semester to allow for diverse training experiences. The focus of secondary supervision (e.g., specific client population/clinical issue, optional rotation, professional development, dissertation progress, etc.) will be determined collaboratively between the Intern and secondary supervisor. The Training Coordinator will make final decisions about supervisory matches and will take into account all requests from trainees to ensure fairness, the training needs of each trainee, and the functioning of the training program as a whole.

Supervisors: It is expected that secondary supervisors meet with Interns, one hour per week, throughout their assigned semester. Specific minimum tasks of the secondary supervisor include:

- Read the Doctoral Intern Training Manual
- Coordinate with primary supervisor in selection of focus and monitoring of clinical work.
- Provide back-up/emergency consultation as needed.
- Provide on-going verbal feedback to Intern regarding the various aspects of their counseling skills and/or professional goals specific to secondary supervision.
- Provide timely written feedback to Intern using evaluation forms and provide Training Coordinator with copies of written feedback.
- Attend monthly supervision meetings with the Training Coordinator and supervision team.
- Complete evaluations of Intern in collaboration with other supervisors, and in accordance with policies outlined in Doctoral Internship Training Manual
- Assist intern in development of clinical and professional skills.
- Assist intern in working towards mutually agreed upon goals.

Interns: It is expected that Interns meet with secondary supervisors, one hour per week, throughout their assigned semester. Specific minimum tasks of the Intern in secondary supervision include:

- Work collaboratively with secondary (and potentially the primary supervisor) to determine in-depth focus on clinical issues or specific client(s) to be discussed.
- Communicate consistently with your secondary supervisor about clinical work.
- Digitally record each client session and save to the “Recordings” folder for review. All



sessions must be recorded. In the event a client refuses to be recorded during an “initial appointment,” the Intern may conduct the session but is encouraged to consult with their primary or secondary supervisor about the appropriateness of that particular client for the intern’s caseload.

- Present to supervisor any particular clinical or personal challenges to you that, in your judgment, provide opportunities for and/or impediments to your growth and effective functioning as a clinician.
- Consult with supervisor (or available staff member) for back up or emergencies as needed.
- Keep supervisor informed of any concerns or difficulties you have that may represent ethical or legal dilemmas for you. This includes the ethical considerations involved in the exchange of confidential information (e.g. correspondence or phone calls made on behalf of the client).
- Come to each supervision session prepared with clients or issues to be discussed and recordings cued (if applicable).
- Provide supervisor with timely oral and written feedback regarding the supervisory experience. Provide Training Coordinator with copies of written evaluations of your supervisor.

### Supervision of Group Therapy

Supervision of group therapy is provided in weekly one-half hour meetings with the Intern’s co-facilitators/clinical staff members. Interns are required to co-facilitate/facilitate a minimum of two unique groups per year (one per semester). Interns generally co-facilitate groups with clinical staff members; however, they may also have the opportunity to lead a group independently or co-facilitate a group with another intern or trainee, if it is developmentally appropriate. If an Intern leads a group independently or with another trainee, the Intern(s) will arrange for weekly supervision with their primary supervisor to review group training needs.

Supervisors: Specific minimum tasks of the group supervisor include:

- Conduct group orientations with the intern, if developmentally appropriate. Facilitate knowledge and skill development of group orientation process for the potentiality of the Intern needing to do group orientations alone.
- Share in the duties of case management, case notes and correspondence with group clients.
- Work with Intern on preparation for group weekly.
- Review group case notes and other clinical materials (e.g. correspondence) relevant to the group as needed for usefulness to the intern, usefulness to next therapist, ethical/legal considerations.
- Review PnC Task List and sign off on group clinical notes in a timely manner in accordance with Arizona law.
- Provide back-up/emergency consultation as needed.
- Provide on-going verbal feedback to Intern regarding the various aspects of their group counseling.
- Attend monthly supervision meetings with the Training Coordinator and supervision

team.

- Complete evaluations of Intern in accordance with policies outlined in Intern Training Manual
- Assist intern in development of clinical and professional skills.
- Assist intern in working towards mutually agreed upon goals.

Interns: It is expected that Interns meet with their group supervisors one half hour per week throughout the semester(s) in which they co-lead groups together. Specific minimum tasks of the Intern in supervision of groups include:

- Lead or Co-lead weekly 90 minute group therapy session
- Lead or Co-lead group orientations, initially with group supervisor.
- Share in the duties of case management, case notes, and correspondence with group clients.
- Work with co-leader to prepare for group, if applicable.
- Keep supervisor informed of any concerns or difficulties you have that may represent ethical or legal dilemmas for you. This includes the ethical considerations involved in the exchange of confidential information (e.g. correspondence or phone calls made on behalf of the client).
- Provide supervisor with timely oral and written feedback regarding the supervisory experience.
- Provide coordinator with copies of written evaluations of your supervisors

### Supervision Matches

Every effort is made to match Interns and supervisors to optimize Intern growth. Time is designated during orientation for Interns to meet with each potential primary supervisor in order to help facilitate these matches. These meetings are designed to allow time for Interns and supervisors to share their clinical interests, approaches to clinical work, goals for the training year, and other information to help them determine overall compatibility. Following these meetings, Interns will submit a list to the Training Coordinator with their first three preferences for Supervisors. The Training Coordinator will meet with each Intern to discuss their preferences and goals for supervision. The Training Coordinator and CS senior staff will meet together to develop a recommendation on matches. The supervision assignments will then be shared with the interns. Supervisor assignments are a collaborative process. Every effort is made to honor the interns' preferences, but due to the number of supervisory relationships and the complexity of matches, the Training Coordinator will make the final decision.

### Case Consultation/Psychiatric Consultation

The supervision experience is intended to follow the developmental mentoring model in that objectives change across the course of the internship year. The overall goals of the rotating, biweekly case consultation and psychiatric consultation meetings are to further hone clinical skills, to strengthen written and verbal communication about clinical work, enhance and develop

constructive skills at giving and receiving feedback about clinical work, as well as deepen one's understanding of an integrated approach to well-being and mental health treatment.

Case consultation is intended primarily for the purpose of presenting and discussing staff and trainee' clinical work. Interns and staff are encouraged to select examples of their clinical work (individual, couples) that represent a particular clinical challenge or area of difficulty. Consequently, case consultation follows a certain format described in the Case Consultation Format form (Appendix: O). This meeting is an integral part of the training process for Interns, fostering the development of the skills to critically analyze case presentations, as well as offer and receive feedback about clinical work in a professional and collegial setting.

Case consultation meets for one hour every other week and will be led by a senior staff member. Leaders are responsible for administrative responsibilities of each case consultation group (i.e., bringing extra copies of evaluations, organizing note-taking, management of time). Case conference leaders will change each semester. During case consultation, as with other supervisory experiences, the use of digital recordings will be an integral part of the training for doctoral interns. Interns are expected to present on clinical cases in which they have recordings to help supplement their case consultation presentation. Interns will have the opportunity to present two times each semester, as well as once in the summer.

Psychiatric consultation meeting alternates every other week at the same time as Case Consultation meeting. This meeting serves as an opportunity to review higher risk cases via direct report from the Case Management Coordinator following student hospitalizations and high-risk behavioral concerns. This meeting is attended by members from different organizations from and associated with Campus Health Services (i.e. Disability Resources, Medical Services, and Psychiatry). The format of the meeting is structured in a way that the Case Management Coordinator shares information obtained from multiple sources with CHS staff, augmented with feedback and information shared by staff/trainees knowledgeable of the student being discussed. Additionally, each staff member has the opportunity to indicate additional students of concern at the beginning of the meeting. Interns will be expected to review their caseloads with their supervisors to determine if certain clients might require consultation during this meeting.

### **Formal Case Presentation**

Interns will present a clinical case to the entire CS senior staff twice over the course of the academic year, likely near the end of each semester. This is distinct from the presentations they will make in the bi-weekly case consultation meetings. Interns are encouraged to follow the format provided in the Case Presentation Format handout. The presentation time allotted is 50 minutes and Interns are encouraged to provide enough time for staff to ask questions and comment about the case and the presentation itself. See Appendix N for details about the case presentation.

The goal of the presentation is to assist the Intern in developing their case presentation and clinical skills and to provide them with the feedback they request. The Training Coordinator will help staff to remember to focus on the presentation skill, clinical feedback and answering the

questions posed by the intern. The presentation is not considered an “exam” of how well you are doing on internship. Rather, the case presentation process is considered another form of developmental training, preparing Intern’s in the practice of presenting on a client and requesting specific feedback from colleagues and fellow staff. This is done, above all, in service to enhancing the Interns’ knowledge and clinical skills/abilities, while also secondarily benefiting the client’s treatment.

\*It may be helpful for Interns to consider when they may begin interviewing for jobs so that the case presentation can be scheduled prior to those interviews as a “practice run” for presentations they might be requested to do during their interview process.

A written report is required as a complement to the staff presentation. It is required that you consult with your primary supervisor about which client you would like to present on and work with your supervisors on the written report. The written report should be ready for the staff one week prior to the presentation. A copy should be placed in the mailboxes of clinical staff members and an email should be sent alerting staff to check the mailboxes for the copy. After the presentation, all copies should be collected so that they can be properly destroyed. It is the Intern’s professional responsibility to track the number of copies made and disseminated so that they can ensure no copies are left unaccounted for at the end of the presentation.

The Training Coordinator will moderate the case presentation. The Intern should be attentive to managing the time to ensure that they are able to present their case, show video recordings, and have adequate time for discussion.

Finally, the case presentation will be evaluated by staff present, and this feedback will be provided to the Intern within one week. It is suggested that you meet with your primary supervisor to debrief and review the feedback during individual supervision. You should provide the Training Coordinator with a copy of the final report\presentation for your intern file.

### **Intern Summer Project**

The Intern summer project is an opportunity for Interns to leave a legacy with the center. Generally, Interns identify a need in the center, propose the summer project to the Training Coordinator and present the results to the staff before graduating. Interns may work individually or together. More information will be provided on the parameters of this project at a later date.

### **Supervision of Supervision**

Interns will receive graduated training in the provision of supervision. The training around supervision may consist of multiple activities (depending on readiness) that will allow Interns to develop their understanding and skills in the provision of supervision. These activities include a Supervision of Supervision didactic seminar in the fall, a rotating supervision of supervision seminar in the fall and spring semesters, as well as assuming the role of primary supervisor for an MA Intern, doctoral practicum students, or fellow intern.

During the fall and spring semesters, Interns will attend a rotating Supervision of Supervision Didactic Seminar for 1 hr every three weeks. The seminar will run for the full semester and will be facilitated by the Supervision of Supervision supervisor. The seminar is intended to provide Interns with information that will aid in the provision of supervision, to help Interns understand models of supervision, and explore their own personal approach to supervision. Interns will be provided a syllabus for the seminar outlining weekly readings and activities they are expected to complete each week prior to the seminar. Readings and activities will be the foundation for discussion and learning.

This supervision experience is designed to give Interns a broad supervision experience, where they assume all roles and responsibilities of a supervisor, including case note review, case management, oversight of client wellbeing, and development of practicum student as a therapist. Supervision of Supervision is intended to provide Interns with feedback on supervision skills, help Interns work through supervision challenges, and allow oversight of client welfare by the psychologist of record. In this supervision meeting, Interns will show recordings of their supervision sessions with their supervisees and supervision will be discussion-based.

In order to provide the most positive experience for staff, interns, and other trainees, it is imperative that Interns are ready to provide supervision before beginning this experience. Therefore, this spring supervision experience is dependent of Intern readiness, which will be determined in the following way:

- Readiness for Interns to provide supervision will be discussed at a Supervisors Meeting during the fall semester. If it is determined by supervisors that an Intern is not ready to provide supervision, supervisors will discuss what tasks the Intern might be ready to take on and explore options that would further develop supervision skills of Intern (e.g., continue with in-depth consultative supervision with practicum student, additional readings, process observation of supervision,). If a rare situation were to arise where it was determined an Intern was not ready to take on any supervision responsibilities, evaluation of supervision would be based only on knowledge of theories and models of supervision, rather than the practice of supervision.

### **Outreach/Consultation Expectations of Interns**

Interns receive supervision on outreach and consultation in multiple ways. Senior Staff at CS provide didactic training on outreach and consultation during orientation and throughout the academic year. A two hour training seminar focused on outreach development is scheduled once per semester. During this seminar, the interns will have the opportunity to discuss their ideas and approaches to outreach opportunities available at NAU. Discussion and planning of upcoming outreach events, as well as evaluation feedback from previous outreach opportunities should also be a focus of this seminar. The facilitator of the training seminar coordinates with the Outreach Coordinator and interns to determine the topics and foci for the seminar discussions.

Interns will have ample opportunity for consultation in both formal and informal ways throughout the internship. Interns are responsible for reviewing their consultation experiences

during primary and secondary supervision and feedback will be provided. Interns are expected to consult with a multitude of populations, including but not limited to, clients, concerned others (i.e., parents, staff, roommates), faculty, CHS staff (i.e., Med Services, Health Promotion), as well as fellow staff and trainees at CS. Interns are encouraged to consult with members of their cohort regularly.

Interns, like all other staff members, should make use of consultation with their colleagues in situations that represent high risk. The following are signs, symptoms, indicators, and behaviors that **MUST** be consulted about with a professional clinical staff member prior to the client leaving the office. You are required to follow the Consultation Hierarchy listed above in the event of any of the below situations:

- If there is a clear and immediate probability of physical harm to the client or to other individuals or to society.
- If the client is in real and present danger for causing serious bodily harm or suicide, indicated by having active ideation, plan, and/or intent for suicide.
- If the client expresses homicidal ideation.
- If the client presents with disordered and bizarre behavior and/or thought disorder.
- If the client appears to be likely to suffer from neglect or refuse to care for himself/herself and such neglect or refusal poses a real and present threat of substantial harm to his or her well-being.
- If there is suspicion that a client is or identifies someone that is abusing, neglecting, or exploiting a child or vulnerable person, such as someone with a disability or an elderly person (e.g., a senior citizen).
- If a student appears intoxicated and acknowledges using alcohol or drugs prior to the session; otherwise appears incapacitated and it is questionable about their ability to participate in the therapy session.
- If there is concern that a student may need to be voluntarily or involuntarily hospitalized.

\*Clinical judgment is used, such that if an Intern has any concern for the client's safety, a supervisor or senior staff member is to be called in to consult. It is better to err on the side of caution if unsure about the safety of a client. It is also important to remember that even senior staff members consult with others in high risk situations.

## Assessment Expectations

Counseling Services' doctoral internship training includes the utilization of limited psychological assessment measures to enhance and clarify diagnostic theories, support therapeutic treatment plans and approaches, as well deepen a clinician's understanding of client personality and interpersonal dynamics in the therapeutic relationship. Supervision of assessment will occur during the rotating Assessment didactic seminar in both the fall and spring semesters. The facilitator/supervisor of this seminar is responsible for providing information regarding the assessment measures utilized at NAU CS, while also assisting interns in their development around selection, interpretation, and report writing associated with psychological assessment.

One of the primary methods of assessment includes the Counseling Center Assessment of Psychological Symptoms (CCAPS). Interns will receive in-depth training on the administration and interpretation of CCAPS data during orientation and at the beginning of the fall semester.

Interns will also be trained and supervised in administration, interpretation, and report writing connected with the Personality Assessment Inventory (PAI). "The PAI is a self-administered, objective test of personality designed to provide information on critical client variables in professional settings." (Morey, pg 1) Interns will select two clients during the fall semester, two clients in the spring semester, as well as one client in the summer (total of 5 clients per Intern) to administer the PAI, interpret the resulting data, and write up a report.

Only NAU CS clients may be referred for testing. All testing cases will be supervised by the Assessment seminar facilitator, or a licensed psychologist on staff who has apriori agreed to be responsible for the report.

It is the preference of CS that students and Interns complete all assessments on an online, paperless administration/scoring/interpretation program (i.e., PnC, PAR-iConnect). Should these online programs be unavailable or dysfunctional, please let the Assessment seminar facilitator know immediately. In the rare case that these programs prevent administration and scoring from being completed, testing may need to be rescheduled or put on hold. Should a testing client require accommodations for testing, Interns are expected to discuss the client's needs in advance so that adjustments may be made.

**Interns must submit first drafts of their assessment feedback letters/reports to the assessment supervisor no later than five (5) business days following their final day of test administration.** In turn, assessment supervisors will provide trainees with timely feedback on this first draft no later than five (5) business days after receiving the initial draft. Upon receiving this initial feedback, trainees will have three (3) business days to edit their feedback report and continue the process of revision with their supervisor until the supervisor deems that their report is interpretively accurate, personalized, grammatically correct, and potentially therapeutic for the client. It can be helpful to interns to put time into their schedule for report writing as soon as they schedule the assessment appointment to ensure they can complete the task in a timely fashion. Assessment feedback sessions will be scheduled when the assessment supervisor approves the final completed version of the feedback letter, or as indicated by the assessment supervisor depending on the trainee's identified level of competence/expertise in assessment. All

assessments given must be summarized in the clinical record and raw data must be scanned in to the clinical record.

The overall goal of assessment seminars and assessment supervision is to understand and utilize the role and function of various types of psychological assessments and screening measure in order to develop more informed treatment planning and/or referrals. Specifically, *therapeutic* assessment skills will be highlighted.

