DOCTORAL INTERNSHIP

HEALTH SERVICE PSYCHOLOGY
(APA ACCREDITED)
APA Office of Consultation and Accreditation
750 First St. NE Washington, D.C. 20002-4242
Telephone 202-336-5979

TRAINING MANUAL

Revised August 2017

SUNG E. KIM-KUBIAK, Ph.D.
Training Director
# Table of Contents

**INTRODUCTION** .................................................................................................................. 5

**INTERNSHIP TRAINING AT UBCS**

**OVERVIEW** ......................................................................................................................... 8

**INTERN SELECTION CRITERIA and PROCEDURES** .......................................................... 9

**INTERN TRAINING CONTRACT** ....................................................................................... 10

**INTERN SUPERVISION** .................................................................................................... 10

**DIDACTIC TRAINING** ....................................................................................................... 133

**PSYCHIATRIC TRAINING COMPONENT** .......................................................................... 133

**RECORDING CLIENT SESSIONS** ..................................................................................... 133

**PROFESSIONAL DEVELOPMENT TIME AND RESOURCES** .......................................... 143

**TRAINING PROGRAM ADMINISTRATION/OVERSIGHT** .................................................... 144

**INTERN EVALUATION, REVIEW, AND DUE PROCESS PROCEDURES** ......................... 144

**COMMUNICATION WITH INTERNS’ GRADUATE PROGRAMS** .................................... 15

**EVALUATION OF TRAINING PROGRAM AND SUPERVISORS** ....................................... 15

**SUCCESSFUL COMPLETION OF INTERNSHIP** ............................................................... 16

**ETHICAL, LEGAL, AND PROFESSIONAL ISSUES** ............................................................ 17

**INTERN RELATIONSHIPS AND INTERN-STAFF RELATIONSHIPS** ............................... 17

**PROFESSIONAL LICENSURE** ............................................................................................ 18

**VACATION TIME, SICK LEAVE, BENEFITS,** ................................................................. 19

**ADMINISTRATIVE ASSISTANCE FOR INTERNS** ............................................................. 19

**OTHER RELEVANT CENTER MANUALS** .......................................................................... 19

**GOALS, AIMS, and COMPETENCIES** ................................................................................ Error! Bookmark not defined.

**APPENDICES** .................................................................................................................. 377

Appendix A: Internship Applicant Rating Forms ................................................................. 388

Appendix B: Training Contract ............................................................................................... 44

Appendix C: Instructions for Running Reports on Titanium ............................................... 466

Appendix D: Available Psychological Testing Instruments ................................................. 477

Appendix E: Intern Evaluation Forms ..................................................................................... 499

Appendix F: Due Process for Intern Competence Problems and Skills Deficits .............. 74

Appendix G: Due Process for Intern Grievances ................................................................. 78

Appendix H: Supervisor/Supervision, Training Director, and Training Program Evaluation Forms ................................................................................................................................. 81
INTRODUCTION

This manual describes policies, procedures, and training goals and structures for the Doctoral Internship in Health Service Psychology at the University at Buffalo (State University of New York), Counseling Services. This program is fully accredited by the American Psychological Association (APA).

American Psychological Association
Office of Consultation and Accreditation
Address: 750 First St. NE Washington, D.C. 20002-4242
Telephone: 202-336-5979
Website: http://www.apa.org/ed/accreditation/

Our internship is designed to provide an intensive, individualized, professional training experience in the varied activities carried out by psychologists in a service-oriented university counseling center. We seek to facilitate growth and development in the profession-wide competencies of health services psychology (different from health psychology), as laid out in the Standards of Accreditation (SoA) (APA 2015): http://www.apa.org/ed/accreditation/section-c-soa.pdf

During the internship year, interns will engage in a variety of clinical and professional activities, receive training and supervision, and receive regular evaluation and feedback to assist in their ongoing development. We at Counseling Services value a strengths-based perspective to help interns build on their existing knowledge and skills. At the same time, we also value developing greater flexibility and expanding their capacities to understand and intervene in ways that may move them out of their existing comfort zones. The overall goal of the internship is to deepen and expand their knowledge, skills, and capacities to transition from a “trainee” identity towards a more independent “professional” identity throughout the internship year. Our hope is that at the end of internship, our interns will have had the necessary amount and intensity of clinical and professional experiences to build greater self-confidence to function competently as a beginning professional in health service psychology. Toward this end, our interns engage in all the clinical and professional tasks and roles that professional staff members engage in at our center, with support and supervision in line with the changing development needs of the intern throughout the year. These include individual, group, and couples psychotherapy, initial assessments, crisis intervention (crisis walk-ins, and after-hours crisis on-call), mental health consultation, outreach programming, and providing clinical supervision to masters level practicum students. Additionally, though as a center, we are not heavily focused on the use of psychological assessment instruments, we do recognize an and value the usefulness of psychological testing at times to better understanding client functioning and needs. Hence, there are some minimal expectations/requirements for integrating psych testing for the purposes of enhancing client conceptualization and therapeutic intervention. Furthermore, depending on interns’ interests, there may also be opportunities for consultation and collaboration with other university entities. Some possibilities include serving on the Eating Disorders Treatment Team, collaborating with the International Student Services office in conjunction with the international student specialists on our staff, collaborative mental health awareness programming with Wellness Education Services and Student Health Services, and working with student athletes in conjunction with the sports psychologist on our staff, etc.

University at Buffalo Counseling Services

The University at Buffalo Counseling Services (UBCS) is a member of the Student Wellness Team, and a division of Student Affairs at UB. Our mission, vision, and values are:

MISSION
Counseling Services promotes the personal well-being and academic success of students by providing comprehensive mental health services, educational programs, crisis intervention services, and consultation to the campus community.

VISION
Counseling Services is a place where all served feel welcomed, respected, safe, and helped. A place where
students are assisted in reaching their full capacity to learn, work, connect, and give as responsible citizens of the world. Counseling Services influences the university community through support, advocacy and education/training, as a nurturing environment that respects diversity, enhances the academic quality of life, and supports emotional, relational and intellectual development of the students served and the mental health professionals trained.

VALUES
The Mission and Vision of Counseling Services are guided by the quality standards of University Life and Services:

- Safety
- Respect
- Learning
- Courtesy
- Efficiency

Non-Discrimination Policy

UBCS explicitly exercises a non-discrimination policy, as noted on our internship website:

“The University at Buffalo is an Affirmative Action/Equal Opportunity Employer. In accordance with federal and state laws, no person in whatever relationship with the State University of New York at Buffalo shall be subject to discrimination on the basis of age, religion or creed, color, disability, national origin, race, ethnicity, sex, marital or veteran status. Additionally, New York's Executive Order 28 and the University Board of Trustees Policy prohibit discrimination on the basis of sexual orientation.”
The internship offered by the University at Buffalo Counseling Services (UBCS) is designed to provide a broad-based professional training experience in the range of activities carried out by psychologists in a service-oriented university counseling center. Our philosophy of training incorporates a generalist, practitioner-scholar perspective, highlighting mentorship and experiential learning. We take a developmentally appropriate and individualized approach, with opportunities to adjust some aspects of the internship experience throughout the year based on each intern’s particular strengths, areas of particular interest, as well as needs for ongoing development. We also recognize the profound impact of individual and cultural difference in all that we do as psychologists and as human beings. Hence, we have a commitment to diversity and multicultural awareness in all aspects of our training program. Furthermore, we recognize that who we are as people cannot be completely separate from who we are as clinicians/professionals, especially in our field of work. Hence, awareness and attention to our own experiences, feelings, beliefs, values, assumptions, and general functioning, including self-care, is an important aspect of professional development.

We see the internship year as a transition period when interns will be shifting from a trainee identity and developing their clinical and professional identities. We seek to assist in this developmental process by providing interns opportunities to stretch, take risks, try out different forms of interventions and therapy approaches, and begin to discover their own individual styles and approaches that are consistent with their sense of self, values, strengths, and interests, with greater sensitivity and respect for the multicultural world in which we exist.

**Generalist Perspective**

Our mission is to train interns as skilled generalists equipped to work in a variety of post-internship employment settings. To this end, we provide a range of didactic and experiential training activities that psychologists in a large university counseling center setting or other mental health settings are likely to encounter. As an APA accredited internship, training and experiences are consistent with the 2015 SoA profession-wide competencies (http://www.apa.org/ed/accreditation/section-c-soa.pdf).

**Practitioner-Scholar**

Our staff recognizes the importance of clinical practice that is informed by science and scholarly inquiry. Theoretical and research literature is integrated with experiential components of training through provision and discussion of professional literature. There is recognition of the applicability of scientific method in clinical thinking, including critical evaluation, awareness of biases, integration of available information toward hypothesis formation (i.e. case conceptualization), and the process of hypothesis testing (e.g. implementing interventions, assessing their impact, revising hypotheses). UBCS staff serve as practitioner-scholar role models for our trainees, and center activities illustrate the integration of science and practice. Administrative and policy decisions at our center are informed by scholarly review of both empirical and theoretical literature, as well as our center’s ongoing examination of service utilization, client demographics, and client satisfaction.

**Mentorship and Experiential Learning**

As part of the foundation of our training philosophy, mentorship is evidenced by a genuine commitment to intensive supervision and to the furthering of the intern’s personal and professional growth. Interns are respectfully regarded as developing professionals and are encouraged to work closely with UBCS staff members, who provide mentoring and serve as professional role models for our trainees. Staff members model ethical and professional clinical approaches and participate in teaching through supervision, consultation, and seminars. Staff members utilize a variety of theoretical orientations, including, but not limited to CBT, DBT, feminist, psychodynamic, constructivist, existential, and solution-focused approaches, as well as some specific brief therapy models. Regardless of the primary orientations with which each staff member identifies, there is a shared understanding and attention to the therapeutic relationship (consistent with psychotherapy research) as a key component and contributor to therapy process and
progress. Therefore, interns have the opportunity to get exposure to a variety of therapeutic approaches and styles, while still refining their ability to attend to relational dynamics and use the therapeutic relationship as a primary tool for therapeutic change.

**Developmental Approach**

Interns’ experiences are sequential, cumulative, and graded, with increasing levels of responsibility and expectations for independent functioning throughout the internship year. The internship year begins with a period of orientation during which interns receive sessions to orient them to center policies and procedures, and begin receiving didactic information on the core tasks that interns will engage in throughout the year (e.g. short-term therapy, clinical interview, outreach/consultation, group therapy, crisis intervention, and supervision). Interns also shadow training staff as they conduct initial clinical assessment interviews and crisis intervention sessions before interns are expected to engage in these activities themselves. Previous training and experience is assessed, initial goals for training are determined, and these training goals are revised throughout the year based on periodic intern evaluations. Throughout the internship year, support, training, and supervision activities are geared toward assisting interns to increase their clinical knowledge, skill, sophistication and complexity, and capacity for autonomous functioning.

**Individualized Training**

We recognize that each intern brings a variety of skills, experiences, and training needs to the internship, and that some flexibility to tailor the training program according to the strengths, needs, and interests of each intern is necessary for optimal growth. Some examples of how this is accomplished within the overall structure of our training program include the following:

- training contracts are revised for each intern based on their particular training interests and needs
- goals for clinical training specific to each intern are determined and revised for each trainee with their supervisors throughout the year; clinical caseloads and service activities should be consistent with interns’ training needs and interests
- interns’ input and preferences are considered in initial supervisor assignments and potential changes in supervisory pairings in the second half of the internship year, and assignment to various committees (both internal and external to UBCS)
- interns have opportunities to engage in outreach and consultation activities that are of particular interest to them, as well as opportunities to co-lead theme groups based on interests and center needs

**Diversity and Multicultural Awareness**

Our internship program attends to diversity/multicultural issues through various training activities, including didactic training, supervision, and actual clinical experiences with a diverse client population. The staff of Counseling Services is committed to the awareness and affirmation of diversity in all our clinical and non-clinical endeavors. Multicultural awareness and sensitivity pervade all training and service at our center. The student population here at UB is quite diverse not only among traditionally under-represented American groups, but also among international students. Interns are provided with exposure to clients of differing ethnicities, cultures, sexual orientations, socioeconomic backgrounds, religious backgrounds, ages, genders, and abilities. Several seminars are presented throughout the year addressing various topics related to diversity and multicultural issues. Workshops are provided to the university community in an effort to assist in the celebration of diversity throughout the campus. We strive to recruit interns who share our commitment to embracing the challenges and rewards of bearing services to such a broad-ranging population.

**OVERVIEW**

Our doctoral psychology internships is a full-time, 2000 hours program, maximizing its applicability for licensure requirements in most states. Interns scheduled for 42 hours per week, which includes 5 hours for lunch, and 2 hours for professional development, dissertation, or other research time per week.
Ongoing formal and informal bi-directional feedback and self-assessment are key aspects of the training year. Upon beginning the internship year, interns will be provided with a period of orientation (August Orientation) to center policies, procedures, and initial didactic training on a variety of topics relevant to their functioning through the rest of the internship year. Additionally, during this period, interns are asked to engage in self-reflection and self-assessment of their current level of knowledge and skill in various clinical and professional tasks (e.g. individual therapy, group therapy, etc.), and to determine some initial training goals resulting from this self-assessment. Formal written and verbal feedback is provided at 2 or 3 points during the year (typically mid-year and year-end). Moreover, ongoing informal verbal feedback is provided throughout the year. We also value interns’ feedback regarding their experiences in our training program. Interns are given ample opportunities to provide both formal and informal feedback to supervisors and the Training Director throughout the year. We engage in ongoing revisions to aspects of our training program based on previous interns’ input, and encourage honest, direct communication and feedback.

**INTERN SELECTION CRITERIA and PROCEDURES**

Applicants for internship are required to meet the following conditions to be given full consideration:

Minimum requirements:
1. Minimum 800 AAPI Grand Total Practicum Hours; Minimum 500 AAPI Total Intervention Hours
2. Minimum 3 years of graduate training in a clinical or counseling psychology doctoral program
3. Comprehensive Exams passed by application deadline
4. Graduate program that is APA-accredited; CPA-accredited is acceptable also
5. Endorsement by their department chair regarding their readiness for internship.

Preferred criteria:
1. 400 hours supervised psychotherapy experience (individual, couples, group) in graduate level practicum
2. Psychotherapy experience with adult client populations (similar to college age populations)
3. Experience providing group based treatments
4. Experience providing services to diverse client populations
5. Counseling center experience

Additional relevant experience:
1. Crisis intervention
2. Outreach and consultation
3. Providing clinical supervision and/or clinical supervision coursework

Applications must include, as a part of the universal AAPI application, the following:

1. A letter explaining (1) why you believe you would be a good fit with the internship program at UBCS, (2) what your goals for internship are, and how our program would help meet these training goals.
2. 3 Letters of Reference: at least 2 of these letters should be from clinical supervisors (and at least one of these 2 should be from your most recent clinical supervisor)
3. Verification of internship readiness from your graduate program training director
4. Current Curriculum Vitae
5. Official Graduate Transcript

The internship selection committee assesses the appropriateness of the practicum training through review of application materials. Each applicant is rated on amount and types of training and clinical experiences, how their AAPI essays fit with the philosophies, values, approaches, and professional functions at the center, and fit with what the internship program has to offer. Those candidates whose experiences and training goals are most compatible with our center and what our internship has to offer are invited for interviews. After all interviews are completed, the intern selection committee (which typically consists of the Training Director, Training Committee members, current psychology interns, and additional staff members as needed) meets to discuss each candidate’s qualifications and the fit with the internship program, and determine how each candidate will be ranked for the APPIC match. We adhere to APPIC guidelines. Applicants are never asked to reveal any
information about their rankings, nor do we provide information about our rankings. We make no attempts to court any particular applicant, and inform each applicant of this at the end of their interviews. Please see Appendix A for internship application and interview rating forms.

INTERN TRAINING CONTRACT

Interns will be presented with a weekly contract for work and training, which will be discussed with the Training Director, and will be signed by each intern and Training Director. This explicitly lays out how interns will (are expected to) be spending their time on a weekly basis. As the primary mode of training is experiential, interns are expected to provide at least 50% of their time in direct face to face service delivery. At least 25% of the time is allotted for various training activities and supervision that interns receive. The rest of the time is spent obtaining experience in providing training and supervision to masters level practicum students, outreach, consultation, research and other professionally relevant activities. The fall semester contract tends to be more generically determined for all interns, though there is some room for flexibility based on incoming interns’ unique experiences and skills. There is possibility for greater flexibility and individualized contracts in the spring and summer semesters, as training staff and interns themselves develop clearer recognition of the specific training goals and needs for each intern. See Appendix B for copy of the Intern Training Contract.

To assist interns and supervisors to keep track of actual time spent in various activities during the internship year, interns are encouraged to run monthly reports of their clinical and professional activities. Instructions for how to run these reports can be found in Appendix C. These should be reviewed with clinical supervisors to ensure that interns are making adequate progress in meeting the requirements of the training program and future licensing requirements. At the end of the internship year, it is recommended that interns run and print out a summary report for the year, as this information may be needed for future licensing applications.

INTERN SUPERVISION

Quality supervision has been one of the key strengths of the internship training experience at UBCS (based on past intern groups’ feedback). Though supervisory staff may have very different theoretical orientations and/or styles of supervising, there is a shared understanding of the importance of balancing support and challenge that is developmentally appropriate and sensitive to the needs, strengths, growing edged, and learning styles of each individual supervisee. Supervision emphasizes the development of conceptual and intervention skills, fostering greater sophistication and sound clinical judgement, and facilitating greater self-awareness around factors that can significantly impact clinical and professional functioning.

Primary Individual Clinical Supervisors

Each intern is assigned two different Primary Individual Clinical Supervisors, with whom they meet 1 hour a week each, totaling 2 hours of individual supervision weekly. At the beginning of the internship year, during August Orientation, interns meet with potential supervisors, who are clinical or counseling psychologists licensed in the state of New York. During these meetings, interns are afforded the opportunity to “interview” each potential supervisor to get a sense of their supervisory styles, philosophies, predominant therapy orientations, etc. Following these meetings, interns submit rank ordered lists of their preferences for supervisors to the Training Director. Though it may not be always possible to give every intern their most preferred choices, every effort is made to try to pair them with at least one of their top two choices whenever possible. Thus far, we have always been able to assign their supervisors from among the top half of their ranked preferences.

At the mid-point of the internship year (mid-February), there is the possibility, though not a guarantee, of changing one of the 2 assigned primary clinical supervisors. This will depend on a variety of factors, including interns’ ongoing training needs and progression of existing supervisory pairings. If an intern is interested in pursuing this option, these steps should be followed:
• speak to the current supervisor about the possibility of making a supervisory shift, and discuss your reasons for wanting to consider this
• then speak to the Training Director about your reasons for requesting the supervisory switch, and indicate which staff members you would most like to be switched to
• Training Director will then speak with each supervisor (the current and potential future supervisors) to determine feasibility of such a switch
• In those situations when a particular supervisory relationship does not feel safe enough for the intern to openly discuss this option with that supervisor, interns are encouraged to address the issue to the Training Director. Should the unsafe supervisory relationship be with the Training Director, interns are encouraged to address the issue to the Director of UBCS.

