Santa Clara
UNIVERSITY

Counseling and Psychological Services (CAPS)
Advanced Practicum Training Manual

2026-2027

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Advanced Practicum Training Program

Welcome

Counseling and Psychological Services (CAPS) welcomes you to our team! We are excited that you are joining us to provide services to the university community, and we are looking forward to enhancing your training experience. This manual is a tool to assist you in learning about our training program and our methods of service delivery. Information in this manual is provided as a supplement to *CAPS Personnel Procedures Manual* and *CAPS Clinical Policy and Procedures Manual*.

Counseling and Psychological Services at Student Health, Counseling, and Well-Being

Counseling and Psychological Services (CAPS) is directed by Elena Herrera, PsyD. CAPS is an integral part of Student Health, Counseling, and Well-Being, a department headed by Associate Vice Provost Heather Dumas-Dyer. The department falls under Santa Clara University's (SCU) Dean of Student Life, which is headed by Vice Provost Jeanne Rosenberger. The Division of Student Life's mission is characterized by the following statement: "We meet students at the intersection of living and learning. Through a culture of care and an inclusive community, we accompany students in their development by promoting student success, well-being, and personal responsibility; and providing transformative opportunities, programs, and services."

Core values include:

1. Growth through learning and personal development
2. Diversity through inclusive excellence
3. Integrity through personal honesty and mutual trust
4. Professionalism through service and collaboration.

Primary Vision of Student Health, Counseling, and Well-Being

Student Health, Counseling, and Well-Being consists of Counseling and Psychological Services (CAPS), Emergency Medical Services (EMS) and the Wellness Center. We are committed to caring for the whole person by providing professional services through compassionate prevention, treatment, education, and advocacy, to currently enrolled SCU students. The mission of Student Health, Counseling, and Well-Being is to provide comprehensive health care services to the SCU student community, honoring the rich diversity of its student population. CAPS services include assessment, individual and group therapy, couples counseling, workshops, outreach, and consultation.

The focus of Student Health, Counseling, and Well-Being is to help students maintain an optimum level of physical and mental health and to guide students in maintaining a healthy lifestyle in order to optimize learning and growth experiences.

Primary Mission of CAPS

CAPS is dedicated to supporting students, and student learning, by providing comprehensive mental health services, consultation, and outreach to our diverse student body. CAPS is committed to providing high quality, confidential care for students who experience a range of personal, academic, and relational problems common to college populations. CAPS also provides initial assessment and referral to students with more acute or chronic psychological problems. CAPS participates in many collaborative liaison relationships with the Dean of Students Office (DSO) and other campus partners (Office of Accessible Education, Global Engagement, Office of Multicultural Learning/Rainbow Resource Center, etc.). CAPS mission is consistent with the University's vision of developing leaders and citizens of competence, conscience, and compassion. CAPS staff share the larger university's values of ethical behavior, respect and care for self and others, and appreciation of diversity and differences in people.

The Advanced Practicum Program is a member of the Bay Area Practicum Information Collaborative (BAPIC).

CAPS Staff

CAPS staff includes psychologists, master level therapists, therapists in residence, postdoctoral fellows, predoctoral psychology interns, advanced practicum trainees, master level practicum trainees, and a clinical case manager. Senior staff are licensed in the state of California.

CAPS is part of an integrated health and mental health setting and shares some full-time support staff members who are responsible for assisting with the organization and administrative operation of Student Health, Counseling, and Well-Being. A current list of CAPS staff can be found on our website: https://www.scu.edu/bewell/about/meet-the-staff/.

Diversity

CAPS places a high value on the appreciation of diversity, which is conceptualized broadly and across many dimensions. Our Advanced Practicum Training program attends to diversity/multicultural issues throughout various training activities, including didactic training, supervision, as well as clinical and consultation experiences with a diverse client population and university staff. We work hard to ensure that all members of our staff, including trainees, feel fully valued and respected for the diversity that they bring to CAPS. We engage in ongoing efforts to provide comprehensive and culturally sensitive services to our clients and the larger campus community. The practicum program supports these efforts and emphasizes the development of culturally competent knowledge, awareness, and skills for our trainees. Trainees at our center are expected to develop competencies to effectively serve diverse populations, including clients whose identity, beliefs, worldviews, or cultural background conflict with that of the trainee.

Nondiscrimination Policy

Santa Clara University prohibits discrimination based on race, color, ethnicity, ancestry or national origin, religion or religious creed, age, sex, gender expression, gender identity, sexual orientation, marital status, registered domestic partner status, veteran or military status, physical or mental disability (including perceived disability), medical condition (including cancer related or genetic characteristic), pregnancy (includes childbirth, breastfeeding, and related medical conditions), or any other protected category as defined and to the extent protected by law in the administration of its educational policies, admissions policies, scholarships and loan programs, athletics, or employment-related policies, programs, and activities; or other University administered policies, programs, and activities. Additionally, it is the University's policy that there shall be no discrimination or retaliation against employees or students who raise issues of discrimination or potential discrimination or who participate in the investigation of such issues. Policy information can be found at:

https://www.scu.edu/hr/employee-resources/policies-and-guidelines/staff-policy-manual/policy-103---notice-of-nondiscrimination/

TRAINING PHILOSPOHY

CAPS Advanced Practicum Training Program is based on a Practitioner-Scholar model of training. Interns and practicum trainees learn by doing, by reflecting on their work in supervision and consultation with staff, by observing the professional activities and practices of the staff, and by scholarly inquiry. This model incorporates current psychological theory and science with experiential learning and is focused on helping trainees grow and develop as generalist psychologists, with an area of expertise in working in college counseling centers. The goal over the course of the year is for trainees to achieve multiple competencies, allowing them to practice independently and to function as professional and ethical psychologists.

Trainees are expected to broaden and deepen their clinical competencies and knowledge base with the acquisition of specialized skills and understanding in working with a diverse university population. Among these specialized skills are: consultation, presentation of psycho-educational workshops, and outreach presentations. Trainees consolidate their professional identity through specific skill development, self-understanding, and ongoing experiences in their role and responsibilities as mental health service providers in an interdisciplinary context. Our hope is to establish a mindset in which clinical experiences are informed by the science of psychology, and likewise, psychological theory and research are also influenced by clinical practice. The training staff supports the development of psychologists by integrating psychological theory and research with clinical practice. Our university setting offers trainees the opportunity to gain extensive clinical experience with a diverse range of students and presenting problems.

CAPS offers trainees an opportunity to broaden their knowledge and skill base by exposure to a variety of theoretical perspectives and intervention approaches that other trainees and our interdisciplinary staff bring to the program. CAPS operates from an “integrationist” theoretical perspective in working with clients and in providing learning experiences for trainees. While most staff members have a “home base” theoretical foundation (cognitive-behavioral, psychodynamic, interpersonal, etc.) we choose interventions with clients on the basis of both research evidence on treatment efficacy and on what we think will be most helpful in a primarily brief therapy context. We may draw from several models with the same client, taking into consideration such factors as the client’s presenting symptoms, culture, stage of motivation for change, degree of insight, and sessions available.

CAPS staff strive to model scholarly inquiry through professional organization membership, reading scholarly literature, and participating in continuing education. Administrative and policy decisions at CAPS are informed by data collection (ongoing examination of presenting concerns, utilization, client demographics, satisfaction surveys, etc.) and scholarly review. Through these and other activities, staff stay informed regarding issues relevant to optimal professional functioning, and they utilize this information to further supervisory competence, program, and staff development.

We acknowledge that trainees have varying degrees of prior experience, theoretical knowledge, and professional maturity, in addition to differing career goals and interests.

Hence, initial individual assessment, the establishment of individual learning goals, and a plan for reaching those goals occur for trainees during our initial orientation period. This plan continues to be revised over the training year through ongoing dialogue, and both informal feedback and formal evaluation. In addition to skills and knowledge, a sense of professional identity and an integration of oneself as a person into that professional role are also essential. By working in an integrated health care center, trainees also have the opportunity to develop a strong professional identity within their own discipline and an ability to work collaboratively with other health care professionals. By the end of the training year, trainees will have more competence, if not mastery, of the skills and objectives that were their clinical training goals.

Integral to our training philosophy is the belief that trainees make significant contributions to CAPS' quality of service and overall interpersonal climate. In addition to providing counseling experiences for CAPS clients, they add diversity to staff through age, gender, sexual orientation, ethnicity, religion and other cultural variables which may not otherwise be represented. They allow CAPS to offer more clinical services to students and to extend educational and support services into the broader campus community. Trainees have an opportunity to view CAPS with "fresh eyes," give feedback, and make constructive suggestions for improving how we function. Teaching and supervising trainees help staff to continually update and refine their skills in case conceptualization, management, and treatment. Trainee/staff interactions provide a stimulus for continuing staff growth in both personal and professional realms. Training and supervision activities invigorate overall staff morale and protect against professional stagnation and burnout.

The Center bases all of its programs and services, including training, on a philosophy that affirms the dignity of all people. The Center values pluralism and the opportunity for cross-cultural interactions within the campus community in order to enhance the educational environment and the well-being of all students, staff, and faculty. The Center expects staff and trainees to be committed to the social values of respect for diversity, inclusion, and equality.

Advanced Practicum Trainees' Role at CAPS

Trainees share many functions in common with CAPS staff members. All provide service in the form of evaluation, psychotherapeutic interventions, outreach, and consultation services. All function as team members working together on projects, responding to crises, and ensuring adequate coverage for CAPS. All are expected to participate actively in the training, service, outreach, and consultation activities of Student Health, Counseling, and Well-being. It is important, however, to acknowledge several differences between the roles of trainees and those of staff members. Trainees are considered to be trainees, regardless of their previous experience. While their input and self-direction are valued, staff members are ultimately responsible for administering CAPS and designing and implementing the training program. All trainees' work is done under supervision. Supervisors carry the responsibility for case management, assisting trainees with the operations of the agency, mentoring, and moral support. The trainee's supervisor completes the required documents for their doctoral training program.

Supervisors will take care to respect the privacy of communication between trainees and themselves. Communication between supervisors and trainees is not confidential, however, and may be shared with other staff when appropriate and necessary to monitor training progress and needs and to prepare evaluations. Recorded sessions of trainee's clinical work may be viewed by staff members other than the trainee's assigned supervisor. On occasion, staff may make either audio or video recordings of supervision meetings with trainees. This information is shared to ensure quality client care and optimal supervision.

Communication with Graduate Programs

Communication between doctoral training programs and practicum sites is of critical importance to the overall development of competent new psychologists. During the training year, the Training Director will communicate with the trainee's academic program as needed to evaluate progress in the trainee's development. This will include a minimum of two formal evaluations (one at mid-year and one at the end of the Practicum Traineeship year) and may also include regular formal (written) or informal communication. Trainees have the right to know about any informal (verbal) or written communication that occurs and can also request and should receive a copy of any written information that is exchanged.

Liability Insurance:

All trainees are required to carry malpractice/liability insurance, provided by their academic department. Trainees are responsible for presenting documentation of liability insurance coverage to the Training Director before commencing the training program.

ADVANCED PRACTICUM STUDENT TRAINING GOALS

Goal 1: To develop competence in ethics and legal matters

Objectives:

- Trainees will demonstrate knowledge of APA ethical principles.
- Trainees will demonstrate knowledge of the laws and regulations related to the practice of professional psychology.
- Trainees will demonstrate awareness of the complexities in exploring ethical issues.
- Trainees will demonstrate skills in implementation of these laws and ethical principles in a culturally sensitive manner.

Goal 2: Trainees will develop clinical skills required for professional practice in psychology with a specialization in college counseling

Objectives:

- Trainees will demonstrate the ability to conduct initial assessments, develop case conceptualizations and treatment plans, and make appropriate case dispositions.
- Trainees will demonstrate the ability to work within a range of therapeutic modalities based on the unique needs of the client.
- Trainees will demonstrate the integration of theory and research into multi- culturally aware clinical practice.

Goal 3: Trainees will develop the ability to consult and collaborate with an interdisciplinary staff, the campus community, and off-campus community in a multi-culturally sensitive manner.

