



Counseling and Psychological Services (CAPS) Doctoral Internship Training Manual

2024-2025



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Doctoral Psychology Internship Training Manual
Counseling and Psychological Services (CAPS)
Santa Clara University

Overview of Counseling and Psychological Services

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 the Cowell Center

Counseling and Psychological Services (CAPS) is an integral part of the Cowell Center. The Cowell Center is a division under Santa Clara University's (SCU) Division of Student Life headed by Vice Provost for Student Life, Jeanne Rosenberger. The Division of Student Life's mission is characterized by the following statement: "As a Catholic and Jesuit institution that makes student learning its central focus, the Division of Student Life serves as an advocate for students to promote a university experience that fosters the holistic development of our students." Core values include the following: 1) Growth through learning and personal development; 2) Diversity through inclusive excellence; 3) Integrity through personal honesty and mutual trust; and 4) Professionalism through service and collaboration.

Primary Vision of the Cowell Center

Cowell Center's vision statement reads: "Reaching the world one student at a time, utilizing innovative services to promote physical and emotional well-being." The mission of the Cowell Center is to provide comprehensive health care services to the SCU student community, honoring the rich diversity of its student population. The Cowell Center is committed to caring for the whole person by providing professional medical and psychological services through compassionate treatment and education. The Cowell Center is an integrated health care center offering a range of medical and psychological services with shared electronic medical records. Medical services include primary and specialty care, health education, and disease prevention. Psychological services include psychiatry, assessment, individual and group therapy, outreach, and consultation. The Cowell Center team includes a range of service providers including physicians, physician assistants, nursing staff, a psychiatric nurse practitioner, dietitian, case manager, psychologists, doctoral psychology interns, advanced practicum students, insurance coordinator, student emergency medical technicians, and administrative support staff. CAPS staff work closely

with the Student Health Services, utilizing consultation and referral services to ensure ongoing quality and continuity of care. The Cowell Center also seeks to support the vision the Division of Student Life and that of the larger university which makes student learning and development its central focus. The Cowell Center's focus 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

The primary mission of CAPS is to support students and student learning by providing comprehensive mental health services, consultation, and outreach to a 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 Division of Student Life and its diverse services (Office of Accessible Education, Residence Life, Office of Multicultural Learning, etc.). The 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 Doctoral Psychology Internship Program is a member of the Association of Postdoctoral and Internship Centers (APPIC), a member of the Association of Counseling Center Training Agencies (ACCTA), and has been accredited by the American Psychological Association (APA).

Standards of Professional Practice

CAPS professional staff and interns 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 which addresses psychologists' ethical responsibilities. Staff and interns 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, interns 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 interns are not allowed to assume adjunct teaching positions at Santa Clara University during their training experience with CAPS. Interns are also prohibited from writing letters of recommendation for their clients due to dual relationship conflicts inherent in this situation.

CAPS Staff

CAPS staff includes psychologists, a psychiatric provider, therapists in residence, staff therapists, and a case manager. Senior staff are licensed psychologists and therapists in the state of California. CAPS is part of an integrated health and mental health setting and CAPS utilizes two full-time administrative associates that are responsible for assisting with the organization and administrative operation of the Cowell Center. In addition to its permanent employees, CAPS staff also includes postdoctoral fellows, doctoral interns, and MFT/PCC practicum trainees. A current list of CAPS staff can be found on our website:

www.scu.edu/cowell/about/meet-the-staff/

Commitment to Anti-Racism, Social Justice, Diversity, Equity and Inclusion

CAPS holds a strong commitment to professional and university values of diversity, equity, inclusion, and cultural humility. We strive to create inclusive and equitable mental health services for the unique and diverse Santa Clara University student body while also integrating this intentional practice into our personal and professional values of cultural humility and lifelong learning. CAPS aspires to continuously advocate and create a culture of respect, celebration, and empowerment of diverse identities, cultures, values, beliefs, abilities, and life experiences. CAPS is fully aware that personal and systemic oppression directly impacts individuals and their well-being in numerous ways. CAPS strongly admonishes practices of prejudice, discrimination, and hate while promoting the work of advocacy, inclusion, and care. CAPS intentionally recruits diverse individuals to create a collective group of interdisciplinary mental health professionals, professionals-in-training, and staff with intersecting identities that represent a range of diverse individuals who all share a commitment to multicultural competence and inclusion.

While CAPS aspires to advocate and create a culture of respect, celebration, and empowerment for all, CAPS does recognize and take action when it fails to meet these aspirations. CAPS continuously engages in active and actionable reflection to remain consistent with CAPS values and commitments. While CAPS recognizes that staff, providers, and professionals-in-training hold their own worldviews, experiences and beliefs, it is expected that all CAPS staff commit themselves to active, intentional reflection and self-examination to navigate our power and privilege and address implicit biases and prejudices. CAPS aims to create and maintain a workplace and service environment that is welcoming and supportive. CAPS fosters an environment that is built on the foundations of respect, dignity, and empowerment. Every effort is made to create an environment of safety and respect. We strive to create a space of comfort whenever possible, acknowledging that personal growth and reflection can be an uncomfortable process. Through collective support, CAPS works to develop and strengthen cultural competencies of staff, providers, and professionals-in-training. CAPS aspires to make every possible effort to increase awareness, dispel ignorance, and foster development in multicultural experiences within CAPS and throughout the Santa Clara University campus community.

Intern Selection and Academic Preparation Requirements

Application Process

SCU CAPS currently offers 2 full-time internship positions. Students interested in applying for the internship program should submit an online application through the APPIC website (www.appic.org) using the APPIC Application for Psychology Internships (AAPI).

A complete application consists of the following materials:

1. A completed online AAPI
2. Cover letter (as part of AAPI)
3. A current Curriculum Vitae (as part of AAPI)
4. Three Standard Reference Forms, two of which must be from persons who have directly supervised your clinical work (as part of AAPI).
5. Official transcripts of all graduate coursework

All application materials must be received by the date noted in the current APPIC directory listing in order to be considered.

Application Screening

SCU CAPS will base its selection process on the entire application package noted above; however, applicants who have met the following qualifications prior to beginning internship will be considered preferred:

1. A minimum of 500 intervention hours;
2. Dissertation proposal defended;
3. Prior clinical experience working in a university counseling center;
4. Some experience or special interest in working with diverse populations;
5. Current enrollment and good standing in an APA-accredited doctoral program.

Applicants must submit a completed application for Santa Clara University Counseling and Psychological Services Health Service Psychology Internship by the November 7th deadline. Once applications are submitted they are assigned to 2 members of the Intern Selection Committee for review. Intern Selection Committee members are required to complete the Intern Applicant Review Worksheet scoring the applicant's application materials and organizing them based on ranking. After all applications have been reviewed and scored, the Intern Selection Committee Meets before December 15 to discuss applicants and their scores in order to develop an invitation to interview list. Approximately 20-24 applicants can be offered an opportunity to interview per application cycle. When applicants are invited to interview, they are reminded to coordinate with the Training Director to ensure any accessibility accommodations can be made for the interview process.

Interview Process

During the interview process, the Intern Selection Committee is split between 2 different interview teams, Team A and Team B. Both teams are given specific structured interview questions as well as a case vignette. interviewees will meet with Teams A and B.

Responses to each interview question are scored based on an established interview rubric to reduce potential interview bias and increase fairness. Following the interviews with the Intern Selection Committee, interviewees will meet with the current training cohort as an opportunity to ask questions about the internship, training experiences, CAPS/SCU culture, etc. The interviews with the current training cohort are not part of the ranking process of interviewees. Following the interviews and in-between APPIC Ranking, interviewees are sent a post-interview survey to evaluate CAPS invitation to interview and interview processes.

Ranking Process

After all interviews have been conducted, the Intern Selection Committee meets to discuss interview scores and begin the process of selecting and ranking applicants. The ranking is made based on the scores received on the interview rubric and also takes into account the candidate's interest in the site, their training goals and feedback from the current training cohort on their experience communicating with the candidate. Once a consensus has been reached the final ranking list is compiled.

Participation in the APPIC Match

As a member of APPIC, SCU CAPS participates in the national internship matching process by submitting its applicant rankings to the National Matching Service. SCU CAPS abides by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

All interns who match to SCU CAPS must provide proof of citizenship or legal residency. Questions regarding any part of the selection process or internship academic preparation requirements may be directed to the SCU CAPS Training Director.

Liability Insurance

All interns must carry malpractice insurance. Interns are responsible to have documentation of coverage available to the Training Director prior to commencing the training program.

Training Philosophy

Training Philosophy

The goal of the doctoral internship training program is to provide one year of experiential learning in a university counseling setting to nurture the professional and personal development of its interns. The aim is to train inclusive, competent and culturally aware entry-level generalist psychologists to work in the field of Health Service Psychology

serving diverse populations. The internship is based on a Practitioner-Scholar model of training. Interns learn by doing, by reflecting on their work in supervisory 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 interns 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 interns to achieve multiple competencies allowing them to practice independently and to function as professional and ethical psychologists.

Interns 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. Interns 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. We believe that practitioner-scholars are best developed through experience, supervision, scholarship, and mentorship. 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 interns the opportunity to gain extensive clinical experience with a diverse range of students and presenting problems. Our goal is for interns to achieve intermediate to advanced levels of competency with intake interviewing, clinical assessment, crisis intervention, individual psychotherapy, group psychotherapy, consultation, and outreach.

CAPS offers interns 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 integrative theoretical orientation in working with clients and in providing learning experiences for interns. While most staff members have a “home base” theoretical foundation (cognitive-behavioral, psychodynamic, interpersonal, humanistic) 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, sessions available, etc.

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.

The Doctoral Internship Training Program is sequential, cumulative, and graded in complexity. The training year follows a developmental understanding that skills and knowledge build upon established skills and knowledge. Upon arrival, interns begin to assess their clinical skill sets and professional goals for the training year with guidance from the Training Director and clinical supervisors.

We acknowledge that interns 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 occurs for interns during our orientation time. 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 is also essential. By working in an integrated health care center, interns also have the opportunity to develop a strong professional identity as psychologists and an ability to work collaboratively with other health care professionals. Interns are also supported in becoming practitioner-scholars by a strong commitment to individual and group supervision. Interns are regarded as developing professionals and are encouraged to work closely with senior staff members who provide mentoring and serve as professional role models for our interns. Staff members model ethical and professional clinical approaches and they participate in teaching through supervision, consultation, and conducting supportive, mentoring relationships to enable interns to grow in professional autonomy and competence. By the end of the training year, interns will have developed advanced skills in our target competency goals.

Also integral to our training philosophy is the belief that interns 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. Interns can view CAPS functioning with “fresh eyes,” give feedback, and often make constructive suggestions for change. Teaching and supervising interns help staff to continually update and refine their skills in case conceptualization, management, and treatment. Intern/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 Cowell Center bases all of its programs and services, including training, on a philosophy that affirms the dignity of all people. The Cowell 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 Cowell Center expects staff and trainees to be committed to the social values of respect for diversity, inclusion, and equality.

