



DOCTORAL INTERNSHIP HEALTH SERVICE PSYCHOLOGY

(APA ACCREDITED)

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[APA Accreditation Information](#)

TRAINING MANUAL

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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
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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, revised 2017, 2018, 2019).

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. We also recognize that differences in individual life experiences, cultural backgrounds, and complex intersecting identities have important influences on our assumptions, values, and worldviews. Therefore, we are continually working towards greater awareness, respect, and appreciation for the ways that these affect all that we do professionally, as well as personally. The overall goal of the internship is to deepen and expand interns' knowledge, skills, and capacities to transition from a "trainee" identity towards a more independent "professional" identity, with increasing skill, multicultural competence, and confidence 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 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 Life 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 Student Life:

- Safety
- Respect
- Learning
- Courtesy
- Efficiency

Non-Discrimination Policy

UBCS explicitly exercises a non-discrimination policy, consistent with the University at Buffalo's explicit policy:

“The University at Buffalo (UB, university) is committed to ensuring equal employment, educational opportunity, and equal access to services, programs, and activities without regard to an individual's race, color, national origin, sex, religion, age, disability, gender, pregnancy, gender identity, gender expression, sexual orientation, predisposing genetic characteristics, marital status, familial status, veteran status, military status, domestic violence victim status, or criminal conviction status. This includes, but is not limited to, recruitment, the application process, examination and testing, hiring, training, grading, disciplinary actions, rates of pay or other compensation, advancement, classification, transfer and reassignment, discharge, and all other terms and conditions of employment, educational status, and access to university programs and activities. Employees, students, applicants, or other members of the university community (including but not limited to vendors, visitors, and guests) may not be subjected to

harassment that is prohibited by law or treated adversely based upon a protected characteristic.”

More information about policies and procedures can be accessed on-line: [UB Discrimination and Harassment Policy](#)

INTERNSHIP TRAINING PHILOSOPHY

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, and ongoing professional development of our staff and trainees. 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, (American Psychological Association Office of Consultation and Accreditation, 750 First St. NE Washington, D.C. 20002-4242, 202-336-5979, <https://accreditation.apa.org/>), training and experiences are consistent with the [2015 SoA profession-wide competencies](#).

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 other 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 when determining:
 - initial primary supervisor assignments and potential changes in supervisory pairings in the second half of the internship year
 - outreach mentor assignments
 - assignment to various committees (both internal and external to UBCS)
 - group treatment assignments each semester
- 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. Clinical services and outreach programming are offered 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 gearing 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 are scheduled for 40 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 700 AAPI Grand Total Practicum Hours; Minimum 350 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 practica
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 edges, 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 Supervisors**, with whom they meet 1 hour a week each, totaling **2 hours of individual supervision weekly**. 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 (please see **Appendix D** for minimum requirements and list of testing measure available), 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).

Supervisor Assignments: 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.

Possibility of supervisor change at mid-year: Though not guaranteed, there may be a **possibility** of changing one of the 2 assigned Primary Individual Supervisors at the mid-year point. 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 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; if the switch is possible, the intern will be encouraged to speak directly with each supervisor to appropriately process the transition
- 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.

Evaluations: Formal summative written evaluation and feedback is provided at mid-year and year-end points of the internship, though there is ongoing formative feedback throughout the year.

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./week of supervision from that staff member for their group work. They also engage in a biweekly group consultation meetings (1-hour 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. Evaluations are conducted at the end of each semester that an intern co-facilitates a group. These evaluations are usually provided by the staff group co-facilitator.

Supervision of Supervision (Meta-supervision)

Interns gain experience in providing supervision for masters 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.

Evaluations:

- Evaluation of Intern Supervisor: the meta-supervisor (Training Director) will provide formal

- summative written evaluation at the end of the fall and spring semesters.
- Intern Supervisor's evaluation of their Supervisee: Intern's evaluations of their supervisees are reviewed by the meta-supervisor prior to being given and discussed with their supervisee. Formal, summative, written evaluations are provided to the supervisee at the end of the fall and spring semesters.
 - Supervisee's evaluation of Intern Supervisor: these are conducted at the end of all and spring semesters, and copies of these evaluations should be given to the meta-supervisor/Training Director, to retain in the intern's file.

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 are expected to provide 1 outreach per month **on average** throughout the year. They 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

Outreach Mentorship:

Assignment of Outreach Mentor: At the beginning of the internship year, during orientation period, interns will meet, as a group, with each of the potential Outreach mentors for that year. After these meetings, each intern will submit to the Training Director their ranked preferences, after which, the TD will assign an Outreach Mentor to each intern. Current focus areas of consultation and outreach work with mentors include:

- International Student
- Student Athletes & Athletics department
- Students of Color
- LGBTQIA+ populations
- Mental Health Awareness initiatives
- Overall Outreach Administration

Supervision & Evaluation: Your assigned Outreach mentor will be the primary supervisor for outreach and consultation activities. Once assigned, the Outreach Mentor and the intern should schedule monthly supervision meetings throughout the semester. It may also be helpful to schedule a few meetings more frequently at the beginning of the internship year, as they begin to discuss roles and expectations, and start planning for the upcoming semester/year. Your outreach mentor will provide the mid-year and year-end formal summative evaluation and feedback specific to Outreach.

Special note regarding payment for outreach: Occasionally, the outreach requesting entity may offer payment for the outreach activity. The center policy regarding this is the same for interns/trainees as it is for center staff. Any outreach request that comes through UBCS, regardless of the requesting entity, is considered services rendered by UBCS, and hence, an individual staff member cannot receive payment for such activities. Additionally, no individual payment may be received for any services we provide to the UB community, as we consider this professional courtesy as part of UB.

Additional Rotating Training/Consultation Meetings

In addition to regular supervision and intern seminars, interns also receive training and consultation through various rotating meetings.. These may include:

1. Needs Assessment/Crisis Intervention Consultation
2. Diversity Discussions training meetings
3. Intern Case Conference Meetings
4. Internship meetings with the Training Director
5. Intern Only meeting (to facilitate intern cohesion and mutual collegial support)

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 on a semi-regular basis 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 to 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 a 6-week on-line training, which is paid for by the center. Interns will be allotted time during the August orientation and beginning of Fall semester to complete this training, after which they will receive a completion certificate from [Behavioral Tech, LLC](#).

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. Aside from dissertation, some of these activities may need to be **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 for approval

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, including potentially withholding certification of 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 an intern's grievance is with the Training Director, center Director, or other Administrative Leadership Team members, the intern can approach another staff member that they feel safe with for assistance and guidance on how to proceed, including navigating the university's formal grievance procedures. If they do not feel safe with any UBCS staff member, they can receive assistance from the university's office of Human Resources, Student Conduct and Advocacy, and Equity, Diversity, and Inclusion office. 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**.

RECORDS MAINTENANCE

All internship related information for each intern as stored electronically currently, going back to the 2009-2010 internship year. [Note: past years' intern information prior to electronic storage are kept in a locked filed cabinet that only the Training Director has access to]. These electronic records are stored on the shared UBCS center server, in a folder that only the Training Director and center administrative leadership (i.e., center director, associate director, and assistant directors) can access. Hence, these records are kept confidential and may not be viewed by other staff, trainees, or support staff. Included in these records are all completed evaluations of interns, interns' evaluations of supervisors, training staff, and training program, communications with interns' graduate programs, and any formal remediation plans or due process documentation related to intern competence problems.

Records of intern grievances are kept separately in a locked file cabinet that only the center director can access.

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 they 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. Copies of the evaluation forms are provided in **Appendix E**. 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).

The most recent version of the APA Ethical Principles of Psychologists and Code of Conduct

(2002), including the 2010 and 2016 Amendments is available on-line: [APA Code of Conduct](#)

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.

Information about the university's policies and procedures can be find on-line: [UB Discrimination and Harassment Policy](#)

This policy explicitly states:

"The University at Buffalo (UB, university) is committed to ensuring equal employment, educational opportunity, and equal access to services, programs, and activities without regard to an individual's race, color, national origin, sex, religion, age, disability, gender, pregnancy, gender identity, gender expression, sexual orientation, predisposing genetic characteristics, marital status, familial status, veteran status, military status, domestic violence victim status, or criminal conviction status. This includes, but is not limited to, recruitment, the application process, examination and testing, hiring, training, grading, disciplinary actions, rates of pay or other compensation, advancement, classification, transfer and reassignment, discharge, and all other terms and conditions of employment, educational status, and access to university programs and activities. Employees, students, applicants, or other members of the university community (including but not limited to vendors, visitors, and guests) may not be subjected to harassment that is prohibited by law or treated adversely based upon a protected characteristic."

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. 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. More information can be found here: [Office of Equity, Diversity, and Inclusion](#)

[University Policies](#)

[EDI Obtaining Assistance](#)

[Reporting Discrimination & Harassment](#)

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](#).

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 growth-enhancing 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 they are interested in developing a non-professional relationship with another staff member (i.e. friendship), that intern is strongly encouraged to discuss this with their 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 their 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 them, the staff member, to their 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 their 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.

New York State licensure information, regulations, and procedures are available through: [**NYS Office of the Professions.**](#)

VACATION TIME, SICK LEAVE, BENEFITS

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

Interns are encouraged to save at least 5 vacation days that they may 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. Interns are in a SL1 staff position at 1.0 FTE each. 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 regularly. 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, with revisions 2017, 2018, 2019), for Internship programs, section C-8 I): This is available [on-line](#).

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, along with the specific training experiences and methods intended to assist in the development of these competencies, and the Minimum Level of Achievement (MLA) criteria expected at the end of internship for successful completion.