Objectives:

- Trainees will demonstrate the ability to consult and collaborate with peers, supervisors, and administrative staff.
- Trainees will demonstrate the ability to consult and collaborate with the Cowell Health Center practitioners, faculty, administrators, and other student affairs professionals.

- Trainees will demonstrate the ability to consult and collaborate with other mental health professionals, agencies outside of the university, and family members, when appropriate.

Goal 4: Trainees will develop knowledge, awareness, and skills for working with individual and cultural diversity.

Objectives:

- Trainees will demonstrate the ability to continuously examine their own attitudes, assumptions, behaviors, and values in working with individual and cultural diversity issues.
- Trainees will demonstrate the ability to provide services sensitive to individual and cultural differences.
- Trainees will demonstrate awareness of the cultural biases inherent in psychological theory and interventions.
- Trainees will demonstrate the ability to seek consultation and to pursue further learning regarding diversity issues.

Goal 5: Trainees will develop a professional identity as a psychologist.

Objectives:

- Trainees will demonstrate the ability to interact in a multi-culturally sensitive and professional manner with a diverse group of peers, supervisors, administrative and professional staff.
- Trainees will demonstrate professional responsibility with case management, documentation, and time management.
- Trainees will demonstrate professional maturity.

Goal 6: Trainees will develop the ability to provide outreach, consultation, and liaison.

Objectives:

- Trainees will demonstrate competence in facilitation and presentation skills.

- Trainees will demonstrate the ability to support the work of others in the university and to provide appropriate information and guidance regarding psychological issues.
- Trainees will demonstrate the ability to participate in community activities and establish relationships with other university colleagues.

TRAINING PROGRAM COMPONENTS

Weekly Clinical Activities

Trainees devote approximately 10 hours per week to clinical activities. These include the following:

Intake Assessments

Trainees are responsible for providing 0-1 intake per week. Trainees establish a therapeutic relationship and assess the appropriateness of the student's presenting problem for a brief treatment model versus longer-term therapy. Trainees also develop skills for conducting assessments and brief therapy for a range of presenting issues, referring for medication evaluation, and collaborating with other university resources.

Direct Service

Trainees provide brief therapy for registered Santa Clara University undergraduate and graduate students. Though there are no session limits, per se, individual therapy is typically done within a brief therapy model. Trainees do have the opportunity to do longer-term therapy, for a full year, with one or two students. The decision of which clients may be seen longer-term is made in consultation with the trainee's supervisor, who will present the request to the management team. Trainees can also experience referral and management activities within our integrated health/mental health center. Trainees work in coordination with the clinical case management to support students with referral for psychiatry, medical care, long-term therapeutic support, and higher level of care treatment. Trainees also actively interface with other professionals on and off campus regarding managing student mental health care.

Assessment

Trainees will be trained on and expected to administer and integrate appropriate self-report assessment instruments such as the CCAPS, BDI-II, BAI, etc., into their clinical work with clients.

Consultation

CAPS shares the Cowell Building with Student Medical Services (SMS), offering trainees the opportunity for consultation and referral with various health care providers. Consultation between CAPS and SMS allows for a more in-depth understanding of a student's particular health and mental health needs.

Outreach

Trainees participate in outreach activities to the larger university community. Trainees routinely present to student groups on such topics as depression, anxiety, positive relationships, self-care, services offered by CAPS, and much more. Trainees also have opportunities to take personal initiative in developing outreach activities consistent with their individual areas of interest and expertise. All outreach activities must receive prior approval from the Training Director and the trainee's supervisor, and be done under the supervision of a CAPS staff member. Outreach programming, as well as consultation, are often responsive to the particular needs of a specific community, group, or other campus organization that has requested support from CAPS.

Training Activities

Orientation

The first few weeks of orientation are designed for trainees to familiarize themselves with the operations at CAPS. The orientation program is structured to provide trainees with an overview of CAPS' mission and values, structure, function, and processes. During this time, trainees have ongoing opportunities to get to know the professional and support staff of Student Health, Counseling, and Well-being. The Training Director will review with trainees the contents of *the Advanced Practicum Training Manual* and *CAPS Policies and Procedures Manual.* Trainee responsibilities, requirements, and performance expectations will also be reviewed during orientation.

During orientation, trainees will be assigned their supervisors, with whom they will meet regularly going forward. Trainees will participate in both didactic and interactive seminars on various topics, including: risk assessment, multi-cultural awareness, short-term therapy, ethical issues pertinent to college campus work, and developmental issues of college students. Orientation also provides an opportunity for the trainees to interact, socialize, and begin to develop meaningful relationships with other trainees, which often serve as important sources of support throughout the training year.

A myriad of practical tasks will also be accomplished early in orientation, including getting familiar with the office spaces, issuing keys, obtaining ACCESS cards and e-mail accounts, learning how to use the phone and electronic records systems, video equipment, etc. During orientation, all relevant documents and needed forms will be distributed and reviewed. Electronic versions of these documents can be accessed on the CAPS shared drive accessible through available computers.

Didactic Seminars

Training seminars are provided on a weekly basis and are coordinated by the Training Director. The training seminars focus on topics that are particularly relevant to clinical practice in a university setting. Competency in working with diversity issues is integrated into all training seminars and adapted to the specific content and focus.

The following are examples of prior seminar topics:

- Intergenerational trauma
- Internal Family Systems
- Working with Eating Disorders
- Group therapy
- Working with LGBTQ+ clients

Case Consultation Meetings

Trainees may participate in multidisciplinary case consultation meetings in which CAPS staff and trainees rotate case presentations. In addition to providing professional preparation for similar presentations that are required in a variety of treatment contexts, this conference allows trainees to observe how CAPS professional staff, as well as their trainee peers, conceptualize cases and plan treatment interventions. This conference is a forum in which to explore such things as the therapeutic alliance, therapeutic techniques, interventions, differential diagnosis, treatment planning, and ethical and legal considerations. The weekly case conference is an opportunity for professional development as trainees learn from others in a supportive and collegial environment. Trainees are expected to write up their case presentation following the outline provided in the *Case Consultation Format* document (Appendix A).

Individual Supervision

Trainees attend an hour of weekly individual supervision with their supervisor. In supervision, trainees are encouraged to develop reflective, introspective clinical and case conceptualization skills that enhance their development as professional psychologists. A list of initial training and supervisory goals is developed at the beginning of a trainee's placement, following a collaborative (supervisor/ trainee) assessment of clinical and supervisory needs. The list of training and supervisory goals will be revisited and updated at mid-year. During supervision, videotapes of sessions with clients, progress notes, and process notes will all be reviewed. Trainees are encouraged to be non-defensive to feedback and open to new ideas within the supervisory relationship. Supervision is not only a place to develop and refine clinical skills, but also a place to reflect on thoughts, feelings, and reactions to clients. Supervision can be a time to process the supervisory relationship as well as therapeutic relationships.

Supervision will not include therapy of the trainee, but it may include exploration of values,

beliefs, interpersonal biases, and conflicts considered to be sources of counter-transference in the context of case material. Although there will be regularly scheduled times for formal feedback and evaluation, it is expected that the supervisory-trainee relationship will include regular, open communication and two-way feedback. It is expected that trainees will be able to discuss conflicts and express disagreements and differences in opinion with supervisors in a professional and collegial manner.

Group Supervision

Trainees will participate in weekly group supervision. The group will be supervised by the Training Director. Trainees alternate presentations of cases. Case presentations will include reviewing videotaped therapy sessions in addition to a formal write-up outlined in the *Group Supervision Case Presentation* document (Appendix A).

Training Team Meeting

All doctoral supervisors meet weekly for Training Team Meeting. Training Team meeting is led by the Training Director to discuss and evaluate the progress of all doctoral trainees at CAPS. This is a time for supervisors to consult and coordinate across supervisory modalities (individual supervision, group supervision, sup of sup, group therapy supevision, outreach programming) to ensure cohesive feedback and support for each trainee.

Administrative Time

Trainees are allotted approximately 4.5 hrs./week for completion of intake assessments, progress notes, case management, and other administrative tasks.

Clinical Services

1. Trainees are expected to work within a brief therapy model, to which their supervisor will help them adapt, if they do not have prior experience.
2. Trainees may work with one or two clients on an extended basis. The clients will be chosen for longer-term work in consultation with the trainee's supervisor.

ADVANCED PRACTICUM SAMPLE WEEKLY SCHEDULE

Advanced Practicum Traineeship (24hrs/wk.)*

Activity	Total Hours
Direct Service: 10 Intake Assessments 0-1 Individual/Couples Therapy 8 Phone Consultation 1 Group Therapy/Workshop Co-Facilitation 0-1.5	**10**
Formal Training: 5-7 Individual Supervision 1 Group Supervision 2 Peer Supervision 0-1 (Jan-June) Case Consultation 0-1 (1x/month) Training Seminar 2	**7**
Administrative: 6 Clinical Documentation/Case Management Supervision Prep Time **Other:** Outreach 0-1	**7**
Total Hours Scheduled Per Week	**24**

***Note:** Cross Discipline meetings are quarterly multi-disciplinary team meetings for joint Student Medical Services (SMS) and CAPS case consultation. Outreach activities are variable and do not occur on a weekly basis.

MAINTAINING CLINICAL, SUPERVISORY, AND WORKLOAD RECORDS

Progress Notes:

CAPS documents sessions through the electronic records system Point and Click Solutions Software (PnC). Trainees are to utilize the document for progress notes formatted in this system.

Supervisory Approval

It is mandatory that supervisors review and co-sign all notes, including intake assessments, clinical notes, crisis notes, and any client contact (e.g., email, secure message, phone call) or third-party contact notes. Additionally, e-mails to clients (with the exception of scheduling), referrals (e.g., Psychiatry, Accessibility Resources), handouts, and suggestions of reading material for clients, etc., must be reviewed in advance and approved by a trainee's supervisor.

Maintaining Training Hours Documentation

It is of critical importance that trainees keep track of their hours on a weekly basis to be sure Practicum Requirements are being met. This tracking of hours will also be important when applying for internship programs. Trainees should consult with their doctoral program's Director of Clinical Training to determine how and where their practicum hours should be recorded. For example, some programs require online tracking (e.g., Time2Track) or program-specific forms. However, if trainees are responsible for tracking on their own, they may request access to the SCU CAPS Supervised Professional Experience Weekly Hours Log.

Clinical Documentation and Due Dates:

Documentation	Due Date
Informed consent documents	Completed in first session
Signed disclosure statement on trainee status and permission to record	Completed in second session
Intake Assessment Report	First draft for supervision within five business days Completed Intake Assessment Report is due one week from supervision of Intake Assessment Report **In high-risk cases**, a Crisis Intake Assessment form is to be completed by the end of the workday.
Progress notes	Draft within one business day Completed note within 5 business days
Crisis/urgent care note	Draft by end of business day
Referral forms	Prior to client's scheduled appointment with referral contact
Termination report	End of quarter with consecutive Appointments; Otherwise, end of the academic year

RESPONSIBILITIES AND REQUIREMENTS OF PRACTICUM TRAINEES

Program Responsibilities

The CAPS Practicum Training program is committed to promoting a supportive and challenging learning environment in which trainees can thrive and prosper in building on existing knowledge, solidifying strengths, taking risks, and developing and implementing new clinical competencies. The training program also strives to provide a learning environment that allows trainees to meaningfully explore personal issues (e.g., knowledge, values, self-awareness, etc.), which relate to their clinical functioning and professional development. To achieve its stated goals, the training program will:

1. Provide trainees with a clear statement of their rights and responsibilities, along with necessary policies and procedures, professional standards, and administrative requirements, to ensure Practicum Trainees' understanding of goals and expectations;
2. Provide trainees with a working environment that does not discriminate based on individual differences in culture, race, ethnicity, gender, sexual orientation, religion, age, national origin, disability, or political affiliation;
3. Provide trainees with an appropriate environment to learn and practice, including offices and training settings; equipment, supplies, technology, administrative and collegial support;
4. Provide training and supervision by clinical staff who are accessible; serve as role models and mentors; who behave in accordance with the APA ethical guidelines, and regulations/laws of the State of California Board of Psychology;
5. Treat trainees with courtesy, professional respect, and acknowledge the training and experience trainees have attained in prior academic and clinical settings;
6. Provide trainees with developmentally appropriate, reasonably sufficient, and measured supervision and didactic opportunities to enable them to develop, refine, and advance their clinical competencies appropriate to their level of training;
7. Delineate the general criteria and procedures by which the performance of trainees are to be evaluated, the evaluation process, and the means by which an evaluation can be appealed;
8. Provide both formal, written evaluations of the trainees' progress at set intervals, in addition to ongoing evaluation feedback throughout the training year;
9. Solicit ongoing feedback from trainees regarding all major aspects of training, with opportunities for formal written and oral discussion of feedback, both at the midpoint of the training year and its conclusion;
10. Provide trainees with the right to due process, if informal resolution has failed;

11. Communicate with the trainee's academic program to verify satisfactory performance or coordinate recommendations, as needed, for remediation in areas of concern;
12. Provide a certificate for trainees who successfully complete the practicum traineeship.