Communication with Graduate Programs

Communication between doctoral training programs and internship programs is of critical importance to the overall development of competent new psychologists. The internship is a required part of the doctoral degree and while the internship faculty assess the student performance during the internship year, the doctoral program is ultimately responsible for evaluation of the student's readiness for graduation and entrance into the profession. Therefore, evaluative communication must occur between the two training partners. Given this partnership, the training program has adopted the following practices (adapted from the Council of Chairs of Training Councils (CCTC) Recommendations for Communication ([Council of Chairs of Training Councils \(CCTC\) Recommendations for Communication Preamble Communication between doctoral program](#))).

1. Training Director will initiate communication with DCT from interns' academic program which includes the letter of appointment confirming that the intern is a member of the upcoming internship cohort as well as for relationship building to facilitate the communication during interns' training and competency development.
2. During the internship year, the training directors of the two programs will communicate as necessary to evaluate progress in the intern's development. There may also be regular formal (written) or informal (verbal) communication.
3. The student/intern has the right to know about any formal or informal communication that occurs and can also request and should receive a copy of any written information that is exchanged.
4. The Training Director will send formal written evaluations of the intern to the DCT or other faculty contact person at least semi-annually during the internship. This communication shall occur at or near the midpoint and at the completion of the internship. Concurrent with this, internship staff/faculty should meet in person with the intern to provide detailed feedback. Additionally, the internship training director should provide the intern a copy of the formal evaluation sent to the intern's graduate program.
5. In the event that problems emerge during the internship year, (i.e., an intern fails to make expected progress or demonstrates concerning unprofessional or unethical

behavior), the Training Director will notify the intern's DCT and elicit suggestions for supporting the intern, when needed. Outcomes of the internship due process, as well as progress in any required remediation activities, will be communicated to the doctoral program director of clinical training.

6. The Training Director will communicate with DCT at the end-of-year to verify completion of the internship.

Training Program Aims and Requirements for Completion

The Internship Program aims to create opportunities and environments for interns to build profession-wide competencies (PWCs) to enter the profession of health service psychologists.

The competencies and the components of them are listed on the Intern Evaluation (See Appendices). In addition to accumulating the required direct clinical and overall hours during the internship year, interns must meet a program-defined minimum level of achievement on each intern evaluation in order to graduate from the internship. At the mid-point of the internship year, interns must receive a rating of "3" on a 5-point Likert scale on all learning elements which indicates performance at an expected level of competency for an intern at mid-point of the training program. At the end of the internship year interns must receive a rating of "4" on a 5-point Likert scale on all learning elements to demonstrate the expected level of competence for the completion of the training program and readiness for entry-level practice.

Competency I: Research (Integration of Science and Practice)

With science as the foundation of health service psychology, interns are expected to integrate science and theory into clinical practice. Interns are expected to demonstrate ability to critically evaluate and disseminate research and scholarly activity. Activities to demonstrate this ability include reading empirical literature to inform clinical practice, completing an intern project focused on program development, and facilitating training seminars to disseminate knowledge.

Competency II: Ethical and Legal Standards

Interns are expected to demonstrate understanding of and act in accordance to the following standards (e.g. APA Ethical Principles and Code of Conduct; relevant laws/regulations, policies governing health service psychology at organizational, state, regional, and federal levels; and relevant professional standards and guidelines) and to respond ethically and legally in increasingly complex situations with a greater degree of independence across levels of training.

Competency III: Individual and Cultural Diversity

Effectiveness in health service psychology requires that interns can conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to a diverse population. Therefore, interns must demonstrate understanding of their own personal/cultural history attitudes and biases; knowledge of the empirical literature in relation to diversity; ability to integrate awareness and knowledge; and ability to apply a framework for working effectively with areas of individual and cultural diversity. The American Psychological Association's Commission on Accreditation (CoA) defines cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status.

Competency IV: Professional Values and Attitudes

Interns are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training. Interns are expected to behave in a manner that reflects the values and attitudes of psychology, engage in self-reflection and activities to improve professional performance, and display openness and responsiveness to feedback.

Competency V: Communication and Interpersonal Skills

Communication and interpersonal skills are foundational to education, training, and practice in health service psychology. These skills are essential for any service delivery/activity/interaction, and are evident across the program's expected competencies. Interns are expected to demonstrate the ability to develop and maintain effective relationships, to utilize verbal/nonverbal and written communication that is informative, and demonstrate interpersonal skills to manage difficult communications well.

Competency VI: Assessment

Interns demonstrate competence in conducting evidence-based assessment consistent with the scope of Health Service Psychology. Interns are expected to demonstrate knowledge of diagnostic classification systems, to understand human behavior in its context, to select/apply as data from multiple sources/methods, and to communicate findings and implications in an effective manner.

Competency VII: Intervention

Interns demonstrate competence in evidence-based interventions consistent with the scope of Health Service Psychology. Intervention includes establishing and maintaining effective working relationships with students, developing and adapting evidenced-based intervention plans, implementing interventions informed by current scientific literature, applying relevant research literature to clinical decision making, and implementing processes for ongoing evaluation of interventions. This competency addresses intervention across

different clinical modalities: individual therapy, couples therapy, crisis stabilization and group therapy.

Competency VIII: Supervision

Supervision is grounded in science and integral to the activities of health service psychology. Interns are expected to demonstrate in direct or simulated practice knowledge of supervision, observing and evaluating supervisees' work and providing guidance/feedback to supervisees.

Competency IX: Consultation and Interprofessional/Interdisciplinary Skills

The Commission on Accreditation views consultation and interprofessional/interdisciplinary interaction as integral to the activities of health service psychology. Interns demonstrate proficiency by demonstrating knowledge and respect for the roles of other professionals and applying knowledge about consultation in direct or simulated practice. Interns participate in outreach events serving the university community.

Certificate of Completion

Doctoral Interns who successfully complete their internship with CAPS are awarded a Certificate of Completion (Appendices) reflecting their accomplishment. The certificate will include the total number of completed hours, along with signatures from the Assistant Director of Doctoral Training, supervisors and the Director of the Cowell Center.

Responsibilities and Requirements of Internship

Program Responsibilities

CAPS internship training program is committed to promoting a supportive and challenging learning environment in which interns 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 interns to meaningfully explore personal issues (e.g., knowledge, values, self-awareness, etc.) which relate to his/her clinical functioning and professional development. To achieve its stated goals, the training program will be responsible for the following:

1. Provide interns with a clear statement of their rights and responsibilities, along with necessary policies and procedures and professional standards and administrative requirements to ensure interns' understanding of goals and expectations;
2. Provide interns 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 interns 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 from the State of California Board of Psychology;
5. Treat interns with courtesy, professional respect, and acknowledge the training and experience interns have attained in prior academic and clinical settings;
6. Provide interns with reasonably sufficient and measured supervised practice 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 interns are to be evaluated, and the means by which an evaluation can be appealed;
8. Provide both formal, written evaluations of the interns' progress at set intervals as well as ongoing evaluation throughout the training year;
9. Solicit ongoing feedback from interns 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 interns with the right to due process, if informal resolution has failed;
11. Communicate with the intern's academic program to verify satisfactory performance or coordinate recommendations, as needed, for remediation in areas of concern;
12. Provide the agreed upon stipend for interns at the end of each academic quarter;
13. Provide a certificate for interns who successfully complete the internship.

Maintenance of Intern Records

The training director is responsible for storing intern records which include internship applications, contract letter, Board of Psychology supervision agreement forms, description of training experiences, evaluations, hour logs, letters to interns' home department, and certificates of completion. These records are stored in a locked filing cabinet in the Training Director's office. These are kept confidential in that only the Training Director has access to intern records. Trainee records are kept indefinitely. Records of any formal complaints against the program are stored in a separate folder in the same locked filing cabinet in the Training Director office. These records are kept indefinitely.

Responsibilities of Supervisors

Supervision of intern's individual clinical work, which incorporates both responsibilities of training the intern and of monitoring the welfare of clients;

1. Adherence to practice and ethical guidelines, as outlined by the American Psychological Association and statutes of the State of California, and CAPS Policies and Procedures;

2. Establishment of parameters of supervisory role (e.g., style, issues covered, expectations, confidentiality etc.);
3. Negotiation of appropriate training goals with the intern and fostering the meeting of these goals;
4. Monitoring of all intern's cases to ensure that the intern is qualified to manage his/her cases and that the intern obtains experience with a range of clients differing in presenting concern, severity, ethnicity, sex, and other diversity variables;
5. Monitoring of the intern's record keeping in a timely manner (e.g. intakes, progress notes, case management activities etc.) and signing of all notes and other documentation;
6. Facilitation of the intern's ability to assess and conceptualize cases and to develop and implement treatment plans;
7. Serving as consultant in crisis/emergency situations;
8. Respecting supervisee's privacy and requiring personal disclosure only when such issues impact client safety or clinical care;
9. Provision of ongoing feedback on intern's clinical skills, style, relational dynamics, etc., in a manner that is facilitative and constructive;
10. Viewing of video recordings on a regular basis and maintaining knowledge of intern's clients;
11. Maintenance of supervisory logs of client contact and notes of supervisory sessions;
12. Provision of early feedback to the supervisee and the Training Director in the case of concern about the intern's progress, professionalism, or competence;
13. Completion of scheduled evaluations of the intern and processing of this feedback;
14. Processing, within supervision, intern's written evaluation of supervisor;
15. Serving as a professional role model for intern;
16. Demonstration of respect for the intern, acknowledging diversity in values, culture, and experience;
17. 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;
18. Assisting the supervisee in balancing agency demands;
19. Facilitation of the professional growth of the supervisee (i.e. by attending to issues of professional identity, training opportunities, career plans etc.);
20. Assurance that supervision is scheduled and actually occurs, specifically that supervision is rescheduled when another commitment interferes and that another staff member is designated as back-up supervisor if supervisor is away.

Interns' Role at CAPS

Interns 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 clinical, training, outreach, and consultation activities of the Cowell Center. It is important, however, to acknowledge several differences between the roles of interns and staff. Interns are considered to be trainees, regardless of their previous experience. While their input and self-direction is valued, staff members are ultimately responsible for administering CAPS and designing and implementing the training program. All of the interns' work is done under supervision. Supervisors carry the responsibility for case management, assisting interns with the operations of the agency, mentoring, and moral support. The intern's primary supervisor completes required documents for the Board of Psychology in order for the supervised hours to be counted in the licensing process.

Supervisors will take care to respect the privacy of communication between interns and themselves. Communication between supervisors and interns 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. Video recorded sessions of interns' clinical work may be viewed by staff members other than a trainee's assigned supervisor. On occasion, staff may either audio or video record supervision meetings with interns. This information is shared to ensure quality client care and optimal supervision.

Responsibilities of Interns

1. To behave in accordance with the ethical 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 Internship Manual and the 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.