The two Primary Individual Clinical Supervisors are largely responsible for overseeing the majority of the intern’s clinical and professional work, including individual and couples counseling, initial assessments, crisis intervention, assessment, mental health consultation, case management tasks, clinical documentation. They will be providing the majority of evaluative feedback on the various profession-wide competencies. All clinical documentation must be reviewed, approved, and locked by a licensed professional. Most often it will be one of your Primary Individual Clinical Supervisors. However, other licensed staff members may lock notes when they are most directly involved with the clinical activity requiring the documentation, and/or they have the most information about the situation referred to in the note (e.g. clinical consultation with another staff member regarding client crisis contact).

**Supervision of Group Therapy**

UBCS places a strong value to the practice and training of group interventions. Process oriented therapy groups, as well as structured psycho-educational groups, and open support groups are a core aspect of service delivery. In the fall semester, interns are paired with professional clinical staff for group co-facilitation. They receive 1 hr/wk of supervision from that staff member for their group work. They also engage in monthly group consultation meetings (2 hr meetings with all interns, interns’ co-facilitators, and the group coordinator), where they can discuss their experiences in their groups, show video recordings for their group sessions, and give and receive feedback with each other.

**Supervision of Supervision (Meta-supervision)**

Interns gain experience in providing supervision for master’s level counselors in training. Their supervisees may be beginning or advanced practicum students in the Counseling, School, and Educational Psychology (CSEP) program at UB, or graduate programs in psychology or mental health counseling from other area colleges. They receive supervision of supervision (meta-supervision) with the Training Director for 2 hours weekly. Some didactic training and discussion of relevant literature on various topics in supervision will occur during these meetings, especially during the first semester. Supervision will involve discussion and processing of issues as they arise within the supervisory relationships, showing video recordings of supervision sessions, giving and receiving feedback, suggestions, and support from each other as well as the Training Director. Sometimes it may also be helpful to be more client focused and discuss how one might conceptualize or approach a particular client being seen by a supervisee, in order to then assist the supervisee to formulate appropriate case conceptualizations and therapeutic interventions. In such instances, it is appropriate to share the supervisee’s video or audio recorded therapy session in meta-supervision session.

**Paperwork review** will be a 3-tiered process involving the practicum student counselor, the intern supervisor, and the clinical documentation locking supervisor (who will be one of the intern’s primary individual clinical supervisors). Counselor (practicum trainee) paperwork will be reviewed by the immediate supervisor (psychology intern), providing comments, suggested revisions (if any). Once the intern supervisor is satisfied with the quality of the documentation, the intern will click on the second signature placement, and then forward that to the locking supervisor. The locking supervisor will do the final locking if satisfied with the note. If unsatisfied, he/she will send it back to the intern with instructions for changes, which the intern will then send back to the practicum student.
Supervision of Outreach and Consultation

Training and supervision on outreach and consultation will be provided by various staff, depending on the specific task or program the intern is engaging in. More general training and supervision in this area will be provided by the Assistant Director for Outreach, as well as interns’ primary clinical supervisors.

Informal formative feedback in these areas will be provided by various staff, depending on the type of activity and who the intern is working with for a given activity. Formal summative evaluation and feedback will be provided by the interns’ primary clinical supervisors, in consultation with other staff and/or the Assistant Director for Outreach, who may be able to provide specific information based on more direct experiences with the interns.

Outreach Activities: Interns will be paired with various senior staff members in providing outreach programming, especially in the beginning and early parts of the internship year. Hence, interns will have the opportunity to observe different styles of outreach planning and implementation, receive training and supervision from different senior staff members as they work collaboratively with them.

Following each program presentation, the intern and the senior staff co-facilitator are encouraged to complete evaluation forms of the intern’s functioning and performance. These are to be given to the Assistant Director for Outreach, who will then summarize all evaluations received for a particular intern. This summary evaluation will be presented to the interns’ primary clinical supervisors, to incorporate into their overall formal written summative evaluations.

Consultation/Collaboration with Other UB Entities: Interns will have ample opportunity to provide mental health consultation to less experienced therapists-in-training at the center, university students, parents, professors and staff throughout the year. Depending on interns’ interests, there may also be some opportunities to engage in consultative/collaborative work with other university entities. Some of these may include:
- Eating Disorders Treatment Team
- Mental Health Awareness Committee
- Consultation with Student Health Services around health issues that may be related to psychological/emotional functioning, or clients who may be receiving psychiatric services from a Student Health Services physician
- Collaborative outreach with Wellness Education Services and Student Health Services
- Athletics Department
- Office of International Student Scholars Services

Staff Meetings

Interns participate in weekly staff meetings, where they will be updated on relevant center issues. This is also a time for staff and interns to communicate about their activities, needs, and issues relevant to their clinical, professional, and training experiences. There will typically be one week per month that is designated as a “senior staff only” meeting.

Practice Job Talk Case Presentation

Towards the beginning of the spring semester, interns will be presenting practice job talk case presentations. In addition to the Training Director, interns are to invite at least 4 other staff members to attend the presentation (they are welcome to invite more than 4). Interns should invite the staff members at least 4 weeks in advance of their presentation date, so they can reserve that time, as schedules can fill up rather quickly. Interns engage in a mock job interview case presentation, after which they receive feedback and suggestions from attending staff, to strengthen their presentation. Though most interns experience this as rather anxiety provoking, they also find it extremely helpful in preparing for future formal case presentations, such as in job interviews.
Internship Meeting with Training Director

Interns will meet one hour every 4 weeks with the training director for “Internship Meeting.” The specifics of this meeting will be negotiated with each intern group, but the expectation is that each intern will make use of this meeting to talk about their experiences in the internship, and have a place to discuss relevant professional issues as a group. This is also a place where they can give and receive mutual support and assistance with their research, including their dissertations, if they so choose.

DIDACTIC TRAINING

Didactic training occurs primarily through the intern seminars that meet for 2 hours each week. The seminars will address topics that are pertinent to the development of a competent, well-rounded professional in health service psychology. Typically, there will be modules dedicated to clinical intervention with different client populations, ethical and legal issues in clinical practice, risk management, crisis intervention, assessment, outreach, consultation, group therapy, diversity and multicultural issues, and job search strategies, among a number of other topics presented by center staff. There are also professional development seminars throughout the year that are open to all center staff and trainees, that address a variety of clinically and professionally relevant topics. Additionally, there may be some didactic components occurring during various August orientation sessions, as well as weekly meta-supervision, especially earlier in the internship year. Finally, supervisors and other staff may offer clinical, professional, or research literature throughout the year as part of seminars, supervision, or other center work with which interns are involved.

Distance/On-line Training:

QPR (Question, Persuade, Refer) Suicide Prevention: During the initial orientation weeks of the internship year, interns will engage in a suicide prevention program self-study (QPR) that typically takes interns 10-15 hours to complete. As all staff and trainees will be involved in providing the QPR workshops to the campus community throughout the year, all therapists new to the center (staff & trainees) are required to gain this training. Part of this training also involves observing an actual QPR presentation. Once they receive the QPR certification and have observed a presentation, they are deemed ready to co-present these workshops themselves.

DBT (Dialectical Behavior Therapy): All UBCS staff and doctoral psychology interns may be involved in our DBT-informed group programs. We also utilize DBT skills in assisting clients to effectively move through periods of intense distress and crisis. Hence, all full-time therapists that are new to the center (staff & psych interns) must complete the 20-hours on-line training. Interns will be allotted time during the August orientation period to complete this training, after which they will receive a completion certificate from Behavioral Tech, LLC (www.behavioraltech.org).

PSYCHIATRIC TRAINING COMPONENT

We have a full-time psychiatric nurse practitioner, who provides much of the psychiatric medication management needs for the clients at UBCS. Interns are encouraged to consult with our PNP regarding clients who may benefit from psychotropic medication, in addition to psychotherapy or other intervention services, and to maintain open communication about those students under their mutual collaborative care. Interns may also have an opportunity to visit the Comprehensive Psychiatric Emergency Program (psychiatric emergency room) at Erie County Medical Center, where students who need psychiatric evaluation are referred.

RECORDING CLIENT SESSIONS

Most sessions with clients should be video or audio recorded via webcams, for use in supervision. There may be some rare instances when interns may be allowed to provide therapy to clients who refuse to be recorded in any way. This must be discussed and approved by the intern’s supervisor, and should not be decided solely by the intern. The contents of the recordings are stored on a secure server that only UBCS clinical staff can access. There are also levels of permission to access certain recordings. Part-time trainees are only able to access their own video files. Psychology Interns are able to access their own
video files, as well as part-time trainees' video files.

PROFESSIONAL DEVELOPMENT TIME AND RESOURCES

Interns are allotted 2 hours weekly for professional development activities, which may include working on dissertations or other research, preparation for conference presentation or submissions, independent reading on clinically or professionally relevant topics, or other professionally relevant activities that are approved by the Director of Counseling Services. Additionally, interns are encouraged to work with members of the senior staff on research related to counseling and psychotherapy, program evaluation, or some project related to the work of Counseling Services.

Interns, like staff are allotted 6 professional development days, that can be used to attend conferences, all day workshops, and 3 of which can be used for dissertation related travel (e.g. dissertation defense). To utilize these PD days, interns must submit a formal request to the Director, with information about the PD activity. It is up to the Directors discretion to approve the request or not.

Interns, like staff are eligible to receive financial assistance for professional development activities, such as attending professionally relevant workshops and conferences. The amount of PD money available is variable, depending on annual center budgets. PD money is only available for PD activities that take place during the internship year. To utilize this resource, interns must get the Director's approval.

Professional development time and resources are not to be used for personal therapy. Professional development time and resources are not to be used for other personal endeavors that are unrelated or only minimally and peripherally related to clinical and professional development as a psychologist.

TRAINING PROGRAM ADMINISTRATION/OVERSIGHT

Internship training is provided by all members of the UBCS staff. The ongoing administration of the internship training program is carried out by the Training Director, in consultation with the Training Committee (TrC) and the center Director.

Members of the Training Committee are assigned by the director, but will always include the Training Director, the Practicum Coordinator, and the Social Work Internship Coordinator. We also value having an intern participate in this committee, as they can provide a unique window into how the training program is actually experienced by the recipients. The TrC meets for 1.5 hours every other week to discuss the various training programs at our center, actively seeking to engage in an ongoing, dynamic process of evaluating, revising, and improving all aspects of the training we provide. The Training Director and TrC may institute some changes in structures and activities deemed to add to the quality of the training program. Recommendations for more overarching changes that can significantly impact the overall functioning of the center will be submitted to the Director for approval, and to the staff as a whole for reactions and feedback. Ultimately, any aspects of UBCS functioning, including training activities must be approved by the Director of the center.

INTERN EVALUATION, REVIEW, AND DUE PROCESS PROCEDURES

Providing interns with ongoing formative feedback and summative evaluations is key to facilitating interns' professional and personal growth. Hence, interns will receive ongoing informal evaluation and feedback throughout the year, as well as formal written evaluations at certain points during the internship year.

Initial Beginning of Internship Self-Assessment

In early August, interns’ skill levels and experiences to date are informally assessed by the Training Director and senior staff. This initial assessment is intended to provide a snapshot of intern strengths as well as directions for further development. Interns are familiarized with the goals of the internship and the various competencies that will be the focus of their training year. Interns are asked to engage in self-assessment,
through informal discussion, and by completing written evaluations based on their estimation of their current knowledge and skill. Interns, in discussion with relevant senior staff, also determine initial training goals during this period.

**Formal Evaluation**

Interns are formally evaluated by the Internship Training Staff at various points throughout the internship year. Interns and supervisors will be asked to complete evaluation forms, engage in more substantial discussion of the evaluations, and identify new or revised training goals arising from the evaluations.

Most areas of functioning will be formally evaluated at mid-year and year-end points of the internship. Group intervention work will be evaluated each semester that an intern engages in providing group interventions. We also value bi-directional evaluation and feedback. At every point that interns are formally evaluated, interns also provide evaluation and feedback of supervisors/trainers and the internship program. Interns are also encouraged and invited to provide ongoing formative feedback to supervisors/trainers and to the Training Director in regards to the internship program overall. Please see Appendix E for information about intern evaluation forms.

Additionally, training staff will meet once during the fall semester to discuss interns’ progress. This assists the training staff to be more aware of each intern’s strengths and growing edges, and be on the same page in regards to the training needs of each intern. This will help members of the staff to more consistently provide the appropriate types of support, supervision, and assistance to optimally facilitate interns’ continued learning and growth.

**Due Process Procedures for Intern Competence Problems and Formal Remediation**

Interns perceived by staff as not performing at an adequate level are informed of their deficiencies and provided with guidance on how to improve. If the competence problem is not adequately addressed through additional attention in supervision or other informal remediation strategies, formal remediation processes will be engaged. At that point, the intern will be informed of the possibility that we will not be able to certify their satisfactory completion of internship if sufficient progress is not achieved.

If the intern does not make sufficient progress by a specified time period, as laid out in the formal remediation plan, the intern's graduate program will be contacted for additional consultation. The decision is then made to either continue present remediation procedures or to readjust them to increase their effectiveness. In rare cases where interns do not demonstrate significant improvement by the year-end evaluation, the training program may need to take more formal action, such as giving the intern a limited endorsement or, in severe cases, withholding certification of the internship completion. Please see Appendix F for Due Process Procedures for Addressing Intern Competence Problems and Skills Deficits.

**Due Process Procedure for Intern Grievances**

When interns are dissatisfied with a supervisor, training staff, or some aspect of the training program, they are encouraged to provide this feedback directly to the staff member(s) involved, and engage in a good faith process of addressing this dissatisfaction or grievance through informal channels first. If this does not result in appropriate results, or if the intern, for whatever reason, feels too unsafe to address the concern directly to the person(s) involved, they are directed to discuss the matter with the Training Director, or the next person on the Administrative Hierarchy of the center most directly relevant to the presenting issue (e.g. if feel unable to resolve problems with group co-leader, then approach group coordinator as a next step). If informal methods do not result in satisfactory outcome, interns are encouraged to follow more formal grievance procedures. Due Process Procedures for Addressing Psychology Intern Grievances are outlined in Appendix G.

**COMMUNICATION WITH INTERNS’ GRADUATE PROGRAMS**

The Training Director will maintain communication with each intern’s graduate programs. At minimum,
the graduate programs will be sent a letter and copies of evaluations at mid-year and after completion of internship.

EVALUATION OF TRAINING

Evaluation of Supervisors/Trainers

In addition to evaluations of intern performance and progress, evaluations of the training program and providers are highly valued and taken seriously. Interns provide formal evaluations of their individual and group supervisors throughout the year, and are encouraged to discuss their feedback with their supervisors with the purpose of working toward supervisory relationships that are maximally beneficial and conducive to training goals.

Evaluation of Internship Program

Formal evaluations of the Internship Program from interns are obtained at mid-year and year-end points. The Training Director also invites feedback throughout the year during internship meeting times, and through a formal discussion at the end of the internship year. Each year there are some adjustments, often small adjustments, occasionally more significant adjustments to the training program based on each year’s interns’ feedback.

Written feedback about the internship program is also obtained from center staff at the end of each internship year.

Evaluation of Training Director

Interns provide formal written evaluation of the Training Director at mid-year and year-end points. If for any reason, an intern feels uncomfortable providing honest feedback directly to the Training Director, they may submit the evaluation to the center Director anonymously. The Director will pass along this feedback to the Training Director. Such feedback will be requested and welcomed by the Training Director, and opportunities to process issues will be provided during the interns’ regular meetings with the Training Director, or one-on-one meeting with the Training Director, as needed. However, interns are encouraged to approach the center director about any issues with the Training Director that s/he feels uncomfortable addressing directly with the Training Director.

Post-internship Survey

At the end of internship, interns will be asked for written permission to allow us to contact them in the future, in order to request that they complete our post-internship survey. This survey asks about their internship experiences and current professional position(s) and achievements. This is another way in which we can continue to evaluate the effectiveness of our training program in preparing interns for their transition to becoming a professional psychologist.

Please see Appendix H for information about supervisor/supervision evaluations forms, Internship Evaluation form, Evaluation of Training Director, Post-Internship Survey, and Post-Internship Contact Information and Permission forms, and where they can be accessed.

SUCCESSFUL COMPLETION OF INTERNSHIP

Interns are expected to meet minimum criteria for acceptable performance on each of the functional areas of professional psychology emphasized in the training program in order to successfully complete the internship. Minimum “passing” criteria for each area will be discussed further by the Training Director, relevant supervisors, and relevant area coordinators. Minimum required formal evaluation ratings are included in each evaluation form. A copy of the Internship Completion Certificate is provided in Appendix I.
Appropriate termination and/or transfer of clinical cases is required by the week before the official ending date of the internship year, at the latest. If your actual last day in the office will be sooner, then obviously such arrangements must be made prior to your departure.

All clinically related documentation must be written, reviewed, and approved (“locked”) by the appropriate supervisor before the intern’s last day at the office. If an intern leaves without having completed all paperwork, they should be aware that this will be reflected in any letters of recommendations given by UBCS staff. Your graduate program may be notified of this. Additionally, it is possible that your internship will not be considered complete, and may be reflected in any documentation requested (e.g. verification of internship completion to graduate program or state licensing agency).

**ETHICAL, LEGAL, AND PROFESSIONAL ISSUES**

**APA Ethical Principles**

The staff at UBCS are dedicated to professional and ethical conduct in all aspects of our work and interactions with clients, staff, and trainees. In addition to personal values, philosophies, and ethics, we adhere to the ethical guidelines put forth by the American Psychological Association (APA).


**University at Buffalo’s Policies**

UBCS staff are dedicated to fostering an environment of sensitivity to cultural and individual differences, fairness, and non-discrimination. Discrimination and harassment of any form is recognized as unprofessional, unethical, and illegal, and will not be tolerated at UBCS. We adhere to the policies put forth by the university.

The **Office of Equity, Diversity, and Inclusion** is the affirmative action office at the university, and is a good resource to obtain information about relevant university policies and federal laws and regulations. More information about the resources at this office can be found on-line: [http://www.buffalo.edu/equity.html](http://www.buffalo.edu/equity.html)

Here, you can access specific information state laws and UB policies regarding discrimination, harassment, and accommodations, including information about Title IX, sexual harassment, accommodations for disabilities, transgender rights & protection, reporting discrimination and harassment, resources and assistance for victims, and other relevant information. University Policies: [http://www.buffalo.edu/equity/policies.html](http://www.buffalo.edu/equity/policies.html)

Obtaining Assistance: [http://www.buffalo.edu/equity/obtaining-assistance.html](http://www.buffalo.edu/equity/obtaining-assistance.html)


**New York State Mental Hygiene Law**

Training of professional psychologists also require an understanding of and ability to apply the mental health laws of the state in which they practice. The New York State Mental Hygiene Law is available on-line through the NYS Office of Mental Health ([http://www.omh.ny.gov/](http://www.omh.ny.gov/)).

Training in this area will be provided through supervision, discussions, and intern seminars.