Responsibilities of Supervisors

1. Supervision of trainee's individual clinical work, which incorporates both responsibilities of training and of monitoring the welfare of trainee's clients to ensure quality of care;
2. Adherence to practice and ethical guidelines, as outlined by the American Psychological Association, the statutes and regulations of the State of California, and CAPS Policies and Procedures;
3. Establishment of parameters of supervisory role (e.g., style, issues covered, expectations, confidentiality etc.);
4. Negotiation of appropriate training goals with trainee and fostering the meeting of these goals;
5. Monitoring of all trainee's cases to ensure that the trainee is qualified to manage their cases and that the trainee obtains experience with a range of clients differing in presenting concern, severity, ethnicity, sex, and other diversity variables;
6. Monitoring of the trainee's record keeping in a timely manner (e.g., intakes, progress notes, case management activities), and review and signing of all trainee written notes and documentation;
7. Facilitation of trainee's ability to assess and conceptualize cases, select appropriate interventions, and develop and implement treatment plans;
8. Serving as consultant in crisis/emergency situations, and taking over as lead when necessary;
9. Respecting supervisee's need for privacy by requiring personal disclosure only when such issues impact client safety or clinical care;
10. Provision of ongoing feedback on trainee's clinical skill, style, relational dynamics, etc., in a manner that is facilitative and constructive;
11. Viewing of session video recordings on a regular basis, and maintaining knowledge of the trainee's clients;
12. Maintenance documentation of supervisory sessions;
13. Provision of early feedback to the supervisee and the Training Director in the case of concern about the trainee's progress, professionalism, or competence;
14. Completion of scheduled evaluations of the trainee, and processing of this feedback with trainee;
15. Non-defensively processing, within supervision, trainee's written evaluation of supervisor;
16. Serving as a professional role model for trainee;

17. Demonstration of respect for trainees, acknowledging diversity in values, culture, and experience;
18. Assuming primary responsibility for the supervisory relationship and, when there are difficulties, taking initiative to address or resolve those difficulties either directly or through consultation;
19. Assisting the supervisee in balancing agency demands, program requirements, and work-life balance;
20. Facilitation of the professional growth of the supervisee (i.e. by attending to issues of professional identity, training opportunities, career plans, etc.);
21. Assurance that supervision is scheduled and actually occurs, regularly and punctually, and that supervision is rescheduled when other commitments interfere, or appoint another staff member as back-up supervisor if supervisor is to be away.

Advanced Practicum Trainee's General Responsibilities

Expectations of CAPS trainees will include:

1. To behave in accordance with the ethical and legal guidelines of APA;
2. To behave in accordance with laws and regulations of the State of California;
3. To abide by the policies and procedures of both the Practicum Training Manual And CAPS Policies and Procedures Manual;
4. To responsibly meet training expectations by developing competencies in the areas identified by the training program;
5. To make appropriate use of supervision and other training formats (e.g. seminars, case conferences etc.), through such behaviors as arriving on time and being prepared, completing reading assignments, reviewing therapy tapes, maintaining an openness to learning, and being able to effectively accept and use constructive feedback;
6. To conduct oneself in a professionally appropriate, collegial manner that is consistent with the standards and expectations of the CAPS and SCU community. To integrate these standards as a professional clinician into one's repertoire of behaviors and to be aware of the impact of one's behaviors upon colleagues;
7. To be able to manage personal stress, which includes tending to personal needs, recognizing the possible need for professional help if concerns are impacting one's work within the CAPS, accepting feedback regarding this need, and seeking that help if necessary;
8. To give professionally appropriate feedback to peers and training staff regarding the impact of their behaviors, and to the training program regarding the quality of the training experience;
9. To take responsibility for–and maintain an openness to–learning including the ability to accept and use constructive feedback effectively from supervisors, professional staff, and other agency personnel;

10. To develop an awareness of one's multi-cultural identities and personal dynamics, and how these affect one's professional deportment.

Requirements Regarding Supervision

It is the responsibility of trainees to keep current with documentation on all clients. Trainees are also responsible for informing their supervisor of at-risk clients, all new clients, and an updated record of ongoing clients in supervision. The individual clinical supervisor signing off on case notes has the final and legal responsibility for all their supervisees' therapy cases. It is the trainee's responsibility to abide by a supervisor's final decisions. All letters and other documentation must be signed by a supervisor. In the case where a practicum student is supervised by an intern or postdoctoral fellow, senior staff must also sign the documentation. This includes intakes, case notes, correspondence with clients (excluding scheduling communications), and communications with university departments, professors, etc. (e.g., emails, telephone calls, scheduled consultations). Trainees are expected to come prepared for supervision by thoughtful reflection on case material and their ongoing training needs. Trainees are also expected to review videotapes of client sessions prior to supervision. In order to optimize the supervisory experience, trainees should highlight portions of videotapes for discussion and share particular observations and questions. A critical reflection on, and self-assessment of, one's own work is considered a vital element in professional development. Weekly individual supervision sessions are 50 minutes in length. Trainees are expected to be on time for these sessions in order to optimize learning opportunities.

Trainees must notify supervisor (or another licensed staff member if not available) IMMEDIATELY if any of the following should occur:

1. Mental health emergencies requiring immediate action;
2. High risk situations, involving danger to self or others (i.e. cases in which clients evidence suicidal gestures, attempts or a significant history of attempts; cases in which clients present with a history of, propensity for, or threats of violence; cases where clients appear to be significantly decompensating emotionally, cognitively or physically);
3. Contemplated or unexpected departures from standards of practice or exceptions to general rules, standards, policies, or practices;
4. Suspected or known clinical or ethical errors, (e.g. breach of confidentiality);
5. Allegations of unethical behavior by clients, colleagues, client's friends or family members, or others;
6. Threats of a complaint or lawsuit;
7. Legal issues, such as possible reporting obligations related to suspected abuse of a child or vulnerable adult, or ethical violations by other professionals;

Trainees are to first consult with their supervisor. If unavailable, trainees may consult the staff person on crisis duty at that time or any other member of the clinical staff or the Training Director, interrupting them, if necessary.

Special supplements from the CAPS Policies and Procedures Manual regarding assessment

and management of at-risk clients will be given during the orientation period, when more in-depth training will be provided. It is expected that trainees will familiarize themselves with these documents in order to act effectively in crisis situations.

FEEDBACK AND EVALUATION PROCEDURES

Evaluation and feedback are integral to the training experience and to the effective operation of CAPS. Ongoing communication and feedback are a priority. In addition to formal, scheduled written evaluations of progress, goals are developed with each trainee at the beginning of the academic year and are regularly monitored in weekly supervision. CAPS staff will review trainee performance formally and informally on an ongoing basis to identify strengths and growth areas. Although a trainee's supervisor has significant information regarding their performance, CAPS staff members are asked for additional input. It is expected that interactions based on mutual respect will lead to the development of the basic trust necessary for trainees and staff to feel safe in giving both positive and constructive feedback.

Trainee Evaluation Schedule

Trainees will be given a formal, written evaluation at mid-year and at the end of the academic year, utilizing the form provided by their academic institution. The initial, formal evaluation is designed to help the trainee know to what extent they are meeting expectations, to reinforce strengths, and to identify areas of growth to focus on in the remaining training year. Supervisors will discuss the written evaluation with the trainee, after which both will sign it. Signatures on these forms indicate that the feedback has been presented and discussed with the respective individuals. It is not necessarily a reflection of agreement. The trainee may add a written response if they wish to do so.

If a trainee wishes to dispute a rating, the trainee is encouraged to speak with their supervisor about the disagreement. If this does not provide sufficient resolution, a conference with the trainee and the Training Director is possible for further discussion. The ultimate decision concerning an evaluation's final status rests with the supervisor.

Original evaluation forms are kept on file with the CAPS Training Director.

Depending on the academic institution that a trainee comes from, CAPS staff will fill out the home institution's evaluation form in lieu of the CAPS evaluation form if a particular form is required (*See* Appendix B *for CAPS evaluation form*).

Practicum Trainee Evaluation of Supervisors

Trainees complete a written evaluation of their supervisor twice a year, utilizing the *Evaluation of Supervisor* form. These evaluations occur during the same time period as the trainee evaluations occur. These evaluations are discussed with assigned supervisors, and they provide an opportunity to reflect on how well the supervision is meeting the trainee's learning needs. Signed copies of this evaluation are then given to the Training Director. Supervisors and trainees are encouraged to periodically assess the supervisory alliance prior to formal evaluations in order to facilitate optimal relationships and timely feedback (Appendix B).

Group Supervision Evaluation

A formal, written evaluation of group supervision will take place at mid-year and at the completion of the academic year, utilizing the Evaluation of Group Supervision form. Trainees are encouraged to give ongoing, formative evaluation feedback to the Training Director throughout the training experience.

Training Seminar Evaluation

Trainees will evaluate each training seminar immediately afterwards, using the *Training Seminar Evaluation* form.

Training Program and Site Evaluation

Trainees formally evaluate the training program and their experience at CAPS at the end of the training year, utilizing the *Evaluation of Training Program* form. Trainees are encouraged to give ongoing formative evaluation feedback to the Training Director and other staff members throughout their training experience. The Training Director also conducts exit interviews with each trainee at the end of the training year. The Training Director is also available to sit in on supervision sessions and/or feedback sessions to give additional feedback or, if necessary, to assist in the resolution of any problems that may arise in the supervisory relationship.

The CAPS shared drive contains electronic copies of all evaluation forms.

Requirements for Successful Completion of Practicum Traineeship

Successful completion of the Practicum Traineeship will depend on the accrual of the contracted hours per week over a 10-month schedule and the trainee meeting minimal levels of achievement delineated by the academic department on the mid-year and end-of-year evaluation forms. Failure to meet this minimal level of achievement at each evaluation cycle will result in the initiation of due process.

Certificate of Completion

Trainees who successfully complete their traineeship with CAPS are awarded a *Certificate of Completion* reflecting their accomplishment.

BENEFITS

Trainees are allotted 6 vacation days, 2 professional development days, and 5 sick days for the training year. During the holiday break when CAPS is closed, trainees are ‘gifted’ approximately 6 additional days off.

Trainees are provided with the following University Holidays:make sure this is current

- New Year’s Day
- Martin Luther King Day
- President’s Day
- Good Friday
- Memorial Day
- Juneteenth Day
- Independence Day
- Labor Day
- Indigenous Peoples’ Day
- Thanksgiving Day
- Day After Thanksgiving
- Christmas Eve Day
- Christmas Day
- New Year’s Eve Day

CLINICAL AND OFFICE OPERATIONS

Managing Schedules

It is an important component of professional development that a trainee learns to manage administrative, clinical, and personal schedules. Trainees are expected to be at CAPS, on their assigned work days, from 8:30 am-5:00 pm. For safety and liability reasons, trainees are not to see students in the building alone when CAPS is closed. Trainees may not schedule clients during training seminars, meetings, or supervision. Schedules be accurately posted in the electronic scheduling system, Point and Click (PnC).

Planned Absences

Trainees are required to submit the *Vacation/ Professional Leave* form, (Appendix D) a minimum of two weeks in advance to their supervisor. The Training Director, in consultation with individual supervisors and the CAPS management team, will determine the disposition of individual requests. Once a request is approved, arrangements for client coverage should be discussed with supervisors. It is essential that trainees attend to their professional obligations before leaving for an extended period. Trainees are responsible for their assigned duties at CAPS. This includes, but is not limited to, ensuring clients' ongoing needs are met, securing needed coverage, and being up-to-date with clinical documentation, supervision, and outreach commitments. Once leave is approved, trainees are responsible for recording the times they will not be at CAPS in the electronic scheduling system.