Supervision Requirements

It is the responsibility of interns to keep current with documentation on all clients. Interns 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 his/her supervisee's therapy cases. It is the intern's responsibility to abide by a supervisor's final decisions. All letters and other documentation must be signed by a supervisor. In the case when a MFT/PCC trainee is supervised by a doctoral intern, senior staff must also sign the documentation. This includes intakes, case notes, correspondence with university departments, professors, etc. Interns are expected to come prepared for supervision by thoughtful reflection on case material and their ongoing training needs. Interns are also expected to review videotapes of client sessions prior to supervision. In order to optimize the supervisory experience, interns 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 1 hour in length. Interns are expected to be on time for these sessions in order to optimize learning opportunities.

Interns must notify supervisor (or another licensed staff member if supervisor is 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 intent, 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.

Interns are to first consult with their primary or secondary supervisors. If neither of them is available, interns may consult the staff person on crisis duty at that time or any other member of the clinical staff or Cowell Center Director, interrupting them, if necessary

Clinical and Professional Training Activities

Direct Service (Approx. 20 Hours/Week)

Phone Consultation

Interns are responsible for 2 hours of phone consultation per week, which are to be reserved on the PnC “rug” and not to be scheduled over with other appointments. Phone consultation is the first step for most students seeking therapy at CAPS. When a student calls the Cowell Center to request counseling services, the front office staff will schedule them for a half-hour phone consultation appointment with a therapist. At the appointed time, the therapist calls the student to screen for needs and risk, then refers the student either for intake at CAPS or for more appropriate other resources, including case management for support with off-campus referrals or additional crisis intervention. If appropriate, the intern may schedule the student for an intake on their own schedule; otherwise, the student’s name should be added to the PnC counseling wait list and presented at the next weekly Case Disposition Meeting. Each phone consultation appointment is documented with a phone consultation note in PnC.

Intake Assessments

Interns are responsible for providing at least 3 intakes per week. Interns establish a therapeutic relationship and assess the appropriateness of the student’s presenting problem to a brief treatment model versus longer term therapy. Interns also develop skills for conducting assessments for a range of presenting issues, for providing crisis intervention, referring for medication evaluation, and collaborating with other university resources.

Interns are expected to schedule three intakes per week. If an intern needs to miss an intake time, they are expected to give the support staff another time that week to schedule an intake. Interns may be asked to provide additional intakes at the beginning of Fall quarter when they are building their caseloads and/or at other times at the discretion of their supervisors and the Assistant Director.

Individual/Couples/Group Therapy

Interns provide brief therapy for registered Santa Clara University undergraduate and graduate students. Individual counseling is typically done within a brief therapy (ten session) model. However, interns have the opportunity to do longer term therapy for a full

year with two students. The decision of which clients may be seen longer-term is made in consultation with the intern's supervisor and/or after presentation to the larger clinical staff. Additionally, interns can experience referral and management activities within our integrated health/ mental health center. Interns refer students for psychotropic medication, physical, and dietary assessment and monitoring, as well as to outside providers for continuity of care. Interns also actively interface with other professionals on and off campus regarding managing student mental health care. Interns may have the opportunity to provide couples therapy as well, although this is not guaranteed.

Interns are expected to follow SCU guidelines for short-term therapy. Extensions of session limits must be approved by the intern's supervisor, in consultation with the clinical staff. Interns may work with two clients on an extended basis. These clients will be chosen for longer-term work in consultation with the intern's supervisor.

Additionally, interns are expected to co-facilitate groups.

Crisis Intervention

Interns have a range of opportunities to manage crises in the course of their ongoing therapy with students, both during normal intakes and during regularly scheduled crisis hours. Additionally, interns may join staff in speaking to various academic departments or residence halls when critical incidents arise.

Assessment

CAPS primarily relies on the use of self-report measures such as the CCAPS, BDI, BAI, Y-BOCS, PCL-S, etc, to inform individual treatment modalities and clinical outcomes. CAPS also has limited capacity to provide full psychological batteries comprised of intellectual, executive functioning, academic achievement, and personality measures to provide limited testing services to our first-generation, low SES, and historically marginalized and underserved students. Interns will have the opportunity to complete a minimum of 1 integrated psychological testing battery during their internship experience. Interns who have not taken formal classes in psychological testing and assessment will not be able to complete an integrated battery; however they may have the opportunity to shadow a staff member or post-doctoral fellow in the administration of some psychological tests, with approval from the training director.

Consultation

Since CAPS is housed with Student Health Services in the Cowell Center, interns have the opportunity for regular consultation and referral with various health care providers. A monthly 'shared case' meeting between CAPS and Student Health Services allows for more in-depth consultation among all Cowell Center providers involved with student health and mental health needs. Interns also provide consultation to various members of the Santa

Clara University community including faculty, staff, residence life, disabilities services, and student life personnel.

Outreach

Interns participate in outreach activities to the larger university community. Interns routinely present to student groups on such topics as depression, anxiety, positive relationships, self-care, and services offered by CAPS. Interns also have opportunities to take personal initiative in developing outreach activities consistent with their individual areas of interest and expertise. All outreach activities are to receive prior approval from the Training Director and primary supervisor and be done under the supervision of a CAPS staff member. Interns are also paired with their supervisors as special liaisons to a specific residence halls, Outreach programming, as well as consultation, is often responsive to the particular needs of that community.

Supervision:

Individual Supervision

Interns attend two hours of weekly individual supervision. Interns are assigned a primary and a secondary supervisor with whom they meet for the entire year. Both supervisors are licensed psychologists. In supervision, interns are encouraged to develop reflective, introspective clinical and case conceptualization skills that enhance their development as professional psychologists.

A formulation of initial training and supervisory goals is developed at the beginning of a trainee's placement, following a mutual (supervisor/ trainee) assessment of clinical and supervisory needs. An updated formulation of training and supervisory goals is done in mid-year. During supervision, videotapes of sessions with clients, as well as progress notes are reviewed. Interns are encouraged to be open to new ideas within the supervisory relationship. Supervision is not only a place to develop and refine clinical skills, but it is also a place to reflect on thoughts, feelings, and reactions to clients. Supervision can be a time to process the supervisory relationship in addition to therapeutic relationships.

Supervision does not include therapy of the trainee, but it may include exploration of values, beliefs, interpersonal biases, and conflicts considered to be sources of countertransference in the context of case material. Although there will be regularly scheduled times for formal feedback and evaluation, it is expected that the supervisory 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.

As a way to be trainee-centered, interns are encouraged to reflect on training goals and supervisory fit midway through the training year. Supervisors will initiate a conversation

about whether an intern would like to shift supervisors. Requests will be considered by the Assistant Director of Doctoral Training and the Training Team.

Group Supervision

Interns have two hours per week allotted for group supervision. The group is supervised by the Assistant Director for Doctoral Training. Trainees alternate presentations of clinical cases. Case presentations will include reviewing recorded therapy sessions in addition to a formal write up outlined in the Case Consultation document (Appendices).

Supervision of Supervision

Each intern engages in a clinical supervision experience. This experience begins during Winter Quarter after completing training on supervision. Interns will supervise three to four cases of a Marriage and Family Therapist/Professional Clinical Counselor (MFT/PCC) trainee who is a graduate student at the SCU Master's in Counseling Psychology Program. Assignments of supervisory pairs are made by the Assistant Director of Doctoral Training in collaboration with the Assistant Director of Master's Training and the training team. Interns will provide one hour of weekly individual supervision for their trainee and attend one hour of group supervision of supervision lead by a staff psychologist to review video recordings of supervision sessions and discuss supervisory recommendations. Interns will keep supervision notes, review their trainee's related clinical documentation, and review trainee videos of sessions weekly. If review of recordings or reports by MFT/PCC trainees reveals problems with the supervision or with the progress of the trainee, the training team will meet to discuss appropriate remedial procedures.

Orientation

The first few weeks of orientation are designed for interns to familiarize themselves with the operations at CAPS. The orientation program is intended to provide interns with an overview of CAPS mission and values, structure, function, and processes. During this time, interns have ongoing opportunities to get to know the Cowell Center professional and support staff. The Training Director reviews with interns the contents of this Training Manual, CAPS Personnel Procedures and CAPS Clinical Policies and Procedures manuals.

Trainee responsibilities, requirements, and performance expectations are also reviewed at this time. Interns will be assigned their primary and secondary supervisors. Supervisors review with interns the California Board of Psychology Supervision Agreement for Supervised Professional Experience and also provide interns with a copy of the California Board of Psychology required pamphlet Professional Therapy Never Includes Sexual Activity.

Interns will participate in both didactic and interactive seminars on topics including risk assessment, multicultural awareness, short-term therapy, ethical issues pertinent to college

campus work, and developmental issues of college students. Orientation also provides an opportunity for the interns to interact, socialize, and begin to develop meaningful relationships with other trainees, which often serve as important sources of support throughout the training year. Throughout orientation, there is significant time dedicated to discussing issues related to interns' transition into the internship, stressors they may anticipate, and attention to self-care.

Interns will also visit other campus departments such as the Office of Student Life, the Office of Accessible Education, the Office of Multicultural Learning, the Wellness Center, and Residence Life. departments and to learn the services they provide to students. Interns will also receive an orientation to campus residence halls and learning communities, as well as participate in a campus tour..

A myriad of practical tasks will also be accomplished early in orientation, including assigning office space, 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, and electronic versions of these documents can be accessed on Cowell Center Shared Drive accessible through interns' 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 training seminars and tailored to their specific content and focus. The following are examples of prior seminar topics:

- Brief Therapy
- Working with Eating Disorders
- Dialectical Behavior Therapy
- LGBTQ+ Support and Therapeutic Interventions
- Third Culture Kids (TCK) and Cross Cultural Kids (CCK)
- Working with International Students in Process Groups

Case Conference

All interns participate in a weekly case conference in which CAPS staff and interns rotate presentations. In addition to providing professional preparation for similar presentations that are required in a variety of treatment contexts, this conference allows interns to observe how CAPS professional staff, as well as their intern peers, conceptualize cases and plan treatment interventions. This conference is a forum in which to explore such things as the therapeutic alliance, therapeutic techniques and interventions, differential diagnosis, treatment planning as

well as ethical and legal considerations. The weekly case conference is an opportunity for professional development as interns learn from others in a supportive and collegial environment. Interns are expected to write up their case presentation following the outline provided in the Case Consultation Format document (Appendices).

Administrative Activities:

Clinical Documentation and Case Management

Interns are allotted approximately 8 hours per week for completion of intake assessments, progress notes, case management, and other administrative tasks.

Cowell Center (All-Staff) Meetings

Cowell Center meetings occur approximately once per month.

CAPS Staff Meetings

All interns attend the CAPS Staff Meetings once per month.

Case Disposition Meetings

All interns participate in a weekly case disposition meeting in which CAPS staff and trainees briefly present phone consultation cases for intake assignment from the PnC counseling wait list. Phone consultation cases will be assigned to staff or trainees at these meetings based on scheduling, interest, and goodness of fit with presenting problems. After being assigned a case, interns should contact the student to schedule an intake as soon as possible, either by phone or secure message.