COMPETENCIES

Note: The competencies and related elements are consistent with the recent APA CoA SoA standards. The elements under each competency are drawn from the IR C-8.I (Profession Wide Competencies). There are also some elements specifically defined by UBCS, which will be noted with an asterisk (*).

All evaluation forms will use the following rating scale:

- 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

I. RESEARCH

- Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.

- *Applies scientific methods of evaluating practices, interventions, and programs

Required training/experiential activities:

- Experiential: Work on dissertation as needed; demonstrating this competency through the various clinical and professional activities performed during internship; presenting on their dissertations (or other research); 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

Methods of evaluation:

- work products (i.e. dissertation presentation, clinical case presentation, client outcomes)
- supervisory observation (e.g. discussion, video review by Primary Individual Supervisors, as well as other staff that may be supervising group or outreach/consultation activities)
- observation by other relevant staff (e.g. participation during seminars)

Interns are formally evaluated twice during the internship year, at Mid-Year point and Year-End point, using the Evaluation of Clinical & Professional Practice. Each intern is assigned 2 Primary Individual Supervisors through the full year, and evaluated at both points by each Primary supervisor.

Evaluation: Clinical & Professional Practice Evaluation (formal evaluations provided by the 2 Primary Individual Supervisors)

Minimum Level of Achievement: At the end of internship, intern should have obtained a minimum Competency Rating of 4.5 (between intermediate and advanced level of competence) or above, with a minimum of 4 on any related element, based on the Likert Scale defined below.

II. ETHICAL AND LEGAL STANDARDS

- Be knowledgeable of and act in accordance with each of the following:
 - the current version of the APA Ethical Principles of Psychologists and Code of Conduct;
 - Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and
 - Relevant professional standards and guidelines.
- Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.
- Conduct self in an ethical manner in all professional activities.

Required training/experiential activities:

- Experiential: demonstrating this competency 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 and professional development seminars on ethics, legal standards, and risk management

Methods of evaluation:

- work products (i.e., attention to ethical/legal issues in dissertation presentation, clinical case presentation, clinical work)
- supervisory observation (e.g. discussion, video review by Primary Individual Supervisors, as well as other staff that may be supervising group or outreach/consultation activities)
- observation by other relevant staff (e.g. participation during seminars)

Interns are formally evaluated twice during the internship year, at Mid-Year point and Year-End point, using the Evaluation of Clinical & Professional Practice. Each intern is assigned 2 Primary Individual Supervisors through the full year, and evaluated at both points by each Primary supervisor.

Evaluation: Clinical & Professional Practice Evaluation (formal evaluations provided by the 2 Primary Individual Supervisors)

Minimum Level of Achievement: At the end of internship, intern should have obtained a minimum Competency Rating of 4.5 (between intermediate and advanced level of competence) or above, with a minimum of 4 on any related element, based on the Likert Scale defined above.

III. INDIVIDUAL AND CULTURAL DIVERISTY

- An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
- The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.
- Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.

Required training/experiential activities:

- Experiential: demonstrating this competency 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 on topics specifically related to culture and diversity, but also being aware of how culture and diversity are relevant to all professional topics

Methods of evaluation:

- work products (i.e., attention to culture and diversity in clinical processes, outreach,

- training/supervision, dissertation presentation, clinical case presentation)
- supervisory observation (e.g. discussion, video review by Primary Individual Supervisors, as well as other staff that may be supervising group or outreach/consultation activities)
- observation by other relevant staff (e.g. participation during seminars)

Interns are formally evaluated twice during the internship year, at Mid-Year point and Year-End point, using the Evaluation of Clinical & Professional Practice. Each intern is assigned 2 Primary Individual Supervisors through the full year, and evaluated at both points by each Primary supervisor.

Evaluation: Clinical & Professional Practice Evaluation (formal evaluations provided by the 2 Primary Individual Supervisors)

Minimum Level of Achievement: At the end of internship, intern should have obtained a minimum Competency Rating of 4.5 (between intermediate and advanced level of competence) or above, with a minimum of 4 on any related element, based on the Likert Scale defined above.

IV. PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS

- Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others
- Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
- Actively seek and demonstrate openness and responsiveness to feedback and supervision.
- Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

Required training/experiential activities:

- Experiential: demonstrating this competency 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

Methods of evaluation:

- work products (i.e., professional conduct demonstrated across tasks - clinical processes, outreach, training/supervision activities)
- supervisory observation (e.g. discussion, video review by Primary Individual Supervisors, as well as other staff that may be supervising group or outreach/consultation activities)
- observation by other relevant staff (e.g. participation during seminars)

Interns are formally evaluated twice during the internship year, at Mid-Year point and Year-End point, using the Evaluation of Clinical & Professional Practice. Each intern is assigned

2 Primary Individual Supervisors through the full year, and evaluated at both points by each Primary supervisor.

Evaluation: Clinical & Professional Practice Evaluation (formal evaluations provided by the 2 Primary Individual Supervisors)

Minimum Level of Achievement: At the end of internship, intern should have obtained a minimum Competency Rating of 4.5 (between intermediate and advanced level of competence) or above, with a minimum of 4 on any related element, based on the Likert Scale defined above.

V. COMMUNICATION AND INTERPERSONAL SKILLS

- Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
- Demonstrate effective interpersonal skills and the ability to manage difficult communication well.

Required training/experiential activities:

- Experiential: demonstrating this competency 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 and professional development seminars

Methods of evaluation:

- work products
 - effective and respectful relationships with clients, supervisors, supervisees, other staff, other trainees, support staff
 - clinical documentation, presentations, other professional written work
- supervisory observation (e.g. discussion, video review by Primary Individual Supervisors, as well as other staff that may be supervising group or outreach/consultation activities)
- observation by other relevant staff (e.g. participation during seminars)

Interns are formally evaluated twice during the internship year, at Mid-Year point and Year-End point, using the Evaluation of Clinical & Professional Practice. Each intern is assigned 2 Primary Individual Supervisors through the full year, and evaluated at both points by each Primary supervisor.

Evaluation: Clinical & Professional Practice Evaluation (formal evaluations provided by the 2 Primary Individual Supervisors)

Minimum Level of Achievement: At the end of internship, intern should have obtained a minimum Competency Rating of 4.5 (between intermediate and advanced level of competence) or above, with a minimum of 4 on any related element, based on the Likert Scale defined above.

VI. ASSESSMENT

- Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
- Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).
- Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.
- Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
- Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
- Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

Required training/experiential activities:

- Experiential:
 - Engage in client assessments regularly through Needs Assessments and CCAPS reviews,
 - Administer, score, and interpret, psychological tests, write testing notes/summaries, and communicate results of psychological tests to clients (per minimum expected requirements)
 - Integrate clinical interviews and psychological assessments as appropriate to client conceptualization and intervention, assessing client outcomes and making appropriate adjustments
- Supervision: discussion during supervision sessions with Assessment Coordinator and/or Primary Individual Supervisors, and other relevant supervisors who may have more expertise in utilizing particular assessment measures
- Didactic/discussion: participation during orientation or seminars related to assessment

Methods of evaluation:

- work products
 - assessment reports, and clinical documentation, related to assessment work with clients, Needs Assessment summaries, CCAPS review notes
- supervisory observation
 - discussion, video review by Primary Individual Supervisors or Assessment Coordinator, as well as other staff that may be supervising assessment tasks
 - review of assessment related documentation
- observation by other relevant staff (e.g. participation during assessment related training)

sessions)

Interns are formally evaluated twice during the internship year, at Mid-Year point and Year-End point, by the Assessment Coordinator.

Evaluation: Evaluation of Assessment (formal evaluations provided by the Assessment Coordinator)

Minimum Level of Achievement: At the end of internship, intern should have obtained a minimum Competency Rating of 4.5 (between intermediate and advanced level of competence) or above, with a minimum of 4 on any related element, based on the Likert Scale defined above.

VII. INTERVENTION

- Establish and maintain effective relationships with the recipients of psychological services.
- Develop evidence-based intervention plans specific to the service delivery goals.
- Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- Demonstrate the ability to apply the relevant research literature to clinical decision making.
- Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.
- Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.
- *Group Modality Interventions - Integrate research and professional knowledge, including evidence-based treatments, interpersonal and group dynamics, co-therapist functioning, and clinical information (i.e., client data) to provide effective group treatments :
 - a) group treatment planning,
 - b) group treatment skills,
 - c) group intervention implementation,
 - d) group treatment progress evaluation,
 - e) group co-therapy relationship and process,
 - f) group treatment training and supervision

Required training/experiential activities:

- Experiential:
 - Engage in individual, couples, and group counseling, and crisis intervention
 - Maintain timely and effective clinical documentation related to the above activities
- Supervision: discussion during supervision sessions with Primary Individual Supervisors, group intervention supervisors, and other relevant supervisors who may provide additional consultations as needed
- Didactic/discussion: participation during orientations or seminars related to interventions with various client populations; integrating relevant scholarly and scientific literature offered by supervisors/staff members

Methods of evaluation:

- work products

- effective clinical work (client outcomes, client satisfaction surveys)
- clinical documentation, clinical case presentations
- supervisory observation
 - supervisory discussion, video review by Primary Individual Supervisors
 - co-therapy (hence live observation) of group therapy by co-therapist/supervisor
 - supervisory discussion, video review with group intervention supervisor; engagement and participation during Group Consultation meetings
- observation by other relevant staff (e.g. participation during relevant orientations or seminars)

Interns are formally evaluated twice during the internship year, at Mid-Year point and Year-End point, using the Evaluation of Clinical & Professional Practice. Each intern is assigned 2 Primary Individual Supervisors through the full year, and evaluated at both points by each Primary supervisor.