Unplanned Absences

In the event that a trainee will be out of the office due to unexpected illness or in an emergency, it is the trainee's responsibility to inform the front desk staff of this absence in the following manner:

1) Call the Center's main line **(408) 554-4501** and leave a message about your absence.
2) E-mail your supervisor (s) and cc the Training Director about the absence, and
3) Continue to contact the above personnel with daily, updated absence status.

The front office staff will cancel trainee appointments for the day in cases of unplanned absences, so necessary information about scheduled clients and other appointments needs to be regularly updated in the electronic scheduling system.

Please note that excessive absences (planned and/or unplanned) that interfere with a trainee's ability to fulfill the training requirements and/or adversely impact clinical care of clients may result in your not being able to successfully complete the training. The determination of successful completion of the traineeship is at the discretion of the Training

Director in consultation with supervisors and the CAPS Director.

Case Assignments

Case assignments will be given to trainees on a gradual basis, consistent with mastery of intake assessments and of CAPS and Trainee Policies and Procedures manuals. Their supervisors will make the determination of the appropriateness of a client's ongoing assignment to a trainee based on a number of variables, including a client's needs, a trainee's skill level and learning objectives, as well as scheduling considerations.

Scheduling of Clients

Once initial assignments are made, trainees are responsible for scheduling ongoing appointments for all assigned clients. It is the trainee's responsibility to input all client appointments in PnC. Clients are only seen Monday through Friday between 9:00 am and 3:00 pm. Trainees are not to schedule clinical appointments at 4pm hour. Clients may initially present in crisis or with a high level of risk, and CAPS wants to ensure that proper consultation and supervision time will be available in such cases.

Informed Consent and Treatment Disclosures Statement

At the beginning of the first therapy session with clients, trainees are required to verbally review the *CAPS Informed Consent* statement (Appendix C) with their clients and attain verbal consent. It is the trainee's responsibility to review key aspects of this document (eligibility of services, confidentiality, cancellation/no show policies, applicable fees, etc.) with each student. Trainees should confirm the digital form that clients are required to complete, and be sure the document is signed, dated, and uploaded into the client's electronic file. Additionally, trainees are required to provide all clients with a professional disclosure statement which informs the client of their status at CAPS, supervisory, and taping requirements, etc.

Video Recordings

Permission to Record

Trainees are expected to record all client sessions (intake interviews, therapy sessions, terminations, etc.) using the provided web camera or designated videoconference platform. At the beginning of the first meeting with a client, trainees need to ask permission for their sessions to be videotaped for supervisory purposes. A client's permission to record a session must be obtained verbally before turning on the video camera for the first time. Once the client verbally consents, trainees are required to have the client sign a digital copy of the Doctoral Supervisory Disclosure Form prior to the next session (either via Student Health Portal or in person at the front desk).

Refusal of Permission to Record

If a client declines to be videotaped, the client can be offered the possibility of using audio taping instead. If a client refuses any form of recording, trainees should then inform the client of the following: 1) It is a CAPS requirement that all trainees have their work recorded to ensure that the highest quality of care is given; 2) The client will be transferred to a CAPS licensed clinician for the next available appointment time; 3) Trainees should then respectfully terminate the current session, accompany the client to the front desk and request that the client be scheduled with a licensed staff member.

Refusal of Permission to Record in High Risk Situations

If a client's paperwork or any other client disclosure or behavior indicates concern about self-harm or other serious concerns such as potential harm to others, urgent need for a medication consult, etc., supervisory consultation should be sought immediately. If a trainee's supervisor is not available, consult the staff on crisis call or another CAPS staff member, interrupting them if needed.

Confidentiality of Video Recordings

When using video recordings, utmost care must be taken in handling this material. Files should be saved on the computer using the client's initials (not full name). Recordings may not be accessed from home or any other computer outside of CAPS. Client session video and audio files must be uploaded via Secure File Transfer and sent to supervisors on a weekly basis. Recordings must be erased after use by trainees and their supervisors. Recordings are to be used solely for the purpose of training and supervision by CAPS supervisors and on CAPS premises. Under no circumstances are any recordings or client case material to leave the premises of CAPS.

Referrals

During orientation, trainees will receive training on making referrals to SMS, Case Management, and other campus partners.

Management of Confidential Material

Trainees may not take any client information from CAPS. This includes, but is not limited to, referral forms, consultation reports, faxes etc. or any electronic material such as progress notes, e-mails, video recordings, etc., on computers or flash drives. Client information or

case material obtained at CAPS cannot be used in any educational setting outside of CAPS. All documentation for clients must be done on CAPS premises and with CAPS computers. At the end of the business day, any confidential client information must be placed in the CAPS locked storage area. Confidential material must never be left in open areas such as the mail room, conference/group room, waiting area, and your open office.

If a trainee presents client material in formal case consultation or group supervision, clients are to be identified by the first and last initials of their names, and the trainee is responsible for collecting and shredding all written case summaries after the meeting. Conversations with other clinical practitioners about clients and case material must be conducted in a manner that protects confidentiality. If a current or former client requests documentation, consultation with a supervisor is necessary. Releases of Information for case files are managed by CAPS staff members in consultation with the CAPS Director.

Security and Privacy Policies

Offices not in use are to remain locked for security purposes. Trainees will be issued keys to their offices and an ACCESS card that allows entrance into the Cowell Building. Office doors are to be kept closed whenever you leave your office. Please do not leave any client identifying information (names, student ID numbers, email, etc.) on your computer or visible on your desk. Do not put any client identifying information on your personal computer, phone, or appointment book. Any material that contains client identifying information must be shredded in the locked bin provided in CAPS.

STANDARDS OF PROFESSIONAL PRACTICE

CAPS professional staff and trainees adhere to the APA Ethical Principles of Psychologists, Standards for Providers of Psychological Services, and Specialty Guidelines for the Delivery of Services, as well as any APA Specialty guideline that addresses psychologists' ethical responsibilities. Staff and trainees also observe the State of California Board of Psychology "Laws and Regulations Relating to the Practice of Psychology". When issues related to ethics and standards of practice arise, Practicum Trainees are expected to refer to these rules and regulations and consult with their supervisors. Due to a potential 'conflict of interest'/'dual role' situation, CAPS trainees are not allowed to assume adjunct teaching positions at Santa Clara University during their training experience with CAPS. Trainees are also prohibited from writing letters of recommendation for their clients due to dual relationship conflicts inherent in this situation.

CAPS' Guidelines on Trainee/Staff Social Relationships

CAPS values collegiality, friendliness, and connection between all team members, which includes staff clinicians, administrative staff, and trainees. We recognize that it can be difficult to navigate roles and relationships in a training program because multiple relationships involve complexity, which is why the following guidelines have been generated.

The guidelines are aimed to help make things clearer and to set the stage for open dialogue if there ever is a question or concern that arises. Use the following to inform the conduct of trainees and staff, with decisions made based on the highest level of ethical conduct and benefit of the trainee.

- CAPS utilizes a team model with trainees; therefore, all staff are directly or indirectly involved with training. There are no neutral relationships. Given this, all contact between staff and trainees involves an inherent power differential and constitutes supervisory or mentoring contact.
- Friendly relationships between trainees and staff are encouraged. Due to the challenges personal relationships can create, the impact on other trainees and the trainee cohort, and the integrity of the training and evaluation experience, close personal relationships between trainees and staff outside of work, including on social media, are discouraged.
- Consistent with valuing overall diversity, it is acknowledged that staff and trainees vary in their styles related to socializing at work. Lack of socializing does not reflect a lack of caring about training.
- Staff and trainees are discouraged from socializing outside of work hours except during planned CAPS gatherings (e.g., attending a campus event together, a planned CAPS outing/event).

- Staff who choose to socialize during work hours (e.g., lunch, coffee breaks) make attempts to include trainees as a group or provide equitable invitations across trainees in a given cohort.
- Staff make every effort to avoid "special relationships" with individual trainees that may be damaging to individual trainees or cohorts of trainees. Sometimes the potential "damage" is not readily identifiable but needs to be considered.
- The training role of all staff should take precedence over any desire for a personal relationship between staff and trainees.
- Staff should not seek social contact with trainees to fulfill their own social needs.
- Staff recognize the power differential inherent in staff/trainee relationships and acknowledge that trainees may find it difficult to say "no" to a staff member who wants to socialize. Trainees are encouraged to say "no" and set boundaries as needed when asked to socialize outside of set events (e.g., CAPS potluck).
- Trainees are welcome (but not expected) to invite staff to have social contact within working hours recognizing that the staff have varying personal boundaries related to their time and may say "no" for a variety of reasons that have nothing to do with regard for a particular trainee.
- Staff are asked to remember that in or outside of the work setting, they serve as professional role models to trainees.
- Staff and trainees should remain aware that it is not possible to compartmentalize the evaluative component of the training experience and that situations that occur outside of work hours can have implications at work.
- Staff consider the impact on the system as a whole when making choices to spend social time with trainees. Relatedly, staff are open to discussing time with a trainee or their relationship with a trainee if asked about it, since the goal of everyone involved is professional development.
- Staff and trainees are encouraged to seek consultation when questions arise about socializing. Consider the willingness to share social interactions with one another as an indicator of their appropriateness. (Trainees are asked to directly consult with their supervisor and/or the Training Director. Staff are encouraged to consider the Training Director as one source of consultation.)

Professional Behavior

While mental health practitioners have ethical and legal responsibilities, it is also important that all trainees conduct themselves in a professional manner. Consultations and other communications with students, faculty, staff, and parents are common in a university counseling center setting. Professionalism is expected when dealing with individuals outside of the center, as they are forming an impression of practitioners in our profession and CAPS. In order to best assist students seeking help from us, demonstrating professional behavior is important outside the center as well as on-site. Professional behavior includes, but is not

limited to, appropriate office attire, punctuality to all appointments/ meetings, calling ahead when late or out due to illness or emergency, responding to phone calls and e-mails promptly, being considerate toward all CAPS staff, and discussing any concerns about CAPS directly with your supervisor, Training Director, or CAPS director, respectively.

Trainee Self-Care and Stress Management

It is imperative that those providing mental health services have solid self-care practices, including supportive relationships, adequate attention to rest and recreation, healthy nutritional and exercise habits, methods of debriefing, and ways of assessing one's status regarding a healthy lifestyle and self-understanding. Trainees are responsible for managing their personal stress, recognizing the possible need for professional help, accepting feedback regarding this, and seeking that help if necessary.

Social Media Policy

Trainees who use social media (e.g., Instagram) and other forms of electronic communication should be mindful of how their communication may be perceived by clients, colleagues, faculty, and others. As such, trainees should make every effort to minimize material that may be deemed inappropriate for a psychologist in training. To this end, trainees should set all security settings to private and should avoid posting information/photos or using any language that could jeopardize their professional image. Trainees should consider limiting the amount of personal information posted on these sites and should never include clients as part of their social network, or include any information that might lead to the identification of a client, or compromise client confidentiality in any way. Greetings on voicemail services and answering machines used for professional purposes should also be thoughtfully constructed. Trainees are reminded that, if they identify themselves as a trainee in the program, CAPS and the larger university have some interest in how they are portrayed. If trainees report doing or are depicted on a website or in an email as doing something unethical or illegal, then that information may be used by the CAPS to determine disciplinary action.

As a preventive measure, CAPS advises that trainees approach social media carefully. Additionally, the American Psychological Association's Social Media/Forum Policy may be consulted for guidance: http://www.apa.org/about/social-media.aspx.

Other Resource Documents

Appendix E contains a list of other resource documents to support the highest standards of ethical and clinical care. These documents can be found on the CAPS shared drive.

FACILITIES

Offices

Trainees have access to shared office space equipped with a desk, filing cabinet, and two chairs for therapy. Depending on the overall schedule of trainees, trainees may be asked to complete paperwork in the conference room or one of the open offices so that an overflow office is available for client sessions.