Sample Weekly Schedule for Doctoral Interns

| Activity | Hours per Week |
|-----------------------------------------|----------------|
| <i>Direct Service</i> | |
| Phone Consultation | 2 |
| Individual/Couples Therapy | 12 |
| Group Therapy | 1.5 |
| Crisis Intervention | 4 |
| Outreach/Consultation* | 0.5 |
| <i>Training and Supervision</i> | |
| Individual Supervision | 2 |
| Group Supervision | 2 |
| Case Consultation | 1 |
| Training Seminar | 2 |
| Disposition Meeting | 0.5 |
| Supervision of Supervision* | 0.5 |
| <i>Administrative Activities</i> | |
| Documentation & Case Mgmt | 10 |
| CAPS Staff Meeting | 0.5 |
| Supervision Prep Time | 1 |
| Cowell Center Meeting* | 0.5 |
| | |
| Total Hours per Week: | 40 |

**Cowell Center meetings occur monthly. Outreach activities are variable and do not occur on a weekly basis. Intern supervision of supervision begins winter quarter.*

Secure Recordkeeping and Maintenance of Records

Progress Notes

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

Supervisory Approval

It is mandatory that supervisors review and co-sign all intake assessments and clinical notes. Additionally, e-mails to clients, referrals (e.g. Psychiatry, Disabilities Resources), handouts and suggestions of reading material for clients etc. must be reviewed in advance and approved by an intern's supervisor.

Maintaining Workload Documentation

Interns must keep track of their hours on a weekly basis to be sure internship hour requirements are being met. Most interns use Time2Track to log clinical hours and as an option, are provided with a hours tracking spreadsheet that CAPS recommends. Logs should be signed by appropriate supervisors on a regular basis and monthly logs turned into the Assistant Director of Doctoral Training, who keeps the original records on file.

Secure Record Keeping

Records are collected and maintained to aid in serving clients while at the same time protecting the client's privacy and fulfilling the professional responsibilities of confidentiality. No information is a matter of public record, including the names and other identifying information of clients utilizing CAPS. Clients' records are maintained in Point and Click (PnC), an integrative scheduling and electronic health record management software. Records are only accessible to CAPS providers, using secure technology in compliance with state and federal health record keeping laws and regulations.

Staff 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 CAPS's locked storage area. Confidential material must never be left in open areas such as the mail room, conference/group room, waiting area, and intern offices.

Clinical Documentation and Due Dates

| Type of Documentation | Due Date |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>Signed Consent for Treatment Form and Supervisory Disclosure and Recording Consent Form</i> | Completed in first session |
| <i>Phone Consultation Note</i> | Draft within 1 business day; completed within 5 business days |
| <i>Intake Assessment Report</i> | First draft for supervision within five business days; completed one week from supervision of Intake Assessment Report. <i>In high-risk cases, a preliminary Intake Assessment Report is to be completed by the end of the workday.</i> |
| <i>Progress Note</i> | Draft within 1 business day; completed note within 5 business days. |
| <i>Crisis Note</i> | Draft by end of business day. |
| <i>Termination Summary</i> | Due upon termination by the end of quarter; or no later than the end of the academic year.. |
| | |

Feedback and Evaluation Procedures

Evaluation and feedback are integral to the training experience and to the effective operation of CAPS. Ongoing communication and feedback is a priority. In addition to formal, scheduled written evaluations of progress, goals are developed with each intern at the beginning of the academic year and are regularly monitored in weekly supervision. CAPS staff reviews trainee performance formally and informally on an on-going basis to identify strengths and growth areas. Although the primary supervisor has significant information regarding a trainee's 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 interns and staff to feel safe in giving both positive and constructive feedback. Interns and supervisors will be provided feedback and evaluation forms through Qualtrics Survey tool, a private and secure survey tool for internship feedback and evaluation. Alternatively, these same forms may be provided through paper copies (see appendix) for accessibility needs upon request.

Intern Evaluation Schedule

Interns are given a formal, written evaluation at mid-year and at the end of the academic year utilizing the Intern Evaluation form. The initial, formal evaluation is designed to help the intern identify areas of growth to focus on in the remaining training year, to reinforce strengths, and to identify any competency issues so they can be addressed in order to help the intern progress toward completion of the program. Supervisors discuss the written evaluation with the trainee, after which both 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 intern may add a written response if they wish to do so.

If an intern wishes to dispute a rating, the intern is encouraged to speak with their supervisor about the disagreement. If this does not provide sufficient resolution, a conference with the intern and 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 Assistant Director of Doctoral Training. All intern evaluation forms can be found in Appendices.

The evaluations of interns cover performance in the following areas:

- I. Research
- II. Ethical and Legal Standards
- III. Individual and Cultural Diversity
- IV. Professional Values, Attitudes, and Behaviors
- V. Communication and Interpersonal Skills
- VI. Assessment
- VII. Intervention
- VIII. Supervision
- IX. Consultation and Interpersonal/Interdisciplinary Skills

The evaluation consists of both written comments and numerical ratings, based on the Minimum Levels of Achievement (MLA)

| |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 -- Remedial Significant skill development required; remediation necessary |
| 2 -- Beginning/Developing Competence Expected level of competence pre-internship; close supervision required on most cases |
| 3 -- Intermediate Competence Expected level of competence for intern by mid-point of training program; routine or minimal supervision required on most cases |
| 4 -- Proficient Competence Expected level of competence for intern at completion of training program; ready for entry-level practice |
| 5 -- Advanced Competence Rare rating for internship; able to function autonomously with a level of skill expected beyond the conclusion of internship training |

The minimum level of achievement for interns on the mid-year evaluation is a rating of 3 on all learning elements. If an intern does not meet this expectation, the internship due process will be initiated to support the intern to address the issue and make satisfactory progress toward graduation from the program. Interns are required to receive ratings of 4 on all elements of the final evaluation in order to graduate from the internship. Per the California Board of Psychology, the internship hours will not be verified as “at or above the expected level of minimal competency.

Intern Evaluation of Supervisors

Interns complete a written evaluation of their supervisor twice a year, utilizing the Evaluation of Supervisor form (Appendices). These evaluations occur during the same time period in which 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 interns are encouraged to periodically assess the supervisory alliance prior to formal evaluations in order to facilitate optimal relationships and timely feedback.

Group Supervision Evaluation

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

Training Seminar Evaluation

Interns evaluate each training seminar immediately afterwards, using the Training Seminar Evaluation form (Appendices).

Training Program and Site Evaluation

Interns formally evaluate the training program and their experience at CAPS at the end of the training year utilizing the Program Evaluation form (Appendices). Interns 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 intern 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 which may arise in the supervisory relationship.

Contact with CAPS Training Program

In addition to the end of the year evaluation of our training program, interns are invited to be in contact with CAPS throughout their professional careers after leaving internship at SCU. The purpose of this is two-fold:

- 1) CAPS staff view interns as future colleagues and valuable sources of information and training resources that our counseling center and training program can benefit from in an ongoing way, and
- 2) CAPS would like to be able to evaluate the impact and effectiveness of our training program over time. In particular, we would like to assess the training experiences, times of licensure, and career paths interns have taken.

Interns are sent an Alumni Survey from the Assistant Director of Doctoral Training at two and three years after completion of the internship. The purpose of the Alumni Survey is to gain feedback about how their internship experience at CAPS prepared them for their first position in the field in relation to Profession-Wide Competencies (PWC's) set forth by the American Psychological Association's Commission on Accreditation and to gain information about licensure status and recent professional development. The Alumni Survey is distributed using Qualtrics and queries several topics including demographics, date of graduation, licensure status, current employment, and professional/ scholarly activities during internship. There are several questions to assess the degree past interns felt prepared for entry level practice upon leaving internship across each PWC. These critical items help evaluate our success as an APA accredited training program.

Compensation and Benefits

Salary and Vacation

CAPS offers a psychology salary (\$58,300). The salary was increased in 2024 to the highest salary among local APA accredited internship programs in university counseling centers. As SCU staff, interns are eligible to receive comprehensive health care and insurance benefits, retirement income, mental health resources/programs and additional services to promote and sustain good health.

Interns accrue vacation and sick days over the course of the training year. CAPS observes 13 university holidays throughout the year and interns are 'gifted' from the university approximately 6 additional time off days between Christmas Eve and New Year's Day. University holidays include the following:

- New Year's Day
- Martin Luther King Day
- President's Day
- Good Friday
- Memorial Day
- Juneteenth Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day After Thanksgiving
- Christmas Eve Day
- Christmas Day
- New Years Day

The internship budget funds training opportunities for interns. For instance, the budget permits intern participation in professional development and training such as attending the California State University San Jose annual Multicultural Training Day Conference and pays for speakers in the local area to present some of the weekly training seminars.

Library Privileges

Interns are provided access to the University Library resources and services.

Access Malley Fitness Center

Interns are provided access, currently free of charge, to the Pat Malley Fitness and Recreation Center & Sullivan Aquatics Center and all outdoor facilities, including the Degheri Tennis Courts, Bellomy Field & Track, Beach Volleyball, Outdoor Basketball and Outdoor Fitness Area.

Parking Permits

Interns are eligible to purchase parking permits once ACCESS cards are issued. Permits are needed in order to park in lots on campus. There is free street parking near the university.

Office Operations and Procedures

Office and Administrative Support

CAPS utilizes 2 full-time support staff members that are responsible for assisting with the organization and administrative operation of the Cowell Center. These staff members provide limited clerical support to interns, including assistance with accessing office supplies, managing HR paperwork, assistance with scheduling students, and various needs that are negotiated with the Training Director. The front office staff schedule phone consultations, crisis sessions, and other appointments regarding center-wide activities; however, interns are responsible for the scheduling of ongoing clients and for keeping their schedule up to date. Intern offices are equipped with a computer that hosts Point and Click, our electronic scheduling and charting program, as well as provides access to email, Microsoft Office software, Google Workspace, Zoom for secure video-conferencing, and Lockbox for secure video storage. A webcam has been installed in each intern office to record sessions with client consent for use in supervision. Last, intern offices are equipped with a phone and interns are responsible to listen to and update their voicemail, including keeping their messages up to date regarding availability, scheduled absences, etc. CAPS utilizes 1 part-time technology support specialist who is responsible for assisting with technology resources, services, and concerns. Interns are able to utilize the services of SCU's Information Technology and Media Services and attend workshops offered through Human Resources and Information Technology Services.

Managing Schedules

It is an important component of professional development that an intern learn to manage administrative, clinical, and personal schedules. Interns are expected to be at CAPS M-F from 8:30am -5pm. For safety and liability reasons, interns are not to see students in the building alone when CAPS is closed. Interns may not schedule clients during training seminars, meetings, supervision, or assigned crisis hours. It is important that schedules be accurately posted in the electronic scheduling system, Point and Click (PnC).

Planned Absences

Interns are required to submit the Vacation/Professional Leave form, (Appendices) a minimum of two weeks in advance to the Training Director. 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 interns attend to their professional obligations before leaving for an extended amount of time. Interns 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, interns are responsible for recording times they will not be at CAPS in the electronic scheduling system.