For Group Intervention, interns are formally evaluated at the end of each Fall, Spring, and Summer semesters on the Evaluation of Group Intervention. They are evaluated by the staff member supervising the group work (usually the group co-facilitator, but may be another assigned supervisor when interns are allowed to co-facilitate a group with another intern or trainee, usually during the summer which is towards the end of their internship year).

Evaluation:

- Clinical & Professional Practice Evaluation (formal evaluations provided by the 2 Primary Individual Supervisors)
- Group Intervention evaluation (formal evaluations provided by the Group intervention supervisor associated with each group facilitated by the intern)

Minimum Level of Achievement: At the end of internship, intern should have obtained the following ratings, based on the Likert Scale defined above.

- minimum Competency Rating of 4.5 or above, with a minimum of 4 on any related element on the Clinical & Professional Practice evaluation
- minimum Group Intervention element Rating of 4.5 or above on the Group Intervention evaluation, with a minimum rating of 4 on any items on the Evaluation of Group Intervention form.

VIII. SUPERVISION

- Demonstrate knowledge of supervision model and practices.
- Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.
- *Expectations and Roles - Understands the unique roles and tasks of supervision; understand the ethical, legal, and contextual issues of the supervisor role
- *Integrate theory, research, and experiential data in developing and maintaining a productive supervisory relationship and process
- *Demonstrate self-awareness and ongoing skills development in supervision competence

Required training/experiential activities:

- Experiential:
 - Provide clinical and professional supervision to less experienced counselors in training at the center, serving as the primary supervisor to 1 to 2 beginning or advanced level practicum students
 - Provide clinical consultation to other less experienced trainees as needed
- Supervision:
 - engage in weekly group meta-supervision with the Training Director
 - receive additional supervision and consultation from Primary Supervisors that are reviewing interns' supervisees' clinical documentation
 - engage in intermittent consultations with the practicum coordinator as needed
- Didactic/discussion: participation during orientations and meta-supervision in reviewing and integrating scholarly and research literature into current supervision practice

Methods of evaluation:

- work products
 - effective supervisory relationships with supervisees
 - adequate supervisee functioning, clinically and professionally
 - interns' formal written evaluations of supervisees
 - supervisees' formal written evaluations of intern supervisors
- supervisory observation
 - supervisory discussion, video review by meta-supervisor (Training Director)
 - supervisory discussion, review of interns' supervisees' clinical documentation by the intern's Primary supervisor responsible for reviewing these notes
 - input from practicum coordinator

Interns are formally evaluated twice during the internship year, at Mid-Year point and Year-End point, using the Evaluation of Supervision, completed by the Meta-supervisor/Training Director.

Evaluation:

- Evaluation of Supervision (formal evaluations provided by Meta-supervisor/Training Director)

Minimum Level of Achievement: At the end of internship, intern should have obtained a minimum Competency Rating of 4.5 or above, with a minimum of 4 on any related element, based on the Likert Scale defined above.

IX. CONSULTATION AND INTER-PROFESSIONAL/INTERDISCIPLINARY SKILLS

- Demonstrate knowledge and respect for the roles and perspectives of other professions.
- Apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, inter-professional groups, or systems related to health and behavior.
- *Role of Consultant – determines situations that require different role functions and shifts roles accordingly to meet referral needs
- *Teaching and Outreach Programming – provide instruction and/or disseminate psychological knowledge to various populations, including university students, staff, and

faculty.

- *Participation in Interdisciplinary or Multidisciplinary Collaboration/Consultation - Demonstrates understanding of when such collaboration/consultation is appropriate or needed, and displays skills that support effective interdisciplinary team functioning

Required training/experiential activities:

- Experiential:
 - Provide mental health consultation to other trainees
 - Provide mental health consultation to students, faculty, staff, parents
 - Provide outreach programming (minimum requirement: averaging about one per month)
 - Participate with Outreach Mentor on systematic consultation and outreach efforts with targeted campus entities and service recipients (e.g. International students, Students of Color, Student Athletes, relevant academic and professional offices on campus)
 - Possibly participate in interdisciplinary committees (e.g., Mental Health Awareness Committee, Eating Disorders Treatment Team)
 - Seek consultation with other professionals (e.g., consulting with psychiatric provider around intern's own clinical cases)
- Supervision:
 - discussion during supervision sessions with interns' assigned Outreach Mentors
 - consultations with the Assistant Director for Outreach/Outreach Coordinator
 - discussions in supervision with Primary Supervisor as needed around various consultation experiences
- Didactic/discussion: participation during orientations or seminars related relevant to Consultation, interprofessional collaboration, and outreach programming

Methods of evaluation:

- work products
 - outreach workshops (e.g. workshop PowerPoint presentations, outlines, presenting workshops and engaging in other related outreach activities)
 - clinical documentation related to various mental health consultation contacts with university students, faculty, staff, parents, or other trainees at the center
- supervisory observation
 - supervisory discussion with Outreach mentors
 - discussions with outreach staff co-presenters (who serve as the supervisor for that particular outreach activity)
 - supervisory discussion with Primary supervisors around various mental health consultation experiences

Interns are formally evaluated twice during the internship year, at Mid-Year point and Year-End point, using the Evaluation of Clinical & Professional Practice. Each intern is assigned 2 Primary Individual Supervisors through the full year, and evaluated at both points by each Primary supervisor.

For the Teaching and Outreach Programming element, interns are evaluated by the interns Outreach Mentor, at mid-year and year-end points.

Additionally, interns may receive a one-time evaluation, using the Evaluation of Outreach Programming after co-facilitating one-time workshops with a staff member. These evaluations are then forward to the intern's Outreach Mentor, to incorporate into their Mid-year and Year-end evaluations.

Evaluation:

- Evaluation of Outreach (formal evaluations provided by the Outreach Mentor/supervisor)

Minimum Level of Achievement: At the end of internship, intern should have obtained the following ratings, based on the Likert Scale defined above.

- minimum Competency Rating of 4.5 or above, with a minimum of 4 on any related element on the Clinical & Professional Practice evaluation
- minimum Teaching and Outreach Programming element Rating of 4.5 or above on the Outreach Programming evaluation

APPENDICES

Appendix A: Internship Applicant Rating Forms

INTERN APPLICATION RATING FORM

Applicant: _____ **Minority/Diversity:** _____
Rater: _____

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

Significantly Below Average 1 | Below Average 2 | Average 3 | Above Average 4 | Significantly Above Average 5

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

Nature of letter writer's contact/experience with applicant:

Training experience & setting:

Evidence Based Practice:

Communication/Interpersonal skills:

Professional Values/Attitudes/Ethical & Legal standards/Reflective Practice:

Consultation/Inter-professional/Interdisciplinary work, and/or Provision of Clinical Supervision:

Areas for growth:

Summary recommendation: 1 2 3 4 5

Letter 2

Nature of letter writer's contact/experience with applicant:

Training experience & setting:

Evidence Based Practice:

Communication/Interpersonal skills

Professional Values/Attitudes/Ethical & Legal standards/Reflective Practice

Consultation/Inter-professional/Interdisciplinary work, and/or Provision of Clinical Supervision:

Areas for growth:

Summary recommendation: 1 2 3 4 5

Letter 3

Nature of letter writer's contact/experience with applicant:

Training experience & setting:

Evidence Based Practice:

Communication/Interpersonal skills

Professional Values/Attitudes/Ethical & Legal standards/Reflective Practice

Consultation/Inter-professional/Interdisciplinary work, and/or Provision of Clinical Supervision:

Areas for growth:

Summary recommendation: 1 2 3 4 5

X. Reviewer Summary

Applicant/Agency Match

Bottom 3rd	Middle 3rd	Top 3rd
1 2 3	4 5 6	7 8 9
(Do not interview)		

Bottom Line

Interview
 Do Not Consider

SEK 11/15

Internship Applicant Interview Questions & Rating Form

Applicant's Name: _____
Interviewer: _____

Graduate Program: _____
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 an hour and 15 minutes zoom or 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 **70-80 minutes** 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
- 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 self. 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):

Bottom 3rd

Middle 3rd

Top 3rd

1 2 3

4 5 6

7 8 9

(Do not interview)

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

Appendix B: Training Contract



FULL-TIME TRAINING CONTRACT

I, _____, agree to perform the training activities described below for the ___ internship year during the period extending from ___ to ___. 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.