### Assessment expectations for supervisors and Interns:

Supervisor: It is expected that the assessment supervisor meets with Interns once every third week for one hour. Specific minimum tasks include:

- Provide an overview of the psychological assessment tools utilized at CS.
- Discuss scope of assessment and appropriateness of client selection, including benefits of referral for specific clients that fall outside of CS scope for treatment/assessment.
- Provide a foundation upon which doctoral Interns may make more informed decisions about treatment planning and appropriate referrals to other entities on campus, off-campus mental health resources, and staff with specialty areas in CAPS.
- Coordinate with Interns in selection of clients.
- Track Intern assessment activities to support Intern in meeting minimum requirements of internship and in meeting needs of the larger community, with deference given to the training needs of the intern.
- Meet with Interns during Assessment seminar, with additional meetings as needed to provide for the didactic, consultation and supervision needs of the interns.
- Ensure that Intern is accurately coding assessment related tasks in PnC.
- Provide on-going verbal feedback to Intern regarding the various aspects of his/her assessment-related activities.
- Provide timely written feedback to Intern using evaluation forms and provide Training Coordinator with copies of written feedback.
- Attend monthly the supervision meetings with the Training Coordinator and supervisors' team.

Interns: It is expected that Interns participate in the Assessment training seminar. Specific minimum tasks for each Intern includes:

- Complete five (5) therapeutic personality assessments over the course of their internship, two of which occur in the fall, two in the spring, and one final assessment in the summer.
- Provide a written summary for every assessment given and document/enter such in the client's electronic record. Raw data must also be scanned into the client's electronic record.
- With the completion of each assessment, Interns will be expected to become increasingly more autonomous with regard to identifying potential assessment cases, selecting appropriate testing measures, and writing therapeutic feedback derived from both assessment findings and other relevant clinical information.
- Provide supervisor with timely oral and written feedback regarding the supervisory



- experience.
- Provide the Training Coordinator with copies of written reports for your file.

## **Multiculturalism/Diversity Expectations**

Interns receive supervision in multiculturalism through multiple avenues and experiences. During orientation, as well as the rotating one hour Diversity Training Seminar meetings, didactic training is provided. Process and growth oriented training are the focus of this rotating seminar, coupled with the review of different models, approaches, theories, and best practices associated with diversity in the clinical therapy context. Additional clinical supervision is provided through primary, secondary, and group supervision experiences. It is expected that diversity related conversations across all contexts of the Intern's practice, including Case Conference, Supervision of Supervision, and informal consultation.

The rotating diversity seminar occurs every third week throughout the fall and spring semesters. The seminar is led by one or two staff members. It is our hope that Interns will engage in a process of self-exploration related to their stimulus value and its connection to their internalized biases and blind spots, as well as actively participate in dialogue about diversity related issues/topics that may impact their clinical and professional work. In addition, the meetings are intended to provide space for personal growth and self-reflection around diversity related topics. The seminar will have a very fluid structure, but will be rooted in evidence-based, best practices in multicultural therapy. The seminar leaders will provide the focus and topics of discussion at the start and then slowly incorporate the needs and personal learning objectives the Interns would like to address. Discussions will primarily be derived from readings, videos, self-reflection and other sources of materials/information. As the year progresses, the Interns will assume more of a leadership role in the seminar and bring selected topics of discussion to the seminar and conclude with a discussion on a cultural exchange experience. As a result, the syllabus and reading list are co-created every year; however, foundational reading material is provided as a starting point for year-long conversations.

## **Objectives of Diversity Training Seminar**

To foster:

- Self-awareness
- Skill and Competency Building
- Knowledge of diversity counseling issues
- Assessment of progress in counseling diverse populations
- An understanding that multicultural counseling competency is a lifetime journey
- Self-evaluation towards personal and professional goals

## **Balance of Evaluation and Safety**

Despite diversity seminar being an evaluative component of the training program, it is our intention that dialogues are intended to be kept private between seminar attendees. This is done to create a sense of safety for Interns to express and process their reactions to topics covered in

the seminar and to one another. Diversity leaders participate in supervisor monthly meetings; however, they do not report specific details of what has been covered in the seminar. Diversity leaders do have the discretion to express concerns about an intern's progress with regard to the development of entry-level competency in the area of multiculturalism. However, formal evaluation of interns' integration of diversity issues into their work is provided by their clinical supervisors.

### **Meeting with Training Coordinator**

The purpose of this meeting includes providing an opportunity to clarify administrative (i.e. policy and procedure) questions, develop overarching strategies to identify, clarify, and integrate professional development goals, and to support Interns in moving through the program successfully.

There are two formats for these meetings: First, the Training Coordinator will meet with the intern cohort monthly during both the spring and fall. In addition to these meetings, the Training Coordinator will meet individually with each intern, both in the beginning and towards the end of the semester. The Training Coordinator and interns will collaboratively find times for these meetings during orientation, and then again at the beginning of the spring semester.

The Training Coordinator reserves the right to schedule impromptu meetings for both the intern cohort, as well as individual interns, should pressing clinical, administrative, or professional issues arise that need to be addressed promptly. Additionally, Interns are encouraged to talk with the Training Coordinator directly about scheduling a meeting should they feel it necessary.

### **Didactic Training Seminars**

Training Seminars are delivered during a weekly two-hour Training Seminar meeting and during orientation in one to three hour blocks. More information on each is available below.

#### Two-Hour Weekly Didactic Training Seminar Meetings

Some Training Seminar topics recur through the year, providing Interns with a graduated learning experience in each (i.e., Diversity, Assessment, Behavioral Health). Some Training Seminars stand alone or are part of a multiple part series (i.e. CCAPS, Trans Care, EMDR) and are not part of a rotating series. A schedule of seminar topics for each semester is provided to the interns early in the fall, spring, and summer. We have made an effort to incorporate didactic training in areas consistent with the profession-wide and program-specific competencies highlighted in this manual. Additionally, we have sought out knowledge, expertise, and experience from providers and specialists in both the Flagstaff and NAU communities. Nevertheless, in addition to scheduled topics, we encourage Interns to communicate topics of interest to them. We will accommodate those trainings when possible.

It should be noted that Interns will have the opportunity to facilitate a training seminar on a clinical topic of their choice. All available CS staff will attend this seminar and provide written evaluations to the Intern at the conclusion. More information about this opportunity will be provided by the Training Coordinator.

### Orientation Week Trainings

During the first two weeks of internship, Interns are oriented to the NAU CS training program and center as a whole. They are oriented to specific foci through training seminars on topics that are integral to center functioning. A complete list of areas covered during orientation can be found in the Orientation schedule (Appendix F).

## **Administrative Time**

### Meetings

Interns attend the following meetings: Campus Health Services All-Staff meeting (1x monthly), Counseling Services staff meetings (3x monthly). In addition, interns attend training specific meetings include: Training cohort meeting, Training Coordinator individual meetings, as well as Case Consultation and Psychiatric Consultation meetings.

### Supervision Preparation

Interns are expected to spend approximately one hour per week preparing for supervision. Interns should arrive to supervision meetings prepared with digital recordings cued, questions prepared, and an overview of their needs in supervision that day. Interns will be provided with a Supervision Tracking Form (Appendix E) from their supervisor at the end of each supervision session. This form serves as a way to track clinical issues, client caseload, minutes of recording watched, professional development issues, as well as areas of concern.

### Paperwork, Planning, and Notes (PPN).

Clinical work demands time spent writing progress notes, following-up on the case management needs of clients (i.e., returning phone calls, scheduling), and general administrative tasks (i.e., letter writing). When these tasks do not involve direct contact with clients, they are documented as indirect service.

## **Additional Policy and Procedures**

### **Professionalism (Ethics, Behavior, and Dress)**

#### Ethics:

Interns are expected to be knowledgeable of and conduct one's self in accordance with the APA Ethical Principles of Psychologists and Code of Conduct (<http://www.apa.org/ethics/>) and other relevant ethical codes, Arizona laws, and federal laws which govern the practice of Psychology.

### Time:

NAU CS staff values the balance between professional and personal lives. Consequently, as a collective we operate from the perspective that we work hard throughout the work day, while maintaining a pivotal focus on self-care and healthy boundaries by leaving when the work day ends. Interns, in turn, are expected to behave professionally with regard to their time. Interns should arrive on time to the center, appointments, and meetings. Requests for time off should be made in accordance with NAU CS policy, which requires a minimum of two weeks advanced notice and with consideration for how the request will impact clients and colleagues. Requests for adjustments in an Intern's schedules should be brought to the Training Coordinator and primary supervisor. Interns are encouraged to look ahead at their schedules throughout the week in the event that they are sick and need to be out of the office. NAU CS protocol requires that Interns do their best to manage their schedules from home, including particular focus on any high-risk clients that might be scheduled during a day the intern needs to be out.

### Dress:

NAU CS strives to provide a professional and safe environment for clients to work through difficult areas of their lives. Our dress, appearance, behavior and environment contribute to the experience our clients have. Please use good professional judgment in determining your attire. Please see the PPM and EMSA dress codes for more specific information about appropriate and professional dress for CS employees.

### Behavior:

Interns, like all other staff members, are expected to treat others with respect, professionalism, and compassion.

## **Work Outside of Internship**

NAU CS's Internship training program is committed to providing a quality training experience to its interns. The internship program is rigorous and demanding. It is for this reason that we feel it is necessary to monitor and set reasonable limits on the activities of the interns. It is recommended that Interns do not work outside of the internship. Should an Intern desire to do any additional work outside the internship, it is necessary that he or she first propose this activity, in writing, to the Training Coordinator. The proposal should specify the nature and amount of work being contemplated. The written request will be brought before the Training Committee. The Training Coordinator will then schedule a meeting with the Intern to discuss the situation including potential areas of concern.

## **Staff/Trainee Relationship**

### Policy Statement/Guidelines on Managing Multiple Role Relationships

Campus counseling centers share features of rural settings, insofar as a close-knit group of colleagues serves a population with whom there are multiple and frequent occasions to interact in various, non-mental health-related roles. For this reason, opportunities often present themselves

at college and university counseling centers for staff members, administrative personnel, practicum students, interns and postdocs to develop ways of thinking about and addressing multiple relationships that arise in their lived, clinical experiences. Ideally, these encounters will move staff and trainees beyond a purely textual understanding of our Ethics Code to a more nuanced and clinically driven set of ethics (APA Monitor, 2008).

#### PURPOSE OF THIS STATEMENT

The purpose of this document is to: 1) provide a definition and examples of multiple role relationships that CS staff could encounter; 2) to provide helpful parameters around CS expectations regarding multiple role relationships; and, 3) to provide a process for managing both potential and actual multiple role relationships.

All CS staff, including clinical and administrative personnel, has responsibility to acknowledge their power with supervisees and trainees, considering both the beneficial aspects and problematic aspects of social interactions with each other.

#### DEFINITION OF MULTIPLE ROLE RELATIONSHIPS

By the nature of their duties and responsibilities, staff persons at NAU CS can become involved in a wide variety of roles. These include members of training staff, supervisor, therapist, group co-therapist, administrative staff, committee member, administrator, seminar facilitator, outreach presenter, colleague and others. For the purposes of this document, multiple role relationships are defined as those situations in which an individual functions in two or more professional roles, or functions in a professional role and some other non-professional role (Sonne, 1994).

\*The terms “relationships” and “roles” imply intended, ongoing, and substantive interaction; not just incidental contact (Sonne, 2007)

- 1) **Staff Persons** - any individual employed full-time or part-time at CS, including senior staff, trainee staff, and support staff.
- 2) **Senior Staff** - degreed and/or licensed staff who may function in training or supervisory roles at CS, or ABD (all but dissertation) or pre-licensure staff who have completed their internships and who may function in training or supervisory roles.
- 3) **Training Staff** – any staff member who functions in a training or supervisory role at CS including degreed and/or licensed staff as well as advanced trainees.
- 4) **Trainee Staff** – post-doc residents, interns, graduate assistants and practicum students. [ABD or pre-licensure staff, depending on the situation who may also at times function in a trainee staff role].
- 5) **Support Staff** - non-mental health professionals employed by CS to perform clerical or other support functions.
- 6) **Staff Peers** - persons who share the same employment category at CS.

## INEVITABILITY OF DUAL/MULTIPLE ROLE RELATIONSHIPS

Although multiple role relationships have the potential to create conflicts of interest and confusion among staff persons, it can nonetheless be argued that they are an inevitable part of the fabric of human relationships and most especially of professional life in the mental health field. This is particularly true for a smaller training agency, where the varying professional roles each staff person may play are prone to overlap (e.g., a trainee's clinical supervisor may also facilitate a seminar at which the same trainee is in attendance or an administrative staff member who gives feedback regarding timeliness of paperwork may be co-presenting at a tabling event). Further, former clients or current or past friends of staff persons may become a part of CS as trainees or senior clinical staff.

All of these overlapping relationships can become even more complex in an agency which adopts a multicultural, humanistic, and personal growth approach to training. Such an approach places a premium on the processes of introspection, self-disclosure, and support, all of which may promote a range of emotional responses among staff persons, such as feelings of closeness, warmth, attachment, dependency, idealization, vulnerability and sexual attraction. These feelings in themselves may lead staff persons to develop more personal relationships.

It can also be argued that multiple role relationships can and do have beneficial effects. They may sometimes enhance the variety and depth of experiences at an agency. This is especially true when the multiple roles are linked to the mentoring process, which can be very valuable in enhancing a new professional's sense of identity and career development.

Given the inevitability and potential beneficial aspects of multiple role relationships, this policy statement is not intended to eradicate all multiple role relationships. Recognizing that some trainees come from sites other than Northern Arizona University, it is desirable to create an environment that is also warm and hospitable. As a result, this policy statement is intended to serve as a guide to balancing multiple roles and managing personal feelings for other staff persons.

## PROBLEMATIC ASPECTS OF MULTIPLE ROLE RELATIONSHIPS

Multiple role relationships can present a number of problems, not just for the participants but also for the environment of the center. The occurrence of multiple relationships between individuals can blur the boundaries between relationships. This can result in confusion on the part of the individuals as to expectations, reactions, and behaviors in their interactions with each other. The confusion that can result from multiple role relationships can jeopardize effective and appropriate maintenance of each role. This is especially problematic when one of the multiple relationships is characterized by an imbalance of power. In such cases, the party with less power can feel overly vulnerable, especially when an evaluation process is involved.

Multiple role relationships can also have consequences for the agency as a whole, as they engender an environment of indebtedness, favoritism, and inclusion/exclusion. These unfavorable conditions may also have a deleterious impact on the relationships between members of the trainee cohort group, and may ultimately negatively impact the quality of service provided to the students seeking support through CS.

## ETHICAL GUIDELINES FOR SUPERVISORS

### *Core ethical consideration:*

A psychologist and/or counselor refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's/counselor's objectivity, competence, or effectiveness in performing his/her/their functions as a mental health professional, or otherwise risks exploitation or harm to the person with whom the professional relationship exists. Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

Examples of multiple relationships include a current supervisor having a concurrent or consecutive personal, social, business, or professional relationship with a supervisee in addition to the supervisor-supervisee relationship and these roles conflict or compete. Multiple role relationships which involve sexual or romantic feelings have an added potential to create conflict and impairment.

**The following relevant laws, policies and principles are offered as a framework on this issue and should be considered best practices with regard to multiple relationships (APA, 2002; ACA, 2014; NBCC, 2012):**

- ✓ Psychologists and counselors who delegate work to supervisees take reasonable steps to avoid delegating such work to persons who have multiple relationships with those being serviced that would lead to exploitation or loss of objectivity.
- ✓ Psychologists and counselors do not exploit persons over whom they have supervisory, evaluative or other authority such as clients/patients, students, supervisees, research participants and employees
- ✓ Psychologists and counselors do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom psychologists and counselors have or are likely to have evaluative authority.

*\*More detailed information about multiple relationships and related ethical considerations can be found at the following:*

- 1) [American Psychological Association Code of Ethics, 2012](#)
- 2) [American Counseling Association Code of Ethics, 2014](#)
- 3) [National Board for Certified Counselors, 2012](#)

### **Questions to consider if a staff member anticipates a multiple role relationship:**

1. Could this situation jeopardize the staff member's ability to evaluate or supervise a trainee objectively? Conversely, could a trainee's ability to evaluate a supervisor or program objectively and without fear of reprisal be impaired?

2. Could this situation create a feeling of being exploited by or overly indebted to another staff member?
3. Could this situation make it more difficult for one staff member to maintain appropriate limits and boundaries with another staff member, particularly one who possesses more power in the agency?
4. Could this situation create the perception of favoritism, exclusion, or distrust in other staff members?
5. Could this situation affect the agency in some other negative way (i.e. negative perceptions of the agency as a whole)?

**Questions to consider in anticipation of social interactions that may take place between staff and trainees:**

1. Is the proposed social activity public vs. private?
2. Is the proposed social activity a group activity or an individual activity?
3. Is the proposed social activity time limited vs. open ended?
4. Does the proposed social activity take place during the work day or after working hours?
5. Is the proposed social activity an occasional activity or a regular and expected activity?
6. Does the proposed social activity provide the trainee freedom of choice or will they feel obligated to engage in the activity?
7. Whose needs are being met by the proposed social activity? The trainees or the training staff members?

**\*SPECIAL CONSIDERATIONS FOR STUDENTS WHO MAY ENGAGE WITH CS IN MORE THAN ONE ROLE DURING THEIR TIME AT NAU:**

Due to the fact that some therapist-trainees are likely to seek counseling services for themselves, and CS may be their only option, the potential for dual relationships, though often inadvertent, is high. Special care is warranted should a former client seek out a training position at CS, or conversely, a former trainee seek out individual therapy services. CS staff and supervisors have implemented guidelines, in accordance with best practices, to help avoid the ethical pitfalls outlined in this statement. These guidelines include:

1. Students cannot engage in therapy at CS while simultaneously involved as a trainee.
2. Counselors do not supervise former clients, nor do they provide therapy to former supervisees.
3. Counselors do not provide therapy to students who may be enrolled for a class the counselor is teaching.
4. Graduate students from one of the counselor training programs (i.e. COE, Psychology) at NAU do not engage in therapy with other graduate students/trainees from related programs.
5. Part-time counselors who teach or TA in one of the academic departments do not provide counseling services to students from that same department.