Unplanned Absences

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

1. Send an email to the front desk staff, individual supervisors, and training director

- indicating you will be out of the office and requesting that therapy appointments be rescheduled. Text message supervisors and Training Director about the absence, and
2. Continue to contact the above personnel with daily, updated absence status.

The front office staff will cancel intern 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 an intern's ability to fulfill the internship requirements and/or adversely impacts clinical care of your clients may result in you not being able to successfully complete the internship. The determination of successful completion of the internship is at the discretion of the Training Director in consultation with supervisors and Cowell Center Director. When an intern needs to take an extended leave (i.e., up to 6 weeks) for a family/medical reason, arrangements may be made for the intern to extend the internship year in order to make up this time and meet graduate requirements. These arrangements will be determined in collaboration with the intern, Training Director, Training Team, and Cowell Center Director.

Offices

Interns have offices equipped with a desk, locked filing cabinet, and two chairs for therapy. Interns may be asked to share office space and complete paperwork at a computer station so that an overflow office is available for client sessions. Each office is equipped with the following clinical resources: DSM-5, treatment planning guide, and guide to assess suicidal risk.

Mailboxes

Interns are assigned a mailbox in the corridor connecting CAPS and Cowell Health Center. Mailboxes should be checked regularly and kept clear by filing or recycling mail. The cabinet in which mailboxes are located will be locked each evening.

Computer/Phone

Each office is equipped with a computer and phone. Interns are provided with voicemail and are responsible for keeping their messages up to date regarding their availability, scheduled absences, etc.

Webcams

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

Panic Button

Each office is equipped with an easily accessible panic button that, when pressed, signals SCU Campus Safety to urgently report to the office. This feature is to support staff during emergency situations.

Office Supplies

Office supplies are stored in the corridor connecting CAPS and Student Health Services. Please check with the front office support staff for any other needed materials.

Clinical Operations and Procedures**Case Assignments**

Case assignments will be given to interns on a gradual basis, consistent with mastery of intake assessments and of the CAPS Policies and Procedure Manual. In general, client intake assignments are pre-screened. Client assignments may be based on a number of variables, including a client's needs, an intern's skill level and learning objectives, as well as scheduling considerations. Primary supervisors make the determination of the appropriateness of a client's ongoing assignment to an intern, in consultation with the Training Director and secondary supervisors.

Scheduling of Clients

Once initial assignments are made, interns are responsible for scheduling on-going appointments for all assigned clients. It is the intern's responsibility to input all client appointments in PnC. This is especially important because clients often call to check the date and/or time of their appointment and if an intern is unavailable, the administrative staff can then readily assist them. Interns are not to schedule clinical appointments at the 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 Disclosure Statement

At the beginning of the first therapy session with clients, interns are required to go over the CAPS Informed Consent statement with their clients. It is the intern's responsibility to review key aspects of this document (eligibility of services, confidentiality, cancellation/no show policies, applicable fees, etc.) with each student and be sure the document is signed, dated, and uploaded into the client's electronic file. Additionally, interns are required to provide all clients with a professional disclosure statement which informs the client of an intern's training status at CAPS, supervisory, and recording requirements, etc (Supervisory Disclosure and Recording Consent Form). Primary supervisors are responsible for ensuring that clients receiving therapy services from an intern have completed the Supervisory Disclosure and Recording Consent Form per Cal. Code Regs tit.16 § 1387.1 (g).

Telepsychology/Remote Sessions

CAPS does allow and implement telehealth services for SCU students who are actively enrolled and present in the State of California at the time of session or interaction with a CAPS therapist. Telehealth services are rendered through the use of HIPAA Compliant Zoom

web hosting video conferencing rooms. Per the California Board of Psychology, interns “can provide psychological services via telehealth as long as they are properly supervised in doing so and the supervisor is adequately trained and experienced in providing services via telehealth.” Interns are able to provide remote, virtual sessions with students who are physically located in the State of California at the time of session. In collaboration with supervisors, interns will review the appropriateness of telehealth sessions with clients before providing telehealth services. Interns will provide informed consent, consent for telehealth services, and Notice of Supervision disclosure with students prior to beginning telehealth sessions. Interns are required to be in a private and confidential working space when providing telehealth services. Specific trainings and seminars on the ethics of telehealth will also be covered in orientation and throughout the year.

Telehealth services should only be offered when clinically appropriate and indicated. In the event a crisis session occurs during a telehealth session, the CAPS provider should inform the Director, designee, supervisor, and/or senior staff clinician that a crisis session is occurring and the need for potential additional clinical support while following the crisis evaluation and stabilization procedures outlined in the CAPS Clinical Policy and Procedures Manual.

Referrals

During orientation, interns will receive training on making internal referrals to Psychiatry, Student Health Services, Nutrition Services, and Case Management.

Co-Leadership of Group Therapy in Supervisor’s Absence

Interns may not lead group sessions alone when their staff co-therapist is not present unless pre-approved by the staff co-therapist. Without this pre-approval, the group session will be canceled.

Telesupervision

Telesupervision may be provided when direct, in-person supervision is unavailable due to various factors (e.g remote work schedules) . Per AB 2754, supervision is to be provided in real time, in-person or synchronous audiovisual means in compliance with federal and state laws related to patient health. Direct, individual supervision is to be conducted via HIPAA-compliant video per California and federal law. Interns and supervisors will coordinate days and times when telesupervision will be provided. Interns are expected to come to supervision prepared, with thoughtful reflection on case material, training needs, and concerns to be addressed. When telesupervision is being conducted, it is the responsibility of intern(s) to ensure that related videos of client sessions have been properly uploaded to the Secure File Transfer site or encrypted storage devices have been made accessible to the supervisor. Telesupervision will be rendered through HIPAA-compliant ZOOM format. If technology disruptions occur during telesupervision, the supervisor and intern(s) will work together to reestablish audiovisual means or will reschedule supervision in a timely manner to ensure supervision requirements are met.

Confidentiality Practices for Consultations

If an intern 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 intern 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 Director of the Cowell Center.

Recording Procedures

Permission to Record

Interns are expected to record all client sessions (intake interviews, therapy sessions, terminations etc.) using the provided web camera or designated videoconferencing platform. At the beginning of the first meeting with a client, interns need to ask permission that their sessions be recorded for supervisory purposes. Client's permission to record a session must be obtained before turning on the recording for the first time.

Refusal of Permission to Record

If a client declines to be recorded the client can be offered the possibility of using audio taping instead. If a client refuses any form of recording, interns should then inform the client of the following: 1) It is a CAPS requirement that all interns have their work recorded to ensure that the highest quality of care is given; and, 2) That client will be transferred to a CAPS licensed therapist. The intern will then inform the client of the process of consulting with their supervisor or clinical team to identify a licensed therapist for case transfer. The intern should then respectfully terminate the current session with the plan of following up via secure messaging in PnC with updates.

Refusal of Permission to Record in High Risk Situations

If the paperwork a client completes 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., and has refused to be recorded, supervisory consultation should be sought immediately. If a primary or secondary supervisor is not available, consult the psychologist on crisis call or another licensed CAPS clinician, interrupting them if needed.

Confidentiality of Recordings

When using video recordings, utmost care must be taken in handling this material. All video recordings are securely stored within Secure File Transfer, a data sharing method that uses secure protocols and encryption to safeguard data. This is the primary way for interns and supervisors to access confidential video recordings. If a video is saved onto a computer, files should be saved on the computer using client's initials (not full name) and computers and video storage files must be password protected. Recordings must be erased after use by interns and their supervisors, after obtaining supervisor's approval. Recordings are to be used solely for the purpose of training and supervision by CAPS supervisors.

Management of Confidential Materials

Staff Computers and Technology

CAPS providers and staff are provided secure and password protected electronic devices that are HIPAA compliant. All CAPS providers and staff are to take precautions to prevent clients and unauthorized parties from viewing or accessing confidential material. All computers and monitors should be shut down at the end of the workday. Client names are to be hidden on PnC by checking the box “Hide Patient Names” when there is a potential for a client or 3rd party to see identifying information. When computers or devices are being replaced, the provider is responsible for ensuring that all confidential material is removed prior to replacement. In the event that a CAPS provider or staff discovers that a device with confidential information is lost, stolen, or missing, the CAPS provider or staff member should notify the Director and/or designee immediately.

Security and Privacy Policies

Offices not in use are to remain locked for security purposes. Interns will be issued keys to their offices and an ACCESS card that allows entrance into the Cowell Center. Office doors are to be kept closed whenever leaving the office. Any client identifying information (names, student ID numbers, email, etc.) are not to be left open on computers or visible on office desks. Do not put any client identifying information on personal computers, phone, or appointment books. Any material that contains client identifying information must be shredded in the locked bin provided in CAPS.

Professional Behavior and CAPS Professional Culture

Professional Behavior

While mental health therapists have ethical and legal responsibilities, it is also important that they 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 mental health practitioners 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 emails promptly, being considerate toward all CAPS staff, and discussing any concerns about CAPS directly with your supervisor, Training Director, or the Director of Cowell Center, respectively.

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 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 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.)

Intern 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. Interns 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

Interns who use social media and other forms of electronic communication should be mindful of how their communication may be perceived by clients, colleagues, faculty, and others. As such, interns should make every effort to minimize material that may be deemed inappropriate for a psychologist in training. To this end, interns should set all security settings to private and should avoid posting information/photos or using any language that could jeopardize their professional image. Interns 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. Interns are reminded that, if they identify themselves as an intern in the program, CAPS and the larger university have an interest in how they are portrayed. If interns post about or are depicted online or in an email as doing something unethical or illegal, then that information may be used by the CAPS to determine disciplinary action.

Grievance Procedures and Conflict Resolution

Grievance Procedures

Grievance procedures have been developed in the event an intern 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, interns 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 an intern 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 intern is encouraged to speak with the Training Director.
2. If the issue cannot be resolved informally or the intern does not wish to proceed with an informal resolution, the intern should discuss the concern with their primary supervisor, who may then consult with the Training Director, a Training Committee, or Cowell Center Director if needed (if the concerns involve the primary supervisor or the Training Director, the intern can consult directly with the Cowell Center Director).
3. If the primary supervisor, Training Director and/or Cowell Center Director cannot resolve the issue of concern to the intern, the intern can file a formal written grievance, complete with supporting documentation, with the Cowell Center Director. (If the grievance involves the Cowell Center Director, the intern can file the report with the Training Director.)
4. Once the Cowell Center Director or Training Director has received a formal grievance, they will implement Review Procedures as described below and inform the intern of any action taken within three (3) business days.
5. CAPS will communicate early and often with the intern regarding a grievance that has been brought to CAPS' attention.