<i>Activity</i>	<i>Fall'22</i>
<i>DIRECT SERVICE (Clinical, Outreach, Supervision/Training provided)</i>	
<i>Individual, couples, assessment client hours (45-50 min sessions, 10 mins for session notes)</i>	<i>10.00</i>
<i>Needs Assessments hours</i>	<i>3.00</i>
<i>Crisis walk-in coverage hours</i>	<i>1.00</i>
<i>Group therapy</i>	<i>2.00</i>
<i>Psychological Testing (administering, scoring, interpreting, report writing, feedback sessions) – (ave. weekly across months, across semesters)</i>	<i>1.00</i>
<i>Consultation/outreach (ave. weekly across months, across semesters)</i>	<i>1.00</i>
<i>Provide supervision to practicum student</i>	<i>2.00</i>
<i>Supervision session (1.0 in fall, possible 2.0 in spring)</i>	
<i>Supervision related admin, rev. paperwork, tapes, etc. (1.0 in fall, possible 2.0 in spring)</i>	
<i>TOTAL SERVICE DELIVERY HOURS (50% of time spent)</i>	<i>20.00</i>
<i>TRAINING RECEIVED (Supervision, training meetings)</i>	
<i>Supervision of Individual & Couples Therapy, Intakes, Assessment, Crisis Intervention</i>	<i>2.00</i>
<i>Supervision of Supervision (Meta-supervision)</i>	<i>2.00</i>
<i>Supervision of Group Therapy</i>	<i>1.00</i>
<i>Pre- & post-group processing/supervision w/ senior staff co-facilitator</i>	

<i>Intern seminar</i>	2.00
<i>Rotating Training Meetings (Diversity Discussions, Crisis/NA consultation, Group Consult - rotating meeting; monthly intern only; monthly meeting w/ training director)</i>	1.50
<i>Supervision of Outreach (with outreach mentor)</i>	0.50
<i>TOTAL TRAINING RECEIVED (24% of time spent)</i>	9.50
<i>ADMINISTRATIVE/PROFESSIONAL DEVELOPMENT/MISCELLANIOUS/OTHER</i>	
<i>UBCS committee participation (Eating Disorders Treatment Team)</i>	0.50
<i>Staff meeting/PD seminar/Case Consult meetings (ave. weekly hrs à)</i>	1.00
<i>Administrivia (clinical paperwork, case management)</i>	2.00
<i>PD/research time</i>	2.00
<i>Lunch</i>	5.00
<i>TOTAL OTHER (Admin, paperwork, support activities, self-care) (26% of time spent)</i>	10.50
<i>GRAND TOTAL</i>	40.00

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: Assessment and Psychological Testing

Minimum Requirements for Utilizing Psychological Tests:

- 4 symptom/content/screener instruments (not including CCAPS)
- 1 Personality Assessment Inventory (personality)
- 1 Campbell Interest and Skills Survey (career)

Assessment Instruments Available

Cognitive Testing

Test	Related Resources
Bender Motor Gestalt Test	<ul style="list-style-type: none"> • Manual • Cards
Mini-Mental Status Examination (MMSE)	<ul style="list-style-type: none"> • MMSE Clinical Guide • Pocket Norms Card • User's Guide • Test Forms
Wechsler Adult Intelligence Scale-3rd Edition (WAIS-3)	Complete Set/Soft-SideCase <ul style="list-style-type: none"> • Administration and Norms Manual • Technical Manual • Stimulus Booklet • Record Forms • Response Booklets • Object Assembly subtest • Block Design subtest • Picture Arrangement subtest • Scoring Templates • Stop Watch • Computer scoring available

Personality Testing

Test	Related Resources
Myers-Briggs Type Indicator (MBTI)	<ul style="list-style-type: none"> • MBTI Manual • MBTI Introduction to Type • MBTI Introduction to Type in Organizations • MBTI Introduction to Type and Careers • Form M Self-Scorables
Personality Assessment Inventory (PAI)	<ul style="list-style-type: none"> • Professional Manual • Reusable Item Booklets • Administration Folios • Form HS (Hand-Scorable) Answer Sheets • Adult Profile Forms • Critical Items Forms • Computer scoring available
Rotter's Incomplete Sentences Blank	<ul style="list-style-type: none"> • Adult Forms
Thematic Apperception Test (TAT)	<ul style="list-style-type: none"> • Standard Set of 31 Picture Cards • Manual • Short Form TAT and CAT Analysis Blanks

Content-Specific Testing

Test	Related Resources
Beck Anxiety Inventory (BAI)	<ul style="list-style-type: none"> • Manual • Record Forms
Beck Depression Inventory (BDI)	<ul style="list-style-type: none"> • Manual • Record Forms
Brief Symptom Inventory (BSI)	<ul style="list-style-type: none"> • BSI manual • Answer Sheets • Profile forms • Worksheets • Answer Keys
College Adjustment Scales (CAS)	<ul style="list-style-type: none"> • Professional Manual • Item Booklets • Answer Sheets
Outcome Questionnaire 45.2 (OQ-45.2)	<ul style="list-style-type: none"> • Administration and Scoring Manual • Questionnaire Forms
Questionnaire for Eating Disorder Diagnoses (Q-EDD)	<ul style="list-style-type: none"> • Questionnaire • Scoring Manual
Substance Abuse Subtle Screening Inventory (SASSI-3)	<ul style="list-style-type: none"> • SASSI Manual • SASSI-3 User's Guide • Adult Questionnaires and Profiles • Adult Scoring Key • Adult Sample Scored Questionnaire and Profile
Zung Self-Rating Depression Scale	<ul style="list-style-type: none"> • Manual (the Measurement of Depression) • Response Sheets

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 Individual Supervisors.

Rate each item using the following scale to rate each Competency area and associated Elements, to best describe the trainee's functioning. Items highlighted in Yellow designate the overall competency areas, and items underneath these are SoA required elements. Please rate every item, except those highlighted in Grey - these are evaluated in separate evaluation forms.

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

Narrative section (very end of the form): you should also provide narrative feedback, comment on particular 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: mostly 4 and 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 types of training and experience interns have had in the various Competency areas and related elements prior to internship. Hence, an intern may be generally considered at expected level of competence for entry level practice, but may have specific elements or skills that still need more attention and growth, based on prior training experiences.

Minimum Level of Achievement (MLA):

-4.5, with a minimum rating of 4 on any element within each competency area for all competencies evaluated in this form

Clinical and Professional Practice Evaluations

Intern Name:		
Supervisor Name:		
Internship Year:		
Observation (check all that apply): live observation _____ video review _____	Mid- Year	Year -End
<i>(i) Research</i>		
<input type="checkbox"/> Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.		
<input type="checkbox"/> <i>Applies scientific methods of evaluating practices, interventions, and programs</i>		
<i>(ii) Ethical and legal standards</i>		
<input type="checkbox"/> Be knowledgeable of and act in accordance with each of the following:		
o the current version of the APA Ethical Principles of Psychologists and Code of Conduct;		
o Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and		
o Relevant professional standards and guidelines.		
<input type="checkbox"/> Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.		
<input type="checkbox"/> Conduct self in an ethical manner in all professional activities.		

<i>(iii) Individual and cultural diversity</i>		
<input type="checkbox"/> An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.		
<input type="checkbox"/> Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.		
<input type="checkbox"/> The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.		
<input type="checkbox"/> Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.		
<i>(iv) Professional values, attitudes, and behaviors</i>		
<input type="checkbox"/> Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others		
<input type="checkbox"/> Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.		
<input type="checkbox"/> Actively seek and demonstrate openness and responsiveness to feedback and supervision.		
<input type="checkbox"/> Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.		
<i>(v) Communications and interpersonal skills</i>		

<input type="checkbox"/> Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.		
<input type="checkbox"/> Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.		
<input type="checkbox"/> Demonstrate effective interpersonal skills and the ability to manage difficult communication well.		
<i>(vi) Assessment</i>		
<input type="checkbox"/> Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.		
<input type="checkbox"/> Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).		
<input type="checkbox"/> Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.		
<input type="checkbox"/> Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.		
<input type="checkbox"/> Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.		
<input type="checkbox"/> Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.		
<i>(vii) Intervention</i>		
<input type="checkbox"/> Establish and maintain effective relationships with the recipients of psychological services.		
<input type="checkbox"/> Develop evidence-based intervention plans specific to the service delivery goals.		

<input type="checkbox"/> Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.		
<input type="checkbox"/> Demonstrate the ability to apply the relevant research literature to clinical decision making.		
<input type="checkbox"/> Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.		
<input type="checkbox"/> Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.		
<input type="checkbox"/> <i>Group Modality Interventions - Integrate research and professional knowledge, including evidence-based treatments, interpersonal and group dynamics, co-therapist functioning, and clinical information (i.e., client data) to provide effective group treatments : a) Group treatment planning, b) group treatment skills, c) group intervention implementation, d) group treatment progress evaluation, e) group co-therapy relationship and process, f) group treatment training and supervision [In a separate evaluations (Group Intervention evaluation form - to be completed by Group therapy supervising co-therapist, or group supervisor]</i>		
(viii) Supervision [In a separate evaluation (Evaluation of Supervision Practice)]		
<input type="checkbox"/> Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.		
<input type="checkbox"/> <i>Expectations and Roles - Understands the unique roles and tasks of supervision; understand the ethical, legal, and contextual issues of the supervisor role</i>		
<input type="checkbox"/> <i>Integrating theory, research, and experiential data in developing and maintaining a productive supervisory relationship and process</i>		
<input type="checkbox"/> <i>Self-Awareness and ongoing skills development in Supervision, including engagement in Meta-supervision</i>		
(ix) Consultation and interprofessional/interdisciplinary skills		

<input type="checkbox"/> Demonstrate knowledge and respect for the roles and perspectives of other professions.		
<input type="checkbox"/> Apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, inter-professional groups, or systems related to health and behavior.		
<i><input type="checkbox"/> Role of Consultant – determines situations that require different role functions and shifts roles accordingly to meet referral needs</i>		
<i><input type="checkbox"/> Teaching and Outreach Programming – provide instruction, disseminate psychological knowledge to various populations, including university students, staff, and faculty. [Evaluated by Outreach Mentor on a separate Outreach Evaluation form, either instead of, or in addition to evaluation by Primary Clinical Supervisor]</i>		
<i><input type="checkbox"/> Participation in Interdisciplinary or Multidisciplinary Collaboration/Consultation - Demonstrates understanding of when such collaboration/consultation is appropriate or needed, and displays skills that support effective interdisciplinary team functioning</i>		
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):		

Supervisee signature & Date: _____

Supervisor signature & Date: _____

The evaluation of Group 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 (Element of Group Modality Intervention , within the Overall Competency Area of Intervention = yellow; Specific Skills relevant to this Group Intervention Element = light yellow) 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 Group Intervention for entry level practice, but may have specific areas or tasks that need further attention, due to differences in past training and experience.