Computer/Phone/email

Each office is equipped with a computer and phone. Each trainee will be provided with a SCU computer access account, which they can use to log into any networked computer at CAPS. Work computers should be used only for CAPS-related work. Trainees will be provided with a SCU email account. SCU email accounts are not HIPPA compliant; therefore, trainees should not use SCU emails to communicate any HIPPA-protected information. Trainees can use the office phone for CAPS-related work only (e.g., to contact clients, consult with outside providers).

Webcams

A webcam has been installed in each trainee office. Webcams are to be used with client consent for videotaping all clinical sessions.

Office Supplies

Office supplies are stored in the front desk area. Please check with the front office support staff for any other needed material.

Administrative Support

Student Health, Counseling, and Well-being is staffed with three front office personnel available to assist trainees with informational and administrative needs. The front office staff will schedule phone consultation appointments and other appointments regarding center-wide activities. However, trainees are responsible for the scheduling of intake appointments and ongoing clients and for keeping their schedule up to date.

DUE PROCESS AND GRIEVANCE PROCEDURES

Grievance Procedures

Grievance procedures have been developed in the event a trainee has concerns or complaints that are not evaluation-related (e.g., poor supervision, unavailability of supervisor(s), workload issues, personality clashes, other staff conflicts) that arise during the training year. During the orientation period, trainees will receive, in writing, CAPS' guidelines related to grievance procedures. The Training Director will discuss these guidelines in both group and individual settings.

Overview of Grievance Procedures

1. When a trainee has a grievance, they may choose to first discuss the issue informally with the staff member(s) involved. If the complaint is against the program as a whole, the trainee is encouraged to speak with the Training Director.
2. If the issue cannot be resolved informally or the trainee does not wish to proceed with an informal resolution, the trainee should discuss the concern with their supervisor, who may then consult with the Training Director, a Training Committee, or the CAPS Director if needed (if the concerns involve the supervisor or the Training Director, the trainee can consult directly with the CAPS Director).
3. If their supervisor, Training Director, and/or CAPS Director cannot resolve the issue of concern to the trainee, the trainee can file a formal written grievance, complete with supporting documentation, with the CAPS Director. (If the grievance involves the CAPS Director, the trainee can file the report with the Training Director.)
4. Once the CAPS Director or Training Director has received a formal grievance, they will implement Review Procedures as described below and inform the trainee of any action taken within three (3) business days.
5. CAPS will communicate early and often with the trainee regarding a grievance that has been brought to CAPS' attention.

Grievance Procedures: Initial Review

1. When needed, the CAPS Director will convene a Grievance Panel to examine a grievance filed by a trainee. The Grievance Panel will consist of two staff members selected by the training director and two selected by the trainee. Of the two selected by the trainee, one may be external to the CAPS staff who has expertise in the mental health field. The CAPS Director, who has final decision-making authority, will not sit on the Grievance Panel. (If the matter concerns the training director, the CAPS Director will choose the 2 panel members.) In response to a grievance, the trainee has a right to express concerns about the training program or CAPS staff members, and the CAPS program or staff has the right and responsibility to respond.
2. Within five (5) business days, the Grievance Panel will meet with the trainee to review the grievance and to examine the relevant material presented. The trainee retains the right to hear all facts with the opportunity to dispute and/or explain their case.

3. Within three (3) business days after the completion of the review, the Grievance Panel will submit a written report to the CAPS Director, including any recommendations for further action. Recommendations made by the Grievance Panel will be made by majority vote if a consensus cannot be reached.
4. Within three (3) business days of receipt of the recommendation, the CAPS Director will either accept or reject the Grievance Panel's recommendations. If the CAPS Director rejects the recommendation, the CAPS Director may refer the matter back to the Grievance Panel for further deliberation and revised recommendations or may make a final decision.
5. If referred back to the Grievance Panel, a report will be presented to the CAPS Director within five (5) business days of the receipt of the CAPS Director's request for further deliberation. The CAPS Director then makes a final decision regarding what action is to be taken and informs the Training Director.
6. The Training Director informs the trainee, involved staff members, and necessary members of the training staff of the decision and any action taken or to be taken.
7. If the trainee disputes the CAPS Director's final decision, the trainee has the right to request a second review following the steps outlined below.

Grievance Procedures: Second Review

In the event that a trainee does not agree with the handling of a grievance, the following procedures should be followed:

1. The trainee files a formal statement in writing with all supporting documents with the CAPS Director. The trainee must submit this within five (5) business days from their notification of the outcome of the grievance.
2. Within three (3) business days of receipt of a formal written statement from a trainee, the CAPS Director will decide whether to implement a new Grievance Panel or respond directly. If a Grievance Panel is convened, it will consist of two staff members selected by the training director and two selected by the trainee. Of the two selected by the trainee, one may be external to the CAPS staff who has expertise in the mental health field. The CAPS Director, who has final decision-making authority, will not sit on the Grievance Panel. The trainee retains the right to hear all facts with the opportunity to dispute and/or explain their case. (If the matter concerns the training director, the CAPS Director will choose the 2 panel members.)
3. In the event that a trainee files a formal written statement disagreeing with a decision that has already been made by the Grievance Panel and supported by the CAPS Director, the statement is reviewed by the CAPS Director in consultation with CAPS Licensed Staff. The CAPS Director will determine if a new Grievance Panel should be formed to re-examine the case, or if the decision of the original Grievance Panel will be upheld.
4. If the Grievance Panel cannot resolve the issue or if it is deemed inappropriate for the panel to handle, the matter will be referred to Human Resources.
5. The trainee will be notified of the outcome of the process within three (3) business days of the final decision.

Due Process

This document provides CAPS trainees and staff with an overview of the identification and management of trainees' problems and concerns and an explicit discussion of the related due process procedures. The basic meaning of due process is *to inform* and to provide a framework to *respond, act, or dispute*. Due process ensures that decisions about trainees are not arbitrary or personally based. It requires that the training program identify specific procedures, which are applied to all intern complaints, concerns, and appeals.

Overview of Due Process Procedures

1. During the orientation period, trainees will receive, in writing, CAPS's expectations related to professional functioning. The Training Director will discuss these expectations in both group and individual settings.
2. The procedures for evaluation, including when and how formal evaluations will be conducted, will be described. Formal evaluations will occur at mid-year and end-of-year. Additionally, informal feedback will be given throughout the training year.
3. The various procedures and actions regarding problem behaviors or trainee concerns will be described.
4. CAPS will communicate early and often with the trainee if any difficulties are identified that are significantly interfering with performance.
5. The Training Director will institute, when appropriate, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies.
6. If a trainee wants to institute an appeals process, this document describes the steps of how a trainee may officially appeal the action (see section below, *Due Process Procedures: Appeals Process*).
7. CAPS Due Process Procedures ensure that trainees have sufficient time (as described in this due process document) to respond to any action taken by the program before the action is implemented.
8. When evaluating or making decisions about a trainee's performance, CAPS will use input from licensed staff involved in supervising the trainee.
9. The Training Director will document, in writing, and provide to all relevant parties, the actions taken by the program and the rationale for all actions.
10. All trainees are expected to abide by the APA Code of Ethics, California laws and regulations, as well as University rules and procedures. Either administrative leave or termination would be invoked in cases of severe violations of the APA Code of Ethics, or when imminent physical or psychological harm to a client, staff member, or other trainee is a major factor, or the trainee is unable to complete the training program due to physical, mental, or emotional illness. Trainees are encouraged to abide by University rules and procedures as outlined in the University's Human Resources Staff Policy Manual: Staff Policy Manual - Human Resources - Santa Clara University

Due Process Procedures: Identifying Problematic Behavior

Problematic Behavior is defined broadly as an interference in professional functioning, which is reflected in one or more of the following ways:

It is a professional judgment when a trainee's behavior is considered problematic rather than "of concern." Trainees may exhibit behaviors, attitudes, or characteristics that, while of concern and requiring remediation, are not unexpected or excessive for training professionals. Problematic behavior is typically identified when one or more of the following characteristics exist:

- The trainee does not acknowledge, understand, or address the problem when it is identified;
- The problem is not merely a reflection of a skill deficit that can be rectified by academic or didactic training;
- The quality of services delivered by the trainee is significantly negatively affected;
- The problem is not restricted to one area of professional functioning;
- 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.

Due Process Procedures: Addressing & Managing Problematic Behavior

Minimum Level of Competency Issues.

Trainees are formally evaluated on a Likert scale from one to five for each item on the Add Evaluation form. If a trainee receives a rating below 3.0 on any item at mid-year, the due process procedures will be initiated to determine the appropriate course of action. The supervisor will provide specialized attention to increase the trainee's functioning to the expected level of competency, which may include remedial work or a specific remediation plan.

Behavioral Issues. If a staff member or trainee has significant concerns about a trainee's behavior (e.g., ethical or legal violations, professional incompetence), the following procedures will be initiated:

- In some cases, it may be appropriate to speak directly to the trainee about these concerns, emphasizing the need to discontinue the inappropriate behavior; in other cases, a consultation with the Training Director will be warranted. This decision is made at the discretion of the staff (or other trainee) who has concerns about the intern.
- Once the Training Director has been informed of the specific concerns, they will determine if and how to proceed.
- If the staff member who brings the concern to the Training Director is not the trainee's supervisor, the Training Director will discuss the concern with the Supervisor.
- If the Training Director and Supervisor determine that the alleged behavior in the complaint, if substantiated, would constitute a serious violation, the Training Director will inform the staff member who initially brought the complaint.

Due Process Procedures: Notification

It is important to have meaningful ways to address problematic behavior once identified. In implementing remediation or sanctions, the training staff must be mindful and balance the needs of the trainee, the clients involved, members of the trainee's training group, the training staff, other agency personnel, and the campus community. All evaluative documentation will be maintained in the trainee's file. At the discretion of the Training Director—in consultation with the Training Team, Supervisor, and/or CAPS Director—the trainee will be informed within 3 working days of a decision being made to initiate the formal due process through *Written Notice* that formally acknowledges the following:

- The Training Director is aware of and concerned with the behavior,
- The concern has been brought to the attention of the trainee, and the trainee will have an opportunity to present information regarding the concern, and
- The Training Director will work with the trainee to rectify the problem or skill deficits.

Written notification will also be provided if the behavior(s) of concern are not significant enough to warrant more serious action.

*If at any time a trainee disagrees with the aforementioned notices, the trainee can appeal (see below Due Process Procedures: Appeals Process)

Due Process Procedures: Hearing

The Supervisor will hold a Hearing with the Training Director (TD) and the trainee within 10 working days of issuing a Notice of Formal Review to discuss the problem and determine what action needs to be taken to address the issue. If the TD is the supervisor who is raising the issue, an additional supervisor who works directly with the trainee will be included at the Hearing. The trainee will have the opportunity to present their perspective at the Hearing and/or to provide a written statement related to their response to the problem. A Hearing Team (comprising the Training Director and two CAPS licensed supervisors) and the CAPS director, meet to discuss the concerns and possible courses of action to be taken to address the issues and arrive at a corrective plan that is shared with the trainee i
The implementation of sanctions should occur only after careful deliberation and thoughtful consideration by members of the Training Committee. Remediation and sanctions listed below may not necessarily occur in this order. The severity of the problematic behavior plays a role in the level of remediation or sanction. This list of possible actions is not exhaustive, and the Training Committee may choose to impose a sanction not listed below. n writing within 5 working days of the Hearing. The trainee will also be notified if the behavior(s) of concern are determined not to be significant enough to warrant further action.

Due Process Procedures: Outcomes

Remediation Plan: The Training Director will communicate early and often with the trainee regarding the implementation of a remediation plan. A remediation plan will contain the following:

- a description of the trainee's unsatisfactory performance;
- actions needed by the trainee to correct the unsatisfactory behavior;

- the timeline for correcting the problem;
- type of sanction(s) that may be implemented if the problem is not corrected; and
- notification that the trainee has the right to request an appeal of this action*

Schedule Modification: A closely supervised period of remedial training that is designed to be time-limited and return the trainee to an appropriate level of functioning. It is utilized to provide the trainee with additional time to respond to personal reactions to environmental stress. Schedule modification is conducted by their supervisor in consultation with the Training Committee, with the full expectation that the trainee will complete the traineeship. Courses of action may include reducing the trainee's workload, increasing the amount or modifying the focus of supervision, and/or recommending personal therapy or other forms of intervention.