**INTERN RELATIONSHIPS AND INTERN-STAFF RELATIONSHIPS**
Intern Cohort/Peer Relationships

UBCS is made up of a team of counseling and clinical psychologists, social workers, psychology interns, graduate student trainees, and support staff. We are all busy trying to meet the needs of the center and its clientele. It is imperative that we function successfully as a team. While it would be ideal to develop close collegial relationships with our colleagues, this is not always the reality. Whatever your relationship is with other interns (or training staff, support staff, and other trainees), it is essential that you interact respectfully with them. Each individual has special and recognizable skills and abilities that deserve to be appreciated and supported by other professionals. In any conglomeration of people, it is inevitable that conflicts may arise. Should this occur, it is expected that conflicts will be addressed directly, professionally, and respectfully between members involved in the conflict (as per standards of professional and ethical behavior), with the goal of resolution to the extent necessary to avoid problems in the professional work of the center. If it feels necessary to seek assistance before undertaking such a conversation with a colleague, it is appropriate to speak to a direct clinical supervisor, the Training Director, or Director.

Intern-Staff Relationships & Multiple Role Issues

As a center, the staff tries to be sensitive to the potentially complicated dynamics that can play out in differential power relationships (e.g. supervisor-supervisee). We are careful to maintain clear boundaries with our psychology interns and other trainees, while also allowing for some degree of more personable ways of relating with each other. This can sometimes be a tricky balancing act, but one that the staff is committed to maintaining. We are invested in our interns having a challenging and growthful internship experience that is also fun, enjoyable, and real. Because of the reality of power relationships in varying degrees among staff and trainees, it is vital that those in a position of power do not initiate or get drawn into interactions and relationships that can lead to actual or perceived abuse of power, intended or unintended. Hence, any relationships between staff and interns that are outside of training functions and roles are discouraged as long as the intern maintains their trainee status at our center.

Hence, interns are also discouraged from initiating non-professional relationships with center staff members. Though we want to recognize and respect individuals’ needs for affiliation and sense of interpersonal connection, we are also aware of the significant potential harm that could arise within the context of power dynamics that can play out between a staff member and intern, within the authoritative and evaluative hierarchy of the center (as in any organization). If an intern believes that s/he is interested in developing a non-professional relationship with another staff member (i.e. friendship), that intern is strongly encouraged to discuss this with his/her supervisor(s) and/or Training Director. If an intern begins to feel that another staff member is trying to initiate a friendship, the intern should discuss this with his/her supervisor(s) and/or Training Director. The purpose of the discussions would be to assist the intern to carefully think through the potential short- and long-term consequences, costs, and benefits of such a relationship to him/herself, the staff member, to his/her intern cohort, and to the center overall. The hope is that this will assist the intern to make ethically and professionally sound decisions.

Finally, romantic or sexual relationships between staff and interns are strictly prohibited. If an intern feels that a staff member is trying to initiate a romantic or sexual relationship, the intern is expected to discuss this with his/her supervisor(s) and the Training Director. The goal of such discussions will be to determine the most ethical course of action that will best maintain the emotional/psychological functioning and well-being of the intern, the integrity of the center, and maintain the ethical principles of the profession.

Intern Relationships with Masters Level Trainees

This caution and sensitivity must also apply to relationships between interns and their practicum student supervisees and cohorts. Interns are encouraged to be thoughtful about the potential impact, intended or unintended, of their evaluative power (and other forms of power) over their supervisees and the supervisee’s peers. This can be especially confusing for both interns and practicum supervisees given the relative proximity of experiences and identity as “trainee” (though at different levels). Interns are
encouraged to discuss these and related issues with training staff and in meta-supervision is encouraged.

PROFESSIONAL LICENSURE

Most U.S. states require a minimum number of supervised professional and clinical hours (typically ranging from 1500 – 2000 hours during your internship) for professional licensure as a psychologist. New York State requires a minimum of 1750 hours. Some states have more explicit and detailed requirements than others, and there can be some variability in the amount and types of requirements. Most states allow the pre-doctoral internship year to count as one of the years of professional experience, with at least one year of supervised clinical experience required post-graduation. UBCS’s 2000 hours, full-time, 12-months internship should be acceptable in most states. As interns begin to contemplate career options and directions post-internship, they are encouraged to obtain more information about licensure requirements in states to which they may relocate.

NYS Psychology licensing requirements:  [http://www.op.nysed.gov/prof/psych/psychlic.htm](http://www.op.nysed.gov/prof/psych/psychlic.htm)

VACATION TIME, SICK LEAVE, BENEFITS,

Interns earn 1.00 day per month of vacation leave and 1.00 day per month of sick leave. All requests for vacation time and leave time must be submitted in writing to the Director at least 2 weeks in advance of the dates being requested for leave. In addition to the above vacation earnings, several paid holidays (approximately 10) are granted as well.

Interns are encouraged to save at least 5 vacation days that they will use during the last official week of the internship contract year, allowing both interns and staff a week for various transitions that will occur with the ending of internship.

Internship is a full-year, full-time traineeship. They are given a stipend for the year that is comparable to a part-time employee, (0.66 FTE). They also receive the same benefits as senior staff (health insurance, vision and dental coverage through professional union, retirement plan). Within the first month of the internship, interns are scheduled to attend a benefits orientation during which they will receive information and select from a choice of benefits programs (e.g. health insurance options).

ADMINISTRATIVE ASSISTANCE FOR INTERNS

Administrative assistance for interns are provided by the secretarial and support staff serving UBCS, and are entitled to the same degree of respect and assistance afforded to the professional clinical staff.

OTHER RELEVANT CENTER MANUALS

UBCS Policies and Procedures Manual

Center policies and procedures are thoroughly explained in the UBCS Policies and Procedures (P&P) Manual, which is updated annually. If you have any questions about any clinical, professional, logistical, or other issues related to center functioning, please consult the P&P Manual. Ninety percent of the answers will be there.

Referral Manual

We also have a Referral Manual that contains information about a variety of human services on campus and in the broader community. This is updated routinely. So when providing referral information for services within the university or the community, please first consult the Referral Manual.
**Part-Time Trainee Manual**

There is also a Part-Time Trainee Manual that contains information most relevant to part-time trainees (i.e. first year practicum students, advanced practicum students, externs, and social work interns). It may be helpful for you to peruse this manual as you will serve as immediate clinical supervisors to some part-time trainees. It may be helpful for you to be aware of what they are being told about roles, expectations, regulations, policies and procedures that are most relevant for their functioning at UBCS.
TRAINING PHILOSOPHY, GOALS, AIMS AND COMPETENCIES

In an effort to elucidate the way in which our training philosophy, goals and aims are realized, the basic competencies and training experiences, structures, and methods are outlined below, as well as minimum expected performance criteria for successful completion of the internship.

We adhere to the profession-wide competencies of health service psychology, as outlined in the Standards of Accreditation (APA, 2015), for Internship programs, section C-8 I): This is available on-line: http://www.apa.org/ed/accreditation[section-c-soa.pdf

The primary goal of the internship is to prepare interns to transition towards more independent professional functioning. Accordingly, our aims are to provide training, supervision, and experiential learning experiences to assist interns to develop the necessary profession-wide competencies to be able to function as an entry level professional by the end of internship. We expect our interns to have developed a level of competence that will make them viable candidates for post-doctoral fellowship placements or beginning professional employment after successfully completing the internship year. The profession-wide competencies and associated elements addressed during internship are as follows.

Competencies:

The evaluation of Clinical & Professional Practice (Competencies 1, 2, 3, 4, 5, 6, 7, & 9) is to be completed by the Intern's primary clinical supervisors.

Points of Evaluation During the Internship Year: Mid-year (end of Jan); Year-end (July)

Rate each highlighted (Overall Competency Area = yellow; Elements under each Competency area = grey) item.

Use the following scale to rate each Competency area and associated Elements, to best describe the trainee’s functioning.

1 = demonstrates little/no competence
2 = developing competence (needs significant training and supervision)
3 = emerging competence (needs ongoing regular supervision for basic and advanced skills)
4 = intermediate competence (independently demonstrates most basic skills, needs ongoing supervision for more advanced skills)
5 = advanced competence (functions relatively independently on most basic skills, needs intermittent supervision for more advanced skills)
6 = proficient (able to function largely independently for basic and advanced skills, will benefit from intermittent supervision and consultation)
N/O = No Opportunity to Observe

Optional: you may write brief comments next to any anchors (items that you don't provide a numerical rating for), to help highlight areas of strength or things that need further work.

Narrative section (very end of the form): you may also provide narrative feedback, general, specific strengths, areas for growth, and revised or ongoing training goals.

Expected level of progress for interns:
Beginning of internship: 2, 3, 4, some 5, depending on prior training and experience.
Mid-year of internship: 3, 4, 5, some 6, depending on prior training and experience
End of internship: some 4, mostly 5, some 6
**Minimum Expected Performance for Successful Completion of Internship at Year-End:** Takes into consideration that there can be significant variability in the amount and type of training and experience interns have had in the various Competency areas prior internship. Hence, an intern may be generally considered at expected level of competence for entry level practice or post-doctoral placement, but may have specific areas or elements that still need more attention and growth, based on prior training experiences.

- Minimum ratings of 4 or above for any Overall Competency Area; most Competency Areas should be 5
- Minimum rating of 4 on any given item
- 80% of ratings at 5 or above (46 of 58 total items)

### Competency 1: Research & Scientific Knowledge and Methods

**1. Scientific Knowledge and Methods:** Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge.

#### 1A. Scientific Mindedness

Independent applies scientific methods to practice

Able to effectively engage in data generation, hypotheses generation, testing, and modification to formulate coherent, sophisticated case conceptualizations and diagnostic impressions that inform treatment planning and implementation

#### 1B. Scientific Foundation of Psychology

Demonstrates advanced level knowledge of core science (i.e., scientific bases of behavior)

Integrates psychological theory, professional/clinical research, including issues of individual & cultural factors in understanding human development and functioning

#### 1C. Scientific Foundation of Professional Practice

Independent applies knowledge and understanding of scientific foundations to practice

Selects interventions based on sound case conceptualizations, clinical rationale, needs & capacities of the client, and existent clinical literature and research, including empirically supported treatments (EST)

**2. Research/Evaluation:** Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities.

#### 2A. Scientific Approach to Knowledge Generation

Generates knowledge

Demonstrated through work done on dissertation, professional presentations, publications at the local (including host institution), regional, or national level

#### 2B. Application of Scientific Method to Practice

Applies scientific methods of evaluating practices, interventions, and programs

Integrates client data, psychological assessment, or outcome measures (as appropriate), and psychological theory to evaluate progress and make appropriate adjustments to maximize intervention or program effectiveness

**Training Methods:**

- Experiential: Work on dissertation as needed, engaging in the above activities and processes through the various clinical and professional activities performed during internship; presenting on their dissertations; formal case presentation; possibility of engaging in research conducted at the center
- Supervision: discussion during supervision sessions with various supervisors
- Didactic/discussion: participation during various intern seminars & professional development seminars; integrating relevant scholarly and scientific literature offered by supervisors/staff members

**Evaluation Methods:**

- Work products (i.e. dissertation presentation, clinical case presentation, client outcomes)
**Competency 2: Ethical & Legal Standards**

**3. Ethical Legal Standards and Policy:** Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.

**3A. Knowledge of Ethical, Legal and Professional Standards and Guidelines**

Demonstrates advanced knowledge and application of the APA Ethical Principles and Code of Conduct and other relevant ethical, legal, and professional standards and guidelines.

**3B. Awareness and Application of Ethical Decision Making**

Independently utilizes an ethical decision-making model in professional work

- Considers professional ethical standards, state and national legal standards relevant to the profession of psychology, and policies and procedures of the immediate organization in making ethical decisions
- Recognizes ethical dilemmas
- Considers relative hierarchy of ethical and legal priorities in attending to ethical dilemmas
- Consults appropriately when addressing ethical dilemmas

**3C. Ethical Conduct**

Independently integrates ethical and legal standards with all competencies

- Engaged in ethical decision making in all relevant professional tasks (i.e., clinical work, training/supervision, research/scholarly activity, collegial engagement, etc.)

**Training Methods:**
- Experiential: Engaging in the above activities and processes through the various clinical and professional activities performed during internship
- Supervision: discussion during supervision sessions with various supervisors
- Didactic/discussion: participation during various intern seminars & professional development seminars; integrating relevant scholarly and scientific literature offered by supervisors/staff members

**Evaluation Methods:**
- Supervisory observation (e.g., discussion, video review)
- Observation by other relevant staff (e.g., participation during seminars)

**Competency 3: Individual & Cultural Diversity**

**4. Individual and Cultural Diversity:** Awareness, sensitivity and skills in working professionally with diverse individuals, groups, and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.

**4A. Self as Shaped by Individual and Cultural Diversity** (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) and Context

Independently monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation

- Demonstrates awareness of one’s own reactions and their impact on clinical, professional, and supervision processes

**4B. Others as Shaped by Individual and Cultural Diversity and Context**

Independently monitors and applies knowledge of others as cultural beings in assessment, treatment, and consultation

- Integrates individual, cultural, and social factors in formulating case conceptualizations and understanding the experiences of clients, peers, supervisors, staff, consultees, etc.
### 4C. Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context

Independently monitors and applies knowledge of diversity in others as cultural beings in assessment, treatment, and consultation

- integrates awareness of individual, cultural, social factors in understanding relational dynamics with clients, peers, supervisors, staff, consultees, etc.
- demonstrates ability to respectfully navigate relational situations when others values, beliefs & assumptions may conflict with one’s own (e.g. clients, peers, supervisors/supervisees, staff, consultees, etc.)

### 4D. Applications based on Individual and Cultural Context

Applies knowledge, skills, and attitudes regarding dimensions of diversity to professional work

- Attends to issues of culture and diversity across activities and situations to inform greater understanding of needs and interventions (e.g. individual, couples, group therapy, assessment, crisis intervention, outreach, consultation, supervision, research and scholarly activities)

Training Methods:
- Experiential: Thoughtfully engaging in the above activities and processes through the various clinical and professional activities performed during internship
- Supervision: discussion during supervision sessions with various supervisors
- Didactic/discussion: participation during various intern seminars & professional development seminars: integrating relevant scholarly and scientific literature offered by supervisors/staff members

Evaluation Methods:
- supervisory observation (e.g. discussion, video review)
- observation by other relevant staff (e.g. participation during seminars)

### Competency 4: Professional Values and Attitudes

#### 5. Professionalism: as evidenced in behavior and comportment that reflects the values and attitudes of psychology.

#### 5A. Integrity - Honesty, personal responsibility and adherence to professional values

Monitors and independently resolves situations that challenge professional values and integrity

Across relevant domains of functioning (therapy, supervision, interactions with peers, staff, and external entities such as other university staff & collaborators outside of Counseling Services),

- demonstrates ability to resolve disagreements or conflicts respectfully and ethically
- appropriately & respectfully assert perspectives, needs, recommendations, and boundaries consistent with the policies of UBCS and standards of the profession

#### 5B. Deportment

Conducts self in a professional manner across settings and situations

- awareness of potential impact of one’s physical presentation (e.g. conduct, attire)
- communicates & interacts with others (clients, consultees, consultants/collaborators, peers, supervisors, professionals within and outside of UBCS) professionally and respectfully

#### 5C. Accountability

Independently accepts personal responsibility across settings and contexts

- demonstrates a mature sense of responsibility to clients, colleagues, staff, trainees, the agency as a whole, the broader community, and to the profession of psychology
- responds appropriately to feedback & takes appropriate action as needed
- takes responsibility for one decisions and actions
- case management and clinical documentation is clear, concise, informative, and prompt

#### 5D. Concern for the welfare of others

Independently acts to safeguard the welfare of others

- makes ethical professional and clinical decisions based on the best interests of clients, consultees, supervisees, other professionals, and the broader community, consistent with standards of the profession
• responsibly attends to case management and client welfare (e.g. client assignments, appointments, follow-ups, referrals, transfers, and other case management tasks are performed promptly and effectively, maintains confidentiality and security of client materials).

### 5E. Professional Identity

**Displays consolidation of professional identity as a psychologist; demonstrates knowledge about issues central to the field; integrates science and practice**

- demonstrates movement towards developing a clinical approach/style and professional identity that is consistent with one’s sense of self, values, and interests
- keeps abreast of current issues in the field, clinically and professionally
- maintains openness to ongoing learning and development throughout professional life

### 6. Reflective Practice/Self-Assessment/Self-Care: Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.

#### 6A. Reflective Practice

**Demonstrates reflectivity in context of professional practice (reflection-in-action); acts upon reflection; uses self as a therapeutic tool**

- openly engages in self-exploration, as relevant to clinical & professional growth, both independently and in supervision

#### 6B. Self-Assessment

**Accurately self-assesses competence in all competency domains; integrates self-assessment in practice; recognizes limits of knowledge/skills and acts to address them; has extended plan to enhance knowledge/skills**

- recognizes one’s strengths & areas in need of improvement, clinically & professionally
- recognizes and practices within the scope of one’s competencies, and engages in efforts to enhance competencies

#### 6C. Self-Care (attention to personal health and well-being to assure effective professional functioning)

**Self-monitors issues related to self-care and promptly intervenes when disruptions occur**

- recognizes and attends to one’s own clinical, professional, and personal needs, boundaries, and limitations maturely and effectively

#### 6D. Participation in Supervision Process

**Independently seeks and actively engages in supervision when needed**

- attends supervision regularly
- actively engages in supervisory process
  - comes prepared
  - honestly shares/shows clinical work
  - brings up relevant clinical and professional issues
  - engages in open discussion
  - appropriately communicates experiences/needs/wants/difficulties
  - actively seeks feedback
  - non-defensively receives feedback
  - effectively incorporates feedback.
- engages in good faith efforts to maturely resolve misunderstandings or conflicts within the supervisory relationship(s)
- maintains appropriate boundaries
- seeks additional consultation outside of regular supervision, as needed

### Training Methods:

- **Experiential:** Thoughtfully engaging in the above activities and processes through the various clinical and professional activities performed during internship; maintaining professionalism consistently across settings and situations
- **Supervision:** discussion during supervision sessions with various supervisors
- **Didactic/discussion:** participation during various intern seminars & professional development seminars:
integrating relevant scholarly and scientific literature offered by supervisors/staff members

Evaluation Methods:
- supervisory observation (e.g. discussion, video review)
- observation by other relevant staff (e.g. participation during seminars, overall presence and interactions with clients, colleagues, supervisors, other center staff, as well as presentation and interactions with others outside the center)

**Competency 5: Communication and Interpersonal Skills**

**7. Relationships:** Relate effectively and meaningfully with individuals, groups, and/or communities.

**7A. Interpersonal Relationships**
Develops and maintains effective relationships with a wide range of clients, colleagues, organizations and communities
- establishes and maintains strong working alliances across clinical and professional relationships (clients, supervisors, supervisees, peers, co-therapists, collaborators, staff, consultees, other professionals, etc.)
- establishes and maintains appropriate boundaries across clinical and professional relationships
- demonstrates empathy and respect for others

**7B. Affective Skills**
Manages difficult communication; possesses advanced interpersonal skills
- engages in direct, respectful communication to clarify needs, concerns or difficulties, and effectively resolve misunderstandings or conflicts across clinical and professional relationships (with clients, supervisees, supervisors, peers, co-therapists, collaborators, staff, consultees, other professionals, etc.)
- is able to hear, understand, and acknowledge others’ perspectives respectfully, even when they differ or in conflict with one’s own perspectives
- is able to understand, take responsibility for, and manage one’s own emotional reactions while addressing difficult communications/interactions with others

**7C. Expressive Skills**
Verbal, nonverbal, and written communications are informative, articulate, succinct, sophisticated, and well-integrated; demonstrates thorough grasp of professional language and concepts
- clearly communicates clinically and professionally relevant information (e.g. clinical case presentations, outreach presentations, professional presentations, providing psychoeducation, case conceptualizations and treatment plans, etc.) verbally and in writing
- clinical documentation is well-integrated, clear, concise, informative, and prompt

**Training Methods:**
- Experiential: Thoughtfully engaging in the above activities and processes through the various clinical and professional activities performed during internship; maintaining appropriate interpersonal skills across settings and situations
- Supervision: discussion during supervision sessions with various supervisors
- Didactic/discussion: participation during various intern seminars & professional development seminars: integrating relevant scholarly and scientific literature offered by supervisors/staff members

**Evaluation Methods:**
- supervisory observation (e.g. discussion, video review)
- observation by other relevant staff (e.g. participation during seminars, overall presence and interactions with clients, colleagues, supervisors, other center staff, as well as presentation and interactions with others outside the center)

**FUNCTIONAL COMPETENCIES**
# Competency 6: Assessment

**8. Assessment:** Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.

**8A. Knowledge of Measurement and Psychometrics**

Independently selects and implements multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families, groups and context (assessment methods may include psychological tests, outcome measures, initial assessment interviews, and gathering ongoing clinical data from clients or other relevant sources).