Minimum Level of Achievement (MLA): 4.5, with a minimum rating of 4 on any related item/skill

Group Interventions Evaluations

Semester: (Fall, Spring, Summer, and Year):	
Intern Name:	
Group Supervisor Name:	
Observation (check all that apply): live observation _____ video review _____	Ratings
Competency 7B: Group Modality Intervention (Evaluation provided by Group Co-therapist/supervisor; or group therapy supervisor)	
Intervention: Group Modality Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.	
1. Group treatment planning	
<input type="checkbox"/> 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.) <input type="checkbox"/> Effectively prepares clients for group treatment participation (e.g. group referral, group screen/orientation, assessing client's appropriateness, and addressing motivation for group) <input type="checkbox"/> 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.)	
2. Group treatment skills	
<input type="checkbox"/> Understands and applies common developmental themes related to stages of group treatment; understands group dynamics <input type="checkbox"/> 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.) <input type="checkbox"/> Distinguishes between content and process, and when to utilize each effectively to assist group members work towards treatment goals <input type="checkbox"/> Demonstrates awareness of individual, interpersonal (dyadic, triadic), and whole-group dynamics, and ability to intervene at each level	

<ul style="list-style-type: none"> <input type="checkbox"/> Appropriately attends to issues of individual and cultural differences/similarities, and how these impact individual group members, and the group as a whole <input type="checkbox"/> Understands the relevance of effective case management and clinical documentation; these tasks are performed promptly and effectively <input type="checkbox"/> Demonstrates commitment to practicing ethical decision making and behavior 	
3. Group Intervention Implementation	
<p>Implements interventions with fidelity to empirical models and flexibility to adapt where appropriate</p> <ul style="list-style-type: none"> <input type="checkbox"/> 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 <input type="checkbox"/> Attends to timing/pacing of interventions, client/group defenses, resistance, transference, counter-transference, and process issues <input type="checkbox"/> Attends to relevant termination & transition issues as they may impact treatment process, treatment gains and maintenance <input type="checkbox"/> Effectively intervenes to empower clients toward action to positively affect development and functioning 	
4. Group Treatment Progress Evaluation	
<p>Independently evaluates treatment progress and modifies planning as indicated, even in the absence of established outcome measures</p> <ul style="list-style-type: none"> <input type="checkbox"/> 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 <input type="checkbox"/> Appropriately utilizes psychological testing measures (as appropriate) or outcome data to assist in assessing treatment progress and making appropriate adjustments 	
5. Group Co-therapy Relationship and Process	
<p>Co-creates effective, respectful co-therapy relationships that are conducive to effective group interventions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Collaboratively plans and implements group interventions with their co-facilitator <input type="checkbox"/> Critically evaluates their own intervention preferences and style (passive, active, content or process focused, individual or group centered) and its impact on co-therapy dynamics 	

<input type="checkbox"/> Effectively communicates with co-therapist regarding one's preferences and needs (e.g. therapy style, professional boundaries, theoretical perspectives, etc.) <input type="checkbox"/> Effectively engages in managing disagreements or conflicts with co-therapist; does not allow co-therapist conflict to negatively impact group members or group dynamics	
6. Group Treatment Training and Supervision	
<p>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</p> <input type="checkbox"/> Readily engages in discussing group work openly and honestly <input type="checkbox"/> Actively seeks input and feedback <input type="checkbox"/> Non-defensively receives and integrates feedback <input type="checkbox"/> Respectfully offers input and feedback (to co-therapist and/or supervisor, peers or other staff members individually and/or during group consult)	
NARRATIVE FEEDBACK:	
PARTICULAR STRENGTHS:	
AREAS FOR GROWT:	
REVISED/ON-GOING TRAINING GOALS:	

Supervisee signature & Date: _____

Supervisor signature & Date: _____

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

Rate each highlighted (Overall Competency Area = yellow; Elements under each Competency area = light yellow; Specific Skills relevant to an Element = 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 types of training and experience interns have had in this Competency area prior to internship, and hence may be overall considered to be at entry level for practice, but may have specific elements or skills that need additional attention.

Minimum Level of Achievement (MLA): 4.5, with a minimum rating of 4 on any related element

Supervision Evaluation

Competency 8: Supervision (Evaluation provided by Meta-supervisor)	Mid-Year	Year-End
Observation (check all that apply): live observation _____ video review _____		
Practice of Supervision: Knowledge and Application of Supervision Knowledge & Skills		
A. Expectations and Roles - Understands the unique roles and tasks of supervision; understand the ethical, legal, and contextual issues of the supervisor role		
<input type="checkbox"/> Demonstrates awareness of supervisory roles and functions, and how these differ from clinical or other training roles		
<input type="checkbox"/> Developing a supervisory style that is consistent with one's professional values and sense of self		
<input type="checkbox"/> Is knowledgeable about and able to apply ethical principles relevant to training and supervision		
B. Integrating theory, research, and experiential data in developing and maintaining a productive supervisory relationship and process		
Demonstrates knowledge of supervision models and practices; demonstrates knowledge of and effectively addresses limits of competency to supervise		
<input type="checkbox"/> Applies supervision theory and research and supervisee feedback effectively toward continued growth as a supervisor		
<input type="checkbox"/> Effectively integrates supervisee feedback towards maintaining a productive supervisory relationship and process		
C. Self-Awareness and ongoing skills development in Supervision, including engagement in Meta-supervision		
<input type="checkbox"/> Engages in professional reflection about one's clinical relationships with supervisees, as well as supervisees' relationships with their clients		
<input type="checkbox"/> Honestly reflects on and effectively manages one's own reactions (e.g. supervisory counter-transference) within the supervisory relationship		

<input type="checkbox"/> 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		
<input type="checkbox"/> 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		
<input type="checkbox"/> Awareness of own strengths and limitations as a supervisor		
<input type="checkbox"/> Recognizes limits of one's competency to supervise (e.g. certain treatment models, certain presenting concerns), and takes appropriate action to		
o develop one's competency, and/or		
o direct supervisee to appropriate resources (e.g. clinical literature, another staff member, etc.)		
<input type="checkbox"/> Receives and integrates feedback from supervisees, peers, and meta-supervisors non-defensively to grow as a supervisor		
D. Supervisory Practices: Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. (Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees, or providing clinical supervision to less experienced therapists in training).		
1. Effectively establishes a supervisory relationship that		
<input type="checkbox"/> Facilitates honest, bi-directional communication and feedback		
<input type="checkbox"/> Provides an effective balance of support and challenge		
<input type="checkbox"/> Responds effectively and non-defensively to supervisee's feedback, including clarifying issues and making appropriate adjustment in supervision		
<input type="checkbox"/> Demonstrates awareness of and effectively addresses cultural issues, power dynamics, and boundary issues within the supervisory relationship		

<input type="checkbox"/> Maintain continuity of supervision (e.g. keep regular supervision sessions, reschedule as needed)		
<input type="checkbox"/> Effectively attends to termination issues in the supervisory relationship		
2. Clearly establishes supervision frame and expectations:		
<input type="checkbox"/> 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		
<input type="checkbox"/> the supervisee's client's presenting concerns and experiences		
<input type="checkbox"/> the supervisee's sense of self, as a person, professional, and clinician		
<input type="checkbox"/> the supervisee's relationship with their client		
<input type="checkbox"/> the supervisory relationship		
5. Assists supervisees to develop clinical knowledge & skills in:		
<input type="checkbox"/> clinical assessment		
<input type="checkbox"/> integrating counseling theory, research, and clinical data to formulate useful case conceptualizations		
<input type="checkbox"/> selecting and implementing interventions informed by case conceptualization		
<input type="checkbox"/> using the therapy relationship as an intervention tool, including attending to boundary issues, transference & counter-transference, client resistance, and interpersonal process		
<input type="checkbox"/> attending to termination issues with clients		
<input type="checkbox"/> attending to individual & cultural issues in assessment, conceptualization, and intervention		
6. Assists supervisees to develop ethical & professional awareness and behavior: -		

<input type="checkbox"/> facilitate acquisition, maintenance, or consolidation of awareness of and ability to apply the ethical standards of the profession;		
<input type="checkbox"/> 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		
<input type="checkbox"/> 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 <i>as relevant to their clinical work</i> , recorded session review		
8. Provides effective evaluation and feedback:		
<input type="checkbox"/> provides timely formative feedback		
<input type="checkbox"/> provides verbal and written summative feedback that accurately reflects supervisee's performance, strengths and areas for further growth		
<input type="checkbox"/> feedback is provided in a manner that is attentive to both the training and emotional needs of the supervisee		
Narrative (Mid-Year):		
Narrative (Year-End)		
Strengths (Mid-Year)		
Strengths (Year-End)		
Areas for Growth (Mid-Year)		
Areas for Growth (Year-End)		
Revised training goals (Mid-Year)		
Revised training goals (Year-End)		

Supervisee signature & Date: _____

Supervisor signature & Date: _____

Evaluation of Outreach Programming is to be completed by the Trainee's Outreach Mentor or Supervisor for the outreach program.

For doctoral psychology Interns, copies of this evaluation should be given to their Primary Clinical Supervisors, who will refer to this evaluation to complete the relevant section in the Evaluation of Clinical & Professional Practice (Competency 13 - Teaching and Outreach Programming).

Rate each highlighted (Overall Element of Teaching and Outreach Programming = yellow; Specific Skills related to this Element = light yellow) 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 Consultation, Teaching, and Outreach Programming for entry level practice, but may have specific areas or tasks that need further attention, due to differences in past training and experience.