Probation: A time-limited, remediation-oriented, and more closely supervised training period for the trainee. Its purpose is to support the trainee with consistent guidance and routine attention to the remediation plan, with the overall goal of returning the trainee to a fully functioning state. This period will include more closely scrutinized supervision conducted by their supervisor in consultation with the Training Committee. Progress toward returning the trainee to a fully functioning state will be reviewed weekly by their supervisor. The trainee, supervisor, and Training Committee will determine the termination of probation.

Monitoring of Corrective Actions
When the Training Committee prescribes a remediation plan, schedule modification, or probation to support the trainee in obtaining appropriate levels of competence and/or addressing problematic behavior, a reasonable timeline to return to an appropriate level of functioning will be determined. The trainee's supervisor will monitor progress toward this goal during weekly individual supervision sessions. A meeting including the trainee, supervisor, and Training Director will be held at the end of the remediation, schedule modification, or probation period to review the trainee's progress. If the trainee has successfully addressed all concerns, this will be documented, and the corrective action will come to an end. If the trainee has not made sufficient progress toward the stated goal, the Training Director and Training Committee will meet to discuss the use of additional corrective actions to support the trainee toward successful completion of the program. This could include extending the current remediation, schedule modification, or probation period, imposing a more restrictive sanction, or consideration of dismissal from the program. The trainee will be notified of the Training Committee's decision within 10 working days of the meeting with the trainee, supervisor, and Training Director.

Temporary Withdrawal of Case Privileges means that it has been determined that the welfare of the trainee and/or the client has been jeopardized. Therefore, case privileges will be suspended for a specified period of time (i.e., no direct service functions) as determined by the Training Committee. This sanction is specific to direct clinical care and the trainee remains engaged in supervisions, training seminars, clinical staff meetings (e.g., case

consultation and disposition meetings), and administrative responsibilities (e.g., attending CAPS staff and All Cowell Center meetings. At the end of this period, the supervisor will evaluate the trainee, in consultation with the Training Team, to assess whether the trainee has the capacity for effective functioning and case privileges can be reinstated. If the suspension interferes with the successful completion of the training hours needed for completion of the traineeship, this will be noted for the record.

Suspension involves the temporary withdrawal of all privileges related to CAPS and Santa Clara University. A suspension is utilized in the aftermath of a complaint that a trainee engaged in egregiously harmful behavior that jeopardized another's welfare. This sanction is broader in that the trainee can not be engaged in any CAPS activities, including direct clinical services, training seminars, clinical staff meetings, and administrative responsibilities. This would be invoked by the Training Team in cases where it is suspected that the welfare of the trainee's client(s) or the campus community has been compromised. The purpose of the period of suspension is to provide time, up to 2 weeks, for the Training Team to investigate the complaint of egregious behavior by the trainee. At the end of the investigation, the training team decides on a recommendation. This recommendation will be documented in writing and given to the CAPS Director. The final decision, whether to reinstate the trainee fully in the case of an unfounded complaint, to reinstate the trainee under a probation or remediation plan, or recommend dismissal from the program, rests with the CAPS Director, in consultation with the Training Team. This final decision will be delivered by written notification within 24 hours to the trainee. Suspension ends once the investigation is completed and a decision on how to proceed is determined and communicated to the trainee. If the CAPS Director decides to dismiss the trainee from the training program, the Training Director will support the trainee in this transition. If it is determined that the allegations were unfounded and the trainee did not act in a manner that jeopardized another's well-being, the suspension would end immediately and the trainee would be reinstated to engage in CAPS and SCU activities.

Dismissal from the Training Program involves the permanent withdrawal of all CAPS and SCU responsibilities and privileges. This includes all planned financial payments for the intern. Dismissal can occur due to various circumstances, including the decision following the investigation of a complaint of egregious, harmful behavior. When implementation of specific sanctions do not, after a reasonable time period, rectify the problem behavior or concerns, and/or the trainee seems unable or unwilling to alter their behavior, the Training Team will discuss the possibility of termination from the training program, including dismissal from the agency, with the CAPS Director. The CAPS Director will make the final decision about dismissal.

The trainee's home academic program will be notified of the disposition verbally and in writing within two working days of the final decision regarding probation, suspension, or dismissal. If at any time a trainee disagrees with the aforementioned sanctions, the trainee can implement Appeal Procedures (see below).

Due Process Procedures: Appeals Process

In the event that a trainee does not agree with any of the aforementioned notifications, remediation, or sanctions, the following appeal procedures should be followed:

1. The trainee may file a formal appeal in writing with all supporting documents with the CAPS Director. The trainee must submit this appeal within five (5) business days from their notification of any of the above (notification, remediation, or sanctions).
2. The Training Director will convene a Review Panel consisting of two staff members selected by the Training Director and two selected by the trainee. Of the two selected by the trainee, one member may be external to the CAPS staff who has expertise in the mental health field. The CAPS Director, who has final decision-making authority, will not sit on the Review Panel.
3. A hearing is conducted within 10 days of the trainee's request for appeal, chaired by the Training Director, in which the challenge is heard. During the hearing, the trainee retains the right to hear all facts with the opportunity to dispute and/or explain their behavior. Within five working days of the completion of the review hearing, the Review Panel submits a report to the CAPS Director, including any recommendations for further action. Recommendations to the CAPS Director are determined by majority vote of the Review Panel.
4. Within five working days of receipt of the recommendation, the CAPS Director will either accept the Review Panel's action, reject the Review Panel's action and provide an alternative, or refer the matter back to the Review Panel for further deliberation. In the latter case, the Review Panel then reports back to the CAPS Director within five working days of the receipt of the CAPS Director's request for further deliberation. The CAPS Director then makes a final decision regarding what action is to be taken.
5. Once a decision has been made, the trainee is informed in writing of the action taken. The CAPS Director's decision is final.

CONFIRMATION OF REVIEW OF TRAINING MANUAL

Appendix F contains a document verifying that you have read and understood the contents of this Training Manual. Please fill out this form (can be downloaded from the shared drive) and return it to the Training Director before the end of the orientation period.

APPENDIX A

Santa Clara University
Counseling and Psychological Services
Format for Case Consultation

Reason for presenting the case: Presenter's goals: to discuss clinical formulation, treatment plan, therapeutic relationship issues (alliance, transference/counter transference), assessment of progress etc.

Identifying information: Gender identity, age, racial/ethnic background, sexual orientation, academic year & program, grade point, religious affiliation etc.

CCAPS-62 Data:

Client and therapist's diversity characteristics: State diversity characteristics and possible clinical for the therapist-client interaction, case conceptualization, diagnosis, treatment etc.

Presenting problem:

Relevant history: Include relevant information about family, social, health, and problem history, current/recent stressors, prior treatment and providers etc.

Assessment of functioning: Include mental status, client's attempt to solve problem, motivation to change, strengths that might be used in treatment, coping strategies etc.

Preliminary formulation and treatment plan:

DSM-5 -TR / ICD-10 diagnosis:

Therapy process to date:

Santa Clara University
Counseling and Psychological Services
Format for Group Supervision*

Date: **Primary Supervisor of Case:**

Client Initials: **Client ID# :**

Reason for presenting the case: Presenter's goals: to discuss clinical formulation, treatment plan, therapeutic relationship issues (alliance, transference/counter transference), assessment of progress etc.

Identifying information: Gender identity, age, racial/ethnic background, sexual orientation, academic year & program, grade point, religious affiliation etc.

Client and therapist's diversity characteristics: State diversity characteristics and for the therapist-client interaction, case conceptualization, diagnosis, treatment etc.

Presenting problem:

Relevant history: Include relevant information about family, social, health, and problem history, current/recent stressors, prior treatment and providers etc .

Assessment of functioning: Include mental status, client's attempt to solve the problems, motivation to change, strengths that might be used in treatment, coping strategies etc.

Preliminary formulation and treatment plan

DSM 5 diagnosis

Therapy process to date

***Note: Group supervision will start promptly on the hour. Please have your written materials ready for distribution and your video prepared for viewing. Please de-identify**

all client information and it is the presenter's responsibility to collect and shred any case material provided.

APPENDIX B

Santa Clara University
Counseling and Psychological Services
Supervisor Evaluation of Practicum Student

Trainee: _____ **Supervisor**: _____

Evaluation Period: Mid-year ____ Final_____

Please rate each item according to the established scale and then discuss this feedback with your trainee. All scores are relative to *this point in training.* Supervisors are expected to elaborate in writing comments regarding any ratings of (1), (2) or (5) that are given.

RATINGS:

5 ***Performs significantly above current expected level of competency for a Practicum Student***
Demonstrates mastery of basic skills and requires supervision for refinement of advanced skills.

4 ***Performs above current expected level of competency for a Practicum Student.***
Requires minimal supervision for basic skills and ongoing supervision for advanced skills.

3 ***Performs at expected level of competency for a Practicum Student.***
Requires standard supervision for basic skills and requires ongoing supervision for developing advanced skills.

2 ***Performs below current expected level of competency for a Practicum Student.***
Requires ongoing focused supervision for basic skills.

1 ***Performs significantly below current expected competency level for a Practicum Student.***
Requires constant and close supervision for basic skills.

N/A ***Not Applicable***

I. Competency in Ethics and Legal Matters

1. Demonstrates understanding of, and adherence to, APA ethical principles.	1 2 3 4 5 N/A
2. Demonstrates an understanding of, and adherence to, APA Standards.	1 2 3 4 5 N/A
3. Demonstrates understanding of, and adherence to, laws and regulations related to the practice of psychology.	1 2 3 4 5 N/A
4. Demonstrates understanding of, and adherence to, CAPS policies and procedures and Practicum Trainees' roles and responsibilities**.**	1 2 3 4 5 N/A
5. Demonstrates an ability to identify ethical legal/concerns in clinical work and appropriately seek supervisory input.	1 2 3 4 5 N/A
6. Demonstrates ability to skillfully implement ethical principles and legal regulations in a culturally sensitive and respectful way.	1 2 3 4 5 N/A

Comments:

II. Competency in Clinical Skills Required for Professional Practice in Psychology

7. Demonstrates competence in brief therapy.	1 2 3 4 5 N/A
8. Demonstrates competence in longer term therapy.	1 2 3 4 5 N/A
9. Demonstrates competence in group therapy.	1 2 3 4 5 N/A
10. Demonstrates competence in initial assessment, utilizing structured interview, and gathering essential and accurate psychosocial information, including issues related to diversity characteristics.	1 2 3 4 5 N/A
11. Demonstrates ability to integrate clinical interview and assessment data into a comprehensive summary that include appropriate recommendations.	1 2 3 4 5 N/A
12. Demonstrates competence in crisis intervention.	1 2 3 4 5 N/A

13. Demonstrates competence in administering brief assessment measures.	1 2 3 4 5 N/A
14. Demonstrates competence in formulating a case conceptualization within own preferred theoretical orientation and the ability to apply insights to cases from other orientations.	1 2 3 4 5 N/A
15. Demonstrates competence to establish and monitor realistic goals with clients.	1 2 3 4 5 N/A
16. Demonstrates competence in knowledge of psychiatric classification and relevant diagnostic criteria needed to develop accurate DSMV diagnostic formulations.	1 2 3 4 5 N/A
17. Demonstrates competence in applying psychological theory and research to clinical practice (ex. utilizing evidence-based practices, correct selection, administration, and interpretation of screening and assessment measures etc.).	1 2 3 4 5 N/A
18. Demonstrates competence in understanding of issues related to college age students and in treating problems prevalent in this population.	1 2 3 4 5 N/A
19. Demonstrates competence in forming a solid working alliance with clients (i.e. honoring client's autonomy and self-determination, joint goal setting, utilizing client feedback within the counseling process etc.).	1 2 3 4 5 N/A
20. Demonstrates competence in applying therapeutic skill sets (i.e. tracking affect and body language, assisting clients in gaining insight, challenging when appropriate etc.).	1 2 3 4 5 N/A
21. Demonstrates effective written and verbal skills in reporting and documenting case material in intake assessments, crisis notes, progress notes etc.	1 2 3 4 5 N/A

Comments:

III. Competency in Effectively Responding to Crisis Situations

22. Demonstrates competence in assessing danger to self, danger to others, and grave disability.	1 2 3 4 5 N/A

23. Demonstrates awareness of and ability to seek consultation with CAPS staff in crisis situations.	1 2 3 4 5 N/A
24. Demonstrates competence in collaborating with clients in crisis to develop appropriate short-term safety plans.	1 2 3 4 5 N/A
25. Demonstrates competence in directing treatment to a higher level of care when necessary.	1 2 3 4 5 N/A
26. Demonstrates competence in the ability to utilize family, social, academic, medical, and/or other support systems for client.	1 2 3 4 5 N/A
27. Demonstrates competence in documentation of crisis assessment, intervention and follow-up plan.	1 2 3 4 5 N/A
28. Demonstrates competence in following established CAPS policies and procedures in crisis situations.	1 2 3 4 5 N/A
29. Demonstrates ability to manage own response in crisis situations.	1 2 3 4 5 N/A

Comments:

III. Competency in Consulting and Collaborating with an Interdisciplinary Staff, Campus Community, and Off-Campus Providers in a Multi-culturally Sensitive Manner

30. Demonstrates competence in approaching supervision in an open and collaborative manner (constructively incorporating feedback, effectively addressing differences, navigating needs for autonomy vs dependency etc.).	1 2 3 4 5 N/A
31. Demonstrates competence in supervision preparation (has reviewed notes, tapes, literature etc.) and in actively participating in supervision with questions and self-critiques.	1 2 3 4 5 N/A
32. Demonstrates competency in ability to self-reflect and self-evaluate regarding clinical skills and use of supervision, including using good judgment as to when supervisory input is needed.	1 2 3 4 5 N/A

33. Demonstrates competence in knowing when consultation or collaboration with other professionals/specialties may be appropriate.	1 2 3 4 5 N/A
34. Demonstrates an ability to utilize on and off campus resources and referrals.	1 2 3 4 5 N/A
35. Demonstrates competence in developing collaborative working relationships with Cowell Center personnel as well as faculty, administrators, and other student support staff.	1 2 3 4 5 N/A
36. Demonstrates ability to respond in a timely manner to consultation and referral requests and to provide appropriate support and feedback to others in an ethical and professional manner.	1 2 3 4 5 N/A
37. Demonstrates knowledge, sensitivity, and responsiveness regarding consultee or outreach participants' diversity characteristics and needs.	1 2 3 4 5 N/A
38. Demonstrates competence in actively participating in clinical discussions (CAPS case conferences, Cowell Center staff meetings etc.).	1 2 3 4 5 N/A
39. Demonstrates competence in ability to handle differences openly, tactfully, and effectively.	1 2 3 4 5 N/A

Comments:

IV. Competency in Knowledge, Awareness, and Skills for Working with Individual and Cultural Diversity

40. Demonstrates competence in the ability to recognize differences that exist between self and clients in terms of race, ethnicity, gender, religion, and other individual difference variables.	1 2 3 4 5 N/A
41. Demonstrates competence in ability to integrate knowledge and understanding of diversity into assessment, case formulation, treatment planning, and therapeutic interventions.	1 2 3 4 5 N/A
42. Demonstrates competence in the ability to be aware of and sensitive to, one's own bias and privilege and its impact on the therapeutic relationship.	1 2 3 4 5 N/A
43. Demonstrates competence in the ability to discuss individual differences with clients when appropriate.	1 2 3 4 5 N/A

44. Demonstrates competence in the ability to recognize that additional information is needed regarding client differences and to seek out needed information.	1 2 3 4 5 N/A
45. Demonstrates competence in ability to continuously integrate diversity considerations and to examine own attitudes, assumptions, worldview, and values when addressing clinical, interpersonal, consultation and outreach activities.	1 2 3 4 5 N/A

Comments:

V. Competency in Development of Professional Identity as a Psychologist

46. Demonstrates competence to interact supportively and respectfully with peers and staff members as an integrated team member at the Cowell Center.	1 2 3 4 5 N/A
47. Demonstrates competence in being open to interpersonal feedback.	1 2 3 4 5 N/A
48. Demonstrates competence in understanding and claiming one's unique professional contribution (strengths and limitations) in an interdisciplinary setting.	1 2 3 4 5 N/A
49. Demonstrates competence in utilizing positive coping strategies with personal and professional stressors and is able to minimize their impact on client care and team members.	1 2 3 4 5 N/A
50. Demonstrates competency in ability to answer referral questions and provide feedback to other professionals.	1 2 3 4 5 N/A
51. Demonstrates competence in completing all notes, clinical documentation, scheduling, and case management responsibilities in a timely and professional manner.	1 2 3 4 5 N/A
52. Demonstrates competence in accurately evaluating one's own level of clinical judgment and competency.	1 2 3 4 5 N/A
53. Demonstrates competence in level of participation in team meetings.	1 2 3 4 5 N/A
54. Demonstrates understanding regarding professional behaviors expected at counseling center sites and at CAPS, SCU.	1 2 3 4 5 N/A
55. Demonstrates competence in initiating learning (i.e. scholarly reading, trainings, consultation, research) when areas of needed growth are identified.	1 2 3 4 5 N/A
Specific to Spring Quarter:	
56. Demonstrates ability to develop a safe and respectful supervisory environment.	1 2 3 4 5 N/A
57. Trainee selects effective goals for supervision in collaboration with supervisee.	1 2 3 4 5 N/A

58. Demonstrates ability to apply supervision theory and scholarly literature in conceptualizing and intervening with supervisee, with appropriate attention to multicultural needs.	1 2 3 4 5 N/A
59. Demonstrates ability to make use of a variety of supervisory techniques to facilitate growth (i.e., role-playing, joint review of tapes, suggested readings, discussion, etc.) and provides specific, concrete feedback to supervisor.	1 2 3 4 5 N/A
60. Trainee effectively talks with supervisee about the manner in which people of diverse cultures and belief systems perceive mental health issues and respond to various symptoms and interventions in counseling. (#61)	1 2 3 4 5 N/A

Comments:

VII. Competency in Developing Outreach, Presentation and Skills

61. Demonstrates competency in responding to referral and program requests from the SCU community and in creating programming based on collaborative needs assessment, diversity considerations, and population specific information.	1 2 3 4 5 N/A
62. Demonstrates competency in presentation skills (time management, clear, logical presentation, sensitivity to audience, audience engagement etc.).	1 2 3 4 5 N/A
63. Demonstrates competence in understanding the role of evaluation in refining skills.	1 2 3 4 5 N/A
64. Demonstrates competence in representing CAPS and the services we provide.	1 2 3 4 5 N/A
65. Demonstrates competence in ability to incorporate current literature and research into outreach and presentations.	1 2 3 4 5 N/A

Comments:

Additional or Summary Comments:

This evaluation was reviewed with the trainee:

Signature of Supervisor: _____ **Date**: _____

Signature of Trainee: _____ **Date**: _____

Santa Clara University
Counseling and Psychological Services
Supervisor Evaluation of Practicum Student: Group Therapy

Trainee: _____ **Supervisor**: _____

Evaluation Period: Mid-year ____ Final_____

Type of Group: _____

Please rate each item according to the established scale and then discuss this feedback with your trainee. All scores are relative to *this point in training.* Supervisors are expected to elaborate in writing comments regarding any ratings of (1), (2) or (5) that are given.

RATINGS:

5 ***Performs significantly above current expected level of competency for a Practicum Student.***
Demonstrates mastery of basic skills and requires supervision for refinement of advanced skills.

4 ***Performs above current expected level of competency for a Practicum Student.***
Requires minimal supervision for basic skills and ongoing supervision for advanced skills.

3 ***Performs at expected level of competency for a Practicum Student.***
Requires standard supervision for basic skills and requires ongoing supervision for developing advanced skills.

2 ***Performs below current expected level of competency for a Practicum Student.***
Requires ongoing focused supervision for basic skills.

1 ***Performs significantly below current expected competency level for Practicum Student.***
Requires constant and close supervision for basic skills.

N/A ***Not Applicable***

A. Knowledge

1. Demonstrates awareness of group process.	1	2	3	4	5	N/A
2. Demonstrates awareness of group stages of development.	1	2	3	4	5	N/A
3. Demonstrates awareness of dynamics with co-leader.	1	2	3	4	5	N/A
4. When generating new groups, demonstrates awareness of needs of clients and campus community.	1	2	3	4	5	N/A

Additional or Summary Comments:

B. Awareness

5. Regarding cultural diversity, demonstrates awareness of self and impact of self on group members.	1	2	3	4	5	N/A
6. Regarding cultural diversity, demonstrates awareness of self and impact of self on co-leader(s)	1	2	3	4	5	N/A
7. Demonstrates awareness of appropriate inclusion or exclusion criteria for group members.	1	2	3	4	5	N/A
8. Demonstrates awareness of contextual factors affecting selection of group meeting location.	1	2	3	4	5	N/A
9. Evaluates ethical dilemma(s) that arise in the group and maintains a multicultural lens (e.g., multiple relationships, safety issues).	1	2	3	4	5	N/A

Additional or Summary Comments:

C. Behaviors/Skills

10. Demonstrates skills at starting and ending the group.	1	2	3	4	5	N/A
11. Facilitates a climate of openness/safety among group members.	1	2	3	4	5	N/A
12. Facilitates member-to-member interaction rather than member-to-leader interaction.	1	2	3	4	5	N/A
13. Creates code of ethics (e.g. confidentiality agreements, boundaries) with group members.	1	2	3	4	5	N/A

14. Reflects feelings, empathizes, and offers support.	1	2	3	4	5	N/A
15. Gives feedback to group members to facilitate their growth.	1	2	3	4	5	N/A
16. Demonstrates ability at facilitating discussion of group process.	1	2	3	4	5	N/A
17. Addresses social justice issues in sessions that are appropriate to clients' developmental level.	1	2	3	4	5	N/A
18. Displays skills in presenting any didactic materials.	1	2	3	4	5	N/A
19. Demonstrates skills in advertising/ marketing group.	1	2	3	4	5	N/A
20. Appropriately facilitates processing of the end of the group treatment.	1	2	3	4	5	N/A
21. Seeks feedback/evaluation from group co-leader(s).	1	2	3	4	5	N/A
22. Seeks feedback/evaluation from group participants.	1	2	3	4	5	N/A
23. Shares tasks and balances responsibilities with co-leader(s).	1	2	3	4	5	N/A
24. Demonstrates willingness to work through conflict with co-leader(s).	1	2	3	4	5	N/A
25. Generates ideas/a plan to incorporate changes based on evaluation data.	1	2	3	4	5	N/A

Additional or Summary Comments:

Santa Clara University
Counseling and Psychological Services
Practicum Trainee Evaluation of Supervisor

Trainee: _____ **Supervisor**: _____

___Primary ____Secondary **Evaluation Period:** Midyear ____ Final_____

Please rate each item according to the established scale and then discuss this feedback with your trainee. All scores are relative to *this point in training.*

RATINGS:

5 **Supervisor consistently demonstrated this supervisory skill and is a clear strength for this supervisor. Supervisor implemented this skill in a very impactful, effective, and helpful manner.**

4 **Supervisor consistently demonstrated this supervisory skill. Supervisor implemented this skill in an effective and helpful manner.**

3 **Supervisor occasionally demonstrated this supervisory skill. Supervisor implemented this skill in a somewhat effective and helpful manner.**

2 **Supervisor infrequently demonstrated this supervisory skill. Supervisor implemented this skill in a slightly effective and helpful manner.**

1 **Supervisor did not demonstrate this supervisory skill OR supervisor was ineffective or unhelpful in implementing it.**

N/A **Not Applicable**

I. Supervisory Relationship

1. Establishes rapport and relates effectively with me.	1	2	3	4	5	N/A
2. Is clear about their expectations for supervision and me as a trainee.	1	2	3	4	5	N/A
3. Provides a climate in which I can voice questions and concerns freely.	1	2	3	4	5	N/A
4. Recognizes and accommodates my level of experience and style of learning.	1	2	3	4	5	N/A
5. Offers critiques and suggestions in a constructive and supportive way.	1	2	3	4	5	N/A
6. Gives feedback that seems objective and balanced with both positive and negative comments.	1	2	3	4	5	N/A
7. Is open to exploring any differences between us that may impede the learning process.	1	2	3	4	5	N/A
8. Offers support and encouragement during the learning process.	1	2	3	4	5	N/A

Additional or Summary Comments:

II. Availability/Reliability

9. Is dependable, keeps appointments and is on time for supervisory sessions.	1	2	3	4	5	N/A
10. Is accessible, can be reached when needed.	1	2	3	4	5	N/A
11. Followed my cases and provided feedback in a timely manner.	1	2	3	4	5	N/A
12. Is knowledgeable about CAPS policies and procedures and helped me to understand and implement them as needed.	1	2	3	4	5	N/A

Additional or Summary Comments:

III. Effectiveness as Clinical Supervision

13. Works with me to form clear goals for my training experience.	1	2	3	4	5	N/A
14. Effectively provides feedback to support me in meeting these goals.	1	2	3	4	5	N/A
15. Facilitates my skill development in individual intervention skills (e.g. clinical assessment and diagnosis, case conceptualization, crisis intervention, treatment planning).	1	2	3	4	5	N/A
16. Facilitates my development in working in a short term model.	1	2	3	4	5	N/A

17. Has adequate knowledge of the field to assist me in the theoretical and clinical application aspects of my clinical work.	1	2	3	4	5	N/A
18. Helps me to integrate material in a defined theoretical perspective.	1	2	3	4	5	N/A
19. Communicates clearly and helps me understand the rationale for their clinical recommendations.	1	2	3	4	5	N/A
20. Demonstrates awareness regarding issues of diversity and assists me in attending to multicultural issues in my clinical work.	1	2	3	4	5	N/A
21. Helps me to recognize and articulate my personal feelings and reactions to clients.	1	2	3	4	5	N/A
22. Encourages self-care and maintaining balance.	1	2	3	4	5	N/A
23. Assists me effectively when a client is in crisis.	1	2	3	4	5	N/A
24. Suggests reading and/or other resources to enhance clinical work.	1	2	3	4	5	N/A
25. Monitors legal, ethical, and professional issues and helps me to recognize and respond to potential/ actual concerns.	1	2	3	4	5	N/A
26. Provides me with an overall evaluation of my strengths and developmental needs in a balanced, constructive, and ongoing way.	1	2	3	4	5	N/A

Additional or summary comments:

IV. Effectiveness as a Role Model

27. Shows enthusiasm for clinical work.	1	2	3	4	5	N/A
28. Has a respectful, helpful, and professional approach to clients.	1	2	3	4	5	N/A
29. Maintains professional behavior and interacts in a positive manner with colleagues and trainees.	1	2	3	4	5	N/A
30. Models and encourages a commitment to ongoing professional and personal development.	1	2	3	4	5	N/A
31. Behaves and provides guidance in accordance with the APA Ethical Principles, state law, and prevailing standards for professional conduct	1	2	3	4	5	N/A
32. Is effective in providing direction for my future plans/ training as a psychologist.	1	2	3	4	5	N/A

Additional or summary comments:

This evaluation was reviewed with my supervisor

Signature of Trainee: _____ Date: _____

Signature of Supervisor: _____ Date: _____

Santa Clara University
Counseling and Psychological Services
Practicum Student Evaluation of Group Supervision

Trainee: _____ **Group Supervisor**: _____

Evaluation Period: Mid-year____ Final_____

Goals of Trainee Group Supervision:
Reviewing both written case material and videotapes of trainee work are an integral part of the group supervision experience. In addition to supervisory feedback, this experience serves as an opportunity for peer input and support. It is also a forum in which clinical, ethical, and professional development issues can be explored.

With the above goals in mind, please rate each item below according to the following scale:

1	**2**	**3**	**4**	**5**
Definitely not satisfactory	Needs improvement	Meets expectations	Above Average	Excellent

Supervisory Relationship & Effectiveness of Supervision

1. Establishes rapport and relates effectively with group members;	1 2 3 4 5 N/A
2. Provides a climate in which questions and concerns can be freely expressed;	1 2 3 4 5 N/A
3. Offers criticisms and suggestions in a constructive and supportive way support and encouragement during the learning process;	1 2 3 4 5 N/A

4. Offers support and encouragement during the learning process	1 2 3 4 5 N/A
5. Demonstrates expertise with the range of clinical problems being presented	1 2 3 4 5 N/A
6. Provides helpful suggestions about alternative ways of conceptualizing and working with client's problems	1 2 3 4 5 N/A
7. Demonstrates awareness regarding issues of diversity (e.g. multi-ethnic/cross-cultural, gender, LGBTQ, age, disability status etc.)	1 2 3 4 5 N/A
8. Shows enthusiasm for clinical work	1 2 3 4 5 N/A
9. Has a respectful, helpful, and professional approach to clients	1 2 3 4 5 N/A
10. Maintains professional behavior and interacts in a positive manner with colleagues and trainees	1 2 3 4 5 N/A
11. Behaves and provides guidance in accordance with the APA Ethical Principles, State Law, and prevailing standards for professional conduct	1 2 3 4 5 N/A

Additional or summary comments:

How can Group Supervision be improved?

Intern ___ Advanced Practicum___

Santa Clara University
Counseling & Psychological Services

Training Seminar Evaluation

Title of Seminar: _____

Instructor(s): _____

Please use the following key to answer questions 1-10.

Absolutely- 5 **Somewhat- 4** **Uncertain- 3** **Probably not- 2** **Absolutely not- 1**

1. The training seminar objectives were met:	
A. Objective #1 (*Write out specific objective from syllabus here*)	
B. Objective #2 (*Write out specific objective from syllabus here*)	
C. Objective #3 etc. (*Write out specific objective from syllabus here*)	
2. The seminar was consistent with its objectives and title	
3. The seminar was appropriately challenging	
4. The seminar expanded your knowledge in this topic	
5. The seminar was taught at the appropriate level	
6. The seminar deepened your multicultural awareness	
7. The material was relevant to your professional role and activities	
8. The instructor(s) was knowledgeable in the subject area	
9. The instructor(s) was prepared	

10. The instructor(s) was attentive to questions	

11. How would you rate the overall value of the program?

Excellent **Good** **Fair** **Poor**

Santa Clara University
Counseling and Psychological Services
Practicum Student Evaluation of Training Program

Name: _____ Training year:

Please use the following scale to rate your degree of satisfaction with various features of the training program at CAPS.

1	**2**	**3**	**4**	**5**
Definitely not satisfactory	Needs improvement	Average	Above Average	Excellent

I. Program Components

1. Effectiveness of recruitment and selection procedures for trainees	1 2 3 4 5 N/A
2. Effectiveness of the trainee orientation period in September;	1 2 3 4 5 N/A
3. Appropriateness of the client population for training needs;	1 2 3 4 5 N/A
4. Effectiveness of training seminars for enhancement of clinical skills and professional development;	1 2 3 4 5 N/A
5. Overall quality of training seminars;	1 2 3 4 5 N/A

6. Overall quality of case consultation component;	1 2 3 4 5 N/A
7. Overall quality of group supervision component;	1 2 3 4 5 N/A
8. Balance between service demands and training experiences;	1 2 3 4 5 N/A
9. Opportunity to learn and apply different therapy approaches or interventions;	1 2 3 4 5 N/A
10. Opportunity to participate in preventative and outreach programs;	1 2 3 4 5 N/A
11. Overall quality of supervision available on CAPS staff;	1 2 3 4 5 N/A
12. Adequacy of support and back-up from CAPS permanent staff;	1 2 3 4 5 N/A
13. Diversity of professional role models (differing clinical orientation, professional interests etc.) available on the staff;	1 2 3 4 5 N/A
14. Awareness and responsiveness among CAPS staff to ethical and legal issues;	1 2 3 4 5 N/A
15. Sensitivity and respect among staff for cultural differences;	1 2 3 4 5 N/A
16. Diversity of orientations and professional interests among CAPS staff;	1 2 3 4 5 N/A
17. Respect shown by CAPS staff for individual differences and points of view;	1 2 3 4 5 N/A
18. Effectiveness of the program's forms/procedures for evaluating trainee level of professional competence, performance, and development;	1 2 3 4 5 N/A
19. Adequacy of procedures for trainee feedback and program evaluation;	1 2 3 4 5 N/A

II. General Work Environment/ Structure

20. General morale of CAPS clinicians and professional staff;	1 2 3 4 5 N/A
21. Appropriateness of administrative rules and policies;	1 2 3 4 5 N/A
22. Clarity with which rules and policies are communicated;	1 2 3 4 5 N/A
23. Appropriateness of required paperwork and administrative forms;	1 2 3 4 5 N/A

24. Appropriateness of work demands and time pressures;	1 2 3 4 5 N/A
25. Provision of a professional and ethical work climate;	1 2 3 4 5 N/A
26.General working relationship with Cowell clinical and professional staff;	1 2 3 4 5 N/A
25. Adequacy of the equipment and physical facilities for training needs	1 2 3 4 5 N/A

III. Training Director

26. Effectiveness of Training Director in Administering Program;	1 2 3 4 5 N/A
27. Effectiveness of Training Director in Supporting and Advocating for Practicum Trainees;	1 2 3 4 5 N/A

IV. Overall Rating

28. *Overall effectiveness* of the training program for your professional training and development as a psychologist with specialized training working with a college student population;	1 2 3 4 5 N/A
29. Your rating of the overall quality and effectiveness of the work environment and structure of the training program;	1 2 3 4 5 N/A
30. Would you recommend this Practicum Traineeship site to a fellow student?	Yes No

Please provide any suggestions you have for the practicum program's improvement:

Other comments: (*Feel free to use other side or additional paper if needed)*

CAPS Staff would like to keep in touch with you in the future.
Please provide information that will allow us to contact you in the future.

Address: _____

_____

Email: _____

Phone: _____

APPENDIX C

SANTA CLARA UNIVERSITY
THE JESUIT UNIVERSITY IN SILICON VALLEY

Counseling and Psychological Services (CAPS)

Supervisory Disclosure and Recording Consent Form

Your assigned therapist at SCU CAPS has a masters degree and is in a doctoral training program in clinical psychology or counseling psychology. Since your therapist is not yet licensed, it is required that their clinical work be supervised by a licensed psychologist. This supervisor is a staff member at CAPS. We require that therapy sessions be recorded to ensure the highest standard of clinical care. Your therapist meets weekly with a supervisor who reviews their tapes and clinical work.

Your signature on this form indicates you understand and give consent to the following:

- My therapist is being supervised by a licensed CAPS staff member and this supervisor is available for consultation upon my request.

  The supervisor working with my therapist is:

  _____.

- My therapy sessions will be recorded and used only for supervision by CAPS staff.
- All recordings are confidential, securely kept, and erased directly after supervision.
- I can revoke this consent at any time.

Client Print Name	**Client Signature**	**Date**
Therapist Print Name	**Therapist Signature**	**Date**

APPENDIX D

Santa Clara University
Counseling and Psychological Services
Practicum Student Vacation/ Professional Leave Form

_____ _____
Name (please print**)** Date

Professional Leave

I am requesting professional leave on: _____
Date(s)

I will return to CAPS on _____

Purpose of professional leave: _____

I will be utilizing a total of:

_____ Professional leave hours and/or

_____ Professional leave days

_____ Days of professional leave remaining

Vacation

I am requesting vacation on: _____
Date(s)

I will return to CAPS on _____

I will be utilizing a total of:

_____ Vacation hours ____ Vacation days remaining

_____ Vacation days

Approval:

_____ _____
Primary Supervisor Date

_____ _____

_____ _____

Training Director Date

APPENDIX E

Santa Clara University
Counseling and Psychological Services
Confirmation of Review of Training Manual

I have read and reviewed all the information contained within this training manual. I have had the opportunity to ask questions regarding the content, and I understand the material contained within this document. I will act in accordance with the guidelines defined within this manual.

Please return this to the Training Director by the completion of orientation.

_____ _____
Signature of Trainee Printed Name

_____
Date

_____ _____
Training Director Signature Date