**8B. Knowledge of Assessment Methods**

Independently understands the strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis and treatment planning.

**8C. Application of Assessment Methods**

Independently selects and administers a variety of assessment tools and methods and integrates results to accurately evaluate presenting question appropriate to the practice site and broad area of practice:

- Effectively conducts clinical interviews and gathers adequate client data to assist in formulating clinical and diagnostic impressions and treatment recommendations.
- Effectively utilizes psychological assessment measures as appropriate, taking into consideration:
  - purpose of assessment, or referral question
  - clients’ presenting concerns & capacities
  - limits of one’s competencies
  - center resources, policies, procedures, and limits
  - relevant individual and cultural issues
  - current scientific and psychometric knowledge about various measures
- Administers, scores, and interprets testing instruments skillfully
- Makes appropriate recommendations based on the results of assessment
- Makes appropriate referrals for assessment questions that are outside the scope of competence or the agency’s scope of services
- Planning and implementation of testing related tasks are completed promptly.

**8D. Diagnosis**

Utilizes case formulation and diagnosis for intervention planning in the context of stages of human development and diversity:

- Effectively integrates assessment results to formulating diagnostic impressions and case conceptualizations.
- Considers developmental, individual, cultural, and social factors in to formulating diagnostic impressions and case conceptualizations.
- Intervention planning is informed by diagnostic impressions and case conceptualizations.

**8E. Conceptualization and Recommendations**

Independently and accurately conceptualizes the multiple dimensions of the case based on the results of assessment:

- Uses testing results appropriately to assist in case conceptualization and treatment planning, implementation, and/or modifications.
- Formulates useful recommendations based on testing results and interpretations.

**8F. Communication of Assessment Findings**

Communicates results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner:

- Integrates assessment information and clinical data into a coherent report
- Assessment report is clear, concise, and informative
- Communicates assessment results, interpretations, and recommendations clearly and effectively to client and/or referring counselor.
- Client feedback sessions are planned and implemented effectively, in collaboration with the
referring clinician

Training Methods:
- Experiential: Integrating clinical interviews and psychological assessments as appropriate to client conceptualization and intervention, assessing client outcomes and making appropriate adjustments; incorporating these into relevant clinical documentation
- Supervision: supervision with primary clinical supervisors; consulting with other relevant staff as needed on ds
- Didactic/discussion: participation during relevant intern seminars & professional development seminars: integrating relevant scholarly and scientific literature offered by supervisors/staff members

Evaluation Methods:
- work product: testing reports
- supervisory observation (e.g. discussion, video review, clinical documentation review)
- observation by other relevant staff (e.g. participation during seminars, engagement in consultation with other staff)

**Competency 7: Intervention**

**9. Evidence-Based Practice: Integration of research and clinical expertise in the context of patient factors.**

**9A. Knowledge and Application of Evidence-Based Practice**

Independently applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences
- integrates psychological theory, professional/clinical research and literature, including empirically supported treatments, and client data, including individual, cultural and social factors in case conceptualizations

**10. Intervention: Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations. (for Individual assessment, intervention, crisis management, and couples therapy)**

**10A. Intervention planning**

Independently plans interventions; case conceptualizations and intervention plans are specific to case and context
- effectively engages in data gathering, hypotheses generation, testing, and modification to formulate coherent, sophisticated case conceptualizations and diagnostic impressions that inform treatment planning and implementation
- effectively integrates multicultural/diversity issues to case formulation, treatment planning, and intervention implementation
- selects & implements interventions based on sound conceptualizations, clinical rationale, needs & capacities of the client, and clinical literature, including empirically supported treatments (EST)

**10B. Skills**

Displays clinical skills with a wide variety of clients and uses good judgment even in unexpected or difficult situations
In conducting individual therapy, couples therapy, crisis intervention, and relevant case management:
- Establishes good therapeutic relationships, including collaborative goal setting
- Establishes and maintains appropriate therapeutic boundaries
- Practices sound ethical decision making in assessment, intervention selection & implementation
- Attends to relevant cultural and individual differences, which are integrated into the clinical assessment, conceptualization, treatment planning and implementation
- Conducts thorough crisis and lethality assessments and demonstrates sound clinical judgment in implementing crisis intervention & management strategies
- Understand the relevance of effective case management and clinical documentation; these tasks are performed promptly and effectively
### 10C. Intervention Implementation

Implements interventions with fidelity to empirical models and flexibility to adapt where appropriate
- Demonstrates ability to develop and use the therapeutic relationship as both a safe space for therapeutic growth, and as a primary tool for therapeutic change
- Attends to timing/pacing of interventions, client defenses, transference, counter-transference, and process issues
- Attends to relevant termination & transition issues as they may impact treatment process, treatment gains and maintenance
- Demonstrates flexibility in implementing interventions (including EST’s) to fit the needs and capacities of the client, as well as capacities and limits of the treatment center (UBCS)
- Effectively intervenes to empower clients toward action to positively affect development and functioning

### 10D. Progress Evaluation

Independently evaluates treatment progress and modifies planning as indicated, even in the absence of established outcome measures
- Responds effectively to client feedback and clinical data to assess treatment progress and make appropriate adjustments
- Appropriately utilizes psychological testing measures (as appropriate) or outcome data to assist in assessing treatment progress and making appropriate adjustments

### Training Methods:
- Experiential: Engage in clinical service provision, thoughtfully engaging in the behaviors and processes indicated above; incorporating these into relevant clinical documentation
- Supervision: supervision with primary clinical supervisors; consulting with other relevant staff as needed on ds
- Didactic/discussion: participation during relevant intern seminars & professional development seminars: integrating relevant scholarly and scientific literature offered by supervisors/staff members

### Evaluation Methods:
- Work products: clinical outcomes; client satisfaction survey results
- Supervisory observation (e.g. discussion, video review, clinical documentation review)
- Observation by other relevant staff (e.g. participation during seminars, engagement in consultation with other staff)

### Competency 9: Consultation (including Outreach and Teaching), and Interprofessional/Interdisciplinary Skills

#### 12. Consultation: The ability to provide expert guidance or professional assistance in response to a client’s needs or goals.

#### 12A. Role of Consultant

Determines situations that require different role functions and shifts roles accordingly to meet referral needs
- Understands the different functions required in consultation vs. other professional functions (e.g. therapy, supervision)
- Understands the different functions and roles of a consultant based on the type of consultation being requested and the needs of the consultee (e.g. mental health consultation, psychoeducational program development and implementation, groups and systems interventions)

#### 12B. Addressing Referral Question

Demonstrates knowledge of and ability to select appropriate and contextually sensitive means of assessment/data gathering that answers consultation referral question
- Adequately gathers relevant information to clarify consultee’s needs, expectations, and capacities
- Attends to issues of individual and cultural variables as they may impact consultee’s needs, expectations, and capacities
- establishes reasonable goals and expectations to consultee based on consultee needs, center guidelines, and professional & legal standards

### 12C. Communication of Consultation Findings

**Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations**
- effectively selects and provides consultative services, based on the assessment of consultees’ needs, expectations, resources, capacities
- effectively communicates recommendations & provides appropriate information & guidance

### 12D. Application of Consultation Methods

**Applies literature to provide effective consultative services (assessment and intervention) in most routine and some complex cases**
- Effectively applies knowledge of consultation methods to a variety of consultation situations
- Seeks supervision or own consultation as needed, based on the complexity of the consultation situation
- Makes appropriate modifications to consultative interventions or programs based on immediate feedback and program or outcome evaluation (e.g. responses from consultee or workshop participants, outreach evaluation data, etc.)

### 13. Teaching and Outreach Programming: Providing instruction, disseminating knowledge, and/or evaluating acquisition of knowledge and skill in professional psychology.

#### 13A. Knowledge

**Demonstrates knowledge of didactic learning strategies and how to accommodate developmental and individual differences**

Applies knowledge of didactic learning strategies in effectively providing outreach programming to university students and campus community, or providing trainings for UBCS staff/trainee groups

- assessment of audience needs and expectations
- attends to issues of simplicity, variety, pacing, setting, creativity, potential problems in planning outreach workshop and trainings
- attends to diversity and multicultural issues as relevant to audience assessment and program planning

#### 13B. Skills

**Applies teaching methods in multiple settings**

- Effectively provides didactic training for university community (e.g. outreach programming), UBCS staff, and/or UBCS part-time trainee groups
- flexibly adjusts teaching style and approach based on audience needs and responses
- responds effectively and professionally to participant questions, or problem situations/participants
- Attends to diversity and multicultural issues relevant to the presentation and/or audience
- utilizes appropriate methods of evaluating the effectiveness of the presentation (both verbal and written) to adjust in the moment or for future planning


#### 14A. Knowledge of the Shared and Distinctive Contributions of Other Professions

**Demonstrates awareness of multiple and differing worldviews, roles, professional standards, and contributions across contexts and systems; demonstrates intermediate level knowledge of common and distinctive roles of other professionals**

- Demonstrates awareness of the different standards, areas of expertise, and limits of other disciplines and systems within and outside of UBCS (e.g. health services, psychiatric services, case management, academic advising, hospital emergency services, etc.)

#### 14B. Functioning in Multidisciplinary and Interdisciplinary Contexts

**Demonstrates beginning, basic knowledge of and ability to display the skills that support effective interdisciplinary team functioning**
While providing consultation to or working collaboratively with other university professionals or offices (e.g. Judicial Affairs, Wellness Education Services, Athletics, etc.

- Demonstrates ability to negotiate roles and tasks effectively within and across different disciplines and systems
- Demonstrates ability to effectively and respectfully communicate about one’s own skills, capacities, limits, and potential contribution to interdisciplinary team

### 14C. Understands how Participation in Interdisciplinary Collaboration/Consultation Enhances Outcomes

**Participates in and initiates interdisciplinary collaboration/consultation directed toward shared goals**

- Demonstrates understanding of when and how to seek assistance from, or engage in collaboration with, other disciplines and systems within and outside of UBCS (e.g. health services, psychiatric services, case management, academic advising, hospital emergency services, etc.)

### 14D. Respectful and Productive Relationships with Individuals from Other Professions

**Develops and maintains collaborative relationships over time despite differences.**

- Demonstrates ability to work effectively with professionals from other disciplines (within or outside UBCS) across time and situations

### Training Methods:

- Experiential: Provide outreach programming. Provide mental health consultation to less experienced therapists at the center; provide mental health consultation to university students, staff, faculty, and parents. Seek consultation for one’s own work as needed. Engage in collaboration and consultation work with other university entities (e.g. collaborative large outreach programming with Student Health Services, Wellness Education Services; working collaboratively with University residence halls to respond to an incident, etc.).
- Supervision: supervision with primary clinical supervisors; consulting with other relevant staff as needed on ds
- Didactic/discussion: participation during relevant intern seminars & professional development seminars; participation in monthly training/supervision meetings with the Assistant Director of Outreach (outreach coordinator); integrating relevant scholarly and scientific literature offered by supervisors/staff members

### Evaluation Methods:

- Work products: Outreach workshop presentation materials; verbal and written evaluations from recipients of outreach programming or consultation; data on number of such activities provided throughout the year
- Supervisory observation (e.g. discussion, review of any related relevant documentation)
- Observation by other relevant staff (e.g. co-presenters for workshops, coordinators and other involved persons for larger campus programming, Assistant Director for Outreach)

The evaluation of **Group Modality Intervention** is to be completed by the Intern's group supervisor (who may or may not be the co-therapist for the group).

**Points of Evaluation During the Internship Year:** End of Fall semester (Dec/Jan), End of Spring semester (May), End of Summer (July) if intern facilitates group during the summer.

Rate each highlighted (Overall Competency Area = yellow; Elements under each Competency area = grey) item.
Use the following scale to rate each Competency area and associated Elements, to best describe the trainee's functioning.

1 = demonstrates little/no competence
2 = developing competence (needs significant training and supervision)
3 = emerging competence (needs ongoing regular supervision for basic and advanced skills)
4 = intermediate competence (independently demonstrates most basic skills, needs ongoing supervision for more advanced skills)
5 = advanced competence (functions relatively independently on most basic skills, needs intermittent supervision for more advanced skills)
6 = proficient (able to function largely independently for basic and advanced skills, will benefit from intermittent supervision and consultation)
N/O = No Opportunity to Observe

Optional: you may write brief comments next to any anchors (items that you don't provide a numerical rating for), to help highlight areas of strength or things that need further work.

Narrative section (very end of the form): you may also provide narrative feedback, general, specific strengths, areas for growth, and revised or ongoing training goals.

Expected level of progress for interns:
Beginning of internship: 2, 3, 4, some 5, depending on prior training and experience.
Mid-year of internship: mostly 3, 4, 5
End of internship: mostly 4, 5, and some 6's

Minimum Expected Performance for Successful Completion of Internship at Year-End: Takes into consideration that there can be variability among individuals who may generally be considered at expected level of competence in their ability to provide Interventions, but may be somewhat less experienced and skilled at group modality interventions, due to differences in past training and experience.
- Minimum ratings of 4 or above for the Overall Competency Area of Group Modality Intervention
- Minimum ratings on any item of 4 or above
- at least 60% ratings at 5 or above (4 of 7 total items)

Competency 7B: Group Modality Intervention (Evaluation provided by Group Co-therapist/supervisor; or group therapy supervisor)

7B:10. Intervention: Group Modality Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.

7B: 10A. Group treatment planning
- Integrates clinical/professional/research knowledge with client data to identify appropriate group treatments for client’s treatment needs (e.g. process therapy groups, support groups, psychoeducational groups, etc.)
  - Effectively prepares clients for group treatment participation (e.g. group referral, group screen/orientation, assessing client’s appropriateness, and addressing motivation for group)
  - Conceptualization: effectively conceptualizes client’s concerns and treatment needs consistently with group modality treatment (e.g. relational foundations of presenting problems, needs for skills development, etc.)

7B: 10B. Group treatment skills
- Understands and applies common developmental themes related to stages of group treatment; understands group dynamics
  - Co-facilitates establishment of effective therapeutic space and processes for group members (e.g. establishing group ground rules and norms, attends to issues of group cohesion, trust, safety, vulnerability, boundaries, etc.)
  - Distinguishes between content and process, and when to utilize each effectively to assist group members work towards treatment goals
  - Demonstrates awareness of individual, interpersonal (dyadic, triadic), and whole-group dynamics, and ability to intervene at each level
  - Appropriately attends to issues of individual and cultural differences/similarities, and how these impact individual group members, and the group as a whole
- Understands the relevance of effective case management and clinical documentation; these tasks are performed promptly and effectively
  - Demonstrates commitment to practicing ethical decision making and behavior
### 7B: 10C. Group Intervention Implementation

**Implements interventions with fidelity to empirical models and flexibility to adapt where appropriate**

- Effectively applies theoretical models and empirically supported group treatment approaches, while flexibly adjusting interventions to fit the needs and capacities of group members, and group as a whole
- Attends to timing/pacing of interventions, client/group defenses, resistance, transference, counter-transference, and process issues
- Attends to relevant termination & transition issues as they may impact treatment process, treatment gains and maintenance
- Effectively intervenes to empower clients toward action to positively affect development and functioning

### 7B: 10D. Group Treatment Progress Evaluation

**Independently evaluates treatment progress and modifies planning as indicated, even in the absence of established outcome measures**

- Responds effectively to client feedback and clinical data to assess group treatment progress (for individual group members, and group as a whole), and makes appropriate adjustments
- Appropriately utilizes psychological testing measures (as appropriate) or outcome data to assist in assessing treatment progress and making appropriate adjustments

### 7B: 10E. Group Co-therapy Relationship and Process

**Co-creates effective, respectful co-therapy relationships that are conducive to effective group interventions**

- Collaboratively plans and implements group interventions with his/her co-facilitator
- Critically evaluates his/her own intervention preferences and style (passive, active, content or process focused, individual or group centered) and its impact on co-therapy dynamics
- Effectively communicates with co-therapist regarding one’s preferences and needs (e.g. therapy style, professional boundaries, theoretical perspectives, etc.)
- Effectively engages in managing disagreements or conflicts with co-therapist; does not allow co-therapist conflict to negatively impact group members or group dynamics

### 7B: 10F. Group Treatment Training and Supervision

**Openly engages in and effectively utilizes supervision and training (received from staff member who may or may not be the co-therapist for the group, and/or group coordinator, and/or other relevant staff members or peers) towards continued growth as a group therapist**

- Readily engages in discussing group work openly and honestly
- Actively seeks input and feedback
- Non-defensively receives and integrates feedback
- Respectfully offers input and feedback (to co-therapist and/or supervisor, peers or other staff members individually and/or during group consult)

**Training Methods:**
- Experiential: Engage in group modality interventions, thoughtfully engaging in the behaviors and processes indicated above; incorporating these into relevant clinical documentation
- Supervision: supervision with the professional clinical staff member assigned to co-facilitate the group with the intern; group supervision (once a month group consult with all interns & their group co-facilitators, with the Group Coordinator); consulting with other relevant staff as needed on ds
- Didactic/discussion: participation during relevant intern seminars & professional development seminars; integrating relevant scholarly and scientific literature offered by supervisors/staff members

**Evaluation Methods:**
- Work products: clinical outcomes; client satisfaction survey results
- Supervisory observation (e.g. live observation during co-facilitating groups, discussion, video review, clinical documentation review)
- Observation by other relevant staff (e.g. participation during seminars, participation during monthly Group Consultation meetings, engagement in consultation with other staff)
The evaluation of Supervision (providing clinical supervision to practicum trainees) is to be completed by the Intern's Meta-supervisor (Sung).

Points of Evaluation During the Internship Year: End of Fall semester (Dec/Jan), End of Spring semester (May). (interns do not provide clinical supervision during the summer months)

Rate each highlighted (Overall Competency Area = yellow; Elements under each Competency area = grey) item.
Use the following scale to rate each Competency area and associated Elements, to best describe the trainee's functioning.

1 = demonstrates little/no competence
2 = developing competence (needs significant training and supervision)
3 = emerging competence (needs ongoing regular supervision for basic and advanced skills)
4 = intermediate competence (independently demonstrates most basic skills, needs ongoing supervision for more advanced skills)
5 = advanced competence (functions relatively independently on most basic skills, needs intermittent supervision for more advanced skills)
6 = proficient (able to function largely independently for basic and advanced skills, will benefit from intermittent supervision and consultation)
N/O = No Opportunity to Observe

Optional: you may write brief comments next to any anchors (items that you don't provide a numerical rating for), to help highlight areas of strength or things that need further work.
Narrative section (very end of the form): you may also provide narrative feedback, general, specific strengths, areas for growth, and revised or ongoing training goals.

Expected level of progress for interns:
Beginning of internship: 2, 3, or 4, depending on prior training and experience.
Mid-year of internship: 3, 4, some 5's, occasional 6's
End of internship: mostly 4 and 5, some 6's

Minimum Expected Performance for Successful Completion of Internship at Year-end: Takes into consideration that there can be significant variability in the amount and type of training and experience interns have had in this area prior internship.
-Minimum ratings of 4 or above for the Overall Competency Area of Supervision
-Minimum ratings of 4 on any item
-at least 50% of ratings at 5 or above (7 of 13 total items)

Competency 8: Supervision (Evaluation provided by Meta-supervisor)

11. Supervision: Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.

11A. Expectations and Roles
Understands the ethical, legal, and contextual issues of the supervisor role
- Demonstrates awareness of supervisory roles and functions, and how these differ from clinical or other training roles
- Developing a supervisory style that is consistent with one’s professional values and sense of self
- Is knowledgeable about and able to apply ethical principles relevant to training and supervision

### 11B. Processes and Procedures

**Demonstrates knowledge of supervision models and practices; demonstrates knowledge of and effectively addresses limits of competency to supervise**

- Integrates supervision theory and research, practice, and supervisee feedback toward continued growth as a supervisor
- Awareness of own strengths and limitations as a supervisor
- Recognizes limits of one’s competency to supervise (e.g. certain treatment models, certain presenting concerns), and takes appropriate action to
  - develop one’s competency, and/or
  - direct supervisee to appropriate resources (e.g. clinical literature, another staff member, etc.)

### 11C. Skills Development

**Engages in professional reflection about one’s clinical relationships with supervisees, as well as supervisees’ relationships with their clients**

- Honestly reflects on and effectively manages one’s own reactions (e.g. supervisory counter-transference) within the supervisory relationship
- Effectively engages in meta-supervision (prepared, readily shares work, elicits feedback, non-defensively receives and integrates feedback, provides relevant input to meta-supervision group) to better understand factors affecting the supervisory relationship, as well as better understand factors affecting supervisee’s therapeutic relationships
- Honestly and genuinely engages in a respectful process of co-creating a meta-supervision environment that is conducive to their learning and growth, including expressing their training needs, and addressing difficulties or conflicts when necessary

### 11D. Supervisory Practices

**Provides effective supervised supervision to less advanced students, peers, or other service providers in typical cases appropriate to the service setting**

1. **Effectively establishes a supervisory relationship** that
   - Facilitates honest, bi-directional communication and feedback
   - Provides an effective balance of support and challenge
   - Responds effectively and non-defensively to supervisee’s feedback, including clarifying issues and making appropriate adjustment in supervision
   - Demonstrates awareness of and effectively addresses cultural issues, power dynamics, and boundary issues within the supervisory relationship
   - Maintain continuity of supervision (e.g. keep regular supervision sessions, reschedule as needed)
   - Effectively attends to termination issues in the supervisory relationship

2. **Clearly establishes supervision frame and expectations:**
   - supervision structure and process, supervisee responsibilities, supervisor responsibilities, expectations for feedback & evaluation

3. **Establishes training goals based on an adequate assessment of supervisees’ skills, knowledge, strengths, limitations, needs, as well as considering the supervisee’s developmental level**
4. **Attends to individual and cultural factors and how these impact**
   - the supervisee’s client’s presenting concerns and experiences
   - the supervisee’s sense of self, as a person, professional, and clinician
   - the supervisee’s relationship with his/her client
   - the supervisory relationship

5. **Assists supervisees to develop clinical knowledge & skills in:**
   - clinical assessment
   - integrating counseling theory, research, and clinical data to formulate useful case conceptualizations
   - selecting and implementing interventions informed by case conceptualization
   - using the therapy relationship as an intervention tool, including attending to boundary issues, transference & counter-transference, client resistance, and interpersonal process
   - attending to termination issues with clients
   - attending to individual & cultural issues in assessment, conceptualization, and intervention

6. **Assists supervisees to develop ethical & professional awareness and behavior:**
   - facilitate acquisition, maintenance, or consolidation of awareness of and ability to apply the ethical standards of the profession;
   - facilitates development of professional attitudes and behaviors (including responsible case management and clinical documentation, professional interactions with peers, supervisors, staff, and clients, maintaining appropriate boundaries
   - serves as an appropriate role model for professional and ethical practice

7. **Effectively balances and utilizes a variety of supervisory strategies depending on supervisee’s developmental stage, capacities, and needs, including:**
   - didactic teaching, questioning & exploration,
   - modeling, attending/utilizing to process and parallel process issues, facilitating self-reflection as relevant to their clinical work, recorded session review

8. **Provides effective evaluation and feedback:**
   - provides timely formative feedback
   - provides verbal and written summative feedback that accurately reflects supervisee’s performance, strengths and areas for further growth
   - feedback is provided in a manner that is attentive to both the training and emotional needs of the supervisee

---

**Training Methods:**
- Experiential: Providing clinical supervision to practicum students
- Supervision: weekly group meta-supervision with Training Director; receive additional meta-supervision from primary clinical supervisors as needed; review by primary clinical supervisor of supervisees’ clinical documentation, along with interns’ instructions, guidance and feedback for supervisees; consulting with other relevant staff as needed (e.g. Practicum Coordinator, supervisees’ graduate program practicum coordinator or staff as relevant)
- Didactic/discussion: didactic/discussion component during meta-supervision (more in the fall semester); participation during relevant intern seminars & professional development seminars; integrating relevant scholarly and scientific literature offered by supervisors/staff members

**Evaluation Methods:**
- work products: supervisee development, supervisees’ clinical outcomes & their client satisfaction survey results; supervisees’ evaluations of interns as supervisors
- supervisory observation (e.g. discussion of supervisory experiences, video review of interns’ supervision sessions, video review of intern’s supervisees’ clinical sessions, engagement in didactic components during meta-supervision sessions; review of supervisees’ clinical documentation by interns’ primary clinical supervisor)
- Observation by other relevant staff (e.g. participation during seminars, consultation with other staff as needed)

APPENDICES
Appendix A: Internship Applicant Rating Forms

INTERN APPLICATION RATING FORM

INTERN APPLICATION RATING FORM – Match II

Applicant: __________________________  Minority/Diversity: ______________________  Rater: __________

Please give an overall rating for each section, using the following scale:

<table>
<thead>
<tr>
<th>Significantly Below Ave</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Significantly Above Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

1. Cover letter (look for overall fit and how UBCS specifically fits with their experiences and desired internship training): overall rating ________

**Essays:** (for each essay, in addition to content, also assess for quality of writing, organization, sophistication)

2. Autobiographical Statement: overall rating ________

3. Theoretical Orientation & Application (degree of sophistication in articulating and applying orientation): overall rating ________

4. Diversity Statement (Clinical experience, personal/social awareness): overall rating ________

5. Research/Dissertation: overall rating ________

Strengths/Deficits/Misc relevant info (from vita and/or transcript):
Letters of Recommendation: overall rating ________

Letter 1
1. Nature of letter writer’s contact/experience with applicant:
2. Training experience & setting:
3. Evidence Based Practice:
4. Communication/Interpersonal skills:
5. Professional Values/Attitudes/Ethical & Legal standards/Reflective Practice:
6. Consultation/Inter-professional/Interdisciplinary work, and/or Provision of Clinical Supervision:
7. Areas for growth:
8. Summary recommendation: 1 2 3 4 5

Letter 2
1. Nature of letter writer’s contact/experience with applicant:
2. Training experience & setting:
3. Evidence Based Practice:
4. Communication/Interpersonal skills
5. Professional Values/Attitudes/Ethical & Legal standards/Reflective Practice
6. Consultation/Inter-professional/Interdisciplinary work, and/or Provision of Clinical Supervision:
7. Areas for growth:
8. Summary recommendation: 1 2 3 4 5

Letter 3
1. Nature of letter writer’s contact/experience with applicant:
2. Training experience & setting:
3. Evidence Based Practice:
4. Communication/Interpersonal skills
5. Professional Values/Attitudes/Ethical & Legal standards/Reflective Practice
6. Consultation/Inter-professional/Interdisciplinary work, and/or Provision of Clinical Supervision:
7. Areas for growth:
8. Summary recommendation: 1 2 3 4 5

Applicant/Agency Match:
Bottom Line: ______ Interview

<table>
<thead>
<tr>
<th>Bottom 3rd</th>
<th>Middle 3rd</th>
<th>Top 3rd</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

Do not interview

Bottom Line: ______ Do Not Consider

SEK 11/15

Internship Applicant Phone Interview Rating Form
Internship Applicant Interview Questions & Rating Form

Applicant’s Name: _______________________________ Graduate Program: ____________________________

Interviewer: ____________________________ Date/Time of Interview: ____________________________

Note to Interviewers: Use this form in whatever way feels best. I am trying to make the interviews a bit more uniform, while maintaining flexibility to suit the styles of interviewers, and in-the-moment experiences and reactions with any given interviewee. I’ve offered some concrete questions below, for people to pick and choose, if they wish to use these questions. You are welcome to come up with your own questions. However, at minimum, I want to get a good sense (as much as possible in a 45 minute phone interview) of:

1. Their level of clinical sophistication competence generally
2. Their level of awareness of diversity issues, and their ability to integrate this awareness clinically and professionally
3. Ethical/professional awareness, judgment, behavior
4. General sense of their interpersonal style and maturity (as relevant to clinical/professional functioning)

Do not return it to Sung after the interview. Please save them, and bring them to the Intern Applicant Ranking Meeting. Thanks for your assistance in this important process.

Intro:
- Will spend about 40 minutes on the phone to give you and us a chance to get to know each other a little better
- Goal is to find a best match between your experiences and training needs and what we have to offer
- We are on speaker phone and there are 3 other people in the room; please let us know if you have a hard time hearing us

Applicant’s opening questions:

Possible questions for applicant:

1. Applicant’s goals for internship/Agency match:
   - What are the top 3 things you are looking for in your training during internship?
   - What would you be disappointed about not getting enough experience/training in during internship?

2. Clinical Experience/Knowledge:
a. Please present a **Clinical Case** that illustrates how you tend to conceptualize your cases and how your conceptualizations inform your clinical interventions.

- What are some of **diversity** issues (individual and cultural factors) that were (or may have been) relevant to this client’s concerns? To the therapy relationship?
  
  *May follow up with, e.g.*
  
  - were these explicitly discussed with your client? If so, how did this occur? If not, what are your reasons for not doing so?
  
  - how do you think the client’s perceptions of your areas of power/privilege, and/or oppression/marginalization may have impacted the thx relationship?

- What were (or may have been) a **mistake(s)** you made with this client, and what did you do with that? (*ability to recognize and acknowledge one’s missteps, and to recover from them*)

- **Termination:** How did your therapy relationship end?
  
  *May follow up with, e.g.*
  
  - what sorts of termination issues were relevant? how did you attend to these?
  
  - If you could have worked longer with this client, where do you see future thx going?)

- **Group therapy:** Would this client have benefitted from some form of group intervention? If not, why? If so, what type of group and why?

b. **Crisis Intervention:** A student comes in for a crisis session, indicating thoughts of harming himself. How would you proceed in assessing and responding to this?

  *May follow up with, e.g.*

  (1) any crisis intervention experience thus far – to get a sense of how much they actually should or should not know about this at this point?

  (2) how do you manage possible anxiety in yourself around providing crisis intervention?

c. **Assessment (psych testing, clinical interview):** amount of experience; how they use this in their clinical work; how important is psych testing experience to their anticipated career path? (if assessment seems to be an important area of interest for them, inform them that we do minimal psych testing, and it is primarily used in the service of assisting with clinical conceptualization and intervention)

3. **Other areas of professional knowledge, experience, or interest:**

   a. **Outreach/consultation:**

   - How do you believe outreach and consultation contribute to the function of a college counseling center (i.e. intervention, prevention, mental health promotion)?

   - What are your strengths/weaknesses in the area of outreach and consultation?

   b. **Supervision** (providing clinical supervision to less experienced therapists)

   - What do you believe to potentially be your greatest strength/asset in a supervisory role?
• What do you believe to potentially be your greatest weakness/liability in supervisory functioning?
• How would you describe your overall supervisory style and philosophy?

4. Interpersonal/Professional Awareness and Behavior:

a. Ethical awareness/behavior:
   (1) If you became aware that a fellow intern MAY be engaging in unethical or unprofessional behavior (e.g. violating confidentiality, exercising poor boundary judgments), what would you do?
   (2) Please describe an ethical dilemma you’ve encountered, and how you dealt with this.

b. Ability to hear, evaluate, respond to, and integrate feedback:
   (1) What has been the most surprising feedback you’ve gotten from supervisors in the past, whether positive or negative, whether you actually believe the feedback is accurate or not? how did you respond to this feedback?
   (2) What has been the most negative/critical feedback you received from a supervisor in the recent past? What has been the most complimentary feedback you received from a supervisor in the recent past? How did you respond to these?

c. Conflict Management Style: Please describe a recent disagreement/conflict with supervisor or peer, and how you handled this.

d. Self-Care: How do you balance maintaining proper self-care with responsibly meeting professional demands?

e. What will we love about you should you become an intern here? What will annoy us about you? What characteristic(s) in others makes you want to go in your car and scream?

Additional questions (for either applicant or interviewer):

• Tell us about the most fun (or creative, or bold, or unexpected, or rejuvenating) thing you’ve done recently.
• Tell us about a meaningful piece of literature, film, music, art you’ve encountered, and why this was so meaningful for you.
• If your peers were trying to “sell” you to us, what do you think they would say about you?

Miscellaneous Notes/Impressions:

End of Interview: review following information with applicant:
Feel free to call (716-645-2720) or email the Training Director (sekim@buffalo.edu) if there additional questions. Applicants are welcome to talk with a current intern to get more information about the internship experience.

Adherence to APPIC policy (e.g. Training Director not doing follow-up telephone calls so as not to be misconstrued as courting).

We will not give notification of whether or not you are in our final pool and will be ranked. (Notification does not in any way impact the final match results. Also, past years’ applicants feedback to APPIC indicate that notification of not being ranked only increases their anxiety).

Ranking: (Circle one):

<table>
<thead>
<tr>
<th></th>
<th>Bottom 3&lt;sup&gt;rd&lt;/sup&gt;</th>
<th>Middle 3&lt;sup&gt;rd&lt;/sup&gt;</th>
<th>Top 3&lt;sup&gt;rd&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1  2  3</td>
<td>4  5  6</td>
<td>7  8  9</td>
</tr>
</tbody>
</table>

Do Not Consider*

(* Do Not Consider: an unknown applicant from the Clearinghouse would be better)
Appendix B: Training Contract

DOCTORAL INTERNSHIP
IN
PROFESSIONAL HEALTH SERVICE PSYCHOLOGY

I, _____________________________, agree to perform the training activities described below for the 2017–2018 internship year during the period extending from 8/7/17 to 8/5/18. Activities and time allocations are subject to change during the training year pending Training Director’s approval, as the training program is adjusted based on individual needs and growth.

FULL-TIME TRAINING CONTRACT

<table>
<thead>
<tr>
<th>Activity</th>
<th>Fall</th>
<th>%</th>
<th>Sp/Su m</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DIRECT CLINICAL &amp; OUTREACH SERVICE ACTIVITIES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual, couples, assessment client hours (45-50 min sessions, 10 mins for session notes) *</td>
<td>13.00</td>
<td>31.0</td>
<td>11.0</td>
<td>26.2</td>
</tr>
<tr>
<td>Initial Assessment hours (2.0 hrs through September, then increasing to 3.0 hrs in October) – includes 30 minute clinical interview session + 30 minutes to write intake summary</td>
<td>3.00</td>
<td>3.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crisis walk-in coverage hours *</td>
<td>1.00</td>
<td>2.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group thx hours (only 1 group fall semester, possibility of 2 groups in subsequent semesters) = group thx sessions (1.5 hrs) + group orientation sessions (0.5 hrs)</td>
<td>2.00</td>
<td>2.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychological Testing (administering, scoring, interpreting, report writing, feedback sessions) – (ave. weekly across months, across semesters)</td>
<td>1.00</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultation/outreach (ave. weekly across months, across semesters) *</td>
<td>1.00</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Direct Service Hrs.(average weekly across semesters)</strong></td>
<td>21.00</td>
<td>50.0</td>
<td>20.00</td>
<td>47.6</td>
</tr>
</tbody>
</table>

**TRAINING RECEIVED**

<p>| Supervision of Individual &amp; Couples Therapy, Intakes, Assessment, Crisis Intervention | 2.00 | 2.00 |
| Supervision of Supervision (Meta-supervision)                                 | 2.00 | 2.00 |
| Supervision of Group Therapy                                                   |      |      |
| Group consult meeting (2 hrs. once/month)                                     | 1.50 | 1.50 |
| Pre- &amp; post-group processing/supervision w/ senior staff co-facilitator (1.0 in fall, possible 2.0 in spring or summer if doing 2 groups) * |      |      |
| Intern seminar                                                               | 2.00 | 2.00 |
| Tues Rotating meeting (Meeting w/ Training Director, Outreach training, case conference, intern only meeting - 1 hr each, once/month) | 1.00 | 1.00 |</p>
<table>
<thead>
<tr>
<th>Total Training (average weekly across semesters)</th>
<th>8.50</th>
<th>20.2 %</th>
<th>8.50</th>
<th>20.2 %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PROVIDING TRAINING TO PRACTICUM STUDENTS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide supervision to practicum student *</td>
<td>2.00</td>
<td></td>
<td>4.00</td>
<td></td>
</tr>
<tr>
<td>Supervision session (1.0 in fall, possible 2.0 in spring)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervision related admin, rev. paperwork, tapes, etc. (1.0 in fall, possible 2.0 in spring)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total provision of training (average weekly across semesters)</strong></td>
<td>2.00</td>
<td>4.8%</td>
<td>4.00</td>
<td>9.5%</td>
</tr>
<tr>
<td><strong>ADMINISTRATIVE/PROFESSIONAL DEVELOPMENT/MISCELLANEOUS/OTHER</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UBCS committee participation (1 – 3 hours monthly = .25 - 0.75 hrs weekly â)</td>
<td>0.50</td>
<td>0.50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff meeting/PD seminar/Case Consult meetings (3 weeks monthly: ave. weekly hrs â)</td>
<td>1.00</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrivia (clinical paperwork, case management) - note: 1-12 clients = 1 pwk hr; 13+ clients = 2 pwk hrs</td>
<td>2.00</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PD/research time</td>
<td>2.00</td>
<td></td>
<td>2.00</td>
<td></td>
</tr>
<tr>
<td>Lunch</td>
<td>5.00</td>
<td>5.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total other (average weekly across semesters)</strong></td>
<td>10.50</td>
<td>25.0 %</td>
<td>9.50</td>
<td>22.6 %</td>
</tr>
<tr>
<td><strong>GRAND TOTAL</strong></td>
<td>42.00</td>
<td>100.0 %</td>
<td>42.00</td>
<td>100.0 %</td>
</tr>
</tbody>
</table>

* numbers in blue indicate areas of flexibility in the contract for spring/summer semesters, where interns can choose to get additional experience in these areas. The Grand Total in blue will NOT be the actual number of hours for spring/summer semesters - interns will schedule in 42 hrs/week every semester, and this will change as interns decide which activities they will choose to focus on for additional experience.