Minimum Level of Achievement (MLA): 4.5, with a minimum rating of 4 on any related item/skill

Outreach Practice Evaluations

Intern Name:		
Supervisor/Outreach Mentor Name		
Internship Year		
Observation (check all that apply): live observation _____ video review _____	Mid-year	Year-End
13. Teaching and Outreach Programming: Providing instruction, disseminating knowledge, and/or evaluating acquisition of knowledge and skill in professional psychology. [Parallel to Competency 13 in the Evaluation of Clinical & Professional Practice]		
A. Knowledge		
<p>Demonstrates knowledge of didactic learning strategies and how to accommodate developmental and individual differences</p> <p>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</p> <ul style="list-style-type: none"> <input type="checkbox"/> assessment of audience needs and expectations <input type="checkbox"/> attends to issues of simplicity, variety, pacing, setting, creativity, potential problems in planning outreach workshop and trainings <input type="checkbox"/> attends to diversity and multicultural issues as relevant to audience assessment and program planning 		
B. Skills		
<p>Applies teaching methods in multiple settings</p> <ul style="list-style-type: none"> <input type="checkbox"/> Effectively provides didactic training for university community (e.g. outreach programming), UBCS staff, and/or UBCS part-time trainee groups <input type="checkbox"/> flexibly adjusts teaching style and approach based on audience needs and responses <input type="checkbox"/> responds effectively and professionally to participant questions, or problem situations/participants <input type="checkbox"/> Attends to diversity and multicultural issues relevant to the presentation and/or audience <input type="checkbox"/> utilizes appropriate methods of evaluating the effectiveness of the presentation (both verbal and written) to adjust in the moment or for future planning 		
C. Relationship/Collaboration with Co-presenter/co-facilitator		
<p>Works effectively with co-presenter/co-facilitator</p> <ul style="list-style-type: none"> <input type="checkbox"/> appropriately negotiates responsibility for preparation and presentation tasks <input type="checkbox"/> attends to and negotiates differences in presentation styles <input type="checkbox"/> provides feedback/openly receives feedback 		

Narrative (Mid-Year):
Narrative (Year-End)
Strengths (Mid-Year)
Strengths (Year-End)
Areas for Growth (Mid-Year)
Areas for Growth (Year-End)
Revised training goals (Mid-Year)
Revised training goals (Year-End)

Supervisee signature & Date: _____

Supervisor 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 manage 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 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 them.
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, and 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, they 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 their 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). They are 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 their 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, they 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.

Appeal Process: If the trainee challenges the panel's decision:

1. The trainee should express their 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 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 their 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 they 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 Denying Certification of Successful Internship Completion 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 another intern
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 center Director or other Administrative Leaders
8. 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 their 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, they 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, they 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, they may proceed to initiate the grievance procedures of the University at Buffalo. University Grievance policies and procedures can be accessed on-line:

Graduate Students

University Employees

To request an informal consultation with someone outside of UBCS, you can go to:
[EDI Informal Consultation](#)

- 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, they may consider initiating the university grievance procedures outlined in Appendix H. However, they are 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.

Student Conduct and Advocacy

9 Norton Hall, North Campus
Buffalo, NY 14260
Tel: (716) 645-6154
Fax: (716) 645-3376
Director: Elizabeth Lidano

UB Human Resources

120 Crofts Hall
Buffalo, NY 14260-7022
716-645-7777

Office of Equity, Diversity, and Inclusion

406 Capen Hall, North Campus
Buffalo, NY 14260
716-645-2266

Appendix H: Evaluation Forms for Supervisors, Training Coordinators, and Training Program

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

<Z:\Counseling Services\Training\PSYCH INTERNS\EVALUATIONS\CURRENT 2022 Revised Evals\Eval of Sup'ors>

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

EVALUATION OF SUPERVISOR BY SUPERVISEE

Name of Supervisor: _____ Name of Supervisee: _____

Semester and Year: _____ Date of Report: _____

Please circle the rating that most fits your experience with your supervisor, based on the following 5-point scale:

1 = strongly **disagree**

3 = neutral

5 = strongly **agree**

* = not applicable/insufficient data to judge

1	Your supervisor respects your differences in style.	1 2 3 4 5 *
2	Your supervisor creates a safe environment.	1 2 3 4 5 *
3	Your supervisor is sensitive to your needs as a whole person.	1 2 3 4 5 *
4	Your supervisor helps you attend to the un verbalized feelings of the client.	1 2 3 4 5 *
5	Your supervisor effectively helps you understand your clients	1 2 3 4 5 *
6	Your supervisor helps you understand the the levels and nuances of therapeutic progress in clients, including apparent lack of progress.	1 2 3 4 5 *
7	Your supervisor helps you pick up cues to premature termination.	1 2 3 4 5 *
8	Your supervisor helps you attend to the termination phase of treatment.	1 2 3 4 5 *
9	Your supervisor helps you understand and work with client resistance.	1 2 3 4 5 *
10	Your supervisor helps you select appropriate intervention techniques.	1 2 3 4 5 *
11	Your supervisor help you understand the rationale for techniques.	1 2 3 4 5 *
12	Your supervisor is effective in helping you develop skills in observing and utilizing clients' verbal and non-verbal cues.	1 2 3 4 5 *
13	Your supervisor effectively assists your use of countertransference to understand the client.	1 2 3 4 5 *

14	Your supervisor effectively teaches/guides the handling of emergency/crisis/risk situations	1 2 3 4 5 *
15	Your supervisor respects your boundaries regarding how much personal information you choose to share.	1 2 3 4 5 *
16	Your supervisor effectively facilitates self-reflection and self-awareness towards becoming a more effective therapist.	1 2 3 4 5 *
17	Your supervisor maintains a respectful attitude towards your clients.	1 2 3 4 5 *
18	Your supervisor effectively facilitates discussion of the impact of diversity/culture/identities on clients and clinical work	1 2 3 4 5 *
19	Your supervisor effectively facilitates discussion of the impact of diversity/culture/identities on your clinical/professional functioning and development	1 2 3 4 5 *
20	Your supervisor effectively facilitates discussion of the impact of diversity/culture/identities on the supervisory relationship	1 2 3 4 5 *
21	Your supervisor effectively initiates/invites/facilitates conversations about diversity/culture/identities in ways that feel appropriate and respectful	1 2 3 4 5 *
22	Your supervisor effectively helps you understand and manage your anxiety or discouragement.	1 2 3 4 5 *
23	Your supervisor is able to share their own fallibility and vulnerability in ways that positively impact your clinical/professional development and confidence.	1 2 3 4 5 *
24	Your supervisor recommended helpful reading material, as needed/appropriate.	1 2 3 4 5 *
25	Your supervisor effectively establishes a collaborative working relationship with you.	1 2 3 4 5 *
26	The supervisor fosters your professional development.	1 2 3 4 5 *
27	Your supervisor listens to your ideas	1 2 3 4 5 *
28	Your supervisor confronts you in a respectful way	1 2 3 4 5 *
29	Your supervisor is able to recognize what you need from supervision, or facilitate conversation to clarify your needs.	1 2 3 4 5 *
30	Your supervisor helps you to see your strengths more clearly.	1 2 3 4 5 *
31	Your supervisor helps you to see your areas of needed growth	1 2 3 4 5 *

Overall my supervisory experience with this supervisor has been:

Poor	Fair	Good	Very Good	Excellent
1	2	3	4	5

Why?

What has been the most helpful aspect of supervision?

What has been the least helpful aspect of supervision?

What changes would improve supervision?

Name/Title of Supervisee

Name/Title of Supervisor

Signature of Supervisee

Signature of Supervisor

Date : _____

Date: _____

Evaluation of GROUP SUPERVISOR Co-Therapist
(Completed by Intern group co-therapist)

Staff/ Supervisor: _____ Trainee/Supervisee: _____

Year: _____ Semester: ____ Fall ____ Spring ____ Summer

Directions: Answer each item on the form according to the following scale:

1 = Strongly Disagree

2 = Disagree

3 = Neither Agree nor Disagree

4 = Agree

5 = Strongly Agree

N/A = Not applicable

- | | | |
|----|---|---------------|
| 1. | Senior staff co-leader demonstrates ability to identify appropriate members, including screening and selection. | 1 2 3 4 5 N/A |
| 2. | Senior staff co-leader demonstrates ability to help group work toward its goals. | 1 2 3 4 5 N/A |
| 3. | Senior staff co-leader demonstrates ability to facilitate the group process. | 1 2 3 4 5 N/A |
| 4. | Senior staff co-leader demonstrates understanding of group dynamics and applies these to events in their group. | 1 2 3 4 5 N/A |
| 5. | Senior staff co-leader demonstrates awareness of how their dynamics interact with those of other group members. | 1 2 3 4 5 N/A |
| 6. | Senior staff co-leader is aware of and discusses transference/countertransference issues. | 1 2 3 4 5 N/A |
| 7. | Senior staff co-leader demonstrates awareness of the stages of group development. | 1 2 3 4 5 N/A |