Grievance Procedures: Initial Review

1. When needed, the Cowell Center Director will convene a Grievance Panel to examine a grievance filed by an intern. The Grievance Panel will consist of two staff members selected by the training director and two selected by the intern. Of the two selected by the intern, one may be external to the Cowell Center staff who has expertise in the mental health field. The Cowell Center Director, who has final decision-making authority, will not sit on the Grievance Panel. (If the matter concerns the training director, the Cowell Center Director will choose the 2 panel members.) In response to a grievance, the intern 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 intern to review

- the grievance and to examine the relevant material presented. The intern retains the right to hear all facts with the opportunity to dispute and/or explain his/her case.
3. Within three (3) business days after the completion of the review, the Grievance Panel will submit a written report to the Cowell Center 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 Cowell Center Director will either accept or reject the Grievance Panel's recommendations. If the Cowell Center Director rejects the recommendation, the Cowell Center 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 Cowell Center Director within five (5) business days of the receipt of the Cowell Center Director's request of further deliberation. The Cowell Center Director then makes a final decision regarding what action is to be taken and informs the Training Director.
 6. The Training Director informs the intern, involved staff members, and necessary members of the training staff of the decision and any action taken or to be taken.
 7. If the intern disputes the Cowell Center Director's final decision, the intern has the right to request a second review following the steps outlined below.

Grievance Procedures: Second Review

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

1. The intern files a formal statement in writing with all supporting documents, with the Cowell Center Director. The intern 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 an intern, the Cowell Center 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 intern. Of the two selected by the intern, one may be external to the Cowell Center staff who has expertise in the mental health field. The Cowell Center Director, who has final decision-making authority, will not sit on the Grievance Panel. The intern retains the right to hear all facts with the opportunity to dispute and/or explain his/her case. (If the matter concerns the training director, the Cowell Center Director will choose the 2 panel members.)
3. In the event that an intern files a formal written statement disagreeing with a decision that has already been made by the Grievance Panel and supported by the Cowell Center Director, the statement is reviewed by the Cowell Center Director in consultation with CAPS Licensed Staff. The Cowell Center 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 intern 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 interns' 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 interns 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, interns 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 intern concerns will be described.
4. CAPS will communicate early and often with the intern 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 an intern wants to institute an appeals process, this document describes the steps of how an intern may officially appeal the action (see section below, *Due Process Procedures: Appeals Process*).
7. CAPS Due Process Procedures ensure that interns 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 an intern's performance, CAPS will use input from licensed staff involved in supervising the intern.
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 interns 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 intern is unable to complete the training program due to physical, mental, or emotional illness. Interns 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:

- An inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior;

- An inability to acquire professional skills in order to reach an acceptable level of competency and/or
- An inability to manage personal stress, strong emotional reactions, and/or the presence of psychological dysfunction, which interferes with professional functioning.

It is a professional judgment when an intern's behavior is considered problematic rather than “of concern.” Interns 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 intern 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 intern 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 intern'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. Interns are formally evaluated on a Likert scale from one to five for each item on the CAPS Doctoral Intern Evaluation form. If an intern 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 primary supervisor will provide specialized attention to increase the intern’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 an intern'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 intern 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 intern's supervisor, the Training Director will discuss the concern with the Supervisor(s).
- If the Training Director and Supervisor(s) 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 intern, the clients involved, members of the intern's training group, the training staff, other agency personnel, and the campus community. All evaluative documentation will be maintained in the intern's file. At the discretion of the Training Director—in consultation with the Training Team, Supervisor(s) and/or Cowell Center Director—the intern 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 intern and the intern will have an opportunity to present information regarding the concern, and
- The Training Director will work with the intern 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 an intern disagrees with the aforementioned notices, the intern 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 intern 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 intern will be included at the Hearing. The intern 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 Director of the Cowell, 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 intern in writing within 5 working days of the Hearing. The intern 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

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.

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

- a description of the intern's unsatisfactory performance;
- actions needed by the intern 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 intern 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 intern to an appropriate level of functioning. It is utilized to provide the intern with additional time to respond to personal reactions to environmental stress. Schedule modification is conducted by the primary supervisor in consultation with the Training Committee, with the full expectation that the intern will complete the internship. Courses of action may include reducing the intern'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 intern. Its purpose is to support the intern with consistent guidance and routine attention to the remediation plan with the overall goal of returning the intern to a fully functioning state. This period will include more closely scrutinized supervision conducted by the primary supervisor in consultation with the Training Committee. Progress toward returning the intern to a fully functioning state will be reviewed weekly by the primary supervisor. The intern, 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 intern 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 intern's supervisor will monitor progress toward this goal during weekly individual supervision sessions. A meeting including the intern, supervisor, and Training Director will be held at the end of the remediation, schedule modification, or probation period to review the intern's progress. If the intern has successfully addressed all concerns, this will be documented and the corrective action will come to an end. If the intern 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 intern 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 intern will be notified of the Training Committee's decision within 10 working days of the meeting with the intern, supervisor, and Training Director.

Temporary Withdrawal of Case Privileges means that it has been determined that the welfare of the intern 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 intern 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 intern, in consultation with the Training Team, to assess whether the intern 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 internship, 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 an intern engaged in egregiously harmful behavior that jeopardized another's welfare. This sanction is more broad in that the intern 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 intern'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 intern. At the end of the investigation, the training team decides on a recommendation. This recommendation will be documented in writing and given to the Cowell Center Director. The final decision, whether to reinstate the intern fully in the case of an unfounded complaint, to reinstate the intern under a probation or remediation plan, or recommend dismissal from the program, rests with the Cowell Center Director, in consultation with the Training Team. This final decision will be delivered by written notification within 24 hours to the intern. Suspension ends once the investigation is completed and a decision of how to proceed is determined and communicated to the intern. If the Cowell Center Director decides to dismiss the intern from the training program, the Training Director will support the intern in this transition. If it is determined the allegations were unfounded and the intern did not act in a manner that jeopardized another's well-being, the suspension would end immediately and the intern 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 payment 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 intern 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 Cowell Center Director. The Cowell Center Director will make the final decision about dismissal.

The intern'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 an intern disagrees with the aforementioned sanctions, the intern can implement Appeal Procedures (see below).

Due Process Procedures: Appeals Process

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

1. The intern may file a formal appeal in writing with all supporting documents, with the Cowell Center Director. The intern 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 intern. Of the two selected

by the intern, one member may be external to the CAPS staff who has expertise in the mental health field. The Cowell Center Director, who has final decision-making authority, will not sit on the Review Panel.

3. A hearing is conducted within 10 days of the intern's request for appeal, chaired by the Training Director, in which the challenge is heard. During the hearing, the intern retains the right to hear all facts with the opportunity to dispute and/or explain his/her behavior. Within five working days of the completion of the review hearing, the Review Panel submits a report to the Cowell Center Director, including any recommendations for further action. Recommendations to the Cowell Center Director are determined by majority vote of the Review Panel.
4. Within five working days of receipt of the recommendation, the Cowell Center 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 Cowell Center Director within five working days of the receipt of the Cowell Center Director's request for further deliberation. The Cowell Center Director then makes a final decision regarding what action is to be taken.
5. Once a decision has been made, the intern is informed in writing of the action taken. The Cowell Center Director's decision is final.

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.

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 problem, motivation to change, strengths that might be used in treatment, coping strategies etc.

Preliminary case conceptualization:

DSM-5 diagnosis:

Treatment plan and interventions:

Therapy process to date:

Santa Clara University
Counseling and Psychological Services
Format for Case Presentations

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 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 case conceptualization:

DSM-5 diagnosis:

Treatment plan and interventions:

Therapy process to date

****Interns/Post-Docs:** For Case Consultation Meeting, be sure to include at least one empirical citation to shed light on your theoretical conceptualization or treatment goals/interventions.

Appendix B

Santa Clara University
Counseling and Psychological Services
Supervisor Evaluation of Intern

SANTA CLARA UNIVERSITY

Counseling and Psychological Services (CAPS)

Intern Evaluation: To be completed by supervisor

Intern: _____ Supervisor: _____

Dates of Evaluation: _____ to _____

Training Site: _____

Methods used in evaluating competency:

_____ Direct Observation _____ Review of Audio/Video _____ Case Presentation

_____ Documentation Review _____ Supervision _____ Comments from staff/faculty

Scoring Criteria:

| |
|---------------------------------------------------------------------------------------------------------------------------------------|
| 1 -- Remedial |
| Significant skill development required; remediation necessary |
| 2 -- Beginning/Developing Competence |
| Expected level of competence pre-internship; close supervision required on most cases |
| 3 -- Intermediate Competence |
| Expected level of competence for intern by mid-point of training program; routine or minimal supervision required on most cases |
| 4 -- Proficient Competence |
| Expected level of competence for intern at completion of training program; ready for entry-level practice |
| 5 -- Advanced Competence |
| Rare rating for internship; able to function autonomously with a level of skill expected beyond the conclusion of internship training |

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Competency 1 - Intern will achieve competence in the area of: Research | |
| Demonstrates the substantially independent ability to critically evaluate research or other scholarly activities (e.g., case conference, presentation, publications) | |
| Disseminates research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level. | |
| AVERAGE SCORE FOR BROAD AREA OF COMPETENCE | #DIV/0! |
| Comments: | |
| Competency 2 - Intern will achieve competence in the area of: Ethical and Legal Standards | |
| Demonstrates knowledge of and acts in accordance with each of the following: | |
| The current version of the APA Ethical Principles and Code of Conduct; | |
| Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional and federal levels; | |
| Relevant professional standards and guidelines; | |
| Recognizes ethical dilemmas as they arise and applies ethical decision-making processes in order to resolve the dilemmas | |
| Conducts self in an ethical manner in all professional activities | |
| AVERAGE SCORE FOR BROAD AREA OF COMPETENCE | #DIV/0! |
| Comments: | |
| Competency 3 - Intern will achieve competence in the area of: Individual and Cultural Diversity | |
| Demonstrates an understanding of how their own personal/cultural history, attitudes, and biases may affect how one understands and interacts with people different from oneself | |
| Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities | |
| Integrates awareness and knowledge of individual and cultural differences in the conduct of professional roles | |

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Applies a framework for working effectively with areas of individual and cultural diversity | |
| Works effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own | |
| AVERAGE SCORE FOR BROAD AREA OF COMPETENCE | #DIV/0! |
| Comments: | |
| Competency 4 - Intern will achieve competence in the area of: Professional Values and Attitudes | |
| Behaves in ways that reflect the values and attitudes of psychology | |
| Engages in self-reflection regarding personal and professional functioning | |
| Engages in activities to maintain and improve performance, well-being, and professional effectiveness | |
| Actively seeks and demonstrates openness and responsiveness to feedback and supervision | |
| Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training | |
| AVERAGE SCORE FOR BROAD AREA OF COMPETENCE | #DIV/0! |
| Comments: | |
| Competency 5- Intern will achieve competence in the area of: Communication and Interpersonal Skills | |
| Develops and maintains effective relationships with a wide range of individuals | |
| Demonstrates a thorough grasp of professional language and concepts | |
| Produces, comprehends, and engages in communications (oral, nonverbal, and written) that are informative and well-integrated | |
| Demonstrates effective interpersonal skills and the ability to manage difficult communication well | |
| AVERAGE SCORE FOR BROAD AREA OF COMPETENCE | #DIV/0! |
| Comments: | |

| Competency 6 - Intern will achieve competence in the area of: Assessment | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Demonstrates current knowledge of diagnostic classification systems and functional and dysfunctional behaviors, including consideration of client strengths and psychopathology | |
| Demonstrates understanding of human behavior within its context | |
| Applies knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process | |
| Selects and applies assessment methods that draw from the best available empirical literature | |
| Collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient | |
| Interprets assessment results to inform case conceptualization, classification, and recommendations while guarding against decision-making biases | |
| Communicate the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences. | |
| AVERAGE SCORE FOR BROAD AREA OF COMPETENCE | #DIV/0! |
| Comments: | |
| Competency 7 - Intern will achieve competence in the area of: Intervention | |
| Establishes and maintains effective relationships with recipients of psychological services | |
| Develops evidence-based intervention plans specific to the service delivery goals | |
| Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables | |
| Demonstrates the ability to apply the relevant research literature to clinical decision making | |
| Modifies and adapts evidence-based approaches effectively | |
| Evaluates intervention effectiveness and adapts intervention goals and methods consistent with ongoing evaluation | |
| Selects and implements appropriate interventions to contain the crisis (including using appropriate resources). | |
| Acts in compliance with agency, ethical, and legal standards in crisis intervention. Provides appropriate case management and follow-up after the initial crisis intervention (including facilitating referrals). | |

| | |
|----------------------------------------------------------------------------------------------------------------------------------|---------|
| Demonstrates understanding of therapeutic factors in group therapy. | |
| Implements appropriate interventions for group therapy. | |
| Effectively manages the dynamics between the co-therapists. | |
| Understands and attends to issues of diversity in group, including power, privilege, and the impact on group dynamics. | |
| AVERAGE SCORE FOR BROAD AREA OF COMPETENCE | #DIV/0! |
| Comments: | |
| Competency 8- Intern will achieve competence in the area of: Supervision | |
| Applies overall knowledge of supervision in direct or simulated practice with psychology trainees or other health professionals | |
| Applies the supervisory skill of observing in direct or simulated practice | |
| Applies the supervisory skill of evaluating in direct or simulated practice | |
| Applies the supervisory skills of giving guidance and feedback in direct or simulated practice | |
| AVERAGE SCORE FOR BROAD AREA OF COMPETENCE | #DIV/0! |
| Comments: | |
| Competency 9 - Intern will achieve competence in the area of: Consultation and Interprofessional/Interdisciplinary Skills | |
| Demonstrates knowledge and respect for the roles and perspectives of other professions | |
| Applies knowledge about consultation in direct or simulated (e.g. role played) consultation | |
| Demonstrates the knowledge of how outreach programs are developed and delivered in the college setting. | |
| Effectively conducts outreach programs. | |
| Addresses multicultural and social justice issues in the design, promotion, and delivery of outreach programs | |
| AVERAGE SCORE FOR BROAD AREA OF COMPETENCE | #DIV/0! |

| | |
|-----------------------------------------------------------------|---------|
| Comments: | |
| OVERALL RATING (average of broad competence area scores) | #DIV/0! |
| Comments on Intern's overall performance: | |
| | |

I acknowledge that my supervisor has reviewed this evaluation with me.

Intern Signature Date

Supervisor's Signature Date



SANTA CLARA UNIVERSITY

THE JESUIT UNIVERSITY IN SILICON VALLEY

COUNSELING AND PSYCHOLOGICAL SERVICES (CAPS)

Evaluation of Individual Supervisor

Intern: _____

Supervisor: _____

____ Primary ____ Secondary

Evaluation Period: Midyear ____ Final ____

Please rate each item according to the established scale and then discuss this feedback with your supervisor. 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/or unhelpful manner.
- 1** Supervisor did not demonstrate this supervisory skill OR supervisor was ineffective or unhelpful in implementing it.
- N/A** Not Applicable

A) Supervisor's Contribution to the Competencies:

I. Contribution to Competency I: Research (Integration of Science & Practice)

| | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|-----|
| 1. Helping me identify, select, adapt, and apply available evidence from research and literature in my clinical practice | 1 | 2 | 3 | 4 | 5 | N/A |
| 2. Helping me employ scientific attitudes in clinical services (e.g., using hypotheses, monitoring treatment progress) | 1 | 2 | 3 | 4 | 5 | N/A |

II. Contribution to Competency II: Ethical and Legal Standards

| | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|-----|
| 3. Helping me respond to complex clinical and professional situations in ways that are consistent with the profession's ethical and legal standards | 1 | 2 | 3 | 4 | 5 | N/A |
| 4. My supervisor models how to conduct | | | | | | |

III. Contribution to Competency III: Individual and Cultural Diversity

| | | | | | | |
|---------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|-----|
| 5. Helping me adjust assessment, conceptualization, and interventions to be more culturally appropriate | 1 | 2 | 3 | 4 | 5 | N/A |
| 6. Helping me in enhance my awareness of cultural issues in the client, in myself, in the systems, and in the world | 1 | 2 | 3 | 4 | 5 | N/A |
| | | | | | | |

IV. Contribution to Competency IV: Professional Values and Attitudes

| | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|-----|
| 7. Helping me increase my awareness and adherence to the values of the profession in my actions. Including: integrity, professional identity, accountability, lifelong learning, concern for others' welfare, and having a social justice orientation | 1 | 2 | 3 | 4 | 5 | N/A |
| 8. Helping me in developing my capacities for self-reflection, self-care, and openness to supervision, learning, and feedback | 1 | 2 | 3 | 4 | 5 | N/A |

V. Contribution to Competency V: Communication and Interpersonal Skills

| | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|-----|
| 1. Helping me with developing effective relationships with fellow interns, staff, and other professionals | 1 | 2 | 3 | 4 | 5 | N/A |
| 2. Helping me be mindful and effective in my verbal communication and interpersonal skills for handling challenging transactions | | | | | | |
| 3. Helping me in enhancing my documentation skills, including providing suggests regarding information to include, editing, efficiency, style, and use of language | 1 | 2 | 3 | 4 | 5 | N/A |

VI. Contribution to Competency VI: Assessment

| | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|-----|
| 4. Helping me develop assessment and diagnostic abilities in intake, crisis sessions and therapy more generally. This includes abilities regarding | 1 | 2 | 3 | 4 | 5 | N/A |
|----------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|-----|

| | |
|------------------------------------------------------------------------------------------------------------------------|--|
| clinical judgment about the client's disposition, treatment planning, follow-up, and advocacy following the assessment | |
|------------------------------------------------------------------------------------------------------------------------|--|

VII. Contribution to Competency VII: Intervention

| | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|-----|
| 5. Individual psychotherapy: Helping me increase my skills in treatment planning, conceptualization, application of theory/empirical literature, integrating theoretical orientations, and implementing interventions | 1 | 2 | 3 | 4 | 5 | N/A |
| 6. Group psychotherapy (<i>if applicable</i>): Helping me gain the ability to assess appropriateness for group and to prepare clients for group; helping me with the use of group theories and multicultural perspectives, and use of the co-facilitation relationship; understanding of group process/dynamics, difference between individual and group therapy, interventions | 1 | 2 | 3 | 4 | 5 | N/A |
| 7. Crisis Intervention: Helping me use appropriate interventions to stabilize students in crisis using interventions that are consistent with the agency as well as ethical and legal standards. Helping me determine the appropriate level of care and in treatment planning, including following through with referrals, advocacy, and case management | 1 | 2 | 3 | 4 | 5 | N/A |
| 8. Prevention & Outreach, Education: Helping me increase my knowledge of outreach programming in the college setting, conducting programs effectively, addressing multicultural and social justice issues in the outreach design and delivery; and providing effective consultation | 1 | 2 | 3 | 4 | 5 | N/A |

VIII. Contribution to Competency VIII: Supervision

| | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|-----|
| 9. Helped me understand effective supervision in all applicable profession-wide competencies (intervention, ethical and legal standards, etc.) through their modeling of these skillsets | 1 | 2 | 3 | 4 | 5 | N/A |
| 10. <i>If applicable:</i> Helping me increase effectiveness in working with supervisees in mental health services, developing supervisory relationships, and facilitating supervisees' growth. | 1 | 2 | 3 | 4 | 5 | N/A |

IX. Contribution to Competency IX: Consultation and Interprofessional Skills

| | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|-----|
| 11. Helping me gain effectiveness in consultation with third-parties, with other campus partners, and with other healthcare professionals | 1 | 2 | 3 | 4 | 5 | N/A |
|-------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|-----|

B) Supervisor's Roles

| | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|-----|
| 1. Commitment to the supervisory role Includes a focus on my learning & development, accessibility, dependability, patience, timeliness, communicativeness, regularity, collaboration in goal setting for my growth | 1 | 2 | 3 | 4 | 5 | N/A |
| 2. Facilitation of the supervisory relationship Includes rapport in supervision, working alliance, safety and trust, fostering the learning atmosphere, use of humor, response to my complaints/needs, constructive use of power, fairness, appropriate boundaries, respect for me | 1 | 2 | 3 | 4 | 5 | N/A |

| | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|-----|
| as a person, and attending to the multicultural issues in our relationship and to my cultural identities | | | | | | |
| 3. Feedback for me Includes accuracy, constructiveness, comprehensiveness, effectiveness, and clarity of feedback | 1 | 2 | 3 | 4 | 5 | N/A |
| 4. Emotional support for me Includes appropriateness of the support, sensitivity to my needs as a supervisee, motivating me, encouragement | 1 | 2 | 3 | 4 | 5 | N/A |
| 5. Support for my professional development Includes considerations of legal and ethical issues in clinical work, mentorship, advice; guidance on professionalism, professional identity, and credentialing; assists me in managing stress/engaging in self-care | 1 | 2 | 3 | 4 | 5 | N/A |
| 6. Models professionalism Includes embracing a growth-mindset; knowledge and application of the APA Ethics Code/state law/prevaling standards for professional conduct; speaks about clients in a helpful, respectful manner; shows an enthusiasm for clinical work; interacts with others in a respectful, positive manner | 1 | 2 | 3 | 4 | 5 | N/A |
| <i>Additional or Summary Comments of Supervisor's Roles:</i> | | | | | | |

Please describe a critical incident that had a great positive impact upon you in supervision:

Please describe a critical incident in which your supervisor could have been more helpful:

Please share any additional comments you have:

This evaluation was reviewed with my supervisor:

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

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



SANTA CLARA UNIVERSITY

THE JESUIT UNIVERSITY IN SILICON VALLEY

COUNSELING AND PSYCHOLOGICAL SERVICES (CAPS)

Intern Evaluation of Group Therapy Supervisor

Intern: _____ Supervisor: _____

Group Name: _____ Quarter: _____

Please rate each item according to the established scale and then discuss this feedback with your supervisor. 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/or unhelpful manner.
- 1** Supervisor did not demonstrate this supervisory skill OR supervisor was ineffective or unhelpful in implementing it.

N/A Not Applicable

A) Supervisor's Contribution to Competency in Group Therapy:

| | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|-----|
| 1. Understanding of therapeutic factors in group therapy: Helped my understanding of group as a microcosm, as an agent of therapeutic change, and decipher process vs. content; enhanced my ability to conceptualize stages of group development | 1 | 2 | 3 | 4 | 5 | N/A |
| 2. Interventions in group therapy: Helped me use interventions to promote member-to-member rather than member-to-facilitator interactions; helped me use interventions appropriate to the group stage to facilitate client growth and group process; utilize here-and-now process interventions; develop skills in attending to group process observing both individual indicators of feelings, thoughts, and behaviors as well as overall group dynamics; use strategies to active group (including intentional use of silence) | 1 | 2 | 3 | 4 | 5 | N/A |
| 3. Effectiveness managing the dynamics between the co-therapists: Helped me understand and monitor my impact on the group process (e.g., own feelings, style, values, biases, challenges); assist me in working collaboratively and effectively with a co-therapist | 1 | 2 | 3 | 4 | 5 | N/A |
| 4. Understanding and attending to issues of diversity in group, including power, privilege, and the impact of group dynamics: Helped me develop my knowledge, awareness, and skills within this area | 1 | 2 | 3 | 4 | 5 | N/A |

B) Supervisor's Roles

| | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|-----|
| 1. Commitment to the supervisory role <i>Includes a focus on my learning & development, accessibility, dependability, patience, timeliness, communicativeness, regularity, collaboration in goal setting for my growth</i> | 1 | 2 | 3 | 4 | 5 | N/A |
| 2. Facilitation of the supervisory relationship <i>Includes rapport in supervision, working alliance, safety and trust, fostering the learning atmosphere, use of humor, response to my complaints/needs, constructive use of power, fairness, appropriate boundaries, respect for me as a person, and attending to the multicultural issues in our relationship and to my cultural identities</i> | 1 | 2 | 3 | 4 | 5 | N/A |
| 3. Feedback for me <i>Includes accuracy, constructiveness, comprehensiveness, effectiveness, and clarity of feedback</i> | 1 | 2 | 3 | 4 | 5 | N/A |
| 4. Emotional support for me <i>Includes appropriateness of the support, sensitivity to my needs as a supervisee, motivating me, encouragement</i> | 1 | 2 | 3 | 4 | 5 | N/A |
| 5. Support for my professional development <i>Includes considerations of legal and ethical issues in clinical work, mentorship, advice; guidance on professionalism & professional identity with respect to group therapy (if applicable)</i> | 1 | 2 | 3 | 4 | 5 | N/A |
| 6. Models professionalism <i>Includes embracing a growth-mindset; knowledge and application of the APA Ethics Code/state law/prevaling standards for professional conduct; speaks about clients in a helpful, respectful manner; shows an enthusiasm for clinical work; interacts with others in a respectful, positive manner</i> | 1 | 2 | 3 | 4 | 5 | N/A |

Additional or Summary Comments of Supervisor's Roles:

Please share any additional comments you have:

This evaluation was reviewed with my supervisor:

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

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



SANTA CLARA UNIVERSITY

THE JESUIT UNIVERSITY IN SILICON VALLEY

COUNSELING AND PSYCHOLOGICAL SERVICES (CAPS)

Intern Evaluation of Group Supervision

Intern: _____ Group Supervisor: _____

Evaluation Period: Mid-year _____ Year-end _____

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 | 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 Comments about Group Supervision:

How can Group Supervision be improved?

**Santa Clara University
Counseling & Psychological Services
Training Seminar Evaluation**

NAME OF SEMINAR

PRESENTER NAME

How would you rate the quality of the presentation?

Far below average

Somewhat below average

Average

Somewhat above average

Far above average

How would you rate the quality of materials?

Far below average

Somewhat below average

Average

Somewhat above average

Far above average

How would you rate the quality of the research evidence presented?

Far below average

Somewhat below average

Average

Somewhat above average

Far above average

How would you rate the degree multicultural considerations were discussed?

Far below average

Somewhat below average

Average

Somewhat above average

Far above average

How would your rate the seminar's clinical application for brief therapy?

Far below average

Somewhat below average

Average

Somewhat above average

Far above average

What was the most valuable aspect of the seminar?

How could the presenter improve the seminar?

Santa Clara University
Counseling and Psychological Services
Intern 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 Needs Average Above Average Excellent satisfactory improvement

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 |

Santa Clara University

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. Maintenance 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 |
| 27. Adequacy of the equipment and physical facilities for training needs | 1 2 3 4 5 N/A |

III. Training Director

| | |
|---------------------------------------------------------------------------------|---------------|
| 28. Effectiveness of Training Director in Administering Program | 1 2 3 4 5 N/A |
| 29. Effectiveness of Training Director in Supporting and Advocating for Interns | 1 2 3 4 5 N/A |

IV. Overall Rating

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| 30. <u>Overall effectiveness</u> of the intern 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|

| | |
|------------------------------------------------------------------------------------------------------------------------|---------------|
| 31. 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 |
| 32. Would you recommend this internship site to a fellow student? | Yes No |

Please provide any suggestions you have for the internship program's

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

needed)

Santa Clara University
Counseling and Psychological Services
Evaluation of Intern Case Presentation

8/13/23, 7:33 AM

Qualtrics Survey Software

Case Presentation Evaluation

Your name

Name of Presenter

Please evaluate the case presentation on the following dimensions. The evaluation should be based on the skill level typical of interns at a comparable stage of training.

| | Performs SIGNIFICANTLY BELOW expected competency level for a Doctoral Intern. | Performs BELOW expected level of competency for a Doctoral Intern. | Performs at EXPECTED level of competency for a Doctoral Intern. | Performs ABOVE expected level of competency for a Doctoral Intern. | Performs SIGNIFICANTLY ABOVE expected level of competency for a Doctoral |
|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Presentation and clarity or presenting problems/concerns | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Presentation of relevant background/historical information; | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Assessment of client functioning level (i.e. C-CAPS, mental status) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Conceptualization of case according to | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

https://scu.az1.qualtrics.com/Q/EditSection/Blocks/Ajax/GetSurveyPrintPreview?ContextSurveyID=SV_cNEeKcQQnx7Co8m&ContextLibraryID=UR_7... 1/3

| | Performs SIGNIFICANTLY BELOW expected competency level for a Doctoral Intern. | Performs BELOW expected level of competency for a Doctoral Intern. | Performs at EXPECTED level of competency for a Doctoral Intern. | Performs ABOVE expected level of competency for a Doctoral Intern. | Performs SIGNIFICANTLY ABOVE expected level of competency for a Doctoral |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| stated theoretical model | | | | | |
| Diagnostic formulation (DSM V diagnosis, diagnostic considerations etc.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Consideration of any relevant multi- cultural issues/ concerns; | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Consideration of any ethical/ legal issues/ concerns | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Formulation of treatment plan | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Discussion of therapy process to date | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Professional preparation of written and oral material | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ability to receive constructive feedback | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please add comments and/or suggestions

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Santa Clara University

Counseling and Psychological Services

Evaluation of Intern Final Project

09/08/2023, 13:41

Qualtrics Survey Software

Intern Project Evaluation

Name of Intern

Please evaluate Intern's presentation on the following dimensions. The evaluation should be based on the skill level typical of interns at a comparable stage of training.

| | Performs significantly below current expected competency level for a Doctoral Intern. | Performs below current expected level of competency for a Doctoral Intern. | Performs at expected level of competency for a Doctoral Intern. | Performs above current expected level of competency for a Doctoral Intern. | Performs significantly above current expected level of competency for a Doctoral Intern |
|---------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Needs assessment/preparation for project | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Project assimilated evidence from empirical literature | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Organization and quality of the project | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Appropriate level of presentation for intended audience | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Intern's responsiveness to feedback | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Project included multicultural considerations | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

https://scu.az1.qualtrics.com/Q/EditSection/Blocks/Ajax/GetSurveyPrintPreview?ContextSurveyID=SV_b9qMREcyxXa6as6&ContextLibraryID=UR_7U74pucMzSi... 1/2

| | Performs significantly below current expected competency level for a Doctoral Intern. | Performs below current expected level of competency for a Doctoral Intern. | Performs at expected level of competency for a Doctoral Intern. | Performs above current expected level of competency for a Doctoral Intern. | Performs significantly above current expected level of competency for a Doctoral Intern. |
|-----------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Project included implications for clinical practice | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Overall rating for the project | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please provide some feedback about the strengths and limitations of the project.

Provide any additional comments

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Appendix C

SANTA CLARA UNIVERSITY

This is to certify that

Intern Name

has successfully fulfilled the requirements of the Doctoral Psychology Internship Program in Health Service Psychology at Counseling and Psychological Services.

Start Date of Internship:

End Date of Internship:

Number of Completed Hours:

First Name Last Name, Degree
Supervisor

First Name Last Name, Degree
Supervisor

Estrella Ramirez, Ph.D.
Training Director

Heather Dumas-Dyer
Interim Director, Cowell Center

Appendix D



SANTA CLARA UNIVERSITY
THE JESUIT UNIVERSITY IN SILICON VALLEY

COUNSELING AND PSYCHOLOGICAL SERVICES (CAPS)

Supervisory Disclosure and Recording Consent Form

CAPS Supervisory Disclosure and Recording Consent Form

Your assigned therapist is a Pre-Doctoral Intern or Post-Doctoral Fellow who is currently working at SCU CAPS. Since your therapist is not licensed, it is required that their clinical work be supervised by licensed psychologists. These supervisors are staff members at CAPS. We require that therapy sessions be monitored to ensure the highest standard of clinical care. Your therapist meets weekly with their supervisors who review the therapists' recordings and clinical work.

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

- My therapist is being supervised by licensed CAPS staff members and these supervisors are available for consultation upon my request.
- The supervisors working with my therapist are:
 - Sarah Rotsinger-Stemen, Psy.D.
 - Estrella Ramirez, Ph.D.
 - Yueh-Ching Hsu, Ph.D.
 - Miri Choi, Psy.D.
 - Daniel Reed, PsyD.

☐ My therapy sessions may be observed by live audio-video streaming, or audio and/or video recording. Recordings will be 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.

Please select your CAPS Therapist below:

Acknowledgment:

- ☐ I have read and understand the above information
- ☐ I hereby give informed consent to the above

****Full Name:**

****Date:**

Name (please print)

Date

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

Purpose of professional leave: _____

_____ Professional leave hours and/or

_____ Professional leave days

_____ Days of professional leave remaining

I am requesting vacation on: _____
Date(s)

I will be utilizing a total of:

_____ Vacation hours _____ Vacation days remaining

_____ Vacation days

| | |
|-----------------------------|------|
| Primary Supervisor | Date |
| Delegated Supervisor | Date |
| Training Director | Date |

Appendix E

Santa Clara University
Counseling and Psychological Services
Confirmation of Review of Doctoral Internship 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 Intern | _____ Printed Name | _____ Date |
| _____ Training Director Signature | _____ Date | |