If a student could potentially apply for a future practicum or internship at CS and seeks counseling services, a doctoral intern should be assigned to work with that student as they are least likely to be compromised by knowing about this client. It is best if this is a person who would be unlikely to be selected as a supervisor if the client were ever to work or receive training at CS. If this decision involves ambiguity, the case should be presented for peer review before being assigned. The client will also be made aware via *informed consent* of the potential discomfort in working at CS in a much different capacity than he/she/they would experience as a client.

**\*If there is any anticipation of, confusion about, or concern regarding your own, or a fellow staff member's/trainee's involvement in a multiple role relationship, it is expected that you will contact your supervisor, the Training Coordinator, or Director of CS to discuss the situation as early as possible.**

### **Intern Liability Insurance**

Doctoral Interns are expected to obtain professional liability insurance prior to the start of their internship, as well as retain it for the duration of their internship training year. Certain educational doctoral programs offer this coverage to students, while others may need to seek coverage independently. The APA offers an affordable liability insurance plan for doctoral students completing their internship. More information can be found here: <https://trustinsurance.com/Products-Services/Student-Liability>. Please direct any questions or concerns about this as soon as possible to the Training Coordinator.

### **Informed Consent and Notification of Trainee Status**

Clients have an ethical right to know the qualifications of their service provider. Therefore, trainees must inform clients of their trainee status, level of experience, and identify their supervisor. Further, clients must be alerted to the requirement of trainees to digitally record sessions (see Appendix Q for form). Trainees will provide every client with a hard copy consent form identifying their status as a Doctoral Intern, naming their primary and secondary supervisors, as well as listing the contact information for the supervisors. Additionally, the Interns will also provide every client with a hard copy consent form requesting the client's permission to be recorded. This form will also contain supervisor name and contact information. These forms will be signed by the client granting their permission at the first appointment with the Intern. The form is then scanned into our Electronic Health Record (EHR). A second form (Appendix Q) will be used when supervision is provided by an intern, to make it clear that the supervisor of record is a licensed professional.

## Electronic Recording

All individual, couple's and supervision (provided) sessions should be digitally recorded. Interns will provide all clients with an informed consent form explaining the clinical utility and CS policy regarding electronic recording of sessions (Appendix R). Clients at CS will sign this form and the form will be scanned into the client's file in the HER. Should a student refuse recording in an initial appointment, the Intern may proceed with the initial assessment but must consult with their supervisor about the appropriateness of that client remaining on the intern's caseload.

All recordings are saved directly to the "Recordings" folder on the bluto drive. This folder contains individual files for each trainee. Each folder has restricted access and members of the trainee cohort do not have access to each other's videos. Supervisors, including the Training Coordinator, have access to all of the files in the "Recordings" folder for the purposes of supervision. Supervisors have the right to review any video clips as part of their supervisory practices, even if not instructed or requested to do so by the Intern. No recordings should ever leave the center, physically or electronically.

Recordings should be kept for one month, or as long as the Intern and supervisor feel it would be helpful to keep the recording for training/supervision purposes. Trainees are responsible for deleting old recordings to avoid exceeding our limited space on the server. \*Recordings made for the purpose of case presentations may be kept longer than one month if needed.

## Confidentiality

All client information is strictly confidential and no identifying information about any client of NAU CS may be shared outside of CHS unless the client gives their specific written consent and the supervisor of record is alerted and has approved the material to be released.

Should the Intern recognize a client, or have a familiar relationship with a student being discussed in a professional capacity at CS (i.e., case consultation meeting) the trainee is to identify their conflict of interest with the client and recuse themselves from the discussion.

NOTE: Trainees should not view the clinical record of any individual in PnC without clinically relevant cause or permission by their supervisor for training purposes. PnC tracks each users' navigation and access points, thereby allowing for audits and corresponding reports to be completed for any CHS personnel. Doing so is cause for reprimand, the maximum being termination from the internship position. Please direct any questions about this to the Director of CS, Carol O'Saben.

## Interns Not Meeting Program Standards: Due Process Procedures

In the event that an intern is performing in an unsatisfactory and/or unethical manner, CS supervisors and the Training Coordinator will attempt to resolve and remediate the situation with respect and professionalism. We want our interns to succeed and will do all we can to assist in this process. The following procedures guide the process.

An intern may be deemed inadequate, deficient, or unable to function in the training program for two general reasons:

1: Academic. Unsatisfactory performance of the duties of an intern including inadequate work, incompetence, carelessness, and unethical behavior, particularly behaviors that violate the APA Ethical Standards and Code of Conduct. Interns must earn an average rating of “4” on all objectives in the last semester on all evaluations, to pass internship. Interns may not pass internship with a score of “1” on any single evaluation question. As some competencies may represent more crucial areas of functioning, judgments about individual competency scores that require improvement or remediation are made by the supervisors, Training Coordinator, and Training Committee on an individual basis. Depending on the significance of the assessment question, the score, and the time in the academic year, a corrective plan of action or remediation may be initiated. A rating of “1” on any competency in our Evaluation Form may be taken as evidence of unsatisfactory performance and is an example of a situation which may prompt disciplinary or remediation procedures

2: Disciplinary. Misconduct (violation of CS or University policies, Training Policy, APA Code of Ethics, Federal Law or Arizona Statutes), insubordination, unacceptable behavior (e.g., unexcused absences, excessive tardiness, poor work ethic), inadequate or deficient Intern performance will be decided upon and based on one or more of the following factors:

- 1) An inability or unwillingness to acquire and integrate professional standards into one’s conduct.
- 2) An inability to acquire or failure to make progress in professional skills and reach an accepted level of competency (see above definition of acceptable level).
- 3) An inability to manage personal stress, psychological dysfunction, or emotional reactions.
- 4) An inability or unwillingness to work with others in an appropriate, respectful, and professional manner.
- 5) An inability or unwillingness to adhere to the NAU standards for employees.
- 6) Intern does not acknowledge, understand, or address problematic behavior when identified.
- 7) Problematic behavior is not a skill deficit which can be remedied through academic, didactic, or supervisory means.
- 8) Quality of service delivered repeatedly results in negative outcomes for clients.
- 9) Expectations for timeliness, quality, and consistency of written documents, such as progress notes, intake reports, psychological reports, and professional correspondence are not met in the Intern’s performance.

- 10) Problematic behavior is significant and/or not restricted to one area of professional functioning.
- 11) Problematic behavior could have ramifications for legal or ethical infractions, if not addressed.
- 12) Disproportionate amounts of administrative and clinical staff time and attention are required to deal with the Intern's lack of performance.
- 13) Intern's performance does not change as a function of feedback, remediation, or the passage of time.
- 14) Intern's performance negatively affects Counseling Services' public image.

The Training Committee, in consultation with involved supervisors, will decide when any of the conditions for inadequate performance or professional deficiency are present. We will direct efforts to bring about improvement, and will decide when formal steps should be taken to discipline an Intern and implement the established due process procedures.

## **Due Process Procedures**

The discipline of an Intern follows the sequence identified below:

### **Verbal Discussion**

The first step in the disciplinary process is usually a verbal discussion between the Intern and the related supervisor. It is anticipated that most problems in Intern performance and conduct can be resolved at this level of intervention. This is often the case when an Intern is performing slightly below competency at the end of a given semester.

Academic:

- An average rating of "3" on any objective in the Spring or Summer semester will result in a verbal conversation with the supervisor and an informal, brief written plan on the evaluation for how the Intern and supervisor plan to improve the competency. It is recommended that supervisor's use the Supervisors' meeting to talk through helpful courses of action to support the intern's growth.
- A score of "2" on any single assessment question will result in a verbal conversation with the supervisor and an informal, brief written remediation plan on the evaluation for how the Intern and supervisor plan to improve the competency. It is recommended that supervisor's use the Supervisor's meeting to talk through helpful courses of action to support the intern's growth.
- A score of "1" on any single assessment question will result in a verbal conversation with the supervisor and Training Coordinator and will be discussed in the Supervisor's Meeting. A formal remediation plan (see below) will be developed.

Disciplinary:

- Matters of Intern misconduct may require involvement of the Director and Training Coordinator at the level of verbal counseling. A date should be set for the Intern and supervisor to discuss the issue as a follow up to determine if it has been resolved or if further action is needed. This date should be communicated to the Director, Training Coordinator and Training Committee, as well as any other members of our training team who may be involved or affected. It is recommended that this date not exceed more than one month from the original conversation to ensure adequate time for the Intern to make the necessary changes and address the misconduct, while also ensuring that the issue is rectified with the appropriate urgency.

### **Written Warning**

Continued unsatisfactory performance or violation of University policy, beyond the stage of verbal discussion, may result in a written warning being given to the Intern. However, disciplinary action may be initiated without written warning if the issue requires/warrants more serious and immediate action. The written warning should include a date upon which the supervisor and Intern will reconvene to discuss if the issue has been resolved or to determine if further action is necessary. This date and the result of this conversation should also be documented, discussed with the Training Coordinator, the Training Committee and additional staff members, as they are involved or affected as appropriate.

In other matters or when inadequate performance needs to be further addressed, a written notification in the form of the Intern Remediation Plan and an accompanying warning letter will identify specific deficiencies, problems, or offenses.

The remediation plan should also identify specific changes expected of the Intern and indicate an evaluation date that allows a reasonable amount of time to demonstrate an acceptable level of sustained change. It is recommended that the amount of time allotted not exceed one month from the initiation of the remediation plan. The possibility of termination should be clearly articulated in the remediation plan, if applicable, so the Intern does not misunderstand the consequences of failing to comply with the intent of the warning. The Intern should sign and date the remediation plan to acknowledge receipt of the warning. A copy of the remediation plan is given to the Intern, Training Coordinator, Director of CS, and the Intern's graduate program Director of Clinical Training. The remediation plan should be made in consultation with the Training Coordinator (required) and the Training Committee (if possible). All parties involved and affected should be aware of the process as it is evolving whenever possible and whenever warranted or needed.

### **Additional Warnings**

If offenses continue or unsatisfactory performance persists, following a warning letter and/or a formal Intern Remediation Plan, termination may be appropriate, particularly in severe cases. If the situation appears to have substantial potential for remediation, an additional warning may be

given. This second/third warning should contain all elements of the initial warning/s along with a description of subsequent behaviors relevant to the issue at hand. The possibility of termination should again be clearly articulated so the Intern does not misunderstand the consequences of failure to comply with the intent of the warning. The Intern is to sign and date the second/third warning letter with copies again going to the Intern, Training Coordinator, CS Director, and the Intern's graduate program Director of Clinical Training.

### **Suspension**

Intern Suspension (with or without pay, as determined by the CS Director) is appropriate in situations where a period of time is required for an investigation of alleged behaviors. Suspension is called for when, in the opinion of the Training Coordinator and CS Director, the Intern should not return to work until an investigation is concluded. However, suspension is not required before terminating an Intern. Under some circumstances, suspension of an Intern may be an appropriate disciplinary action. The length of the suspension should be commensurate with the nature of the alleged problem and the Intern's response and past record. A period of suspension does not count toward completion of the 2000 hour requirement of the Doctoral Psychology Internship Program and would need to be made up, if appropriate (with or without pay, as determined by the Director).

### **Termination**

Termination from the Training Program will be the outcome in cases where the Intern ultimately fails to comply with written warnings, where the violation is not remediable, where attempts at remediation are unsuccessful or where a violation is considered so egregious that immediate termination is warranted.

### **Appeal policy**

If, at any point in time over the course of their training at CS, an Intern disagrees and/or challenges any decision related to their internship training (unless it is the outcome of a final appeal), they may express their grievance by submitting a Formal Appeal, outlined below.

Within five business days of either verbal or written communications of (1) inadequate or problematic performance, (2) remediation plan, (3) suspension/termination, or as soon as any additional concern/issue regarding their training experience arises, a trainee may submit a letter to the Training Coordinator requesting an appeal. Should an appeal be made, an Appeals Committee of two senior staff members will be convened within one business week by the Director of CS to meet jointly with the Intern, the Training Coordinator, and the supervisor(s) to hear the basis for the Intern's concern and the grounds for the appeal. The trainee may submit to the Appeals Committee any written statements he/she/they believe to be appropriate, may request a personal interview, and/or may request that the Committee interview other individuals who might have relevant information. The supervisor or staff members involved will also be afforded the same privilege. Following the Appeals Committee investigation, the Director of CS will provide a written summary of the Committee's findings to the Training Coordinator within

two business days. These findings may include, but are not limited to, maintaining an original course of action, and/or altering a plan as the Committee sees fit. The decision of the Appeals Committee is considered final.

The Intern also has the right to request that a change be made in the assignment of a supervisor. This request should come, in writing, to the Training Coordinator and should specify the basis for the request. Before a change is made, attempts will be made to resolve a possible conflict between the Intern and their supervisor. In all cases, the Training Committee, and ultimately, the Training Coordinator will make the determination of the Intern's request for a change in supervisor, professional competence, and standing in the training program. If the Intern believes that the Training Committee or Training Coordinator has not dealt justly with his or her case, the Intern may make a final appeal to the Director of Counseling Services. This appeal should be made in writing and should detail the nature of the problem and the basis for the appeal.

## **Other Grievance Procedures**

The CS training program recognizes the rights of interns and faculty/ staff to be treated with courtesy and respect. To maximize the quality and effectiveness of the Interns' learning experiences, all interactions among trainees, supervisors, and staff should be collegial, respectful, and conducted in a manner that reflects the highest professional and ethical standards of the profession. Nevertheless, there may be situations in which an Intern has a complaint (e.g. poor supervision, unavailability of supervisor, evaluations perceived as unfair, personality clashes, workload issues, other conflicts) regarding a supervisor, another member of the CS staff, or with the program itself.

The procedures outlined below are intended to address these problems:

1. An Intern who has a specific concern is encouraged to talk directly to the person who is the focus of the concern to see if the matter can be resolved as expeditiously as possible.
2. An Intern who has a specific concern but is hesitant to talk directly to the person who is the focus of the concern, may speak with their supervisor or another senior staff member to obtain support and consult about how to deal with the situation prior to talking with the person who is the focus of the concern.
3. If no solution is identified, or if the identified resolution is unsuccessful, the matter should be referred to the Training Coordinator.
4. The Training Coordinator will meet with each person involved in the concern in order to mediate a solution. If appropriate, the Training Coordinator will convene a meeting for all parties involved.
5. If mediation is unsuccessful or if the Training Coordinator is the focus of the concern, the relevant parties will be referred to the CS Director. The Director will review the situation and

work to assist the involved individuals to resolve the situation. The Director may also take administrative action where necessary.

6. At any point in time, the Intern's educational program may be informed of the issue and the process.

Throughout every step of the grievance process, reasonable efforts will be made to promote fairness and address the Intern's concerns as expeditiously as possible. As outlined above, the Grievance procedure is written in such a way as to quickly address an Intern's concerns and move through resolution so as not to interrupt or delay an Intern's training for any longer than necessary.

At no time should an Intern suffer retaliation, punishment, or harassment for having submitted a grievance. A retaliatory action taken against an Intern, as the result of him, her, or them seeking redress under the grievance process, is prohibited and may be regarded as a separate cause for complaint.

### **Safe Working and Learning Environment**

As employees of Northern Arizona University, Interns are covered by the University's Safe Working and Learning Environment policy, a policy that is fully endorsed by Counseling Services. This policy states:

Prohibited discrimination, harassment, and sexual assault run counter to the objectives of this university and violate Arizona Board of Regents and university policy. When individuals feel coerced, threatened, intimidated, or otherwise pressured by others into granting sexual favors, or are singled out for derision, abuse, or discriminatory treatment based on their sex, race, age, color, national origin, religion, sexual orientation, disability, veteran status, gender identity, and genetic information their academic and work performance is likely to suffer. Such actions violate not only the dignity of the individuals, but also the integrity of the university as an institution of learning. Retaliation taken for reporting or objecting to prohibited types of discrimination, consensual amorous relationships, sexual and/or other prohibited harassment, or sexual assault is also a violation of the law and this policy.

For more information, including a full copy of this policy, please click the following link: [http://nau.edu/Equity-and-Access/\\_Forms/Safe-working-and-Learning/](http://nau.edu/Equity-and-Access/_Forms/Safe-working-and-Learning/).

An Intern who is not able to resolve a complaint related to alleged discrimination or harassment within Counseling Services is encouraged to consult with the Offices of Human Resources and Equity and Access.

### **Documentation**

A complete record of all formal grievances and their resolution is maintained. Copies of all documentation are kept in the Intern's file at CS.



## **NAU Human Resources Due Process and Grievance Policies and Procedures**

All Interns are expected to be familiar with the NAU Human Resources Due Process and Grievance policies and procedures in addition to CS's policy stated above. More information about these can be found here: <http://hr.nau.edu/apps/policy-manual/10292>.

## **Intern Benefits**

### **Vacation Leave and Holidays**

Doctoral Interns are classified with NAU's HR as "Service Professionals", and therefore accrue Vacation hours according to NAU's policy: <http://nau.edu/Human-Resources/Benefits/Vacation-Leave/Vacation/>. Attempts should be made to take scheduled time off when NAU classes are not meeting (i.e., Holiday break, spring break). Please be aware of the academic calendar and the specified days our office is closed due to legal holidays observed by NAU. Requests for vacation time are required two weeks in advance of the leave, and must be approved by the Training Coordinator and, subsequently, the Director. The intern should alert their individual supervisor about time off, as well as any others who are impacted by their absence (e.g., group co-leaders, committee members, etc.) In preparation for their scheduled leave time, trainees are expected to also review their schedules and cover all responsibilities that may be missed in their absence (i.e., screening time, on-call, etc.).

### **Professional Development Hours/Leave**

Interns are allotted 40 hours (5 days) of professional development hours. These are professional development hours that may require the Intern to be out of the center during business hours but which are also part of their training experience. Examples include conference attendance, job interviews, data-collection and dissertation defense. Professional leave time, because it is part of the internship experience, is included in the 2000 hour total hours required. Requests for professional development time are required two weeks in advance of the leave and must be approved by the Training Coordinator and CS Director. The intern should alert their individual supervisor about time off, and others who are impacted by their absence (e.g., group co-leaders, committee members, etc.)

### **Sick Leave**

Interns accrue Sick time in accordance with NAU's policy for "Service Professionals": <http://nau.edu/Human-Resources/Benefits/Vacation-Leave/Sick-Time/>. In the case of illness, the Intern is expected to contact the Director of CS, as well as the identified support person, and notify them of the absence as soon as possible. Patient Services will attempt to reach impacted clients and reschedule their appointments. Interns are encouraged to be mindful of their schedules, especially in the case of high-risk clients. In rare instances, Interns may be contacted

on a day they are out sick to discuss decision-making around higher risk clients. If necessary, those clients may be rescheduled during screening time or an open appointment time with another provider.

Excessive unplanned absences disrupt treatment and we expect trainees to have regular attendance at CS. Excessive absences may result in inadequate completion of hours.

## **Emergencies**

In case of emergencies (e.g., death in the family, hospitalization, or any other extenuating circumstance) the trainee should arrange with their supervisor and the Training Coordinator for time off.

Additional time off may be granted at the discretion of the Training Coordinator and Director on an individual basis.

## **Miscellaneous Policies & Procedures**

### **Completion of Internship Policies and Procedures**

- Interns will review the NAU CS Intern Requirements Checklist to be sure they have completed all necessary requirements (Appendix B).
- Interns will complete the end of year checklist to confirm that they have completed closing activities (Provided by Training Coordinator at the end of training year).
- Interns will confirm the completion and signature of all notes to supervisor's satisfaction, including termination and assessment notes.
- A copy of the certificate of completion and a letter to the intern's academic program will be provided to the intern, their home institution, and kept in the intern's file. .

### **Policies and Procedures Regarding Intern Selection**

The Intern Selection Committee may include all senior staff and may include current interns. Staff volunteers are solicited to participate in various parts of the selection process each year (e.g., review of written applications, participation in interviews of applicants, follow up survey after Intern selection to applicants who interviewed).

The Intern selection process involves two steps. The first step is a review of application materials through the online AAPI. Incomplete applications will not be considered. The online submission should include a completed application, cover letter, current curriculum vita, all graduate transcripts, and three letters of recommendation of which at least two are from recent clinical supervisors who can speak directly about the quality of the applicant's clinical work, and their engagement in clinical supervision.

The application deadline is approximately the first week of December. The Intern Selection Committee meets for an orientation meeting 1-2 weeks prior to the application deadline and are informed of the process by which the search will be conducted. The Training Coordinator reviews all applications and screens out applications that have not met the basic requirements for applying to our site (see website). Each remaining application is reviewed by the selection committee members and matrixed based on a set of predetermined criteria.

A deadline is set for the Intern Selection Committee to review files and submit their ratings to the Training Coordinator. Following the completion of all scoring, the selection committee meets to review the applications and ranking list resulting from the application review, to determine which candidates will be invited for an interview. Applicants who are being invited for an interview are contacted by telephone and/or to schedule an in person or Skype interview. This notification typically happens before the holiday break.

After all the applicants have been scheduled an interview day/time, the Training Coordinator sends the applicants an email confirming the interview date and time, interview structure, and who they will be interviewing with. Interviews are scheduled and estimated to occur during the first week and second weeks of January. The Training Coordinator will organize the interview room, technology (i.e., Skype, speaker phone), and what search committee members will be present. Ideally, the interviewers present will have also reviewed the applicant's application materials. However, there are times where, due to scheduling constraints, interviewers may not have had the chance to review the applicant's application prior to the interview. Should this be the case, they will be provided with a hard copy of the applicant's materials following the interview for review.

Interviewers submit an interview score form at the end of each day of interviews. The scores are then reviewed and tallied by the Training Coordinator. The selection committee meets to review the scores and applicants that have been interviewed. During this meeting, the committee finalizes a rank order list reviewed and ultimately finalized by the Training Coordinator.

On Match Day, The Training Coordinator and staff members contact matched applicants and welcome them to the center.

The Training Coordinator will write up a formal letter of offer, as well as a formal acceptance form that the matched Interns will read over, sign, and give back to the Training Coordinator at their earliest convenience. The Training Coordinator will often reach out to the Intern's DCT informing them of the match and providing them with copies of the formal offer letter and acceptance form.

The start date for new Interns is approximately the second Monday in August; the start date will be provided to Interns in their contract.

## **NAU HR Policies and Procedures Manual**

Interns are expected to familiarize themselves with NAU's HR Policies Manual. This manual contains important information about NAU's policies with regard to Equal Opportunity Employment, Affirmative Action Plans, Classification and Compensation, Benefits and Leaves, as well as Employee Relations. More information about these policies can be found in the manual:

<http://hr.nau.edu/apps/policy-manual>

**Appendix A: Intern Training Agreement**

**Northern Arizona University’s Counseling Services  
Doctoral Psychology Internship in Health Service Psychology  
2018 - 2019  
Training Agreement**

This training agreement between:

\_\_\_\_\_  
(Name of psychology intern)

\_\_\_\_\_  
(Address of psychology intern)

\_\_\_\_\_  
(Phone number)

\_\_\_\_\_  
(Email address)

and:

Christopher Margeson, Ph.D. \_\_\_\_\_  
(Name of primary supervising psychologist)

\_\_\_\_\_ PO Box 6045, Counseling Services, Northern Arizona University, Flagstaff, AZ 86011  
(Address of the affiliated training site)

\_\_\_\_\_ (928)523-2261 \_\_\_\_\_  
(Phone number)

\_\_\_\_\_ christopher.margeson@nau.edu \_\_\_\_\_  
(Email address)

is hereby established for the purpose of defining the nature and parameters of a planned, sequentially organized doctoral psychology internship training program in health service psychology at Northern Arizona University’s Counseling Services. It is designed to facilitate the development of the psychology intern’s competencies in the provision of high quality professional psychological services consistent with applicable legal, ethical, and professional standards in partial fulfillment of a doctoral degree in psychology.

1. The supervisor and psychology intern agree that all aspects of this internship will be carried out in accordance with all requirements of Arizona Revised Statutes § 32-2071 through 32-2086, the rules of the Arizona Board of Psychologist Examiners RS-26-101 through R4-26-310, and all other applicable statutes.

This Doctoral Psychology Internship Training Agreement shall serve as the written training plan during the predoctoral internship. The written training plan is based on a developmental model of psychology training abides by all policies and regulations set forth by the Association of Psychology Postdoctoral and Internship Centers (APPIC) and is rooted in the American

Psychological Association's (APA) Standards of Accreditation (SoA). The developmental training curriculum provides training across the profession-wide competencies of research, ethical and legal standards, individual and cultural diversity, professional values, attitudes, and behaviors, communication and interpersonal skills, assessment, intervention (individual, group, outreach), supervision, as well as consultation and interprofessional/interdisciplinary skills. In addition to these profession-wide competencies, this doctoral psychology internship also provides program-specific training focused on service delivery in a university counseling setting. Additionally, this internship places particular focus on the integration of behavioral health, counseling, and primary medical care services as a holistic treatment approach to enhance the overall well-being and academic success of NAU students.

**\*PLEASE NOTE:** The doctoral intern may not begin accruing internship hours until this Training Agreement has been signed by all parties and submitted to the Training Coordinator.

\*The Counseling Services' Training Manual describes the operations and standards that were developed to successfully execute the developmental training plan. Supervisors and interns are expected to familiarize themselves with this document prior to the start of the internship and/or during orientation.

2. Counseling Services and the intern named in this document expressly agree and understand that no employment relationship between them, whether express or implied, is contemplated or created by this agreement. Counseling Services and the intern expressly agree and understand that the relationship between the training site and its trainees is an employment relationship, governed by the laws of the State of Arizona. The trainee is advised to resolve any questions regarding Arizona employment law through consultation with a lawyer.

3. The supervisor and doctoral psychology intern confirm that there exists no relationship between them except that of supervisor and psychology intern. A supervisor may not supervise a family member, employer, or business partner. The supervisor and supervisee agree that no other relationship will be created between them for the duration of this internship that has the potential to compromise the quality of services to clients, the objectivity of the evaluation of the psychology intern, or that may result in exploitation of the psychology intern or any client. The supervisor shall not receive any supervision fees, salary, compensation, honoraria, favors, or gifts from the psychology intern. The doctoral psychology intern will not pay office rent, telephone expenses, or any other office or business expenses. If either the supervisor or psychology intern is unsure regarding the appropriateness of their relationship, or prospective relationship, the matter shall be brought to the attention of the Training Coordinator, and subsequently to the Training Committee, for review and clarification.

4. Counseling Services has designated one full-time, licensed Psychologist with the title of Training Coordinator who oversees and assumes primary responsibility for the doctoral internship training program. In addition, Counseling Services has four, full-time, licensed Psychologists able to provide primary clinical supervision to doctoral interns. The supervisors may also assign supplemental training activities in specific competency areas provided by other licensed or certified professionals, under the authority and oversight of the Training Coordinator.

5. The primary and secondary clinical supervisors at Counseling Services are professionally responsible for all the psychology work that is completed by their supervisees. The supervisors are vested with sufficient authority over matters pertaining to the provision of psychological services by the psychology intern to enable the supervisors to accept responsibility for the welfare of the clients and the quality of the training experience. The supervisors will prevail in all professional disagreements with the psychology intern.

6. Clinical supervisors will determine that the doctoral psychology intern is capable of providing competent and safe psychological services to each client assigned. The supervisors will not permit the psychology intern to engage in any psychological practice that the supervisor cannot competently perform.

7. The private actions and behaviors of the psychology intern, which are not relevant to, nor expressed in, the internship setting will not be managed within the supervisory relationship. The supervisors shall not provide psychotherapy to the psychology intern. Should doctoral interns require additional support and/or resources for personal issues, conflicts, or matters potentially affecting their performance and abilities as an intern, they are encouraged to seek out their own personal support (i.e., therapy, support services in the community) to resolve the personal concerns at the earliest possible time.

8. The psychology intern is known by the title "Doctoral Psychology Intern." The name of their primary and secondary supervisors will be disclosed on all materials on which the name of the psychology intern appears, including informed consent forms, consent for video recording forms, progress notes, psychological records, reports, correspondence, and business cards.

9. The psychology intern will create and maintain client records consistent with all applicable Arizona Statutes and Rules of the Arizona Board of Psychologist Examiners. Psychology records are kept in secure electronic form via our electronic health record, Point and Click (PnC). Each record documented by the doctoral intern will be reviewed by a clinical supervisor and will remain with the supervising psychologist or the affiliated training site upon the completion or termination of the internship.

10. The Training Coordinator will receive written certification by the doctoral psychology intern's doctoral program that the intern has satisfied all requirements in preparation for the internship training year. Certification is provided through the online APPIC Application for Psychology Internship (API). If any concerns or questions remain prior to the start of the internship, the Training Coordinator reserves the right to reach out to the educational program's Director of Clinical Training (DCT) in order to verify the eligibility and preparedness of the intern.

The educational institution at which the intern is pursuing a doctorate in psychology is:

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(Educational Program and degree type)

---

(Director of Clinical Training)

---

(Address)

---

(Phone)

---

(Email)

11. The Training Coordinator is a psychologist licensed for the independent practice of psychology in Arizona. The state(s) or province (s) in which the supervisor is licensed, the license numbers, and dates originally licensed are:

State/Province: AZ License #: 4658 Date 1st  
Licensed: 9/2/2015

12. The Training Coordinator is currently insured for professional liability by  
Arizona Department of Administration Risk Management Division  
(Name of insurance company)  
in the amounts of \$ per incident, \$ aggregate, with an effective date  
of . The supervisor agrees to keep this policy in effect for the duration of the  
internship.

13. The doctoral psychology intern will be insured for professional liability by

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(Name of insurance company)  
in the amounts of \$ per incident, \$ aggregate, with an effective  
date of . The psychology intern agrees to keep this policy in effect for the duration of  
the internship.

14. An annual stipend of \$ 27,000.00 will be paid to the intern by Counseling Services. Payment of an intern's stipend is not based on the intern's productivity or revenue generated. The stipend must be independent of the supervisor's or agency's billings or collections and is not based on a percentage of billings or collections. The doctoral psychology intern will not receive fees from any client, or on behalf of any client, from any third party payer.

15. The intern will receive the following employment benefits, such as health insurance, dental insurance, and other benefits. This is a service professional position. As such, Northern Arizona University offers an excellent benefit package including generous health, dental, and vision insurance; participation in the Arizona State Retirement System, or the Optional Retirement Program; 22 days of vacation and 10 holidays per year; and tuition reduction for employees and their qualified dependents.



16. The Doctoral Psychology Internship in Health Service Psychology internship begins on August 14th, 2017 and ends on August 10th, 2018. The internship consists of a minimum of 2,000 total hours over the course of 12 calendar months. Interns are expected to fulfill the duties of their internship within the allotted time frame and to complete the length of their contract with Counseling Services.

17. Arizona licensure law specifies that interns cannot accrue more than forty hours of training experience in one week. Doctoral psychology interns will be responsible for managing their schedules and workload to remain within the confines of this 40-hour maximum. Interns are encouraged to consult with the Training Coordinator or their primary supervisors if they believe they will have any difficulty with this.

18. The doctoral psychology intern shall complete at least 104 hours of mandatory didactic and experiential internship training provided by Counseling Services over the course of the 2,000 hour internship. Pre-planned and staff-wide in-service trainings at Counseling Services do not fulfill the curricular training requirements outlined by APPIC or APA. In the event that an intern does not meet the mandatory didactic training program requirements, the intern may be placed on disciplinary probation as described in the NAU Counseling Services Due Process Procedures document (found in the Training Manual).

19. The doctoral intern and their primary supervisor agree that the following shall be the individualized competency goals for this doctoral psychology internship and that they shall work conscientiously and cooperatively toward the achievement of these goals:

- a.
- b.
- c.
- d.
- e.
- f.

20. The doctoral intern and their primary supervisor agree that the following methods shall be the primary methods, techniques, and procedures for accomplishing the above competency goals:

- a.
- b.
- c.
- d.
- e.
- f.

21. The doctoral psychology intern will inform each client, both verbally and in writing, that the intern is practicing under the supervision of a licensed psychologist and will provide each client with their primary and secondary supervisor's names and means of contacting them. As a condition of providing services, the psychology intern will obtain each client's informed, written consent to share confidential information with the supervisor for the purpose of supervision. The sharing of confidential information with the supervisor may take the form of live observation and/or participation in the provision of psychological services; reviewing digital video or audio

tapes of psychological services; reviewing and discussing case notes, progress notes, letters of support, treatment plans, tests, reports, correspondence, or discharge summaries. The doctoral intern will consult with their primary supervisor, secondary supervisor, or Training Coordinator if they encounter a client that does not provide this informed consent.

22. Clinical supervisors agree to provide directly, or by way of another supervising psychologist, a minimum of two hours of face-to-face, individual supervision for each forty hours of clinical service delivery provided by the doctoral intern. This supervision will have the expressed purpose of providing guidance, support, and mentorship for clinical and professional issues highlighted by the doctoral intern or supervisor. The doctoral intern will also receive one hour of additional, secondary supervision with the intended purpose of supplementing their primary supervision for clinical and professional issues identified by the doctoral intern. Interns and supervisors further agree that additional hours of supervision are to be provided when necessary to insure the adequate quality of psychological services provided by the psychology intern.

24. The supervisors agree to identify, discuss, and relate practice issues to relevant legal, ethical, and professional standards when appropriate in the course of primary and/or secondary supervision. Ethical practice is incorporated into all aspects of service delivery and practice at Counseling Services. The doctoral intern agrees to identify relevant legal, ethical, and professional issues in their provision of psychological services at Counseling Services or in the broader NAU campus community (i.e., outreach, consultation) and to bring them to the attention of their supervisor, or the Training Coordinator for discussion when necessary and appropriate.

27. Formal evaluation of the doctoral intern by their primary and secondary supervisors will occur at three designated points throughout the training year (Fall, Spring, Summer). The psychology intern will sign and have an opportunity to comment on each formal written evaluation. Copies of both written evaluations and any remediation plans will be placed in the supervision record and provided promptly to the Training Coordinator.

29. In addition to formal evaluations, the supervisors may prepare written evaluations of the psychology intern's skills and progress toward identified goals and competencies, including strengths and weaknesses, as often as needed. As necessary, these written evaluations will include plans for remediating weaknesses and providing for the continued professional development of the doctoral intern. If remediation is required, the intern, their supervisor(s) and the Training Coordinator will consult with the DCT at the doctoral intern's education program. The psychology intern will sign and have an opportunity to comment on each written evaluation. These procedures are described in the NAU Counseling Services Due Process document. Copies of these additional written evaluations and remediation plans will be placed in the supervision record and provided promptly to the Training Coordinator.

30. At three designated points during the training year (Fall, Spring, Summer), the doctoral psychology intern will prepare a formal written evaluation of their overall training experience and the supervision provided. Each evaluation will be provided to the Training Coordinator and reviewed collectively with their primary and secondary supervisors. Additional evaluations may be required by an intern's doctoral program. Consequently, additional evaluation of the training program or clinical supervision will be completed in accordance with the doctoral intern's

educational programs' requirements. However, any additional evaluations will be completed as a supplement to the Counseling Services' evaluations and copies of all evaluations will be provided both to the Counseling Services Training Coordinator, as well as the academic program's Director of Clinical Training.

31. The supervisor will consult with the Training Coordinator if they believe the doctoral psychology intern may have violated legal, ethical, or professional standards or has failed to comply with this Training Agreement. The intern, the doctoral program Director of Clinical Training, the supervisor, Counseling Services, and the Training Coordinator may pursue informal conflict resolution through the Association of Psychology Postdoctoral and Internship Centers (APPIC). The formal resolution of these concerns will follow the NAU Counseling Services' Due Process document located within the Training Manual. Clinical supervisors have the authority to immediately suspend the psychology intern from practicing in specified cases or in all cases. In some instances, reporting the allegations to an appropriate licensing board or professional association may be required.

32. The psychology intern will consult with the Training Coordinator if they believe a supervisor may have violated legal, ethical, or professional standards or has failed to comply with this Training Agreement. The intern, the doctoral program DCT, the clinical supervisor, the Director of Counseling Services, and the Training Coordinator may pursue informal conflict resolution through the Association of Psychology Postdoctoral and Internship Centers (APPIC). The resolution of these concerns will follow the NAU Due Process document located within the Training Manual. The supervisee may choose to file a complaint against the psychologists with the Arizona Board of Psychologist Examiners.

33. After completion of the doctoral psychology internship, the Training Coordinator will contact the intern to obtain longitudinal information about licensure, employment, and other outcome measures. The intern must provide a permanent address, such as a parent's address, where the intern may be reached several years from now. Counseling Services may contact the former intern at the following email and mailing addresses:

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<hr/> (Printed name of Training Coordinator)	<hr/> (Signature)	<hr/> (Date)
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<hr/> (Printed name of doctoral psychology intern) (Date)	<hr/> (Signature)
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<hr/> (Printed name of DCT at doctoral program)	<hr/> (Signature)	<hr/> (Date)
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## Appendix B: Intern Requirements Tracking Guide

Doctoral Intern: \_\_\_\_\_

Task/Requirement	Date Completed
500 direct service hours	
2000 total internship hours	
Average of 4 on all evaluation elements by completion	
No score of “1” on any item on final evaluations	
No other significantly concerning score/feedback on final evaluations	
Intern Summer Project	
Group Therapy	
Group 1	
Group 2	
Training Seminar Facilitation	
Therapeutic Assessments	
PAI Admin 1 & Report	
PAI Admin 2 & Report	
PAI Admin 3 & Report	
PAI Admin 4 & Report	
PAI Admin 5 & Report	
Formal Case Presentations	
Fall 1	
Fall 2	
Spring 1	
Spring 2	
Outreach	
Observation of Staff	
2 Outreach events observed/evaluated by staff	
Case Consultation	
2 presentations – Fall, 2017	
2 presentation – Spring, 2017	
1 presentation – Summer, 2017	

### Appendix C: Senior Staff Summary

<i>Name</i>	<i>Year Licensed</i>	<i>Degrees</i>	<i>Supervision</i>
Megan Gavin <i>Director</i>	2010	Ph.D.	P, S, G
Carl Dindo <i>Clinical Coordinator</i>	2015	Psy.D.	P, S, G
Chris Margeson <i>Training Coordinator</i>	2014	Ph.D.	P, S, G
Matt Van Schoick <i>Groups Coordinator; Outreach Coordinator</i>	2013	Psy.D.	P, S, G
Angela Enno <i>Multicultural Specialist</i>	TBD	Psy.D.	S, G
Maria Candelaria Flukas <i>Case Management Coordinator</i>	Not Licensed	MA	G
Kim Vercauteren- Griffin <i>MA Counseling Internship Coordinator; Athletics Liaison</i>	2011	MA, LPC	S, G
Lauren Timmermans <i>Substance Use Disorder (SUD) Program Coordinator</i>		NCC, CSAT, LPC	
Position Not Filled <i>Counselor</i>		MA, Ed.D	
Lisa Shows <i>Counselor</i>	2012	MS, LPC	S, G
Blanca Obregon <i>Part-time Counselor</i>		MA, LPC	None
Kara Miller <i>Part-time Counselor</i>		MA, LPC	None

## Appendix D: Supervisor Ranking Form

Please list your top three choices for each of the following: Primary Supervisor and Secondary Supervisor. Be prepared to discuss how you believe each supervisor would help you to meet your training goals, keeping in mind professional development goals as well as clinical goals. Complete the chart below with your top three pairings of supervisors. Keep in mind a balance of theory, background, gender, strengths, your identified goals for internship, etc. as you select combinations of supervisors.

Please submit this completed form to the Training Coordinator at the end of your second week of orientation.

Primary:

- 1.
- 2.
- 3.

Secondary:

- 1.
- 2.
- 3.

# Appendix E: Supervision Tracking Form

Northern Arizona University  
Counseling Services

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## Supervision Tracking Form

Supervisor's Name & Credentials: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisee's Name: \_\_\_\_\_

Duration: \_\_\_\_\_

### Topics Discussed (check all that apply and specify below):

- |  |  |
|--|--|
| <input type="checkbox"/> Individual Counseling/clients | <input type="checkbox"/> Ethical/Professional Issues |
| <input type="checkbox"/> Group Counseling/clients      | <input type="checkbox"/> Outreach/Consultation       |
| <input type="checkbox"/> Couples Counseling/clients    | <input type="checkbox"/> Skills/Training             |
| <input type="checkbox"/> Center Operations/Procedures  | <input type="checkbox"/> Crisis/High Risk clients    |
| <input type="checkbox"/> Charting/Documentation        | <input type="checkbox"/> Supervision/Sup of Sup      |
| <input type="checkbox"/> Professional Development      | <input type="checkbox"/> Referrals                   |
| <input type="checkbox"/> Diversity/Multicultural       | <input type="checkbox"/> Other                       |

### Supervision Format:

In Person

- Individual  
 Group

Telephone

- Individual  
 Group

### Clients/Clinical issues discussed: (initials only)

(\*Reminder: Approx 10 min should be dedicated to video review during each hour long supervision meeting)

1. \_\_\_\_\_

Outcome/Recommendation:

\_\_\_\_\_  
\_\_\_\_\_

Video reviewed Minutes: \_\_\_\_\_

2. \_\_\_\_\_

Outcome/Recommendation:

\_\_\_\_\_  
\_\_\_\_\_

Video reviewed Minutes: \_\_\_\_\_

3. \_\_\_\_\_

Outcome/Recommendation:

\_\_\_\_\_  
\_\_\_\_\_

Video reviewed Minutes: \_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_  
**Outcome/Recommendation:**

\_\_\_\_\_

Video reviewed Minutes: \_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_  
**Outcome/Recommendation:**

\_\_\_\_\_

Video reviewed Minutes: \_\_\_\_\_

**Professional Development topics addressed:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

**Other:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Supervisee's progress towards identified goals:**

\_\_\_\_\_

\_\_\_\_\_

**Areas needing additional focus/work:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Supervisor signature)

\_\_\_\_\_  
(Supervisee signature)



## Appendix F: 2018-2019 CS Trainee Orientation Schedule

**Will Update each year**

## Appendix G: Orientation Evaluation

### 20178-2019 New Trainee Orientation Evaluation Form

Trainee Name: \_\_\_\_\_

Instructions: Please read each question and indicate your level of agreement according to the scale below. Please be open and honest with your feedback, as your responses will be used to refine and enhance future orientation schedules.

**Scale:**

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**Questions:**

I enjoyed the Welcome Party at Starlite Lanes and appreciated the opportunity to meet and get to know staff prior to beginning my training at CS. (All staff)	
I felt that the General Overview of Counseling Services meeting was helpful in increasing my knowledge about my training site as well as Campus Health, EMSA, and NAU. (O'Saben, Dindo, Vercauteren-Griffin)	
I enjoyed the tour of the North Quad and felt that the visit to the Parking Office was helpful and informative. (Van Schoick, Shows)	
The computer setup and instructions regarding the online training modules were clear and easy to follow. (Reynolds)	
I liked meeting with multiple supervisors over the course of the two weeks.	
I appreciated the opportunity to communicate my preferences for supervision assignment.	
I felt the Overview of the Policies and Procedures Manual and Training Manual meeting was informative and provided me with clear instructions about how to access the manuals. (Gavin, Dindo)	

The meetings that reviewed the Electronic Health Record, PnC, were instructive, helpful, and provided me with the information necessary to begin working competently with the system. (Dindo, Gavin, Shows, Nunez)	
I felt the opportunity to practice using PnC on the training program helped me feel more comfortable and competent with navigating the Electronic Health Record and build competence with the program.	
I felt that the Overview of Outreach meeting was educational and provided me with information regarding the utility and importance of Outreach at CS as well as its intersection with the mission of the center. (Van Schoick, Vercauteren-Griffin)	
I felt that the File Room Tour was informative and helpful. (Dindo)	
I received clear and accurate instructions regarding the completion of orientation seminars for new employees. (Dindo)	
The Overview of Groups Program meeting provided me with necessary information for me to understand the importance of group therapy at CS as well as feel confident referring my clients to group. (Van Schoick, Dindo)	
The Nuts and Bolts of the Office meeting with was helpful and informative.	
The Overview of Evening/Weekend On-call Emergency Services meeting was educational and provided me with the information necessary to feel confident and competent providing on-call emergency support and services. (For those not providing on-call services: I felt that this meeting helped me understand the function of on-call/emergency services during non-business hours as well as the intersection of these services across multiple CS staff). (Gavin, Montoya)	
The Overview of Substance Abuse Program meeting was informative and clarified the role of forced referrals, as well as highlighted the treatment options for students referred for substance use issues. (Nunez)	
I felt it was helpful and informative to meet with the following personnel from different Campus Health Services offices: (please indicate for each below)	
a. Susan Bigley (Medical)	
b. Darlene Merritt (Psychiatry)	
c. Megan Andersen (Dietitian)	
d. Melissa Griffin (Health Promotion)	
e. Julie Ryan (Executive Director of CHS)	
f. Jamie Axelrod (Disability Resources)	

I enjoyed the inclusion of the Diversity Activity during the CS Retreat and felt it allowed me to get to know the CS staff and fellow trainees better. (Dindo)	
I felt the Overview of Athletics Position meeting was helpful in clarifying the roles and responsibilities of liaison positions at CS as well as understanding the value in the context of the CS mission. (Vercauteren-Griffin)	

What were the most helpful presentations and orientation activities? Why?

What were the least helpful presentations and orientation activities? Why?

What did you need more of?

What did you need less of?

How could we improve? (You may write on the back of this evaluation)

## Appendix H: Didactic Training Seminar Schedule

### Training Seminar Schedule: Fall 2018 – Summer 2019

#### *Training Seminar Schedule: Fall 2018*

8/15: (orientation week) CDD – Orientation to Training; Developmental issues as a trainee; Self-Assessment

8/21: (orientation week): CDD – Case Formulation/Case Conceptualization – Carl Dindo, Psy.D.

8/28: CCAPS review and interpretation – Megan Gavin

**Rotating: Diversity**

9/4: Ethical and Legal Standards: Suicide/Risk Assessment and crisis response– Megan Gavin

**Rotating: Assessment**

9/11: Group Therapy - Matt

**Rotating: Supervision of Supervision**

9/18: Models of Supervision - Carl

**Rotating: Diversity**

9/27: Sexual Assault – Melissa Griffin (In Health Promotion Large Conference Rm)

**Rotating: Assessment**

10/2: Psychiatric considerations in the treatment of Mental Health – Darlene Merritt

**Rotating: Sup of Sup**

10/9: Marijuana - Hannah

**Rotating: Diversity**

10/16: Ethical Considerations working in a College Counseling Center - Carl

**Rotating: Assessment**

10/23: Mental Health and NCAA Student Athletes (Part 1) - Kim

**Rotating: Sup of Sup**

10/30: Trauma-focused care - Lisa

**Rotating: Diversity**

11/6: Megan Anderson: Dietitian – Mental Health and Nutrition

**Rotating: Assessment**

11/13: Lauren Timmermans – Topic TBD

**Rotating: Sup of Sup**

11/20 (Thanksgiving holiday week): Angela Enno Gray – Topic TBD  
**Rotating: Diversity**

11/27: **Maria Denny - Insomnia**  
**Rotating: Assessment**

12/4: Mental Health and NCAA Student Athletes (Part 2) - Kim  
**Rotating: Sup of Sup**

12/11: **Andy Hogg – Sexual health in relationships**  
**Rotating: Diversity**

12/18: CDD – Trans Care  
**Rotating: Assessment**

12/25 (Christmas Break): University Holiday – No Didactic  
**Rotating: None this week**

**Spring 2019 Didactic Training Seminar Schedule: 3 Hrs Weekly**

**(All didactics scheduled in the CS small group room unless otherwise noted on PnC)**

1/8: EPPP & EPPP2 – Licensure prep; Post-doc and Job Search (Part 1) – Carl Dindo, Psy.D.  
**Rotating: None:**

1/15: EPPP & EPPP2 – Licensure prep; Post-doc and Job Search (Part 2) – Carl Dindo, Psy.D.  
**Rotating: Professional Development Seminar**

1/22: Motivational Interviewing – Hannah Nunez, LPC  
**Rotating: Diversity**

1/29: Interpersonal Process Therapy – Carl Dindo, Psy.D.  
**Rotating: Assessment**

2/5: Addictions 101: Lauren Timmermans, LPC  
**Rotating: Professional Development Seminar**

2/12: Acceptance and Commitment Therapy – Angela Enno, Ph.D.  
**Rotating: Diversity**

2/19: EMDR Basics – Lisa Shows, LPC  
**Rotating: Assessment**

2/26: Case Management Overview – Maria Candelaria-Flukas  
**Rotating: Professional Development Seminar**

3/5: NCAA Student Athletes and Mental Health (Part 2) – Kim Vercauteren-Griffin, LPC  
**Rotating: Diversity**

3/12: Transgender Health Care in college counseling: Carl Dindo, Psy.D.  
**Rotating: Assessment**

3/19: (Spring Break) Couples Counseling – Matt Van Schoick, Psy.D.  
**Rotating: Professional Development Seminar**

3/26: Trans Care & HRT – Susan Bigley, FNP, Irene Wise, FNP  
**Rotating: Diversity**

4/2: Levels of prevention on a college campus – Melissa Griffin  
**Rotating: Assessment**

4/9: Psychodramatic Concepts and Techniques – Kristen Flugstad, Ph.D.  
**Rotating: Professional Development Seminar**

4/16: Neurofeedback Didactic – Lisa Shows, LPC  
**Rotating: Diversity**

4/23: Topic TBD – Chris Margeson, Ph.D.  
**Rotating: Professional Development Seminar**

4/30: Private Practice discussion panel – Lisa Shows, Kara Miller, Blanca Obregon, Lauren  
Timmermans  
**Rotating: Assessment**

5/7: CBT-I - Maria Denny, PNP (Tentative)  
**Rotating: Diversity**

5/14: Disability and College Mental Health – Jamie Axelrod, Director of Disability Resources  
(Tentative)  
**Rotating: Professional Development Seminar**

**Appendix I: Didactic Seminar Evaluation**  
2018-2019

Seminar Title: \_\_\_\_\_ Presenter(s): \_\_\_\_\_  
Date: \_\_\_\_\_ Evaluator: \_\_\_\_\_

**Please rate the following questions using the scale below:**

Not Applicable	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
N/A	1	2	3	4	5

1. The seminar presentation enhanced my understanding and knowledge base regarding this subject:	
2. I have a clear sense of the practical application and utility of what I learned for my clinical work:	
3. The seminar leader (s) seemed well prepared:	
4. The seminar leader(s) demonstrated knowledge about the topic:	
5. The seminar included consideration of pertinent and relevant legal and ethical issues:	
6. This seminar was rooted in, and effectively utilized, evidence-based research:	
7. The assigned readings were relevant, enhanced my understanding, and prompted reflection about the seminar topic:	
8. The audio/visual aids enhanced my understanding of the seminar topic:	
9. The seminar was engaging, interactive, and provided space for discussion:	
10. The seminar included consideration of multicultural/diversity variables:	
11. Overall, this seminar (i.e., readings, discussion, and presenter's knowledge-base, presenter's style) furthered my professional development:	

**Average Score:**

Please identify one piece of knowledge/information that you learned from this seminar:

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Please identify one thing you plan to do differently as a result of this seminar:

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The most helpful part of the seminar was:

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Suggestions for improvement of the seminar:

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**Appendix J: Didactic Seminar Rotation Evaluation**  
2018-2019

Seminar Series Title: \_\_\_\_\_ Presenter(s): \_\_\_\_\_  
Date: \_\_\_\_\_ Evaluator: \_\_\_\_\_

**Please rate the following questions using the scale below:**

Not Applicable	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
N/A	1	2	3	4	5

1. The seminar rotation enhanced my understanding and knowledge base regarding this subject:	
2. Each subsequent seminar in the rotation effectively built upon knowledge gained, discussion, and learning objectives identified in previous seminars from the series:	
3. I have a clear sense of the practical application and utility of what I learned for my clinical work:	
4. The seminar leader (s) seemed well prepared for each seminar:	
5. The seminar leader(s) demonstrated progressive knowledge about the topic:	
6. The seminar rotation included consideration of pertinent and relevant legal and ethical issues:	
7. This seminar series was rooted in, and effectively utilized, evidence-based research:	
8. The assigned readings were relevant, enhanced my understanding, and prompted reflection about the seminar topic:	
9. The audio/visual aids enhanced my understanding of the seminar topic:	
10. The seminar rotation was engaging, interactive, and provided space for discussion:	
11. The seminar rotation included consideration of multicultural/diversity variables throughout all seminars:	
12. Overall, this seminar (i.e., readings, discussion, and presenter's knowledge-base, presenter's style) furthered my professional development:	

**Average Score:**

Please identify three pieces of knowledge/information that you learned from this seminar rotation:

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Please identify three things you plan to do differently as a result of this seminar rotation:

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The most helpful part of the seminar rotation was:

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Suggestions for improvement of the seminar rotation:

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**Appendix K: Doctoral Intern Evaluation**  
**Northern Arizona University**  
**Counseling Services**

**DOCTORAL INTERN EVALUATION FORM**

Student: \_\_\_\_\_ Date of Evaluation: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Additional supervisors providing feedback for this evaluation include:

- Secondary Supervisor: \_\_\_\_\_
- Group: \_\_\_\_\_
- Supervision of Supervision: \_\_\_\_\_
- Assessment: \_\_\_\_\_
- Outreach and Consultation: \_\_\_\_\_
- Behavioral Health/Integrated Health Care: \_\_\_\_\_

The purpose of the Doctoral Intern Evaluation Form is to help trainees achieve continued growth and progress toward meeting competencies established for professional practice in Health Service Psychology. The evaluation is intended to accomplish the following:

- A. Outline criteria for competent practice of Health Service Psychology as defined for CS placement.
- B. Carefully evaluate intern's current level of practice according to specific criteria.
- C. Use the evaluation as a forum to give honest and helpful feedback to the trainee.
- D. Identify and revise the intern's goals based on feedback and identified needs for training.
- E. Monitor progress toward established goals and plan remediation where needed for growth and development.

Please rate the student with the following in mind:

- (1) These are doctoral level trainees. They should have some room for growth.
- (2) Please consider their progress this semester on any goals you may have set with them.
- (3) Give them honest, open feedback regarding their skills. Let them know where you see them and how they can improve.

***Rating Scale***

**1) INADEQUATE**

Performance is **inadequate** in this area. Trainee will require intense supervision in this area.

**Criteria:**

- a) Shows **insufficient knowledge, understanding and/or skills** in this area

- b) **Does not differentiate** between **important and unimportant details** and issues
- c) Demonstrates a **simplistic and/or rigid approach** to helping clients or in consultation.
- d) **Does not have a conceptual understanding** of a process of change.
- e) **Lacks** understanding and flexibility in **attitudes and/or awareness**, including self-awareness **needed to improve** performance in this area.

## 2) NOVICE

Performance is **fair** in this area. Trainee will require careful supervision in this area.

### Criteria:

- a) Shows **limited knowledge, understanding and/or skills** in this area
- b) **Differentiation** between **important and unimportant details** and issues is **uneven and unpredictable**.
- c) **Understanding** of the **dynamics and complexity** of clinical work is **limited**.
- d) Has **little understanding** of a **process of change**.
- e) Is **inflexible at times** in **attitudes or awareness**, including self-awareness needed to improve performance in this area.

## 3) INTERMEDIATE (This is the expected level of performance at the start of internship)

Performance is **satisfactory** in this area. Trainee will require ongoing supervision in this area.

### Criteria:

- a) Demonstrates **sufficient knowledge, understanding, and/or skills** in this area
- b) **Differentiates appropriately most of the time** between important and unimportant details and issues.
- c) Shows a **sufficiently complex and flexible approach** to clients issues, challenges, and/or consultation.
- d) Shows **sufficient, but perhaps superficial understanding** of a **process of change**.
- e) Demonstrates **increasingly flexible attitudes and awareness**, including self-awareness to perform well and continue improvement.

## 4) ADVANCED (This is the expected level of performance at the conclusion of internship)

Performance is **good** in this area. Continued support is needed to guide performance in this area.

### Criteria:

- a) Knowledge, understanding and/or skills in this area are **good** and allow **more independent** practice.
- b) Approaches **new and challenging situations** with **skill and flexibility** and **begins to generalize skills and knowledge** to a variety of clinical and professional situations.
- c) **Attitudes and awareness**, including self-awareness **enhances practice** and consultation.
- d) Demonstrates **deeper and more complex conceptualization** and approach to **client change** and other professional issues.

## 5) PROFICIENT

Performance is **very good** in this area. Trainee will require some supervision in this area, but supervision is more collegial.

### Criteria:

- a) Demonstrates **deeper and more integrated knowledge and skills** in this area that facilitates **independent functioning**.
- b) Shows **very good** ability to **generalize** understanding and skills to new and challenging situations.
- c) **Attitudes and awareness**, including self-awareness are **mature and flexible** and enhance practice.
- d) **Very good** ability to **articulate** issues and **complex approaches** to intervention/problem solving/**client change**.

## 6) EXPERT

Performance is **excellent** in this area. Supervision becomes more collegial and trainee will require only occasional supervision in this area.

### Criteria:

- a) **Knowledge and skills** are **deep and integrated** in this area and practice is **very independent**.
- b) **Generalization** of skills and understanding to new and challenging situations is **excellent**.
- c) Demonstrates **exceptional maturity and flexibility in skills, attitudes, and awareness** needed for the **wide variety of professional situations**.
- d) **Excellent** ability to **articulate** issues and **complex approaches** to intervention/problem solving/**client change**.

## Professionalism

### Professional Values, Attitudes, and Behaviors

1) Conducts self in a professional manner across settings and situations and behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.	1 2 3 4 5 6
2) Independently accepts personal responsibility across settings and contexts.	1 2 3 4 5 6
3) Responsibly completes commitments.	1 2 3 4 5 6
4) Responsibly attends, prepares for, and participates in training activities.	1 2 3 4 5 6

5) Takes ownership of professional development and actively engages in activities that maintain and improve professional performance, well-being, and effectiveness.	1 2 3 4 5 6
6) Displays growing consolidation of professional identity as a psychologist.	1 2 3 4 5 6
Score: <span style="float: right;">Average</span>	
Please comment on any item given a rating of “1” or “2” and identify plan for improvement, or anything relevant to the intern’s performance in this competency:	

**Ethical Knowledge, Awareness, and Behavior**

1) Demonstrates advanced knowledge and acts in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct.	1 2 3 4 5 6
2) Abides by relevant laws, regulations, rules, and policies governing health service psychology at the agency, organizational, local, state, regional, and federal levels.	1 2 3 4 5 6
3) Independently recognizes ethical dilemmas as they arise and utilizes an ethical decision-making model to ensure ethical resolution.	1 2 3 4 5 6
4) Distinguishes between personal and client/supervisee needs and maintains professional relationships and boundaries.	1 2 3 4 5 6
5) Self-identifies personal distress and seeks resources for healthy functioning during times of personal distress, particularly as it relates to clinical work, relationships with supervisee, and overall professional behavior.	1 2 3 4 5 6
6) Independently integrates ethical and legal standards with all areas of practice and conducts self in an ethical manner in all professional activities.	1 2 3 4 5 6
Score: <span style="float: right;">Average</span>	
Please comment on any item given a rating of “1” or “2” and identify plan for improvement, or anything relevant to the intern’s performance in this competency:	

--

**Individual and Cultural Diversity**

1) Independently monitors and applies knowledge of self as a cultural being in assessment, treatment, supervision, outreach and consultation.	1 2 3 4 5 6
2) Seeks understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.	1 2 3 4 5 6
3) Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and direct service.	1 2 3 4 5 6
4) Independently monitors and applies knowledge of others as cultural beings in assessment, treatment, supervision, outreach and consultation.	1 2 3 4 5 6
5) Exhibits ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles.	1 2 3 4 5 6
6) Independently seeks out research and information regarding best practices when working with diverse clients.	1 2 3 4 5 6
7) Shows understanding and ability to work with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.	1 2 3 4 5 6
8) Consults or seeks out resources to further knowledge when presented with a diversity concern for which intern has little knowledge or experience working with. Additionally demonstrates skill with applying a framework for effectively working with areas of individual and cultural diversity not previously encountered.	1 2 3 4 5 6
9) Responds professionally to increasingly complex situations with a greater degree of independence as they progress across levels of training.	1 2 3 4 5 6
Average	
Score:	
Please comment on any item given a rating of “1” or “2” and identify plan for improvement, or anything relevant to the intern’s performance in this competency:	

**Communication and Interpersonal Skills**

1) Demonstrates reflectivity regarding one's personal and professional functioning; utilizes reflection to facilitate change; uses self as a therapeutic tool.	1 2 3 4 5 6
2) Accurately self-assesses competence in all competency domains and has extended plan to enhance knowledge/skills.	1 2 3 4 5 6
3) Self-monitors issues related to self-care and promptly consults and intervenes when disruptions occur.	1 2 3 4 5 6
4) Develops and maintains effective relationships with a wide range of clients, colleagues, supervisors, supervisees, campus organizations, community providers and supports.	1 2 3 4 5 6
5) Possesses self-awareness with regard to interpersonal communication skills.	1 2 3 4 5 6
6) Verbal, nonverbal, and written communications are informative, articulate, succinct, sophisticated, and well-integrated; demonstrates thorough grasp of clinical language and concepts.	1 2 3 4 5 6
7) Demonstrates affect tolerance in professional relationships, contexts and settings, even in complex, challenging, ambiguous and/or novel situations.	1 2 3 4 5 6
8) Demonstrates appropriate and effective boundary management.	1 2 3 4 5 6
9) Monitors and evaluates the effects of own identities, behaviors, affects, attitudes, values, and beliefs on others in professional situations and contexts, and responds accordingly so as to further professional goals, including positive working relationships.	1 2 3 4 5 6
10) Collaborates with supervisor to set appropriate goals for supervision and to work to achieve goals.	1 2 3 4 5 6
11) Accepts responsibility for learning; initiates learning.	1 2 3 4 5 6
12) Willing to self-disclose and/or explore personal issues in supervision which affect the counseling process.	1 2 3 4 5 6
13) Aware of how his/her <u>and</u> supervisor's cultural background and social identities affect supervision.	1 2 3 4 5 6
14) Actively seeks out feedback/supervision and demonstrates openness and responsiveness without defensiveness.	1 2 3 4 5 6
15) Willing to reflect on feedback and makes a concerted effort to implement feedback into their clinical work and collegial relationships in a professional way.	
16) Appropriately independent and self-reliant, while aware of situations in which one should seek consultation or supervision.	1 2 3 4 5 6
17) Demonstrates effective interpersonal skills and the ability to manage difficult communication with fellow staff, supervisors, and clients well.	1 2 3 4 5 6
18) Participates collaboratively with supervisors in evaluation of own performance.	1 2 3 4 5 6
19) Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.	1 2 3 4 5 6



Average Score:	
Please comment on any item given a rating of “1” or “2” and identify plan for improvement, or anything relevant to the intern’s performance in this competency:	

## **Individual Intervention**

### **Initial Assessment and Intervention**

1) At the beginning of session, explains clearly the limits of confidentiality; effectively discusses recording/video consent and role as supervisee; defines the basic boundaries of the services to be provided.	1 2 3 4 5 6
2) Accurately assesses presenting need of client and adapts session foci to reflect stated and implicit needs.	1 2 3 4 5 6
3) Takes relevant history and identifies factors contributing to client’s current difficulties (e.g., cultural, biological, development, substance use, trauma symptoms, suicidal/homicidal ideation, environmental) and does so in a systematic way to inform clinical decision-making.	1 2 3 4 5 6
4) Accurately assess the acuity, severity, and complexity of client concerns.	1 2 3 4 5 6
5) Creates and implements appropriate plans for care and referrals.	1 2 3 4 5 6
6) Ability to formulate and apply diagnoses; to understand the strengths and limitations of current diagnostic approaches.	1 2 3 4 5 6
7) Ability to formulate (atheoretically) and conceptualize (theoretically) cases based on the assessment.	1 2 3 4 5 6
8) Arrives at a culturally sensitive and appropriate treatment plan for clients based on the conceptualization and information gathered during the assessment.	1 2 3 4 5 6
9) Is able to gather information in a manner that builds trust and a relationship with client.	1 2 3 4 5 6
10) Establishes and maintains effective relationships with the recipients of psychological service.	1 2 3 4 5 6
11) Independently develops individual case conceptualization for clients and plans interventions and follow-up care specific to the service-delivery goals.	1 2 3 4 5 6
12) Demonstrates ability to implement interventions consistent with current scientific literature, assessment findings, diversity characteristics, and contextual variables.	1 2 3 4 5 6

13) Displays effective clinical skills with a wide variety of clients and uses good judgment even in unexpected or difficult situations.	1 2 3 4 5 6
14) Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated.	1 2 3 4 5 6
15) Demonstrates a thorough grasp of professional/clinical language and concepts.	1 2 3 4 5 6
16) Modifies and adapts evidence-based approaches and intervention goals effectively when necessary and in keeping with the goals of service.	1 2 3 4 5 6
17) Demonstrates the core conditions of therapy such as basic attending and listening skills, establishing and maintaining trust and rapport, and communicating a non-judgmental attitude and accurate empathy.	1 2 3 4 5 6
Average	
Score:	
Please comment on any item given a rating of “1” or “2” and identify plan for improvement, or anything relevant to the intern’s performance in this competency:	

### Specific Clinical Skills

1) Bases interventions on relevant goals, objectives, and/or treatment plans.	1 2 3 4 5 6
2) Implements interventions with fidelity to empirical models, best practices, and flexibility to adapt where appropriate.	1 2 3 4 5 6
3) Integrates knowledge of psychological theory and practice in applying interventions.	1 2 3 4 5 6
4) Relates interventions to treatment phase (beginning, middle, termination).	1 2 3 4 5 6
5) Makes culturally congruent interventions.	1 2 3 4 5 6
6) Relates interventions to treatment parameters.	1 2 3 4 5 6
7) Takes appropriate action and advocates on behalf of clients when necessary.	1 2 3 4 5 6
8) Makes appropriate use of self-disclosure.	1 2 3 4 5 6
9) Effectively utilizes silence in therapy.	1 2 3 4 5 6
10) Develops and implements treatment plans.	1 2 3 4 5 6
11) Recognizes and appropriately addresses significant issues that are affecting clients outside of those which are presented.	1 2 3 4 5 6
12) Independently evaluates treatment process and consults with supervisor to modify as indicated.	1 2 3 4 5 6
13) Facilitates a mindful termination.	1 2 3 4 5 6

Score:	Average	
Please comment on any item given a rating of “1” or “2” and identify plan for improvement, or anything relevant to the intern’s performance in this competency:		

**Crisis/Emergency Management**

1) Independently recognizes risk and resiliency factors in client.	1 2 3 4 5 6
2) Inquires directly, thoroughly, and therapeutically about risk and resiliency factors.	1 2 3 4 5 6
3) Accurately assesses client and other welfare; responds appropriately.	1 2 3 4 5 6
4) Appropriately utilizes third parties to promote recovery and safety.	1 2 3 4 5 6
5) Immediately, thoroughly, and accurately documents emergency/crisis related notes.	1 2 3 4 5 6
6) Alerts supervisor or other clinical staff in a timely manner when client safety issues arise.	1 2 3 4 5 6
7) Follows up with clients with risk factors.	1 2 3 4 5 6
8) Reviews and addresses CCAPS in documentation, especially in regard to critical item elevation and significant changes	
Score:	Average
Please comment on any item given a rating of “1” or “2” and identify plan for improvement, or anything relevant to the intern’s performance in this competency:	

**Assessment**

1) Independently selects and implements multiple methods and means of evaluation that draw from the best available empirical literature and that reflect the science of measurement and psychometrics.	1 2 3 4 5 6
2) Selection of assessment measures are responsive to and respectful of unique needs and contexts of clients with particular emphasis on the intersection of diverse identities with goals of evaluation.	1 2 3 4 5 6
3) Collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as consideration of relevant diversity characteristics of the service recipient.	1 2 3 4 5 6

4) Independently understands the strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis and treatment planning.	1 2 3 4 5 6
5) Independently selects and administers a variety of assessment tools (when applicable) and integrates results to accurately evaluate presenting question appropriate to the practice site and broad area of practice.	1 2 3 4 5 6
6) Administers/scores tests in accordance with standardized guidelines.	1 2 3 4 5 6
7) Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while maintain awareness of guarding against decision-making biases, distinguishing elements of the assessment that are subjective from those that are objective.	1 2 3 4 5 6
8) Communicates results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner.	1 2 3 4 5 6
9) Documents results and provides feedback that reflect accurate interpretations of test results.	1 2 3 4 5 6
10) Documents and provides feedback in a timely manner.	1 2 3 4 5 6
11) Demonstrates ability to conceptualize from different theoretical orientations in both documentation and feedback sessions.	1 2 3 4 5 6
12) Integrates relevant cultural data/implications into interpretation, documentation, and feedback.	1 2 3 4 5 6
Score: <span style="float: right;">Average</span>	
Please comment on any item given a rating of “1” or “2” and identify plan for improvement, or anything relevant to the intern’s performance in this competency:	

## **Group Therapy**

### **Models, Theory & Conceptualization**

1) Understands models and theories of group therapy and is able to articulate and utilize model appropriate to group dynamics.	1 2 3 4 5 6
2) Independently develops individual and group case conceptualization and plans interventions consistent with conceptualization.	1 2 3 4 5 6
3) Implements interventions with fidelity to empirical models and flexibility to adapt where appropriate.	1 2 3 4 5 6

Average	
Score:	
Please comment on any item given a rating of “1” or “2” and identify plan for improvement, or anything relevant to the intern’s performance in this competency:	

**Orientation and Assessment**

1) At the beginning of session, explains clearly the limits of confidentiality; accurately discusses recording/video consent and role of supervisee (if applicable); defines the basic structure and boundaries of the services to be provided.	1 2 3 4 5 6
2) Recognizes client readiness for group counseling, uses appropriate selection criteria, and successfully refers clients to group counseling.	1 2 3 4 5 6
3) Demonstrates ability to independently and effectively conduct group orientation sessions.	1 2 3 4 5 6
4) Prepares adequately for group session.	1 2 3 4 5 6
Average	
Score:	
Please comment on any item given a rating of “1” or “2” and identify plan for improvement, or anything relevant to the intern’s performance in this competency:	

**Group Facilitation Skills**

1) Facilitates establishment of group norms, boundaries, and safety.	1 2 3 4 5 6
2) Provides feedback to group members that is descriptive and non-judgmental and helps build universality and focus on group process.	1 2 3 4 5 6
3) Explores and reflects feelings to group and individual members.	1 2 3 4 5 6
4) Is sensitive to issues of diversity in group process and interventions.	1 2 3 4 5 6
5) Uses individual interventions in a manner sensitive to group context.	1 2 3 4 5 6
6) Demonstrates the core conditions of therapy such as basic attending and listening skills, establishing and maintaining trust and rapport, and communicating a non-judgmental attitude and accurate empathy.	1 2 3 4 5 6

7) Relates interventions to treatment phase (beginning, middle, termination).	1 2 3 4 5 6
8) Tailors interventions to specific needs of group.	1 2 3 4 5 6
9) Effectively uses interventions consistent with group model and theory.	1 2 3 4 5 6
10) When applicable, works effectively and cooperatively as a group co-leader, including demonstrating an awareness of co-leader dynamics.	1 2 3 4 5 6
Score:	Average
Please comment on any item given a rating of “1” or “2” and identify plan for improvement, or anything relevant to the intern’s performance in this competency:	

### **Group Termination Skills**

1) Prepares members for group ending or transitions.	1 2 3 4 5 6
2) Facilitates expression of termination-related affect.	1 2 3 4 5 6
3) Assists members in consolidating and integrating gains.	1 2 3 4 5 6
4) Helps members plan for additional treatment as needed.	1 2 3 4 5 6
Score:	Average
Please comment on any item given a rating of “1” or “2” and identify plan for improvement, or anything relevant to the intern’s performance in this competency:	

### **Supervision of Supervision**

#### **Knowledge of Supervision**

1) Understands the ethical, legal, and contextual issues embedded in the role of supervisor.	1 2 3 4 5 6
2) Demonstrates knowledge of various supervision models or theories.	1 2 3 4 5 6
3) Demonstrates knowledge of limits of competence to supervise.	1 2 3 4 5 6
4) Demonstrates knowledge of diversity issues in supervision.	1 2 3 4 5 6

5) Is able to identify with a model of supervision that is consistent with intern's developmental level and professional identity.	1 2 3 4 5 6
Score: <span style="float: right;">Average</span>	
Please comment on any item given a rating of "1" or "2" and identify plan for improvement, or anything relevant to the intern's performance in this competency:	

**Provision of Supervision**

1) Provides supervision in a manner that is consistent with legal and ethical guidelines and appropriately manages potential ethical situations between themselves and trainees.	1 2 3 4 5 6
2) Integrates models of supervision into their work with trainees.	1 2 3 4 5 6
3) Applies knowledge in direct or simulated practice with psychology trainees including role plays and peer supervision.	1 2 3 4 5 6
4) Assists trainees in exploration of their own theoretical orientation and is able to supervise from a variety of theoretical orientations.	1 2 3 4 5 6
5) Engages in professional reflection about one's clinical relationships with supervisees, as well as supervisees' relationships with their clients.	1 2 3 4 5 6
6) Establishes appropriate frame of supervision with supervisee early in the relationship.	1 2 3 4 5 6
7) Independently manages the administrative tasks of supervision.	1 2 3 4 5 6
8) Adjusts to the evolving and developmental needs of the supervisee over time, demonstrating their own growing sophistication in the supervision process.	1 2 3 4 5 6
9) Monitors the ethical and professional behavior of supervisees; provides feedback and opportunities for exploration of issues when relevant.	1 2 3 4 5 6
10) Assists trainees in incorporating multicultural research, knowledge, and perspectives into their supervision.	1 2 3 4 5 6
11) Accurately assesses supervisees' needs and manages supervision time to meet them.	1 2 3 4 5 6
12) Delivers feedback in a way that is digestible for the supervisee.	1 2 3 4 5 6
Score: <span style="float: right;">Average</span>	
Please comment on any item given a rating of "1" or "2" and identify plan for improvement, or anything relevant to the intern's performance in this competency:	

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**Outreach and Consultation**

**Outreach**

1) Aware of the models, research, and theory based literature related to the implementation of proactive developmental/preventative outreach programming.	1 2 3 4 5 6
2) Independently designs, implements, and evaluates outreach programs.	1 2 3 4 5 6
3) Demonstrates skill in facilitating group discussion and student/staff engagement in outreach presentations or workshops.	1 2 3 4 5 6
4) Plans outreach events based on assessment of community needs.	1 2 3 4 5 6
5) Demonstrates skill in working both independently and as a member of a cooperative team in the provision of outreach services and assumes a leadership role, as developmentally appropriate.	1 2 3 4 5 6
6) Demonstrates skill in incorporating sensitivity and knowledge of diversity issues into the provision of outreach services.	1 2 3 4 5 6
7) Demonstrates awareness of ethical considerations involved in the provision of outreach services and incorporates this knowledge into their work.	1 2 3 4 5 6
Average	
Score:	
Please comment on any item given a rating of “1” or “2” and identify plan for improvement, or anything relevant to the intern’s performance in this competency:	

**Consultation**

1) Demonstrates knowledge and respect for the roles and perspective of other professions.	1 2 3 4 5 6
2) Aware of the models, research, and theory based literature related to the implementation of proactive developmental/preventative consultation services.	1 2 3 4 5 6
3) Applies knowledge in direct or simulated consultation with individuals, other health professionals, interprofessional groups, family members, concerned students, and staff/faculty	1 2 3 4 5 6
4) Independently designs, implements, and evaluates consultation services.	1 2 3 4 5 6



5) Demonstrates skill in working both independently and as a member of a cooperative team in the provision of consultative services and assumes a leadership role, as developmentally appropriate.	1 2 3 4 5 6
6) Demonstrates skill in incorporating sensitivity and knowledge of diversity issues into the provision of consultation services.	1 2 3 4 5 6
7) Demonstrates awareness of ethical considerations involved in the provision of consultation services and incorporates this knowledge into their work.	1 2 3 4 5 6
8) Effectively differentiates role as consultant from other professional identities; communicates their role clearly to others, and adapts interactions to that role.	1 2 3 4 5 6
Average	
Score:	
Please comment on any item given a rating of “1” or “2” and identify plan for improvement, or anything relevant to the intern’s performance in this competency:	

## **Behavioral Health/Integrated Health Care**

### **Behavioral Health Rotation**

1) Interns will actively participate in the Behavioral Health Seminar and Rotation.	1 2 3 4 5 6
2) Interns will seek out research and enhance their knowledge about working in a multidisciplinary, integrated student health care system.	1 2 3 4 5 6
3) Interns will utilize evidence-based practices for treating mental health concerns in a Primary Care setting.	1 2 3 4 5 6
4) Interns will utilize evidence-based practices for addressing behavioral components of chronic diseases in a Primary Care setting.	1 2 3 4 5 6
Average	
Score:	

Please comment on any item given a rating of “1” or “2” and identify plan for improvement, or anything relevant to the intern’s performance in this competency:

**Integrated Health Care System Identity**

1) Interns will proactively learn about and gain awareness of the roles of providers of various disciplines within a multidisciplinary, integrated student health care system (e.g., psychologists, psychiatrists, social workers, physicians, dietitians).	1 2 3 4 5 6
2) Interns will display their knowledge through active and consistent participation in integrated health care activities including the behavioral health rotation and regular consultation with other multidisciplinary professionals in Campus Health Services.	1 2 3 4 5 6
3) Interns will seek out opportunities to engage Primary Care providers in behavioral health integration via interdepartmental trainings, team-approaches to treatment, and formal and informal consultation.	1 2 3 4 5 6
Score: <span style="float: right;">Average</span>	
Please comment on any item given a rating of “1” or “2” and identify plan for improvement, or anything relevant to the intern’s performance in this competency:	

**Clinical and Professional Strengths of the Intern:**

**Areas for continued growth:**

**\*Please note that average scores of “1” or “2” on any section require consultation with the Training Coordinator/Committee and a formal remediation plan.**

*Check one of these statements about the intern/other trainees’ status:*

\_\_\_\_\_ Doctoral Intern is performing as expected.

\_\_\_\_\_ Problems listed above have been noted but do not require attention of Training Committee at this time. The supervisor is attending to remediation of the identified issues.

\_\_\_\_\_ Problems reflected in this report warrant discussion or action by the Training Coordinator and Committee.

Doctoral Intern \_\_\_\_\_ Date \_\_\_\_\_

Primary Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Training Coordinator \_\_\_\_\_ Date \_\_\_\_\_

**Doctoral Intern Response to Evaluation:**

**Appendix L: Intern Evaluation of Internship Training Experience**

**Northern Arizona University  
Doctoral Intern Program Evaluation  
Counseling Services**

In order to evaluate and improve the internship training program, please rate your experience on the following items:

**RATING SCALE**

**5 = Outstanding    4 = Very Good    3 = Average    2 = Fair    1 = Poor**

**PART I. GENERAL WORK ENVIRONMENT**

**General work environment:**

- Physical work facilities \_\_\_\_\_
- Patient Services support \_\_\_\_\_
- Quality of relationships with staff \_\_\_\_\_
- General morale of staff \_\_\_\_\_
- Quality of relationships among trainees/interns \_\_\_\_\_
- Overall staff communication \_\_\_\_\_
- Opportunities for participation and input in center decisions \_\_\_\_\_
- Commitment to training and supervision among staff \_\_\_\_\_
- Extent to which staff are supportive of one another \_\_\_\_\_
- Extent to which staff are models of balance and self-care \_\_\_\_\_
- Recognition and acknowledgment of trainees/interns \_\_\_\_\_
- Ethical and professional work environment \_\_\_\_\_
- Overall work environment \_\_\_\_\_

Additional comments about the work environment at Counseling Services:

**PART II. TRAINING PROGRAM COORDINATION AND LEADERSHIP**

Rating

**Orientation:**

- Extent to which orientation activities increased my knowledge of:
  - CS internship expectations, policies, and procedures. \_\_\_\_\_
  - EMSA departments, personnel and mission. \_\_\_\_\_
  - NAU Culture \_\_\_\_\_
  - Various campus and community resources. \_\_\_\_\_

Overall rating of orientation \_\_\_\_\_

**Experience with Training Director:**

Leadership of training program \_\_\_\_\_

Coordination of training year \_\_\_\_\_

Balance of support and growth/challenge \_\_\_\_\_

Communication with trainees/interns \_\_\_\_\_

Understanding of developmental level of trainee \_\_\_\_\_

Helpfulness in professional development & experience \_\_\_\_\_

Supportiveness of trainees/interns \_\_\_\_\_

Availability to trainees/interns \_\_\_\_\_

Overall quality of experience w/Training Director \_\_\_\_\_

Additional Comments about the Training Director:

**Experience with Training Staff:**

Balance of support and growth/challenge \_\_\_\_\_

Communication with trainees/interns \_\_\_\_\_

Understanding of developmental level of trainee \_\_\_\_\_

Helpfulness in professional development & experience \_\_\_\_\_

Supportiveness of trainees/interns \_\_\_\_\_

Availability to trainees/interns \_\_\_\_\_

Overall quality of experience w/training staff \_\_\_\_\_

Additional comments about training staff:

**PART III. INTERNSHIP EXPERIENCES AND OPPORTUNITIES**

Please rate your experiences and opportunities using the following scale:

**RATING SCALE**

**5 = Outstanding**

**4 = Very Good**

**3 = Average**

**2 = Fair**

**1 = Poor**

**Individual therapy:**

Individual therapy opportunities	_____
Intake opportunities	_____
Opportunities to work in various therapeutic modalities (e.g. long-term, group, brief, behavioral health)	_____
Opportunities to use various therapeutic interventions, including evidence-based treatments	_____
Individual therapy case conference discussions/presentations: Extent to which interactions improved clinical conceptual development (understanding of client problem/issues)	_____
Extent to which interactions improved clinical skill development (new ideas for working with my clients or client problems)	_____
Overall usefulness of discussions and case presentations	_____
Assessment: Opportunities to conduct assessments, including psychological, career, and alcohol assessments.	_____
Assessment seminar trainings	_____
Crisis Intervention: Exposure to crisis counseling	_____
Development of crisis intervention skills	_____
Crisis intervention trainings	_____
Scientific Knowledge and Methods: Exposure to professional research and scholarly readings (e.g., didactic seminar materials, library holdings)	_____
_____	_____
Training in evidence-based practices	_____
Ability to integrate practitioner-scholar model into practice	_____
_____	_____
Ethics and Professional Practice: Exposure to ethical issues and dilemmas	_____
Training in ethical and legal issues in counseling	_____
Ability to recognize ethical issues	_____
Awareness of when to consult about ethical issues	_____
Diversity and Multiculturalism: Exposure to diverse clientele	_____
Trainings in multicultural issues/underrepresented populations	_____
_____	_____
Opportunities to discuss issues of diversity	_____
Diversity Seminar Rotation	_____
<b><u>Group Counseling:</u></b> Opportunities to co-lead process/therapy groups	_____
Opportunities to co-lead psychoeducational or support groups	_____
Development of group leadership skills	_____

Group supervision \_\_\_\_\_

**Supervision:**

- Opportunity to provide supervision to practicum students \_\_\_\_\_
- Development of supervisory relationships \_\_\_\_\_
- Development of supervision skills \_\_\_\_\_
- Supervision of supervision seminar \_\_\_\_\_

**Consultation/Outreach:**

- Opportunities to provide consultation to campus liaisons \_\_\_\_\_
- Opportunities to provide outreach presentations to university populations (students, faculty, staff) \_\_\_\_\_
- Opportunities to participate in program evaluation \_\_\_\_\_
- Opportunities for consultation with interdisciplinary and integrated care staff at CHS/HP \_\_\_\_\_

**Behavioral Health:**

- Opportunity to participate in behavioral health rotation \_\_\_\_\_
- Development of behavioral health skills \_\_\_\_\_
- Behavioral Health Supervision/Seminar \_\_\_\_\_

**Intern Seminars and Trainings:**

- Intern Formal Case Presentation \_\_\_\_\_
- Case Conceptualization \_\_\_\_\_
- CCAPS overview and interpretation \_\_\_\_\_
- Ethical and Legal Standards: Suicide and Risk \_\_\_\_\_
- Group Therapy \_\_\_\_\_
- Models of Supervision \_\_\_\_\_
- Sexual Assault \_\_\_\_\_
- Psychotropic Intervention \_\_\_\_\_
- Marijuana Didactic \_\_\_\_\_
- Trauma Informed Care \_\_\_\_\_
- Diet and Mood \_\_\_\_\_
- Sex Addiction and Intimacy Disorders \_\_\_\_\_
- ACT Seminar \_\_\_\_\_
- Human Sexuality Across the Lifespan \_\_\_\_\_
- Mental Health and NCAA Student Athletes \_\_\_\_\_
- Ethics and Professionalism in College Counseling \_\_\_\_\_
  
- Overall usefulness of intern seminars \_\_\_\_\_

**Intern Development:**

Extent to which internship experiences increased:

My ability to self-reflect about strengths and areas for growth \_\_\_\_\_  
My ability to identify and prioritize my professional needs \_\_\_\_\_  
Clarity of my professional career goals \_\_\_\_\_  
Awareness of my professional identity \_\_\_\_\_

**Overall rating of training program** \_\_\_\_\_

Additional comments about the training program:

#### **PART IV: CLINICAL AND PROFESSIONAL GROWTH**

Please rate your perceived competency in the following areas, taking into account the following developmental trajectory:

Practicum Student ➤ Intern ➤ Post-doc/entry level clinician in counseling/clinical psychology:

#### **COMPETENCY RATING SCALE**

**4 = I believe my skills are at the level of an intern ready to enter post-doctoral or clinical practice**

**3 = I believe I'm moving toward competency with good progress**

**2 = I believe I'm performing below the expected level of competency**

**1 = My skills need remediation**

#### **Individual Therapy**

1. Professionalism: (My ability to demonstrate values and ethics consistent with professional psychology, integrity, and responsibility.) \_\_\_\_\_

2. Reflective practice: (My ability to practice with personal and professional self-awareness and reflection; with awareness of competencies; and with appropriate self-care.) \_\_\_\_\_

3. Integration of scientific knowledge with professional practice: (My understanding



of college student development, and of research on mental health issues faced by college student populations, including biological, cognitive, and affective bases of behavior. Respect for scientifically-derived knowledge, and ability to integrate professional literature into treatment.)

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4. Relationships: (My ability to relate effectively and meaningfully with clients, supervisors, supervisees, and members of the larger UST community.)

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5. Attention to Diversity Issues: (My awareness, sensitivity and skills in working professionally with diverse individuals, groups, and communities who represent various cultural and personal backgrounds and characteristics defined broadly and consistent with APA policy.)

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6. Ethics and Professional Practice: (My ability to apply ethical concepts and awareness of legal issues regarding professional activities with individuals, groups and organizations.)

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7. Interdisciplinary Skills: (My knowledge of key issues and concepts in related disciplines (e.g. health and psychiatric services, academic counseling, career development...))

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8. Assessment Skills: (My ability to accurately assess and diagnose problems, capabilities, and issues associated with individuals, groups, and organizations.)

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9. Intervention Skills: (My ability to use interventions designed to alleviate suffering and promote health and well-being of individuals, groups, and organizations, and effectively manage crisis situations.)

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10. Consultation Skills: (My ability to provide expert guidance or professional assistance in response to a client's needs or goals.)

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**Group Counseling**

14. My understanding of group professional, diversity, and ethical issues.

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15. My ability to form a therapy or counseling group (e.g. pre-group screening, marketing, defining group goals).

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16. Demonstration of effective group leadership skills (e.g. creating safe atmosphere, using effective group interventions, helping members move through stages).

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## **Supervision**

17. Professionalism in the area of clinical supervision (e.g. identifying a model of supervision, openness in supervision, knowledge of strengths and areas for growth, ability to receive feedback non-defensively). \_\_\_\_\_
18. My ability to provide effective supervision structure (e.g. helping supervisee set appropriate goals and learning objectives, preparing for supervision, setting and maintaining appropriate boundaries in supervision). \_\_\_\_\_
19. My ability to establish effective supervision relationships (e.g. showing empathy, concern and support, encouraging independent thinking, examining supervisor/ supervisee relationship, providing specific and focused feedback on strengths and areas for growth, demonstrating awareness and respect for issues of diversity in supervision). \_\_\_\_\_
20. Development of effective counseling skills in supervision (e.g. assessing supervisees's skills and developmental level, assisting with case conceptualization, helping clarify client treatment goals, balancing focus on content with focus on process). \_\_\_\_\_

## **Consultation**

21. Professionalism in consultation activities and active participation in consultation seminar (e.g. conducting myself ethically and professionally, taking initiative to get my training needs met, demonstrating knowledge of theories and models of consultation, complaint all written outreach/consultation documentation). \_\_\_\_\_
22. My ability to form effective liaison/consultant relationships (e.g. working collaboratively with consultees, assessing and developing goals, maintaining regular contact with consultees, and assessing progress toward goals). \_\_\_\_\_
23. My ability to prepare and deliver effective workshops (e.g. identifying objectives, designing and implementing effective interventions, working well with a variety of topics and with a variety of audiences). \_\_\_\_\_
24. My ability to participate in program evaluation (e.g. evaluations of supervisors, supervisees, training program, training program leadership, and the counseling center). \_\_\_\_\_

Overall, how would you rate your experience as it pertains to CS's Doctoral Internship training program aim of:

“NAU CS's Doctoral Internship in Health Service Psychology prepares doctoral

interns in clinical and counseling psychology to be entry-level Health Service Psychologists through a year-long internship at a university counseling center” \_\_\_\_\_

**THANK YOU**

**Appendix M: Evaluation of Clinical Supervision**  
**Northern Arizona University**  
**Intern Evaluation of Primary and Secondary Supervisor**  
**Counseling Services**

Supervisor: \_\_\_\_\_ Intern: \_\_\_\_\_

Period of Evaluation: \_\_\_\_\_

**I. Supervisory Relationship**-includes focus on the type of learning atmosphere fostered by your supervisor.

**My Supervisor**

	<u>Excellent</u>		<u>Satisfactory</u>		<u>Unsatisfactory</u>	
1. Promotes a learning environment which is supportive, safe, and understanding.	5	4	3	2	1	NA
2. Encourages independent thinking and responsible action.	5	4	3	2	1	NA
3. Recognizes and appreciates my professional competencies.	5	4	3	2	1	NA
4. Gives feedback clearly.	5	4	3	2	1	NA
5. "Confronts" me constructively.	5	4	3	2	1	NA
6. Uses positive reinforcement.	5	4	3	2	1	NA
7. Provides a role model of ethical behavior.	5	4	3	2	1	NA
8. Is sensitive to cultural & individual differences.	5	4	3	2	1	NA
9. Encourages feedback on his or her supervisory behavior.	5	4	3	2	1	NA
10. Addresses my learning needs and agenda.	5	4	3	2	1	NA
11. Recognizes and responds to my comfort/ stress level.	5	4	3	2	1	NA

**II. Structure of Supervision**

12. Allots sufficient time for supervision, including extra availability when needed.	5	4	3	2	1	NA
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13. Keeps supervision appointments or reschedules as necessary.	5	4	3	2	1	NA
14. Sets clear objectives and expectations.	5	4	3	2	1	NA
15. Provides appropriate structure to our sessions when needed.	5	4	3	2	1	NA

### III. Development of Counseling Skills

	<u>Excellent</u>	<u>Satisfactory</u>	<u>Unsatisfactory</u>			
16. Assists in case conceptualization	5	4	3	2	1	NA
17. Provides insight into client dynamics.	5	4	3	2	1	NA
18. Offers general strategies for therapy.	5	4	3	2	1	NA
19. Provides specific suggestions and responses.	5	4	3	2	1	NA
20. Uses effective aids in supervision (e.g. recordings, didactic methods, readings.)	5	4	3	2	1	NA
21. Encourages the use of theoretical models.	5	4	3	2	1	NA
22. Focuses on counseling process as well as context.	5	4	3	2	1	NA
23. Assists in establishing appropriate goals and outcomes for clients.	5	4	3	2	1	NA
24. Promotes understanding & appreciation of diversity.	5	4	3	2	1	NA
25. Provides useful information about campus or community referral resources.	5	4	3	2	1	NA
26. Promotes accurate use of assessment devices.	5	4	3	2	1	NA
27. Assists me in appraising my counseling skills.	5	4	3	2	1	NA

### IV. Global Evaluation

28. Overall evaluation of supervisor's

effectiveness this semester.

5

4

3

2

1

NA

29. Comments: (In particular, you might address your supervisor's major strengths as well as areas for growth. Also, you can discuss their effectiveness as a role model in other professional contexts in which you may have worked together this semester)

## Appendix N: Formal Case Presentation Format/Outline

### Northern Arizona University Counseling Services

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#### Doctoral Intern Formal Case Presentation Guidelines

**Purpose:** Interns will present a clinical case to the entire CS senior staff twice over the course of the academic year, likely near the end of each semester. The presentation time allotted is 50 minutes and Interns are encouraged to provide enough time for staff to ask questions and comment about the case and the presentation itself.

The goal of the presentation is to assist the Intern in developing their case presentation and clinical skills and to provide them with the feedback they request. The presentation is not considered an “exam” of how well you are doing on internship. Rather, the case presentation process is considered another form of developmental training, preparing Intern’s in the practice of presenting on a client and requesting specific feedback from colleagues and fellow staff. This is done, above all, in service to enhancing the Interns’ knowledge and clinical skills/abilities, while also secondarily benefiting the client’s treatment.

A written report is required as a complement to the staff presentation. It is required that you consult with your primary supervisor about which client you would like to present on and work with your supervisors on the written report. The written report should be ready for the staff **one week prior** to the presentation. A copy should be placed in the mailboxes of clinical staff members and an email should be sent alerting staff to check the mailboxes for the copy. After the presentation, all copies should be collected so that they can be properly destroyed. It is the Intern’s professional responsibility to track the number of copies made and disseminated so that they can ensure no copies are left unaccounted for at the end of the presentation.

The Training Coordinator will moderate the case presentation. The Intern should be attentive to managing the time to ensure that they are able to present their case, show video recordings, and have adequate time for discussion.

Finally, the case presentation will be evaluated by staff present, and this feedback will be provided to the Intern within one week. It is suggested that you meet with your primary supervisor to debrief and review the feedback during individual supervision. You should provide the Training Coordinator with a copy of the final report\presentation for your intern file.

#### Things to Include:

Interns are encouraged to select clients with whom they have struggled and/or would benefit from feedback regarding treatment. This presentation will include a case conceptualization report. The issue of diversity should be interwoven into the various parts of the report as needed.

The report should include:

- a) Statement of theoretical orientation
- b) Background Information
- c) Presenting Problem(s)
- d) Risk Assessment
- d) Conceptualization of case
- e) DSM V Diagnosis
- f) Interventions Used
- g) Treatment Goals/Progress
- h) How this client challenged you as a therapist
- i) Questions you would like the others to help you with
- j) References
- k) Maximum of 3 pages
- l) Brief one page outline of the points you will cover in your presentation (optional)

\*\*\*In writing the report, the use of relevant literature is to be used to describe the presenting problems and as foundation to the conceptualization of the case and interventions used. A minimum of at least 3 references should be included.

**\*Examples of questions that a trainee may pose to the group might be:**

- ✓ What other ways can I conceptualize this case?
- ✓ What relational challenges are happening between me and the client?
- ✓ What multicultural issues are impacting my work, and how do I approach those issues?
- ✓ How might I approach such issues with the client in the future?
- ✓ What issues might I be missing?

**PROCEDURES FOR PRESENTING AND REPORTING**

- The **report will be due to staff one week prior** to the presentation.
- Trainees should provide relevant written information about their case to all attendees. Trainees/ staff will read the report prior to the seminar in preparation for asking questions and providing feedback.
- You are encouraged to use a power point to present your case.
- You are required to use 2 video clips in support of your presentation
- Presentations sequence: First 15-20 minutes is a brief summary of the client then show 2 **brief video recording segments totaling no more than 10 minutes**. Your presentation should be **no longer than 35-40 minutes** – the remaining time will be to discuss the case & attend to your questions.



- List 2-3 specific questions for the group in order to receive tailored feedback about the case.
- When the trainee is finished presenting video and oral information, a 10-15 minute general discussion of the case will follow, with particular attention to the intern's/ trainees questions.
- Last 5-10 minutes will be for direct feedback given to the intern/trainee.
- **NOTE:** To ensure confidentiality, all written copies of the case will be collected by the presenter and shredded upon completion of the presentation.

### **Helpful Hints:**

- During your presentation, prior to showing video, give us a way to envision your client (e.g., physical description, verbatim client quotes, interpersonal relatedness, etc.) as an added means of comparison when we observe the videotape. It is also helpful to share your experience of the client (e.g., first impressions, personal feelings or reactions, etc.).
- Describe the quality of the therapy relationship and course of treatment including therapy goals, themes, and critical moments.
- Start with a brief description of relevant information about the client that will help in the understanding of the client: demographic data, the presenting complaint, social and developmental history, psychiatric history including previous treatment, hospitalizations, and medications, family history, and strengths of the client.
- You can use some verbatim lines from the therapy – give the group the opportunity to get a sense of the lived experience of the client, and of your experience with that client.
- Include yourself in the process; personal reactions, feelings towards the clients, and anything about yourself that was stimulated by the client

## Appendix O: Case Consultation Evaluation

Staff/Trainee: \_\_\_\_\_

Evaluator: \_\_\_\_\_

Date: \_\_\_\_\_

**Please rate the following questions using the scale below:**

Not Applicable	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
N/A	1	2	3	4	5

1) The presenter was clear and concise	
2) The presentation effectively balanced breadth and depth:	
3) The presenter appeared well-prepared:	
4) The presenter cogently stated the questions they needed answered:	
5) The presenter provided concise and relevant background information including client demographics, treatment history, and diagnostic impressions:	
6) The presenter effectively addressed any/all relevant ethical and legal considerations of the case:	
7) The presenter effectively addressed necessary/relevant risk factors and safety concerns (including but not limited to substance use, SI/HI/SIB, previous hospitalizations, etc.):	
8) The presenter provided a thorough case conceptualization informed by client background, cultural considerations, demographics, clinical impressions, and diagnosis:	
9) The case conceptualization was tied to a specific, articulated theoretical approach:	
10) The presenter provided diagnostic impressions informed by criteria and symptomology stated in the DSM-5:	
11) The presenter provided information about treatment planning; treatment plan is informed by diagnostic impressions, multicultural considerations, and case conceptualization.	
12) The presenter appropriately addressed relevant psychiatric and medical considerations that would warrant consultation with a provider from CHS, psychiatry, Dietitian, etc.	
13) The presenter demonstrated openness to feedback from case consultation group members and medical staff:	
14) The presenter effectively demonstrated sensitivity to multicultural and diversity considerations throughout all aspects of their presentation:	

15) The presenter effectively utilized video clips that supported their concerns, questions, and rationale for client selection:	
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Average score:

**Any additional comments, including strengths and limitations of the presentation to support ratings from above:**

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- \* Please fill out this evaluation and give to the presenter by the end of today (Thursday).
- \*Presenter is responsible for reviewing evaluations with supervisor during next supervision meeting.
- \*Doctoral Interns should provide copies of these evaluations from all group members to Training Coordinator.

**Appendix P: Intern Informed Consent and Notification of Trainee Status**

\_\_\_\_\_ is a Doctoral Psychology Intern at NAU’s Counseling Services (NAU CS). This means that they are completing the final requirement, a one-year clinical internship, toward earning their doctoral degree in psychology. Although they have several years of clinical training experience and is fully competent to provide psychological services, it is a requirement of the internship that \_\_\_\_\_’s counseling work is supervised by licensed mental health clinicians. Supervisors review clinical records and treatment strategies (including case notes and recordings of sessions), and consult with \_\_\_\_\_ on cases as needed. \_\_\_\_\_ also may consult with other supervisory staff as needed.

\_\_\_\_\_ primary clinical supervisor is \_\_\_\_\_ (Lic #). Their secondary supervisor is \_\_\_\_\_ (Lic #). \_\_\_\_\_ and \_\_\_\_\_ are senior staff psychologists at NAU Counseling Services. A complete list of licensed staff is available in the CS waiting area or online at <https://nau.edu/Counseling-Services/Staff/>. Should you desire to contact them or access your records in the future, they and other licensed staff can be reached by contacting NAU CS at Box 6045, NAU, Flagstaff, AZ 86011-6045 or 928/523-2261.

I have read and understand that \_\_\_\_\_ counseling work is being supervised by the individuals named above.

\_\_\_\_\_  
Printed Name of Client

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Signature of Client (or parent)

\_\_\_\_\_

## Appendix Q: Consent for Electronic Recording

### Informed Consent regarding Electronic Recording of Counseling Sessions

I understand that I will be participating in counseling meetings that may be electronically recorded. Such recordings are made for quality assurance and training purposes at NAU Counseling Services. As such, they may be reviewed by Counseling Services clinical and supervisory staff.

The strictest standards regarding confidentiality will be maintained regarding electronic recordings of counseling sessions. Recordings will be kept on a dedicated secure server at Counseling Services, and will be viewable only by appropriate staff and at that location. Recordings will be deleted after appropriate review by the counselor and supervisory/consulting staff or within one month of recording (whichever occurs first).

I acknowledge that my rights, responsibilities, and the limits of confidentiality have been explained to me. I am aware that I have the right to withdraw from participation in counseling any time I choose. I am aware I will not be refused counseling services, if I decline to participate in electronic recording of my sessions.

\_\_\_\_\_  
Printed Name of Client

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Signature of Client (or parent)

\_\_\_\_\_  
Date

**Appendix R: Exit Interview**  
**2018 - 2019**

1. Please comment on your orientation during the first two weeks. What was helpful? What else is needed?
2. Following orientation, did you feel adequately prepared to take on the responsibilities (i.e., individual case load, outreach, consultation, etc.) of your position?
3. Please comment on how you felt about individual supervision? Did you feel rotating supervisors was beneficial? What changes might you suggest?
4. Did you feel adequately prepared for on-call and screening time coverage? If not, what changes would you suggest?
5. Did you feel sufficiently prepared for your group therapy facilitation experience? If not, what changes would you suggest?
6. Do you feel your training experience at Counseling Services invited ample opportunity (both formal and informal) for receiving feedback about your skills, progress, and professional development? If not, what changes would you suggest?
7. Do you feel your training experience at Counseling Services invited ample opportunity (both formal and informal) for providing feedback to the Training Coordinator, individual supervisors, and/or senior staff about your training needs, goals, and experience? If not, what changes would you suggest?
8. What resources were missing during your training year that would have enhanced your ability to function in your role?
9. Overall, do you feel that your training experience helped to increase your competence in the skills necessary to be an effective therapist? How so? If not, what was missing?
10. Overall, do you feel that your training experience facilitated your developed of self-awareness and interpersonal skills that are necessary to form effective therapeutic alliances and professional relationships with colleagues? How so? If not, what was missing?
11. Overall, did you feel that your training experience at CS fostered your overall development as a Psychologist? How so? If not, what was missing?

12.1. Overall, how satisfied are you with your training experience at CS?

What suggestions do you have that will help us enhance the training program?

Please feel free to comment on any other aspects of the training program we haven't discussed.