- | | | | | | | |
|---|---|---|---|---|---|-----|
| 8. Senior staff co-leader makes appropriate and timely interventions (i.e., provides useful feedback to members). | 1 | 2 | 3 | 4 | 5 | N/A |
| 9. Senior staff co-leader demonstrates appropriate use of self-disclosure. | 1 | 2 | 3 | 4 | 5 | N/A |
| 10. Senior staff co-leader maintains awareness of individual members, as well as of the group as a whole. | 1 | 2 | 3 | 4 | 5 | N/A |
| 11. Senior staff co-leader acknowledges and responds to diversity issues in group. | 1 | 2 | 3 | 4 | 5 | N/A |
| 12. Senior staff co-leader demonstrates an ability to focus and integrate the group content. | 1 | 2 | 3 | 4 | 5 | N/A |
| 13. Senior staff co-leader demonstrates awareness of affective, cognitive, and dynamic levels of the group's functioning. | 1 | 2 | 3 | 4 | 5 | N/A |
| 14. Senior staff co-leader demonstrates ability to address termination issues. | 1 | 2 | 3 | 4 | 5 | N/A |
| 15. Senior staff co-leader functions effectively as a group leader/co-leader and works with trainee in a complementary fashion. | 1 | 2 | 3 | 4 | 5 | N/A |
| 16. Senior staff co-leader provides effective mentoring in regard to identifying, screening, and selecting appropriate group members. | 1 | 2 | 3 | 4 | 5 | N/A |
| 17. Senior staff co-leader provides effective mentoring about group dynamics and their application to the events in their group. | 1 | 2 | 3 | 4 | 5 | N/A |
| 18. Senior staff co-leader helps trainee to be aware of how their dynamics interact with those of other group members. | 1 | 2 | 3 | 4 | 5 | N/A |
| 19. Senior staff co-leader helps trainee with appropriateness and timeliness of their interventions in group. | 1 | 2 | 3 | 4 | 5 | N/A |

- 20. Senior staff co-leader aids in trainee’s awareness of individual members, as well as of the group as a whole. 1 2 3 4 5 N/A
- 21. Senior staff co-leader helps trainee to develop their own co-facilitative style. 1 2 3 4 5 N/A
- 22. Senior staff co-leader is able to process interactions with trainee in a non-defensive fashion. 1 2 3 4 5 N/A
- 23. Senior staff co-leader encourages discussion of co-facilitator issues. 1 2 3 4 5 N/A

Overall, my training experience with my group co-therapist supervisor has been:

Poor	Fair	Good	Very Good	Excellent
1	2	3	4	5

What has been most helpful about your experience with your co-therapist/supervisor?

What has been the least helpful or difficult about your experiences with your co-therapist/supervisor?

What would you have liked to have received more of from your co-therapist/supervisor?

Additional comments:

 Supervisee Signature /Date

 Supervisor Signature /Date

Evaluation for Group Consultation (Group Supervision of Group Therapy)

(Completed by Intern)

Intern _____ Group Consultation Facilitator/Leader _____

Year _____ Mid-Year _____ Year-End _____

Please respond to the items below using the following scale:

1 = strongly disagree 2 = disagree 3 = neutral 4 = agree 5 = strongly agree

Group Consultation

- | | |
|--|-----------|
| 1. Written material and didactic training are relevant and helpful. | 1 2 3 4 5 |
| 2. Discussion/processing of group therapy issues is timely, relevant, and helpful. | 1 2 3 4 5 |
| 3. Discussion/processing of group co-facilitator issues is timely, relevant, and helpful | 1 2 3 4 5 |
| 4. Feedback content is appropriate, relevant, and helpful. | 1 2 3 4 5 |
| 5. Feedback is provided a way that is mindful of the training and emotional needs of interns | 1 2 3 4 5 |
| 6. Video recordings of group therapy sessions are utilized in relevant and helpful ways | 1 2 3 4 5 |
| 7. Group consultation facilitator is able to appropriately/adequately facilitate a positive learning environment that balances support and challenge | 1 2 3 4 5 |
| 8. Group consultation facilitator's attitudes, communication/interpersonal style, awareness of intern's learning and emotional needs, and overall style of conducting group consultation is conducive to learning. | 1 2 3 4 5 |
| 9. I feel comfortable providing honest feedback (both positive and critical) to the Group Coordinator, and trust that my feedback will be taken seriously and respectfully. | 1 2 3 4 5 |

Overall my experiences and training received in Group Consultation has been:

Poor	Fair	Good	Very Good	Excellent
1	2	3	4	5

What aspects were most helpful or valuable?

What aspects were least helpful?

What would have improved your group consult experience?

Additional comments and suggestions :

Supervisee Signature /Date

Group Coordinator Signature /Date

Evaluation for Meta-supervision (Supervision of Supervision)

(Completed by Intern-supervisor)

Intern Supervisor _____ Intern's Supervisee(s) _____

Meta-supervisor _____

Year _____ Mid-Year _____ Year-End _____

Please respond to the items below using the following scale:

1 = strongly disagree 2 = disagree 3 = neutral 4 = agree 5 = strongly agree

Meta-supervision

- | | | | | | |
|--|---|---|---|---|---|
| 1. Written material and didactic training (readings, handouts, summaries, information about supervisory issues and processes) are relevant and helpful. | 1 | 2 | 3 | 4 | 5 |
| 2. Discussion/processing of supervisory issues is timely, relevant, and helpful. | 1 | 2 | 3 | 4 | 5 |
| 3. Feedback content is appropriate, relevant, and helpful. | 1 | 2 | 3 | 4 | 5 |
| 4. Feedback is provided a way that is mindful of the training and emotional needs of the intern-supervisor | 1 | 2 | 3 | 4 | 5 |
| 5. There is appropriate/adequate attention to intern-supervisor's needs (e.g. developmental stage, strengths, struggles, vulnerabilities, personal issues that impacts the supervisory process and relationship, etc.) | 1 | 2 | 3 | 4 | 5 |
| 6. There is appropriate/adequate attention to interns' supervisees' needs (e.g. supervisee's developmental stage, skills, strengths, struggles, resistances, vulnerabilities, personal issues that impact their clinical work, etc.) | 1 | 2 | 3 | 4 | 5 |
| 7. There is appropriate/adequate attention to Client needs (e.g. attention to supervisee's clinical work, case conceptualizations & interventions with clients, etc.) | 1 | 2 | 3 | 4 | 5 |
| 8. Video recordings of supervision sessions are utilized in relevant and helpful ways | 1 | 2 | 3 | 4 | 5 |
| 9. Meta-supervisor is able to appropriately/adequately facilitate a positive learning environment in meta-supervision sessions that balances support and challenge | 1 | 2 | 3 | 4 | 5 |
| 10. Meta-supervisor's attitudes, communication/interpersonal style, awareness of intern's learning and emotional needs, and overall style of conducting meta-supervision conducive to learning. | 1 | 2 | 3 | 4 | 5 |
| 11. I feel comfortable providing honest feedback (both positive and critical) to the Meta-supervisor, and trust that my feedback will be taken seriously and respectfully. | 1 | 2 | 3 | 4 | 5 |

Overall my experiences and training received in meta-supervision has been:

Poor	Fair	Good	Very Good	Excellent
1	2	3	4	5

What aspects were most helpful or valuable?

What aspects were least helpful?

What would have improved your meta-supervision experience?

Additional comments and suggestions :

Supervisee/Intern Signature /Date

Meta-supervisor Signature /Date

Evaluation for Outreach Supervision
(Completed by Intern)

Intern _____

Outreach Coordinator/Mentor/Supervisor _____

Year _____ Mid-Year _____ Year-End _____

Please respond to the items below using the following scale:

1 = strongly disagree 2 = disagree 3 = neutral 4 = agree 5 = strongly agree

Outreach Supervision

- | | |
|--|-----------|
| 1. Written material and didactic training are relevant and helpful. | 1 2 3 4 5 |
| 2. Discussion of outreach related topics and issues are timely, relevant, and helpful | 1 2 3 4 5 |
| 3. Feedback content is appropriate, relevant, and helpful. | 1 2 3 4 5 |
| 4. Feedback is provided a way that is mindful of the training and emotional needs of interns | 1 2 3 4 5 |
| 5. Outreach Coordinator or Mentor is able to appropriately/adequately facilitate a positive learning environment in outreach meetings that balances support and challenge | 1 2 3 4 5 |
| 6. Outreach Coordinator's/Mentor's attitudes, communication/interpersonal style, awareness of intern's learning and emotional needs, and overall style of conducting outreach training is conducive to learning. | 1 2 3 4 5 |
| 7. I feel comfortable providing honest feedback (both positive and critical) to the Outreach coordinator, and trust that it will be taken seriously and respectfully. | 1 2 3 4 5 |

Overall my experiences and training received in Outreach during internship has been:

Poor	Fair	Good	Very Good	Excellent
1	2	3	4	5

What aspects were most helpful or valuable?

What aspects were least helpful?

What would you have improved your Outreach training experience?