____________________________/________  ________________________________/__________
Intern signature                  Date                      Training Director signature Date

____________________________/________  ________________________________/__________
Intern signature                  Date                      Training Director signature Date
Appendix C: Instructions for Running Reports on Titanium

You can easily get reports of how much time you have spent during your internship year on various activities, by following these procedures on Titanium.

(The most important information you should have with you before leaving internship will be a total of all your direct clinical contact hours. Some states require a minimum number of direct clinical service hours – often 500 – for eligibility for licensure.)

You can get this very easily in Titanium. – Under Reports,

  a. select “Activity Summary by Appointment Code”,
  b. select “single counselor” and select yourself in the drop down menu in the Counselor box
  c. select “Group” in the Activity box, and select “Clinical (all types)” in the drop down menu
  d. Remember to select the time period: date you started internship to the date you end internship (or the current date you are running the report)

This will give you a summary of all your clinical activities, including individual thx, IA’s, crisis walk-ins, consultations, and group – the group info is at the top, and all individual clinical info is below it.

You can also run a similar report for Outreach activities by selecting “outreach” under Activity code.
## Appendix D: Available Psychological Testing Instruments

### Assessment Instruments Available
University at Buffalo Counseling Services

<table>
<thead>
<tr>
<th>Test Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cognitive Testing</strong></td>
<td></td>
</tr>
<tr>
<td>Bender Motor Gestalt Test</td>
<td>- Manual</td>
</tr>
<tr>
<td>- Cards</td>
<td></td>
</tr>
<tr>
<td>Mini-Mental Status Examination</td>
<td>- MMSE Clinical Guide</td>
</tr>
<tr>
<td>- Pocket Norms Card</td>
<td></td>
</tr>
<tr>
<td>- User's Guide</td>
<td></td>
</tr>
<tr>
<td>- Test Forms</td>
<td></td>
</tr>
<tr>
<td>Wechsler Adult Intelligence Scale</td>
<td>- Complete Set/Soft-SideCase</td>
</tr>
<tr>
<td>- Administration and Norms Manual</td>
<td></td>
</tr>
<tr>
<td>- Technical Manual</td>
<td></td>
</tr>
<tr>
<td>- Stimulus Booklet</td>
<td></td>
</tr>
<tr>
<td>- Record Forms</td>
<td></td>
</tr>
<tr>
<td>- Response Booklets</td>
<td></td>
</tr>
<tr>
<td>- Object Assembly subtest</td>
<td></td>
</tr>
<tr>
<td>- Block Design subtest</td>
<td></td>
</tr>
<tr>
<td>- Picture Arrangement subtest</td>
<td></td>
</tr>
<tr>
<td>- Scoring Templates</td>
<td></td>
</tr>
<tr>
<td>- Stop Watch</td>
<td></td>
</tr>
<tr>
<td>- <strong>Computer scoring available</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Personality Testing</strong></td>
<td></td>
</tr>
<tr>
<td>Myers-Briggs Type Indicator (MBTI)</td>
<td>- MBTI Manual</td>
</tr>
<tr>
<td></td>
<td>- MBTI Introduction to Type</td>
</tr>
<tr>
<td></td>
<td>- MBTI Introduction to Type in Organizations</td>
</tr>
<tr>
<td></td>
<td>- MBTI Introduction to Type and Careers</td>
</tr>
<tr>
<td></td>
<td>- Form M Self-Scorables</td>
</tr>
<tr>
<td>Personality Assessment Inventory (PAI)</td>
<td>- Professional Manual</td>
</tr>
<tr>
<td></td>
<td>- Reusable Item Booklets</td>
</tr>
<tr>
<td></td>
<td>- Administration Folios</td>
</tr>
<tr>
<td></td>
<td>- Form HS (Hand-Scorable) Answer Sheets</td>
</tr>
<tr>
<td></td>
<td>- Adult Profile Forms</td>
</tr>
<tr>
<td></td>
<td>- Critical Items Forms</td>
</tr>
<tr>
<td>- <strong>Computer scoring available</strong></td>
<td></td>
</tr>
<tr>
<td>Rotter's Incomplete Sentences Blank</td>
<td>- Adult Forms</td>
</tr>
<tr>
<td>Thematic Apperception Test (TAT)</td>
<td>- Standard Set of 31 Picture Cards</td>
</tr>
<tr>
<td></td>
<td>- Manual</td>
</tr>
<tr>
<td></td>
<td>- Short Form TAT and CAT Analysis Blanks</td>
</tr>
<tr>
<td><strong>Content-Specific Testing</strong></td>
<td></td>
</tr>
<tr>
<td>Beck Anxiety Inventory (BAI)</td>
<td>- Manual</td>
</tr>
<tr>
<td></td>
<td>- Record Forms</td>
</tr>
<tr>
<td>Beck Depression Inventory (BDI)</td>
<td>- Manual</td>
</tr>
<tr>
<td></td>
<td>- Record Forms</td>
</tr>
<tr>
<td>Brief Symptom Inventory (BSI)</td>
<td>- BSI manual</td>
</tr>
<tr>
<td></td>
<td>- Answer Sheets</td>
</tr>
<tr>
<td></td>
<td>- Profile forms</td>
</tr>
<tr>
<td></td>
<td>- Worksheets</td>
</tr>
<tr>
<td></td>
<td>- Answer Keys</td>
</tr>
<tr>
<td>College Adjustment Scales (CAS)</td>
<td>- Professional Manual</td>
</tr>
<tr>
<td></td>
<td>- Item Booklets</td>
</tr>
<tr>
<td></td>
<td>- Answer Sheets</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Questionnaire</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome Questionnaire 45.2 (OQ-45.2)</td>
<td>• Administration and Scoring Manual</td>
</tr>
<tr>
<td></td>
<td>• Questionnaire Forms</td>
</tr>
<tr>
<td>Questionnaire for Eating Disorder</td>
<td>• Questionnaire</td>
</tr>
<tr>
<td>Diagnoses (Q-EDD)</td>
<td>• Scoring Manual</td>
</tr>
<tr>
<td>Substance Abuse Subtle Screening</td>
<td>• SASSI Manual</td>
</tr>
<tr>
<td>Inventory (SASSI-3)</td>
<td>• SASSI-3 User’s Guide</td>
</tr>
<tr>
<td></td>
<td>• Adult Questionnaires and Profiles</td>
</tr>
<tr>
<td></td>
<td>• Adult Scoring Key</td>
</tr>
<tr>
<td></td>
<td>• Adult Sample Scored Questionnaire and Profile</td>
</tr>
<tr>
<td>Zung Self-Rating Depression Scale</td>
<td>• Manual (the Measurement of Depression)</td>
</tr>
<tr>
<td></td>
<td>• Response Sheets</td>
</tr>
</tbody>
</table>
Appendix E: Intern Evaluation Forms

The evaluation of Clinical & Professional Practice (Competencies 1, 2, 3, 4, 5, 6, 7, & 9) is to be completed by the Intern's primary clinical supervisors.

Rate each highlighted (Overall Competency Area = yellow; Elements under each Competency area = grey) item.
Use the following scale to rate each Competency area and associated Elements, to best describe the trainee’s functioning.

1 = demonstrates little/no competence
2 = developing competence (needs significant training and supervision)
3 = emerging competence (needs ongoing regular supervision for basic and advanced skills)
4 = intermediate competence (independently demonstrates most basic skills, needs ongoing supervision for more advanced skills)
5 = advanced competence (functions relatively independently on most basic skills, needs intermittent supervision for more advanced skills)
6 = proficient (able to function largely independently for basic and advanced skills, will benefit from intermittent supervision and consultation)
N/O = No Opportunity to Observe

Optional: you may write brief comments next to any anchors (items that you don't provide a numerical rating for), to help highlight areas of strength or things that need further work.

Narrative section (very end of the form): you may also provide narrative feedback, general, specific strengths, areas for growth, and revised or ongoing training goals.

Expected level of progress for interns:
Beginning of internship: 2, 3, 4, some 5, depending on prior training and experience.
Mid-year of internship: 3, 4, 5, some 6, depending on prior training and experience
End of internship: some 4, mostly 5, possibly some 6

Minimum Expected Performance for Successful Completion of Internship at Year-End: Takes into consideration that there can be significant variability in the amount and type of training and experience interns have had in the various Competency areas prior internship. Hence, an intern may be generally considered at expected level of competence for entry level practice or post-doctoral placement, but may have specific areas or elements that still need more attention and growth, based on prior training experiences.

- Minimum ratings of 4 or above for any Overall Competency Area; most Competency Areas should be 5
- Minimum rating of 4 on any given item
- 80% of ratings at 5 or above (46 of 58 total items)
Psychology Intern Name:  
Internship Year: 2017-18

## FOUNDATIONAL COMPETENCIES

### Competency 1: Research & Scientific Knowledge and Methods

<table>
<thead>
<tr>
<th></th>
<th></th>
<th><strong>Mid-year</strong></th>
<th><strong>Year-End</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Scientific Knowledge and Methods</strong>: Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1A. Scientific Mindedness</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independently applies scientific methods to practice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Able to effectively engage in data generation, hypotheses generation, testing, and modification to formulate coherent, sophisticated case conceptualizations and diagnostic impressions that inform treatment planning and implementation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1B. Scientific Foundation of Psychology</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates advanced level knowledge of core science (i.e., scientific bases of behavior)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integrates psychological theory, professional/clinical research, including issues of individual &amp; cultural factors in understanding human development and functioning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1C. Scientific Foundation of Professional Practice</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independently applies knowledge and understanding of scientific foundations to practice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Selects interventions based on sound case conceptualizations, clinical rationale, needs &amp; capacities of the client, and existent clinical literature and research, including empirically supported treatments (EST)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2. Research/Evaluation</strong>: Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2A. Scientific Approach to Knowledge Generation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generates knowledge</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrated through work done on dissertation, professional presentations, publications at the local (including host institution), regional, or national level</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 2B. Application of Scientific Method to Practice |  |
| Applies scientific methods of evaluating practices, interventions, and programs |  |
| Integrates client data, psychological assessment, or outcome measures (as appropriate), and psychological theory to evaluate progress and make appropriate adjustments to maximize intervention or program effectiveness |  |

**Competency 2: Ethical & Legal Standards**

| 3. Ethical Legal Standards and Policy: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations. |  |

| 3A. Knowledge of Ethical, Legal and Professional Standards and Guidelines |  |
| Demonstrates advanced knowledge and application of the APA Ethical Principles and Code of Conduct and other relevant ethical, legal and professional standards and guidelines |  |

| 3B. Awareness and Application of Ethical Decision Making |  |
| Independently utilizes an ethical decision-making model in professional work |  |
| • Considers professional ethical standards, state and national legal standards relevant to the profession of psychology, and policies and procedures of the immediate organization in making ethical decisions |  |
| • Recognizes ethical dilemmas |  |
| • Considers relative hierarchy of ethical and legal priorities in attending to ethical dilemmas |  |
| • Consults appropriately when addressing ethical dilemmas |  |

| 3C. Ethical Conduct |  |
| Independently integrates ethical and legal standards with all competencies |  |
| • Engaged in ethical decision making in all relevant professional tasks (i.e. clinical work, training/supervision, research/scholarly activity, collegial engagement, etc.) |  |
### Competency 3: Individual & Cultural Diversity

**4. Individual and Cultural Diversity:** Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.

<table>
<thead>
<tr>
<th>4A. Self as Shaped by Individual and Cultural Diversity</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) <strong>and Context</strong></td>
<td></td>
</tr>
<tr>
<td>Independently monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation</td>
<td></td>
</tr>
<tr>
<td>• demonstrates awareness of one’s own reactions and their impact on clinical, professional, and supervision processes</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4B. Others as Shaped by Individual and Cultural Diversity and Context</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Independently monitors and applies knowledge of others as cultural beings in assessment, treatment, and consultation</td>
<td></td>
</tr>
<tr>
<td>• integrates individual, cultural, and social factors in formulating case conceptualizations and understanding the experiences of clients, peers, supervisors, staff, consultees, etc.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4C. Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Independently monitors and applies knowledge of diversity in others as cultural beings in assessment, treatment, and consultation</td>
<td></td>
</tr>
<tr>
<td>• integrates awareness of individual, cultural, social factors in understanding relational dynamics with clients, peers, supervisors, staff, consultees, etc.</td>
<td></td>
</tr>
<tr>
<td>• demonstrates ability to respectfully navigate relational situations when others values, beliefs &amp; assumptions may conflict with one’s own (e.g. clients, peers, supervisors/supervisees, staff, consultees, etc.)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4D. Applications based on Individual and Cultural Context</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Applies knowledge, skills, and attitudes regarding dimensions of diversity to professional work</td>
<td></td>
</tr>
<tr>
<td>• Attends to issues of culture and diversity across activities and situations to inform greater understanding of needs and interventions (e.g. individual, couples, group therapy, assessment, crisis intervention, outreach, consultation, supervision, research and scholarly activities)</td>
<td></td>
</tr>
</tbody>
</table>
### Competency 4: Professional Values and Attitudes

#### 5. Professionalism: as evidenced in behavior and comportment that reflects the values and attitudes of psychology.

<table>
<thead>
<tr>
<th>5A. Integrity</th>
<th>Honesty, personal responsibility and adherence to professional values</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitors and independently resolves situations that challenge professional values and integrity</td>
<td></td>
</tr>
<tr>
<td>Across relevant domains of functioning (therapy, supervision, interactions with peers, staff, and external entities such as other university staff &amp; collaborators outside of Counseling Services),</td>
<td></td>
</tr>
<tr>
<td>- demonstrates ability to resolve disagreements or conflicts respectfully and ethically</td>
<td></td>
</tr>
<tr>
<td>- appropriately &amp; respectfully assert perspectives, needs, recommendations, and boundaries consistent with the policies of UBCS and standards of the profession</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5B. Deportment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conducts self in a professional manner across settings and situations</td>
</tr>
<tr>
<td>- awareness of potential impact of one’s physical presentation (e.g. conduct, attire)</td>
</tr>
<tr>
<td>- communicates &amp; interacts with others (clients, consultees, consultants/collaborators, peers, supervisors, professionals within and outside of UBCS) professionally and respectfully</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5C. Accountability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independently accepts personal responsibility across settings and contexts</td>
</tr>
<tr>
<td>- demonstrates a mature sense of responsibility to clients, colleagues, staff, trainees, the agency as a whole, the broader community, and to the profession of psychology</td>
</tr>
<tr>
<td>- responds appropriately to feedback &amp; takes appropriate action as needed</td>
</tr>
<tr>
<td>- takes responsibility for one decisions and actions</td>
</tr>
<tr>
<td>- case management and clinical documentation is clear, concise, informative, and prompt</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5D. Concern for the welfare of others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independently acts to safeguard the welfare of others</td>
</tr>
<tr>
<td>- makes ethical professional and clinical decisions based on the best interests of clients, consultees, supervisees, other professionals, and the broader community, consistent with standards of the profession</td>
</tr>
<tr>
<td>- responsibly attends to case management and client welfare (e.g. client assignments, appointments, follow-ups, referrals, transfers, and other case management tasks are performed promptly and effectively, maintains confidentiality and security of client materials)</td>
</tr>
</tbody>
</table>
### 5E. Professional Identity

Displays consolidation of professional identity as a psychologist; demonstrates knowledge about issues central to the field; integrates science and practice

- demonstrates movement towards developing a clinical approach/style and professional identity that is consistent with one's sense of self, values, and interests
- keeps abreast of current issues in the field, clinically and professionally
- maintains openness to ongoing learning and development throughout professional life

### 6. Reflective Practice/Self-Assessment/Self-Care: Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.

#### 6A. Reflective Practice

Demonstrates reflectivity in context of professional practice (reflection-in-action); acts upon reflection; uses self as a therapeutic tool

- openly engages in self-exploration, as relevant to clinical & professional growth, both independently and in supervision

#### 6B. Self-Assessment

Accurately self-assesses competence in all competency domains; integrates self-assessment in practice; recognizes limits of knowledge/skills and acts to address them; has extended plan to enhance knowledge/skills

- recognizes one’s strengths & areas in need of improvement, clinically & professionally
- recognizes and practices within the scope of one’s competencies, and engages in efforts to enhance competencies

#### 6C. Self-Care (attention to personal health and well-being to assure effective professional functioning)

Self-monitors issues related to self-care and promptly intervenes when disruptions occur

- recognizes and attends to one’s own clinical, professional, and personal needs, boundaries, and limitations maturely and effectively

#### 6D. Participation in Supervision Process

Independently seeks and actively engages in supervision when needed

- attends supervision regularly
- actively engages in supervisory process
  - comes prepared
- honestly shares/shows clinical work
- brings up relevant clinical and professional issues
- engages in open discussion
- appropriately communicates experiences/needs/wants/difficulties
- actively seeks feedback
- non-defensively receives feedback
- effectively incorporates feedback.
  - engages in good faith efforts to maturely resolve misunderstandings or conflicts within the supervisory relationship(s)
  - maintains appropriate boundaries
  - seeks additional consultation outside of regular supervision, as needed

### Competency 5: Communication and Interpersonal Skills

#### 7. Relationships: Relate effectively and meaningfully with individuals, groups, and/or communities.

**7A. Interpersonal Relationships**

Develops and maintains effective relationships with a wide range of clients, colleagues, organizations and communities

- establishes and maintains strong working alliances across clinical and professional relationships (clients, supervisors, supervisees, peers, co-therapists, collaborators, staff, consultees, other professionals, etc.)
- establishes and maintains appropriate boundaries across clinical and professional relationships
- demonstrates empathy and respect for others

**7B. Affective Skills**

Manages difficult communication; possesses advanced interpersonal skills

- engages in direct, respectful communication to clarify needs, concerns or difficulties, and effectively resolve misunderstandings or conflicts across clinical and professional relationships (with clients, supervisees, supervisors, peers, co-therapists, collaborators, staff, consultees, other professionals, etc.)
- is able to hear, understand, and acknowledge others’ perspectives respectfully, even when they different or in conflict with one’s own perspectives
- is able to understand, take responsibility for, and manage one’s own emotional reactions while addressing difficult communications/interactions with others

### 7C. Expressive Skills

Verbal, nonverbal, and written communications are informative, articulate, succinct, sophisticated, and well-integrated; demonstrates thorough grasp of professional language and concepts
- clearly communicates clinically and professionally relevant information (e.g. clinical case presentations, outreach presentations, professional presentations, providing psychoeducation, case conceptualizations and treatment plans, etc.) verbally and in writing
- clinical documentation is well-integrated, clear, concise, informative, and prompt

### FUNCTIONAL COMPETENCIES

**Competency 6: Assessment**

**8. Assessment:** Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.

**8A. Knowledge of Measurement and Psychometrics**

Independently selects and implements multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families, groups and context (assessment methods may include psychological tests, outcome measures, initial assessment interviews, and gathering ongoing clinical data from clients or other relevant sources)

**8B. Knowledge of Assessment Methods**

Independently understands the strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis and treatment planning

**8C. Application of Assessment Methods**

Independently selects and administers a variety of assessment tools and methods and integrates results to accurately evaluate presenting question appropriate to the practice site and broad area of practice
- Effectively conducts clinical interviews and gathers adequate client data to assist in formulating clinical and diagnostic impressions and treatment recommendations
- Effectively utilizes psychological assessment measures as appropriate, taking into consideration:
- purpose of assessment, or referral question
- clients’ presenting concerns & capacities
- limits of one’s competencies
- center resources, policies, procedures, and limits
- relevant individual and cultural issues
- current scientific and psychometric knowledge about various measures
  - Administers, scores, and interprets testing instruments skillfully
  - Makes appropriate recommendations based on the results of assessment
  - Makes appropriate referrals for assessment questions that are outside the scope of competence
  or the agency’s scope of services
- Planning and implementation of testing related tasks are completed promptly

### 8D. Diagnosis

**Utilizes case formulation and diagnosis for intervention planning in the context of stages of human development and diversity**
- Effectively integrates assessment results to formulating diagnostic impressions and case conceptualizations
- Considers developmental, individual, cultural, and social factors in to formulating diagnostic impressions and case conceptualizations
- Intervention planning is informed by diagnostic impressions and case conceptualizations

### 8E. Conceptualization and Recommendations

**Independently and accurately conceptualizes the multiple dimensions of the case based on the results of assessment**
- Uses testing results appropriately to assist in case conceptualization and treatment planning, implementation, and/or modifications
- Formulates useful recommendations based on testing results and interpretations

### 8F. Communication of Assessment Findings

**Communicates results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner**
- Integrates assessment information and clinical data into a coherent report
- Assessment report is clear, concise, and informative
• communicates assessment results, interpretations, and recommendations clearly and effectively to client and/or referring counselor
• client feedback sessions are planned and implemented effectively, in collaboration with the referring clinician

### Competency 7: Intervention

#### 9. Evidence-Based Practice: Integration of research and clinical expertise in the context of patient factors.

#### 9A. Knowledge and Application of Evidence-Based Practice

Independently applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences

- integrates psychological theory, professional/clinical research and literature, including empirically supported treatments, and client data, including individual, cultural and social factors in case conceptualizations

#### 10. Intervention: Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations. (For Individual assessment, intervention, crisis management, and couples therapy)

##### 10A. Intervention planning

Independently plans interventions; case conceptualizations and intervention plans are specific to case and context

- effectively engages in data gathering, hypotheses generation, testing, and modification to formulate coherent, sophisticated case conceptualizations and diagnostic impressions that inform treatment planning and implementation
- effectively integrates multicultural/diversity issues to case formulation, treatment planning, and intervention implementation
- selects & implements interventions based on sound conceptualizations, clinical rationale, needs & capacities of the client, and clinical literature, including empirically supported treatments (EST)

##### 10B. Skills

Displays clinical skills with a wide variety of clients and uses good judgment even in unexpected or difficult situations

In conducting individual therapy, couples therapy, crisis intervention, and relevant case management:

- Establishes good therapeutic relationships, including collaborative goal setting
- Establishes and maintains appropriate therapeutic boundaries
- Practices sound ethical decision making in assessment, intervention selection & implementation
- Attends to relevant cultural and individual differences, which are integrated into the clinical assessment, conceptualization, treatment planning and implementation
- Conducts thorough crisis and lethality assessments and demonstrates sound clinical judgment in implementing crisis intervention & management strategies
- Understand the relevance of effective case management and clinical documentation; these tasks are performed promptly and effectively

### 10C. Intervention Implementation

**Implements interventions with fidelity to empirical models and flexibility to adapt where appropriate**

- Demonstrates ability to develop and use the therapeutic relationship as both a safe space for therapeutic growth, and as a primary tool for therapeutic change
- Attends to timing/pacing of interventions, client defenses, transference, counter-transference, and process issues
- Attends to relevant termination & transition issues as they may impact treatment process, treatment gains and maintenance
- Demonstrates flexibility in implementing interventions (including EST's) to fit the needs and capacities of the client, as well as capacities and limits of the treatment center (UBCS)
- Effectively intervenes to empower clients toward action to positively affect development and functioning

### 10D. Progress Evaluation

**Independently evaluates treatment progress and modifies planning as indicated, even in the absence of established outcome measures**

- Responds effectively to client feedback and clinical data to assess treatment progress and make appropriate adjustments
- Appropriately utilizes psychological testing measures (as appropriate) or outcome data to assist in assessing treatment progress and making appropriate adjustments
<table>
<thead>
<tr>
<th><strong>Competency 9: Consultation (including Outreach and Teaching), and Interprofessional/Interdisciplinary Skills</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>12. Consultation: The ability to provide expert guidance or professional assistance in response to a client’s needs or goals.</strong></td>
</tr>
<tr>
<td><strong>12A. Role of Consultant</strong></td>
</tr>
<tr>
<td>Determines situations that require different role functions and shifts roles accordingly to meet referral needs</td>
</tr>
<tr>
<td>• understands the different functions required in consultation vs. other professional functions (e.g. therapy, supervision)</td>
</tr>
<tr>
<td>• understands the different functions and roles of a consultant based on the type of consultation being requested and the needs of the consultee (e.g. mental health consultation, psychoeducational program development and implementation, groups and systems interventions)</td>
</tr>
<tr>
<td><strong>12B. Addressing Referral Question</strong></td>
</tr>
<tr>
<td>Demonstrates knowledge of and ability to select appropriate and contextually sensitive means of assessment/data gathering that answers consultation referral question</td>
</tr>
<tr>
<td>• adequately gathers relevant information to clarify consultee’s needs, expectations, and capacities</td>
</tr>
<tr>
<td>• attends to issues of individual and cultural variables as they may impact consultee’s needs, expectations, and capacities</td>
</tr>
<tr>
<td>• establishes reasonable goals and expectations to consultee based on consultee needs, center guidelines, and professional &amp; legal standards</td>
</tr>
<tr>
<td><strong>12C. Communication of Consultation Findings</strong></td>
</tr>
<tr>
<td>Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations</td>
</tr>
<tr>
<td>• effectively selects and provides consultative services, based on the assessment of consultees’ needs, expectations, resources, capacities</td>
</tr>
<tr>
<td>• effectively communicates recommendations &amp; provides appropriate information &amp; guidance</td>
</tr>
<tr>
<td><strong>12D. Application of Consultation Methods</strong></td>
</tr>
<tr>
<td>Applies literature to provide effective consultative services (assessment and intervention) in most routine and some complex cases</td>
</tr>
<tr>
<td>• Effectively applies knowledge of consultation methods to a variety of consultation situations</td>
</tr>
<tr>
<td>• Seeks supervision or own consultation as needed, based on the complexity of the consultation</td>
</tr>
</tbody>
</table>
- Makes appropriate modifications to consultative interventions or programs based on immediate feedback and program or outcome evaluation (e.g. responses from consultee or workshop participants, outreach evaluation data, etc.)

**13. Teaching and Outreach Programming:** Providing instruction, disseminating knowledge, and/or evaluating acquisition of knowledge and skill in professional psychology.

**13A. Knowledge**

**Demonstrates knowledge of didactic learning strategies and how to accommodate developmental and individual differences**

Applies knowledge of didactic learning strategies in effectively providing outreach programming to university students and campus community, or providing trainings for UBCS staff/trainee groups

- assessment of audience needs and expectations
- attends to issues of simplicity, variety, pacing, setting, creativity, potential problems in planning outreach workshop and trainings
- attends to diversity and multicultural issues as relevant to audience assessment and program planning

**13B. Skills**

**Applies teaching methods in multiple settings**

- Effectively provides didactic training for university community (e.g. outreach programming), UBCS staff, and/or UBCS part-time trainee groups
- flexibly adjusts teaching style and approach based on audience needs and responses
- responds effectively and professionally to participant questions, or problem situations/participants
- Attends to diversity and multicultural issues relevant to the presentation and/or audience
- utilizes appropriate methods of evaluating the effectiveness of the presentation (both verbal and written) to adjust in the moment or for future planning

**14. Interdisciplinary Systems:** Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines.

**14A. Knowledge of the Shared and Distinctive Contributions of Other Professions**
Demonstrates awareness of multiple and differing worldviews, roles, professional standards, and contributions across contexts and systems; demonstrates intermediate level knowledge of common and distinctive roles of other professionals

- Demonstrates awareness of the different standards, areas of expertise, and limits of other disciplines and systems within and outside of UBCS (e.g. health services, psychiatric services, case management, academic advising, hospital emergency services, etc.)

<table>
<thead>
<tr>
<th>14B. Functioning in Multidisciplinary and Interdisciplinary Contexts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates beginning, basic knowledge of and ability to display the skills that support effective interdisciplinary team functioning</td>
</tr>
<tr>
<td>While providing consultation to or working collaboratively with other university professionals or offices (e.g. Judicial Affairs, Wellness Education Services, Athletics, etc.)</td>
</tr>
<tr>
<td>- Demonstrates ability to negotiate roles and tasks effectively within and across different disciplines and systems</td>
</tr>
<tr>
<td>- Demonstrates ability to effectively and respectfully communicate about one’s own skills, capacities, limits, and potential contribution to interdisciplinary team</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14C. Understands how Participation in Interdisciplinary Collaboration/Consultation Enhances Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participates in and initiates interdisciplinary collaboration/consultation directed toward shared goals</td>
</tr>
<tr>
<td>- Demonstrates understanding of when and how to seek assistance from, or engage in collaboration with, other disciplines and systems within and outside of UBCS (e.g. health services, psychiatric services, case management, academic advising, hospital emergency services, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14D. Respectful and Productive Relationships with Individuals from Other Professions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develops and maintains collaborative relationships over time despite differences.</td>
</tr>
<tr>
<td>- Demonstrates ability to work effectively with professionals from other disciplines (within or outside UBCS) across time and situations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NARRATIVE FEEDBACK (Mid-year):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NARRATIVE FEEDBACK (Year-end):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PARTICULAR STRENGTHS (Mid-year):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PARTICULAR STRENGTHS (Year-end):</th>
</tr>
</thead>
<tbody>
<tr>
<td>AREAS FOR GROWTH (Mid-year):</td>
</tr>
<tr>
<td>-----------------------------</td>
</tr>
<tr>
<td>AREAS FOR GROWTH (Year-end):</td>
</tr>
<tr>
<td>REVISED/ON-GOING TRAINING GOALS (Mid-year):</td>
</tr>
<tr>
<td>REVISED/ON-GOING TRAINING GOALS (Year-end, if applicable):</td>
</tr>
</tbody>
</table>

Supervisor Signature & Date

Supervisee Signature & Date
The evaluation of Group Modality Intervention is to be completed by the Intern’s group supervisor (who may or may not be the co-therapist for the group).
Rate each highlighted (Overall Competency Area = yellow; Elements under each Competency area = grey) item.
Use the following scale to rate each Competency area and associated Elements, to best describe the trainee's functioning.

1 = demonstrates little/no competence
2 = developing competence (needs significant training and supervision)
3 = emerging competence (needs ongoing regular supervision for basic and advanced skills)
4 = intermediate competence (independently demonstrates most basic skills, needs ongoing supervision for more advanced skills)
5 = advanced competence (functions relatively independently on most basic skills, needs intermittent supervision for more advanced skills)
6 = proficient (able to function largely independently for basic and advanced skills, will benefit from intermittent supervision and consultation)
N/O = No Opportunity to Observe

Optional: you may write brief comments next to any anchors (items that you don't provide a numerical rating for), to help highlight areas of strength or things that need further work.

Narrative section (very end of the form): you may also provide narrative feedback, general, specific strengths, areas for growth, and revised or ongoing training goals.

Expected level of progress for interns:
Beginning of internship: 2, 3, 4, some 5, depending on prior training and experience.
Mid-year of internship: mostly 3, 4, 5
End of internship: mostly 4, 5, and some 6's

Minimum Expected Performance for Successful Completion of Internship at Year-End: Takes into consideration that there can be variability among individuals who may generally be considered at expected level of competence in their ability to provide Interventions, but may be somewhat less experienced and skilled at group modality interventions, due to differences in past training and experience.
- Minimum ratings of 4 or above for the Overall Competency Area of Group Modality Intervention
- Minimum ratings on any item of 4 or above
- at least 60% ratings at 5 or above (4 of 7 total items)
**Psychology Intern Name:**

**Internship Year:** 2017-18

<table>
<thead>
<tr>
<th>Competency 7B: Group Modality Intervention (Evaluation provided by Group Co-therapist/supervisor; or group therapy supervisor)</th>
<th>Fall</th>
<th>Spring</th>
<th>Summer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>7B:10. Intervention: Group Modality Interventions</strong> designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>7B: 10A. Group treatment planning</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Integrates clinical/professional/research knowledge with client data to identify appropriate group treatments for client’s treatment needs (e.g. process therapy groups, support groups, psychoeducational groups, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Effectively prepares clients for group treatment participation (e.g. group referral, group screen/orientation, assessing client’s appropriateness, and addressing motivation for group)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Conceptualization: effectively conceptualizes client’s concerns and treatment needs consistently with group modality treatment (e.g. relational foundations of presenting problems, needs for skills development, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>7B: 10B. Group treatment skills</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Understands and applies common developmental themes related to stages of group treatment; understands group dynamics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Co-facilitates establishment of effective therapeutic space and processes for group members (e.g. establishing group ground rules and norms, attends to issues of group cohesion, trust, safety, vulnerability, boundaries, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Distinguishes between content and process, and when to utilize each effectively to assist group members work towards treatment goals</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
- Demonstrates awareness of individual, interpersonal (dyadic, triadic), and whole-group dynamics, and ability to intervene at each level
- Appropriately attends to issues of individual and cultural differences/similarities, and how these impact individual group members, and the group as a whole
- Understands the relevance of effective case management and clinical documentation; these tasks are performed promptly and effectively
- Demonstrates commitment to practicing ethical decision making and behavior

**7B: 10C. Group Intervention Implementation**

**Implements interventions with fidelity to empirical models and flexibility to adapt where appropriate**
- Effectively applies theoretical models and empirically supported group treatment approaches, while flexibly adjusting interventions to fit the needs and capacities of group members, and group as a whole
- Attends to timing/pacing of interventions, client/group defenses, resistance, transference, counter-transference, and process issues
- Attends to relevant termination & transition issues as they may impact treatment process, treatment gains and maintenance
- Effectively intervenes to empower clients toward action to positively affect development and functioning

**7B: 10D. Group Treatment Progress Evaluation**

**Independently evaluates treatment progress and modifies planning as indicated, even in the absence of established outcome measures**
- Responds effectively to client feedback and clinical data to assess group treatment progress (for individual group members, and group as a whole), and makes appropriate adjustments
- Appropriately utilizes psychological testing measures (as appropriate) or outcome data to assist in assessing treatment progress and making appropriate adjustments
<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>7B: 10E. Group Co-therapy Relationship and Process</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Co-creates effective, respectful co-therapy relationships that are conducive to effective group interventions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Collaboratively plans and implements group interventions with his/her co-facilitator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Critically evaluates his/her own intervention preferences and style (passive, active, content or process focused, individual or group centered) and its impact on co-therapy dynamics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Effectively communicates with co-therapist regarding one’s preferences and needs (e.g. therapy style, professional boundaries, theoretical perspectives, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Effectively engages in managing disagreements or conflicts with co-therapist; does not allow co-therapist conflict to negatively impact group members or group dynamics</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>7B: 10F. Group Treatment Training and Supervision</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Openly engages in and effectively utilizes supervision and training (received from staff member who may or may not be the co-therapist for the group, and/or group coordinator, and/or other relevant staff members or peers) towards continued growth as a group therapist</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Readily engages in discussing group work openly and honestly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Actively seeks input and feedback</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Non-defensively receives and integrates feedback</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Respectfully offers input and feedback (to co-therapist and/or supervisor, peers or other staff members individually and/or during group consult)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NARRATIVE FEEDBACK (End of Fall/Mid-year):**

**PARTICULAR STRENGTHS (End of Fall/Mid-year):**

**AREAS FOR GROWTH (End of Fall/Mid-year):**

**PARTICULAR STRENGTHS (End of Fall/Mid-year):**
<table>
<thead>
<tr>
<th>REVISED/ON-GOING TRAINING GOALS (End of Fall/Mid-year):</th>
</tr>
</thead>
<tbody>
<tr>
<td>NARRATIVE FEEDBACK (End of Spring):</td>
</tr>
<tr>
<td>PARTICULAR STRENGTHS (End of Spring):</td>
</tr>
<tr>
<td>AREAS FOR GROWTH (End of Spring):</td>
</tr>
<tr>
<td>REVISED/ON-GOING TRAINING GOALS (End of Spring):</td>
</tr>
<tr>
<td>NARRATIVE FEEDBACK (Summer/Year-end):</td>
</tr>
<tr>
<td>PARTICULAR STRENGTHS (Summer/Year-end):</td>
</tr>
<tr>
<td>AREAS FOR GROWTH (Summer/Year-end):</td>
</tr>
<tr>
<td>REVISED/ON-GOING TRAINING GOALS (Summer/Year-end):</td>
</tr>
</tbody>
</table>

Supervisor Signature & Date

Supervisee Signature & Date
The evaluation of Supervision (providing clinical supervision to practicum trainees) is to be completed by the Intern's Meta-supervisor (Sung).

Rate each highlighted (Overall Competency Area = yellow; Elements under each Competency area = grey) item.

Use the following scale to rate each Competency area and associated Elements, to best describe the trainee's functioning.

1 = demonstrates little/no competence
2 = developing competence (needs significant training and supervision)
3 = emerging competence (needs ongoing regular supervision for basic and advanced skills)
4 = intermediate competence (independently demonstrates most basic skills, needs ongoing supervision for more advanced skills)
5 = advanced competence (functions relatively independently on most basic skills, needs intermittent supervision for more advanced skills)
6 = proficient (able to function largely independently for basic and advanced skills, will benefit from intermittent supervision and consultation)
N/O = No Opportunity to Observe

Optional: you may write brief comments next to any anchors (items that you don't provide a numerical rating for), to help highlight areas of strength or things that need further work.

Narrative section (very end of the form): you may also provide narrative feedback, general, specific strengths, areas for growth, and revised or ongoing training goals.

Expected level of progress for interns:
Beginning of internship: 2, 3, or 4, depending on prior training and experience.
Mid-year of internship: 3, 4, some 5's, occasional 6's
End of internship: mostly 4 and 5, some 6's

Minimum Expected Performance for Successful Completion of Internship at Year-end: Takes into consideration that there can be significant variability in the amount and type of training and experience interns have had in this area prior internship.

- Minimum ratings of 4 or above for the Overall Competency Area of Supervision
- Minimum ratings of 4 on any item
- at least 50% of ratings at 5 above (7 of 13 total items)
<table>
<thead>
<tr>
<th>Competency 8: Supervision (Evaluation provided by Meta-supervisor)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>11. Supervision:</strong> Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.</td>
</tr>
</tbody>
</table>

### 11A. Expectations and Roles

**Understands the ethical, legal, and contextual issues of the supervisor role**
- Demonstrates awareness of supervisory roles and functions, and how these differ from clinical or other training roles
- Developing a supervisory style that is consistent with one’s professional values and sense of self
- Is knowledgeable about and able to apply ethical principles relevant to training and supervision

### 11B. Processes and Procedures

**Demonstrates knowledge of supervision models and practices; demonstrates knowledge of and effectively addresses limits of competency to supervise**
- Integrates supervision theory and research, practice, and supervisee feedback toward continued growth as a supervisor
- Awareness of own strengths and limitations as a supervisor
- Recognizes limits of one’s competency to supervise (e.g., certain treatment models, certain presenting concerns), and takes appropriate action to
  - Develop one’s competency, and/or
  - Direct supervisee to appropriate resources (e.g., clinical literature, another staff member, etc.)
### 11C. Skills Development

**Engages in professional reflection about one’s clinical relationships with supervisees, as well as supervisees’ relationships with their clients**

- Honestly reflects on and effectively manages one’s own reactions (e.g. supervisory counter-transference) within the supervisory relationship
- Effectively engages in meta-supervision (prepared, readily shares work, elicits feedback, non-defensively receives and integrates feedback, provides relevant input to meta-supervision group) to better understand factors affecting the supervisory relationship, as well as better understand factors affecting supervisee’s therapeutic relationships
- Honestly and genuinely engages in a respectful process of co-creating a meta-supervision environment that is conducive to their learning and growth, including expressing their training needs, and addressing difficulties or conflicts when necessary

### 11D. Supervisory Practices

**Provides effective supervised supervision to less advanced students, peers, or other service providers in typical cases appropriate to the service setting**

1. **Effectively establishes a supervisory relationship** that
   - Facilitates honest, bi-directional communication and feedback
   - Provides an effective balance of support and challenge
   - Responds effectively and non-defensively to supervisee’s feedback, including clarifying issues and making appropriate adjustment in supervision
   - Demonstrates awareness of and effectively addresses cultural issues, power dynamics, and boundary issues within the supervisory relationship
   - Maintain continuity of supervision (e.g. keep regular supervision sessions, reschedule as needed)
   - Effectively attends to termination issues in the supervisory relationship

2. **Clearly establishes supervision frame and expectations:**
   - supervision structure and process, supervisee responsibilities, supervisor responsibilities, expectations for feedback & evaluation
3. Establishes training goals based on an adequate assessment of supervisees’ skills, knowledge, strengths, limitations, needs, as well as considering the supervisee’s developmental level.

4. Attends to individual and cultural factors and how these impact:
   - the supervisee’s client’s presenting concerns and experiences
   - the supervisee’s sense of self, as a person, professional, and clinician
   - the supervisee’s relationship with his/her client
   - the supervisory relationship

5. Assists supervisees to develop clinical knowledge & skills in:
   - clinical assessment
   - integrating counseling theory, research, and clinical data to formulate useful case conceptualizations
   - selecting and implementing interventions informed by case conceptualization
   - using the therapy relationship as an intervention tool, including attending to boundary issues, transference & counter-transference, client resistance, and interpersonal process
   - attending to termination issues with clients
   - attending to individual & cultural issues in assessment, conceptualization, and intervention

6. Assists supervisees to develop ethical & professional awareness and behavior:
   - facilitate acquisition, maintenance, or consolidation of awareness of and ability to apply the ethical standards of the profession;
   - facilitates development of professional attitudes and behaviors (including responsible case management and clinical documentation, professional interactions with peers, supervisors, staff, and clients, maintaining appropriate boundaries
   - serves as an appropriate role model for professional and ethical practice
7. Effectively balances and utilizes a variety of supervisory strategies depending on supervisee’s developmental stage, capacities, and needs, including: didactic teaching, questioning & exploration, modeling, attending/utilizing to process and parallel process issues, facilitating self-reflection as relevant to their clinical work, recorded session review

8. Provides effective evaluation and feedback:
   - provides timely formative feedback
   - provides verbal and written summative feedback that accurately reflects supervisee’s performance, strengths and areas for further growth
   - feedback is provided in a manner that is attentive to both the training and emotional needs of the supervisee

| NARRATIVE FEEDBACK (Mid-year):          |                  |
| NARRATIVE FEEDBACK (Year-end):         |                  |
| PARTICULAR STRENGTHS (Mid-year):       |                  |
| PARTICULAR STRENGTHS (Year-end):       |                  |
| AREAS FOR GROWTH (Mid-year):           |                  |
| AREAS FOR GROWTH (Year-end):           |                  |
| REVISED/ON-GOING TRAINING GOALS (Mid-Year): |              |
| REVISED/ON-GOING TRAINING GOALS (Year-end, if applicable): | |

Supervisor Signature & Date

Supervisee Signature & Date
Appendix F: Due Process for Intern Competence Problems and Skills Deficits

Definitions:

Informal efforts to remediate problematic behaviors and skills deficits are always preferred in addressing such difficulties. However, there may be cases when the problems and deficits are more extensive and pervasive, and/or when regular supervision and informal remediation efforts have been unsuccessful in assisting the intern toward adequate change and progress. In these rare cases, a more formal process of evaluation and remediation may be required.

Trainee competence problems and skills deficits may be reflected in one or more of the following ways:

1. an inability to acquire and integrate professional standards into one's repertoire of professional behavior
2. an inability to acquire professional skills in order to reach an acceptable level of competency, and/or
3. an inability to control personal stress; psychological dysfunction; and/or excessive emotional reactions which interfere with professional functioning

Some characteristics that may indicate a need for more formal remediation include:

1. the trainee does not acknowledge, understand or address the problem when it is identified,
2. the problem is more than a skill deficit which can be rectified by academic or didactic training,
3. the quality of services delivered by the trainee is consistently negatively affected,
4. the problem is not restricted to one area of professional functioning,
5. a disproportionate amount of attention by training personnel is required, and/or
6. the trainee's behavior does not change as a function of feedback, remediation efforts, and or time

Informal Process of Addressing Trainee Deficiencies or Problematic Behaviors:

1. The trainee's supervisor or other involved Counseling Services senior staff member will discuss the concern with the trainee after consulting informally with the Training Director. If possible, the trainee and the staff member will come to agreement about the concern and appropriate action to be taken, including specific remedial recommendations. The Training Director will be informed of the agreement.

2. If the trainee and supervisor or other staff member cannot come to agreement, or if the agreed upon action does not correct the situation, then the supervisor or other senior staff member will notify the Training Director of the problem in writing, with a copy to the trainee. The Training Director will consult with the Counseling Services Director and other senior staff member(s) as appropriate and decide on an appropriate course of remedial action. The Training Director will advise the trainee in writing of the decision and discuss the remedial process with him or her.

3. If the process outlined above is unsuccessful in remediating the problematic behavior, the Training Director, in consultation with the Director and the other senior staff member(s),
will decide on further steps to be taken, including moving to a more formal process of addressing the concern.

**Formal Process for Responding to Trainee Deficiencies and Competence Problems:**

When at any point in the internship year, the trainee is assessed to be inadequate by either a clinical supervisor or the Training Director, in at least one of the three major evaluation categories (Ethical Issues, Professional Behavior, Professional Skills), the following action is taken.

*All aspects of this formal process should be documented*, signed and dated by relevant parties involved (e.g. panel members, trainee), and copies provided to all appropriate parties (e.g. trainee, trainee’s home department).

A. Initial Review

1. A review panel selected from Counseling Services senior staff is established. The Training Director will chair the committee. The committee members will be individuals who have no conflict of interest in objectively evaluating the trainee's need for remediation and in developing a fair intervention plan. If the Training Director is deemed to have such a conflict, he or she will be replaced as chair of the committee by a staff member appointed by the Counseling Services Director.
2. The trainee is informed that such a review is occurring and is given the opportunity to provide the committee with any information regarding his/her response to the rating(s).
3. The committee meets to review ratings and decide on a course of action.
4. A trainee perceived by the committee as not performing at an adequate level is informed of the deficiencies and recommendations for remediation (as described in Section III). S/he is informed at this time of the possibility that satisfactory completion of the internship may not be certified if significant progress is not made.

B. If the trainee accepts the decision and remedial recommendations

1. The trainee should express his/her intentions in writing
2. The Training Director meets with the trainee and relevant staff to review the decision and explicitly specify remedial procedures, including re-assessment process and time frame
3. The trainee’s progress will be reviewed by Counseling Services staff by mid-March, or within a designated amount of time (e.g. 3 months). If progress toward identified goals is not observed, the trainee’s graduate program is contacted for additional consultation. The decision is then made to continue present remedial procedures or to re-adjust them to increase their effectiveness. The trainee will be an active participant in these procedures.
4. The trainee is then re-evaluated in June, or within another designated amount of time (e.g. another 3 months). If the trainee does not demonstrate significant improvement, s/he will be informed of this judgment. It will also be noted that certification of satisfactory completion of internship is unlikely. This will be conveyed to the academic department.

C. Appeal Process


If the trainee challenges the panel’s decision:
1. The trainee should express his/her intentions in writing
2. The review panel is re-convened
3. A hearing is conducted with the trainee and the panel
4. The review panel submits recommendations to the agency director
5. The Counseling Services Director accepts or rejects the recommendations or refers back to the review panel for further deliberations
6. The ultimate decision is made by the Counseling Services Director.
7. Proceedings are summarized and results carefully described in writing for all parties involved. Documentation will include the nature of the ratings, the remediation designed, and the rationale for such remediation.

Remediation Considerations:

It is important to have meaningful ways to address problems and deficiencies once it has been identified. Several possible, and perhaps concurrent courses of action designed to remediate deficits include but are not limited to:

1. increasing supervision, either with the same or other supervisors
2. changing the format, emphasis, and/or focus of supervision
3. recommending and/or requiring personal therapy in a way that all parties involved have clarified the manner in which therapy contracts will be used in the trainee evaluation process
4. reducing the trainee's clinical or other workload and/or requiring specific academic coursework
5. recommending, when appropriate, a leave of absence and/or a second traineeship

When a combination of the above interventions do not, after a reasonable time period, rectify the problem or when the trainee seems unable or unwilling to alter his/her behavior, the training program may need to take more formal action, including such actions as:

1. giving the trainee a limited endorsement, including the specification of those settings in which s/he could function adequately
2. communicating to the trainee and academic department/program that the trainee has not successfully completed the internship
3. recommending and assisting in implementing a career shift for the trainee, and/or
4. terminating the trainee from the internship program

All the above steps need to be appropriately documented and implemented in ways that are consistent with the due process procedures.

Conditions for Limited Endorsement or Dismissal from the Internship Program
Some circumstances that may result in limited endorsement or withholding of internship completion certification, or in extreme cases, termination of the internship contract and dismissal from the internship program may include:
- Severe ethical violation (e.g. sexual relationship with a client) with harm to client
- Persistent and pervasive competence problems and unsound clinical judgments that consistently result in harm to client
- Failure to achieve minimum acceptable level of performance on evaluations by the end of the internship year
- Persistent failure or ongoing inability to fulfill the requirements and expectations of the internship program and the training contract
- Persistent and pervasive inability or resistance to utilizing supervision and feedback to affect change and progress, to the point that there is serious concern by supervisors and training staff that the intern is incapable of achieving a minimum level of competency.
Appendix G: Due Process for Intern Grievances

Whenever a psychology intern has a problem or grievance about any aspect of the internship experience, informal resolution of this grievance is always encouraged. When informal attempts have been inadequate in sufficiently addressing this grievance, a more formal procedure will be necessary. Counseling Services expectations for informal and formal processes of addressing psychology interns’ grievances are outlined below.

Potential Grievances may arise from various sources, including:

1. Problem with peer
2. Problem with support staff
3. Problem with immediate clinical supervisor
4. Problem with group therapy supervisor/co-leader
5. Problem with other Counseling Services staff
6. Problem with Training Director
7. Problem with some aspect of the internship program

Informal Process and Chain of Communication:

1. The psychology intern is to first directly discuss the problem with the individual involved (consistent with APA ethical and professional guidelines).

2. If the grievance is in regards to an aspect of the internship program, this should be first discussed with his/her immediate clinical supervisor and the Counseling Services Training Director. If the grievance is in regards to individually based clinical work, the immediate clinical supervisor is the **individual supervisor**. If the grievance is in regards to the group therapy program, the immediate clinical supervisor is the **senior staff group co-leader**.

3. Grievances involving interactions or activities related to aspects of the internship program at Counseling Services should be addressed first with Counseling Services staff (vs. complaining to an outside party), so that there is ample opportunity to resolve the problem directly within the primary organizational setting. **[Note: This is consistent with APA ethical and professional guidelines, and will help to prevent indirect communications, misunderstandings, and triangulation between the psychology intern and Counseling Services training staff.]**

4. If the psychology intern has attempted to address the problem directly with the individual involved and has not achieved satisfactory resolution, OR the psychology intern does not feel safe (e.g. sexual harassment) discussing the problem directly with the individual involved, he/she should move to the next person in the chain of communication. **The expected chain of communication is as follows:**
   i. Immediate clinical supervisor
   ii. Counseling Services Training Director
   iii. Counseling Services Director
5. At any point in this chain, it may be appropriate to involve the intern’s home department in the resolution process. However, this decision should be made jointly with the psychology intern and the Counseling Services staff member (e.g. Counseling Services staff member involved in the conflict, Counseling Services Training Director, etc.).

6. When this informal process is inadequate to address the problem, a more formal process may be engaged, as outlined below.

**Formal Process:**

A. Initial Review

1. A review panel selected from Counseling Services senior staff and a representative from the intern’s home department is established. The Counseling Services Training Director will chair the committee. The committee members will be individuals who have no conflict of interest in objectively evaluating the psychology intern's complaint. If the Training Director is deemed to have such a conflict, he or she will be replaced as chair of the committee by a staff member appointed by the Counseling Services Director.
2. The psychology intern and the Counseling Services staff member involved are informed that such a review is occurring and given the opportunity to provide the committee with any information regarding the problematic situation(s).
3. The committee meets to review all relevant information and decide on a course of action.
4. The psychology intern and the Counseling Services staff involved will be notified of the panel’s decision and recommendations in writing.
5. All aspects of this formal process should be documented. Panel members, psychology intern, and Counseling Services staff involved are to sign and date appropriate documents.

B. Appeal Process

If either the psychology intern or Counseling Services staff involved challenges the panel’s decision:

1. The review panel is re-convened
2. A hearing is conducted with the psychology intern or staff member and the panel
3. The review panel submits recommendations to the Counseling Services Director
4. The Counseling Services Director accepts or rejects the recommendations or refers back to the review panel for further deliberations
5. The ultimate decision is made by the Counseling Services Director. Any action is communicated to the psychology intern, Counseling Services staff involved, and the intern’s home department
6. Proceedings are summarized and results carefully described in writing for all parties (i.e. psychology intern, Counseling Services staff, intern’s home department)
7. Documentation will include the nature of the grievance, recommendations of the panel and the Counseling Services Director, and the rationale for those recommendations. Panel members, psychology intern, and Counseling Services staff involved are to sign and date appropriate documents.
C. If either the psychology intern or Counseling Service staff involved is unwilling to accept the decision from the appeal process, s/he may proceed to initiate the grievance procedures of the University at Buffalo (STATE UNIVERSITY PROFESSIONAL SERVICES NEGOTIATING UNIT, ARTICLE 7 of 52). University Grievance policies and procedures can be accessed on-line:

Graduate Students: [http://grad.buffalo.edu/study/progress/policylibrary.html](http://grad.buffalo.edu/study/progress/policylibrary.html)

To request an informal consultation with someone outside of UBCS, you can go to: [http://www.buffalo.edu/equity/obtaining-assistance/informal-consultation-for-students--employees-and-members-of-the.html](http://www.buffalo.edu/equity/obtaining-assistance/informal-consultation-for-students--employees-and-members-of-the.html)

D. If the psychology intern (or a Counseling Services staff) has a grievance in regards to university policies or procedures that are not specifically related to the policies and procedures of Counseling Services and/or the Internship Training program, s/he may consider initiating the university grievance procedures outlined in Appendix H. However, s/he is directed to consult with the Training Director and Center Director prior to taking action.

E. Filing a Grievance Against the Center Director or Training Director:

In recognition that the Center Director and Training Director are involved in the above procedures, should an intern wish to file a grievance against either the Center Director and/or Training Director, they are encouraged to seek consultation and assistance from a supervisor or another staff member with whom they feel safe. If they feel unsafe with everyone on staff, they are directed to contact the Office of Judicial Affairs and Student Advocacy or Human Resources for consultation and assistance, including assistance with utilizing the university-level grievance procedures.

Office of Judicial Affairs and Student Advocacy
[http://www.ub-judiciary.buffalo.edu/](http://www.ub-judiciary.buffalo.edu/)
252 Capen Hall
University at Buffalo
Buffalo, NY 14260-1605
Tel: (716) 645-6154
Fax: (716) 645-3376
Director: Elizabeth Lidano

Human Resources
[http://hr.buffalo.edu/](http://hr.buffalo.edu/)
120 Crofts Hall
Buffalo, NY 14260-7022
716-645-7777
716-645-2724
Appendix H: Supervisor/Supervision, Training Director, and Training Program Evaluation Forms

Forms for evaluation supervisors and trainers, the training director, the internship program, and post-internship survey are available on the UBCS shared server:

H:\Counseling Services\Training\PSYCH INTERNS\Evaluations

They include:

- Evaluation of Supervisor by Supervisee
- Evaluation of Supervisor Group Co-facilitator
- Evaluation of Meta-supervision
- Evaluation of Group Consultation Coordinator
- Evaluation of Outreach Coordinator
- Evaluation of Training Director
- Internship Evaluation (Evaluation of the Overall Internship Program)
- Post-Internship Survey
- Post-Internship Contact Information & Permission form
The State University of New York
University at Buffalo
Student Affairs
COUNSELING SERVICES

This Certifies That

Name

has satisfactorily completed the APA accredited

Doctoral Internship in Professional Psychology

As of this 4th day of August 2014.
In witness whereof, we have issued this certificate and affixed our signatures

__________________________   ______________________
Sung E. Kim–Kubiak, Ph.D.       Sharon L. Mitchell, Ph.D.
Director, Psychology Training Program     Director, Counseling Services