Additional comments and suggestions :

Supervisee signature /Date

Outreach Mentor/Supervisor signature/Date

EVALUATION of TRAINING DIRECTOR
(Completed by Psychology Interns; Turned in to Center Director)

Intern Name _____

Internship Year _____ Mid-Year _____ Year-End _____

Please be honest as you can. This evaluation form is designed to provide the Training Director with feedback so that they may perform her/his job in the most effective manner possible. Feel free to use additional paper if necessary. ***If there are is feedback that feels difficult to provide directly to the Training Director, you are encouraged to also complete a separate form to submit to the Center Director, and ask her to provide summarized feedback to the Training Director that will not be identified with any specific intern.***

Please respond to the items below using the following scale:

1 = strongly disagree 2 = agree 3 = neutral 4 = agree 5 = strongly agree

Training Director

1. The Training Director is readily accessible and inviting. 1 2 3 4 5
Additional Comments:

2. The Training Director has been helpful in dealing with questions and issues that have come up in various aspect of my internship experience. 1 2 3 4 5
Additional Comments:

3. I feel free to talk with the Training Director about things that they could do differently. 1 2 3 4 5
Additional Comments:

4. Overall, I feel satisfied with my relationship with the Training Director. 1 2 3 4 5
Additional Comments:

5. What changes would you like to occur in her/his functioning?

6. What would improve the overall quality of your internship training experience?

Intern Signature /Date

Training Director Signature /Date

Internship Evaluation

(Completed by interns at mid-year and year-end points)

Please respond based on the following scale :

- 1 = weak
- 2 = needs work
- 3 = neutral
- 4 = good
- 5 = excellent

<i>Items</i>	<i>Intern's Responses</i>
Senior Staff	
Availability of senior staff to interns.	
Senior staff as professional role models for interns.	
Quality of interaction during case conferences/intake/staff meetings	
Comments	
Diversity/Multicultural Components	
Staff members awareness and sensitivity	
Overall atmosphere of respect for diverse identities at the center	
Clinical and outreach experiences with diverse clients and student populations	
Overall training and supervision experience	
Comments	
Intern Seminar/PD Seminar	
Intern Seminar	
PD seminar	
Comments	
Individual Clinical Work	
Variety of clients seen (ethnic diversity, variety of diagnoses, etc.)	
Availability of supervisors	
Quality of supervision	
Supervision structure (2 supervisors, opportunity to switch supervisors mid-year)	
Initial Assessments (training, supervision)	
Crisis Intervention (training, supervision, consultation)	
Testing & Assessment (training, supervision)	
Overall training experience	

Comments	
Group Therapy	
Variety of groups available	
Quality of group experience (for co-facilitators)	
Supervision with Co-facilitator	
Group Supervision of groups (group consult)	
Overall training experience	
Comments	
Meta-supervision	
Quality of supervision	
Exposure to supervisory issues/processes	
Meta-supervision (Supervision of supervision)	
Overall supervisory experiences and training	
Comments	
Consultation	
Exposure to Consultation experiences	
Supervision given	
Overall training experience	
Comments	
Outreach	
Exposure to outreach experiences	
Supervision given	
Overall training experience	
Comments	
UBCS Committee Work	
Usefulness of participation in center committees (exposure to administrative & training issues, integration and involvement in center, developing professional identity, etc.)	
Comments	
PD time	
Value of this time as part of internship	
Comments	
Evaluation Procedures	
Timely	

Constructive	
Comments	
What advice/suggestions do you have for future interns, as they begin the internship year?	
Looking back, what would have made the internship year easier or even better?	
Looking back, what do you feel was significantly missing or lacking in the internship?	
MISCELLANEOUS COMMENTS (here's your chance to say whatever you want/need to tell us about the internship and your experiences)	

University at Buffalo Counseling Services

Post-internship Survey
(Internship completion)

Please complete the following on the computer, and then save the completed form on the shared server using a unique 3-digit suffix, (e.g. Post-internship survey.975), in the following folder: [Survey responses, internship completion](#)

Name _____(optional)

Today's Date_____

Year Internship completed at UBCS _____

Initial Post-internship employment setting _____ (use setting code, see pg 2)

Initial Post-internship job title _____

Year doctoral degree completed/anticipated _____

Are you currently involved in any professional leadership roles? No____ Yes____

What types of roles?

What national, state, or local professional organizations are you actively involved in currently?

Please indicate your agreement with the following statements, using the scale below:					
1	2	3	4	5	
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
1.	The internship provided a broad-based professional training experience in the range of activities carried out by psychologists in a service-oriented university counseling center				1 2 3 4 5
2.	The internship provided adequate training as a skilled generalist				1 2 3 4 5
3.	The internship provided adequate didactic and experiential training for growth and development in the following professional competencies, as they apply to university counseling centers or comparable settings:				
	a.	Research			1 2 3 4 5
	b.	Ethical & Legal Standards			1 2 3 4 5
	c.	Individual and cultural diversity			1 2 3 4 5
	d.	Professional values, attitudes, and behaviors			1 2 3 4 5
	e.	Communication and interpersonal skills			1 2 3 4 5
	f.	Assessment			1 2 3 4 5
	g.	Intervention			1 2 3 4 5
	h.	Supervision			1 2 3 4 5
	i.	Consultation and interpersonal/interdisciplinary skills			1 2 3 4 5

4. The structure of the internship training was developmental and sequential, facilitating increasing responsibility and expectations for independent functioning throughout the internship year	1 2 3 4 5
5. The internship has adequately prepared me for a post-doctoral or professional employment position in psychology and mental health related fields.	1 2 3 4 5
6. There were key areas of training that was significantly lacking in my internship program, which has hindered my professional development and ability to obtain post-internship placements.	1 2 3 4 5
7. I would recommend this internship to other psychology trainees	1 2 3 4 5

Are there areas of training that were significantly lacking in your preparation for post-doctoral or professional practice as a generalist in psychology? (*please explain*)

Any other feedback you would like share?

Employment Setting Codes	
1 Community mental health center	13 Academic Teaching Position
2 Health Maintenance Organization	a. Doctoral program
3 Medical Center	b. Masters program
4 Military Medical Center	c. 4-year college
5 Private General Hospital	d. Community or 2-year college
6 General Hospital	e. Adjunct professor
7 Veterans Affairs Medical Center	14 Independent practice
8 Private Psychiatric Hospital	15 Academic non-teaching position
9 State/County Hospital	16 Medical school
10 Correctional Facility	33 Other (e.g., consulting), please specify
11 School District/System	44 Student
12 University Counseling Center	99 Not currently employed

University at Buffalo Counseling Services

Post-internship Survey
(1+ years follow-up)

Please email the completed survey to sekim@buffalo.edu (Sung Kim-Kubiak, Training Director).

Name _____ (optional) Today's Date _____

1. Year Internship completed at UBCS _____
2. Initial Post-internship employment setting _____ (use setting code, see pg 2)
 - 2.a Initial Post-internship job title _____
3. Current employment setting _____ (use setting code, see pg 2)
 - 3.a. Current job title _____
4. Year doctoral degree completed _____
5. Professional achievements: Licensure obtained _____ (year)
 - Fellow status _____
 - Diplomate _____
 - Other _____

Are you currently involved in any professional leadership roles? No ___ Yes ___

What types of roles? _____

What national, state, or local professional organizations are you actively involved with currently?

Questions 1 – 9 below address your experiences during your internship as well as your current professional experiences. Please indicate your agreement with the following statements, using the scale below:					
1	2	3	4	5	
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
1. The internship provided a broad-based professional training experience in the range of activities carried out by psychologists in a service-oriented university counseling center					1 2 3 4 5
2. The internship provided adequate training as a skilled generalist					1 2 3 4 5
3. The internship provided adequate didactic and experiential training for growth and development in the following professional competencies, as they apply to university counseling centers or comparable settings:					
j. Research					1 2 3 4 5
k. Ethical & Legal Standards					1 2 3 4 5

l. Individual and cultural diversity	1 2 3 4 5
m. Professional values, attitudes, and behaviors	1 2 3 4 5
n. Communication and interpersonal skills	1 2 3 4 5
o. Assessment	1 2 3 4 5
p. Intervention	1 2 3 4 5
q. Supervision	1 2 3 4 5
r. Consultation and interpersonal/interdisciplinary skills	1 2 3 4 5
4. The structure of the internship training was developmental and sequential, facilitating increasing responsibility and expectations for independent functioning throughout the internship year	1 2 3 4 5
5. The internship adequately prepared me for a post-doctoral or professional employment position in psychology and mental health related fields.	1 2 3 4 5
6. There were key areas of training that was significantly lacking in my internship program, which has hindered my professional development and ability to obtain post-internship placements.	1 2 3 4 5
7. I would recommend this internship to other psychology trainees	1 2 3 4 5
8. I am satisfied with my current professional position.	1 2 3 4 5
9. I feel valued and respected by my colleagues in my current professional position	1 2 3 4 5

Are there areas of training that were significantly lacking in your preparation for post-doctoral or professional practice as a generalist in psychology? (*please explain*)

Any other feedback you would like to share?

Employment Setting Codes

- | | |
|------------------------------------|---|
| 17 Community mental health center | 29 Academic Teaching Position |
| 18 Health Maintenance Organization | a. Doctoral program |
| 19 Medical Center | b. Masters program |
| 20 Military Medical Center | c. 4-year college |
| 21 Private General Hospital | d. Community or 2-year college |
| 22 General Hospital | e. Adjunct professor |
| 23 Veterans Affairs Medical Center | 30 Independent practice |
| 24 Private Psychiatric Hospital | 31 Academic non-teaching position |
| 25 State/County Hospital | 32 Medical school |
| 26 Correctional Facility | 34 Other (e.g., consulting), please specify |
| 27 School District/System | 45 Student |
| 28 University Counseling Center | 100 Not currently employed |

Post-Internship Survey Consent
&
Intern's Post-Internship Contact Information

I, _____ (*name of trainee*), provide permission for the University at Buffalo's Counseling Services to send me follow-up surveys assessing the internship experience following completion of my internship year. To facilitate this process, I am providing my immediate post-internship contact information below.

Signature

Date

POST-INTERNSHIP CONTACT INFORMATION

Name	
Address	
Phone Fax	
Email	

Appendix I: Internship Completion Certificate

**The State University of New York
University at Buffalo**
Student Life
COUNSELING SERVICES

This Certifies That

Name

has satisfactorily completed the APA accredited

Doctoral Internship in Professional Psychology

As of this ___th day of August 20___.

In witness whereof, we have issued this certificate and affixed our signatures

Sung E. Kim–Kubiak, Ph.D. - Psychology Training Program Director:

Sharon L. Mitchell, Ph.D. – Counseling Services Director:
