

COUNSELING SERVICES
Campus Health Services

Doctoral Internship in Health Service Psychology

Training Manual

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Orientation to University

Northern Arizona University

Northern Arizona University (NAU) opened its doors in 1899 with 23 students, two faculty members, and two copies of Webster's International Dictionary bound in sheepskin. The first president scoured the countryside in horse and buggy seeking students to fill the classrooms of the single school building (now known as Old Main). Since those humble beginnings, the university has continued to grow, undergoing several name changes in accordance with expansions, added degree programs, and achieving university status. As of fall 2021, the students on NAU's Flagstaff campus number more than 23,500, with more than 8,000 of those living on campus. NAU now offers more than 150 undergraduate and graduate degree programs, distinguished by nationally ranked programs, its high research status, its emergence as a leader in sustainability, science, business, green building, and cultural arts.

Campus Health Services

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

Counseling Services

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

Orientation to Training Program

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

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

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

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

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

Members of the Training Team

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

Training Coordinator

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

Training Committee

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

Supervisors Team

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

Additional Training Team Members

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

Training Philosophy, Values, and Model

Development and Administration of Training Program: Philosophy and Principles

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

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

Training of Doctoral Psychology Interns: Philosophy and Principles

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

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

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

Training Model

The “Practitioner-Scholar” model values science and scholarly knowledge in the practical application of psychology¹. Consistent with NAU CS values, Belar and Perry (1992)² describe this approach as fitting for “psychologists who wish to use scientific methods in the conduct of professional practice” (p. 71). We agree, “effective application of psychology depends on having a [scientific] knowledge base from which to act” (Ellis, 1992, p. 573)³. Using this model, interns are trained to become competent generalists in the practice of professional psychology.

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

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

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

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

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

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

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

Diversity Statement

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

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

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

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

Training Aim and Competencies

AIM:

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

PROFESSION-WIDE COMPETENCIES:

Competency: Professional values, attitudes, and behaviors:

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

Competency: Individual and Cultural Diversity:

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

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

Competency: Ethical and Legal Standards:

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

Competency: Communication and Interpersonal Skills:

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

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

Competency: Intervention:

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

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

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

Competency: Research:

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

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

Competency: Assessment:

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

Competency: Supervision:

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

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

Competency: Consultation and Inter-professional/Interdisciplinary skills:

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

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

PROGRAM-SPECIFIC COMPETENCY:

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

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

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

Overview of Training Activities

Direct Service Training Activities

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

Indirect Service Training Activities

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

Example of typical schedule for Doctoral Psychology Intern:

(40 hrs/week)

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

2.0 hr/wk: Scheduled Brief Assessments

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

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

1.5 hrs/wk: Group Therapy

4.0 hrs/wk: Behavioral Health Rotation

1.0 hr/wk: Outreach (where appropriate)

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

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

Counseling Training Activities: (7.5 hrs/wk)

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

2.0 hrs.wk: Didactic training seminars

1.0 hrs/wk: Rotating/Professional Seminars

Counseling Support Activities: (9.0 hrs/wk)

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

2.0 hrs/wk: Professional Development

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

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

General Expectations of Interns:

Program Requirements

Overall

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

A Note about Hours

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

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

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

Additionally, it should be noted that holidays and Paid Time Off (PTO) will not count against your internship hours. As noted in APPIC, "program sanctioned leave time is normally considered hours to be included in the total training year time." Please work with your primary supervisor and/or the Training Coordinator for approval of hours (how to classify them) that happen outside of the typical 8-5pm work -week.

It can be challenging to acquire the required number of direct hours (500) needed for internship (2000) in a university setting. Interns should be strategic in how they manage their schedules and how they use provided leave time to ensure they reach this minimum standard.

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

semesters) and who plan vacations during semester breaks are better able to meet minimum 500 direct hour requirements.

Given the center's no-show rate and lighter client load in the summer, interns are encouraged to schedule at least 15 hours of direct service per week. Approximately twenty hours of direct service are built into the template schedules above as a very conservative estimation of how interns might address challenges to accruing time.

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

Professional Development

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

Direct Service

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

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

- Psychotherapeutic Assessment Requirement
 - 5 Total Therapeutic Assessments and Write-Ups

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

Indirect Service

Indirect Service Hours will include, minimally, the following:

- Supervision
 - Receiving 2 Hours Face-to-Face Primary Supervision
 - Receiving 1 Hour Secondary Supervision
 - Receiving ½ hour of Group Therapy Supervision per group
 - Assessment Supervision during rotating Assessment didactic seminar
 - Outreach Supervision as needed to develop and provide outreach programming
 - Case Consultation/Psychiatric Case Consultation: One hour per week

- Supervision of Supervision - 1 hour every three weeks (rotating seminar in Fall and Spring semesters)
- Didactic Training Seminar
 - 2 hours per week (see seminar schedule for more details)
 - Facilitation of Didactic seminar to CS staff in Summer
- Rotating Diversity, Supervision of Supervision, Behavioral Health, and Assessment Seminars
 - 1 hour per week (Meetings rotate)
- Staff Meeting
 - 1 hour per week
- Meeting with Training Coordinator
 - Intern Cohort meets with TC approximately once a month or as needed.
 - Interns meet singularly with the TC approximately 2x per semester or as necessary.
 - At the beginning of the Spring semester, TC and intern cohort meet to discuss how to best meet needs (e.g. continue with this meeting rotation/frequency approximately once monthly).
- Readings
 - NAU CS Policies and Procedures Manual, including required readings listed there
 - NAU CS Training Manual
 - APA Ethics Codes
 - <http://www.apa.org/ethics/code/principles.pdf>
 - Arizona Statutes
 - <https://psychboard.az.gov/statutes-rules>
 - Title IX Documents
 - <http://www.dol.gov/oasam/regs/statutes/titleix.htm>
 - Additional readings assigned by supervisors or seminar leaders
- Additional Required Trainings
 - Safe Zone – interns will register during orientation for a fall seminar
 - Campus Connect
 - All required HR trainings
 - Interns will be given instruction regarding trainings during orientation
- Case Presentation
 - Two formal case presentations
 - One each during Fall and Spring semesters
 - Presentation will be given during staff Team Meeting time with full staff
 - Presentation time allotted is 50 minutes, including time for questions/answers/discussion

- Case presentation write-up is due one week prior to presentation, to allow staff to read prior to meeting
- Intern should consult with supervisor regarding case presentation in the weeks leading up to it
- Case Presentation requirements are separate and more extensive than the Case Consultation presentation requirements (more detailed instruction will be provided)

Expected General Proficiencies

See Aims and Competencies

Professionalism, Ethics and Legal Issues

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

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

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

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

Evaluations

Ongoing evaluation of trainees is an integral part of the program. The goal of evaluations is to help Interns identify areas of strength and areas in need of improvement in order to become competent entry-level professionals in the field of health service psychology. Certain thresholds exist at which we deem an Intern prepared to practice at the postdoctoral level upon graduating the internship. All evaluations can be found on the “popeye” drive Shares under “Open Training” and “Evaluations”. Additionally, an Evaluation Guide with rubric, rating scale, and criteria can be found at the top of the Doctoral Intern Evaluation. Written evaluations of an Intern’s

performance occur at the end of each semester with an additional evaluation period at the end of the summer. Informal evaluations occur at the midpoint of each semester. This provides the opportunity for supervisors and supervisees to explore the interns' progress. Additionally, we will forward these formal evaluations to the DCT of the Interns' affiliated universities to apprise them of progress at three points over the course of the academic year.

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

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

NAU CS' evaluative process with Interns includes:

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

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

Didactic Training:

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

Supervisor's Evaluations:

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

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

Additional Evaluations

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

Specific Expectations & Policy for Interns and Staff

Clinical Supervision of Interns

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

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

for this by scheduling time in PnC and establishing a plan for the Intern to contact the supervisor by phone at the designated time. Supervision will then be conducted over the phone as it would in person.

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

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

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

Primary Supervision

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

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

- Read the Doctoral Internship Training Manual
- Review Brief Assessment notes and disposition decisions made, keeping in mind center policies and the kinds of clients needed to maximize Intern growth.
- Review PnC Task List and sign off on clinical notes in a timely manner in accordance with agency policy (see CS PPM).
- Review case notes and other clinical materials (e.g., correspondence) as needed for usefulness to the Intern, usefulness to next therapist, ethical/legal considerations.
- Provide back-up/emergency consultation as needed.
- Maintain a current overview of the number, severity, and presenting concerns of clients

being seen by Intern.

- Provide on-going verbal feedback to Intern regarding the various aspects of their counseling skills.
- Provide mid-semester and end-of-semester feedback to Intern using evaluation forms and provide Training Coordinator with copies of written feedback.
- Attend monthly supervisors' meetings with the Training Coordinator and supervisory team.
- Assist Intern in development of clinical and professional skills.
- Assist Intern in working towards mutually agreed upon training goals.

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

- Come to each supervision session prepared with clients or issues to be discussed and minutes noted on digital recordings for review.
- Digitally record each client session and save to the "Recordings" folder for review. All sessions must be recorded. In the event a client refuses to be recorded during an "Initial Assessment" appointment, the Intern may conduct the session and consult with their primary supervisor to determine appropriateness of the client for the intern's level of skill and competence.
- Provide supervisor with regular updates regarding caseload (e.g., client number, presenting problem, cultural concerns, level of risk, case disposition, etc.) A sample template is available in Appendix I.
- Review training goals with supervisor regularly. Alert supervisor to any special requests regarding client presenting issues or cultural considerations which may help you meet your training goals.
- Discuss any clients who present particular clinical or personal challenges to you that, in your judgment, provide opportunities for and/or impediments to your growth and effective functioning as a clinician.
- Consult with supervisor (or available clinical staff member) for back-up/support on emergencies as needed, including high risk clients (see Appendix J).
- Keep supervisor informed of any concerns or difficulties you have that may represent ethical or legal dilemmas for you.
- Present to supervisors any clients who present risk to self, others, or who might rise to the attention of campus or local officials. Interns should keep in mind the safety of the client and community, as well as remain mindful they are working under the license of your supervisor.
- Create notes for all therapy sessions and client contacts and send notes to supervisor within 48 hours of client contact. Notes for emergencies should be completed within 24 hours of client contact.
- Provide supervisor with timely oral and written feedback regarding the supervisory experience. Provide Training Coordinator with copies of written evaluations of your supervisor.

Secondary Supervision

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

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

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

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

- Work collaboratively with secondary (and potentially the primary supervisor) to determine in-depth focus on clinical issues or specific client(s) to be discussed.
- Communicate consistently with your secondary supervisor about clinical work.
- Digitally record each client session and save to the “Recordings” folder for review. All sessions must be recorded. In the event a client refuses to be recorded during an “initial appointment,” the Intern may conduct the session but is encouraged to consult with their primary or secondary supervisor about the appropriateness of that particular client for the intern’s caseload.
- Present to supervisor any particular clinical or personal challenges to you that, in your judgment, provide opportunities for and/or impediments to your growth and effective functioning as a clinician.
- Consult with supervisor (or available staff member) for back up or emergencies as needed.
- Keep supervisor informed of any concerns or difficulties you have that may represent

ethical or legal dilemmas for you. This includes the ethical considerations involved in the exchange of confidential information (e.g. correspondence or phone calls made on behalf of the client).

- Come to each supervision session prepared with clients or issues to be discussed and recordings cued (if applicable).
- Provide supervisor with timely oral and written feedback regarding the supervisory experience. Provide Training Coordinator with copies of written evaluations of your supervisor.

Supervision of Group Therapy

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

Supervisors: Specific minimum tasks of the group supervisor include:

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

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

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

Supervision Matches

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

Case Consultation/Psychiatric Consultation

The supervision experience is intended to follow the developmental mentoring model in that objectives change across the course of the internship year. The overall goals of the rotating, biweekly case consultation and psychiatric consultation meetings are to further hone clinical skills, to strengthen written and verbal communication about clinical work, enhance and develop constructive skills at giving and receiving feedback about clinical work, as well as deepen one's understanding of an integrated approach to well-being and mental health treatment.

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

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

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

Formal Case Presentation

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

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

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

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

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

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

Intern Summer Project

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

Supervision of Supervision

Interns will receive graduated training in the provision of supervision. The training around supervision may consist of multiple activities (depending on readiness) that will allow Interns to develop their understanding and skills in the provision of supervision. These activities include a Supervision of Supervision didactic seminar in the fall, a rotating supervision of supervision seminar in the fall and spring semesters, as well as assuming the role of primary supervisor for an MA Intern, doctoral practicum students, or fellow intern. It is important to note that direct service for doctoral interns will be allowed for 1) procuring supervision to doctoral practicum students/MA interns, 2) 1 hour per week for video review, progress note review, and other duties consistent in supervision. At times, 1.5 or 2 hours are requested at the beginning of the semester to review video of supervisees. Please consult the training coordinator if such as request is going to be made before blocking this time on your schedule or counting it in your internship logs.

During the fall and spring semesters, Interns will attend a rotating Supervision of Supervision Didactic Seminar for 1 hr every three weeks. The seminar will run for the full semester and will be facilitated by the Supervision of Supervision supervisor. The seminar is intended to provide Interns with information that will aid in the provision of supervision, to help Interns understand models of supervision, and explore their own personal approach to supervision. Interns will be

provided a syllabus for the seminar outlining weekly readings and activities they are expected to complete each week prior to the seminar. Readings and activities will be the foundation for discussion and learning.

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

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

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

Outreach/Consultation Expectations of Interns

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

Interns will have ample opportunity for consultation in both formal and informal ways throughout the internship. Interns are responsible for reviewing their consultation experiences during primary and secondary supervision and feedback will be provided. Interns are expected to consult with a multitude of populations, including but not limited to, clients, concerned others (i.e., parents, staff, roommates), faculty, CHS staff (i.e., Med Services, Health Promotion), as well as fellow staff and trainees at CS. Interns are encouraged to consult with members of their cohort regularly.

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

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

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

Assessment Expectations

Counseling Services' doctoral internship training includes the utilization of limited psychological assessment measures to enhance and clarify diagnostic theories, support therapeutic treatment

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

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

Interns will also be trained and supervised in administration, interpretation, and report writing connected with several other brief assessments: Mental Status Examination - Mini-Mental Status Examination (MMSE), DSM-5 Cross-Cutting Measures Level 1 & 2, PCL-5 (PTSD brief screener), Columbia Suicide Severity Risk Scale (C-SSRS). The MMSE is a brief, 30-item questionnaire commonly used to screen for cognitive impairment in health care settings. It screens for attention/concentration, visuospatial ability, language ability to follow simple commands, working memory, and orientation to time, place, location. The DSM-5 Cross-cutting Measures is a broad, yet brief screener for common symptoms of mental disorders associated with the DSM – 5. The PCL-5 is a brief, 20-item screener that is used to assess endorsement of symptoms commonly associated with Post-Traumatic Stress Disorder (PTSD). The C-SSRS is a suicide assessment tool used to screen for immediate risk factors of suicide. Interns will select two clients during the fall semester, two clients in the spring semester, as well as one client in the summer (total of 5 clients per Intern) to administer the one of the previously named brief assessments, interpret the resulting data, and write a brief summary of their findings.

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

It is the preference of CS that students and Interns complete all assessments via paper-administration and scoring. Copies of these assessments will be available to the Interns at the beginning of the year after they have been trained on administration/scoring/interpretation of these assessments. Should a testing client require accommodations for testing, Interns are expected to discuss the client's needs in advance so that adjustments may be made.

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

final completed version of the feedback letter, or as indicated by the assessment supervisor depending on the trainee's identified level of competence/expertise in assessment. All assessments given must be summarized in the clinical record and raw data must be scanned in to the clinical record.

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

Assessment expectations for supervisors and Interns:

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

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

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

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

assessment findings and other relevant clinical information.

- Provide supervisor with timely oral and written feedback regarding the supervisory experience.
- Provide the Training Coordinator with copies of written reports for your file.

Multiculturalism/Diversity Expectations

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

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

Objectives of Diversity Training Seminar

To foster:

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

Balance of Evaluation and Feedback

Despite diversity seminar being an evaluative component of the training program, it is our intention that dialogues are intended to be kept private between seminar attendees. This is done to create a sense of security, openness for Interns to express and process their reactions to topics covered in the seminar and to one another. Diversity leaders participate in supervisor monthly meetings; however, they do not report specific details of what has been covered in the seminar. Diversity leaders do have the discretion to express concerns about an intern's progress with regard to the development of entry-level competency in the area of multiculturalism. However, formal evaluation of interns' integration of diversity issues into their work is provided by their clinical supervisors.

Meeting with Training Coordinator

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

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

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

Didactic Training Seminars

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

Two-Hour Weekly Didactic Training Seminar Meetings

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

Nevertheless, in addition to scheduled topics, we encourage Interns to communicate topics of interest to them. We will accommodate those trainings when possible.

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

Orientation Week Trainings

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

Administrative Time

Meetings

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

Supervision Preparation

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

Paperwork, Planning, and Notes (PPN).

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

Additional Policy and Procedures

Professionalism (Ethics, Behavior, and Dress)

Ethics:

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

Time:

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

Dress:

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

Behavior:

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

Work Outside of Internship

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

Staff/Trainee Relationship

Policy Statement/Guidelines on Managing Multiple Role Relationships

Campus counseling centers share features of rural settings, insofar as a close-knit group of colleagues serves a population with whom there are multiple and frequent occasions to interact in various, non-mental health-related roles. For this reason, opportunities often present themselves at college and university counseling centers for staff members, administrative personnel, practicum students, interns and postdocs to develop ways of thinking about and addressing multiple relationships that arise in their lived, clinical experiences. Ideally, these encounters will move staff and trainees beyond a purely textual understanding of our Ethics Code to a more nuanced and clinically driven set of ethics (APA Monitor, 2008).

PURPOSE OF THIS STATEMENT

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

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

DEFINITION OF MULTIPLE ROLE RELATIONSHIPS

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

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

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

INEVITABILITY OF DUAL/MULTIPLE ROLE RELATIONSHIPS

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

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

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

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

PROBLEMATIC ASPECTS OF MULTIPLE ROLE RELATIONSHIPS

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

Multiple role relationships can also have consequences for the agency as a whole, as they engender an environment of indebtedness, favoritism, and inclusion/exclusion. These unfavorable conditions may also have a deleterious impact on the relationships between

members of the trainee cohort group, and may ultimately negatively impact the quality of service provided to the students seeking support through CS.

ETHICAL GUIDELINES FOR SUPERVISORS

Core ethical consideration:

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

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

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

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

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

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

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

1. Could this situation jeopardize the staff member's ability to evaluate or supervise a trainee objectively? Conversely, could a trainee's ability to evaluate a supervisor or program objectively and without fear of reprisal be impaired?
2. Could this situation create a feeling of being exploited by or overly indebted to another staff member?
3. Could this situation make it more difficult for one staff member to maintain appropriate limits and boundaries with another staff member, particularly one who possesses more power in the agency?
4. Could this situation create the perception of favoritism, exclusion, or distrust in other staff members?
5. Could this situation affect the agency in some other negative way (i.e. negative perceptions of the agency as a whole)?

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

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

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

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

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

5. Part-time counselors who teach or TA in one of the academic departments do not provide counseling services to students from that same department.

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

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

Intern Liability Insurance

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

Informed Consent and Notification of Trainee Status

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

Electronic Recording

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

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

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

Confidentiality

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

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

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

Interns Not Meeting Program Standards: Due Process Procedures

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

It should be noted that an intern may deviate from our standard training that may not require any disciplinary actions. For example, if an intern has ADA accommodations, we will work with them in order to provide the necessary accommodations to be successful. There may also be other individual circumstances (i.e., kids at home) that may be considered when considering after hours outreach events, as an example.

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

1: Skill Deficiency. Unsatisfactory performance of the duties of an intern including inadequate professional work, ratings lower than a 3 on any item of the Intern Performance Evaluation and unethical behavior, particularly behaviors that violate the APA Ethical Standards and Code of Conduct. Performance Evaluations and general weekly observations by their supervisors will guide continual assessment of interns and the need to provide discipline. Formal and informal assessment of interns are based on competencies set forth by the Intern Performance Evaluation form. Skill Deficiency:

- An average rating of “3” on any competency in the Spring or Summer semester will result in a verbal conversation with the supervisor and an informal, brief written plan on the evaluation for how the Intern and supervisor plan to improve the competency. It is recommended that supervisors use the Supervisors’ meeting to talk through helpful courses of action to support the intern’s growth.
- A score of “2” on any single assessment question will initiate a formal conversation between the supervisor and the Training Coordinator (or Director of CS if conflict of interest exists) and/or training committee to discuss possible options for supporting the Intern with a specific plan to improve their competency. An informal, brief written warning for how the Intern and supervisor plan to improve the competency is made.
- A score of “1” on any single assessment question will result in a formal verbal conversation with the supervisor and Training Coordinator. A meeting between the Training Coordinator, supervisor, Clinical Director and Director of CS is mandated. A formal remediation plan (see below) is mandated at this point. If the Training Director is the primary supervisor, then the Clinical Director will serve in lieu of the Training Coordinator to facilitate the due process as outlined in this section.

As some competencies may represent more crucial areas of functioning, judgments about individual competency scores that require improvement or remediation are made by the

supervisors, Training Coordinator, and Training Committee on an individual basis. Supervisors can also utilize the Supervisor's meeting for support and direction on how to proceed with concerns of an intern.

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

- 1) An inability or unwillingness to acquire and integrate professional standards into one's conduct.
- 2) An inability to acquire or failure to make progress in professional skills and reach an accepted level of competency (see above definition of acceptable level).
- 3) An inability to manage personal stress, psychological dysfunction, or emotional reactions.
- 4) An inability or unwillingness to work with others in an appropriate, respectful, and professional manner.
- 5) An inability or unwillingness to adhere to the NAU standards for employees.
- 6) Intern does not acknowledge, understand, or address problematic behavior when identified.
- 7) Problematic behavior is not a skill deficit which can be remedied through academic, didactic, or supervisory means.
- 8) Quality of service delivered repeatedly results in negative outcomes for clients.
- 9) Expectations for timeliness, quality, and consistency of written documents, such as progress notes, intake reports, psychological reports, and professional correspondence are not met in the Intern's performance.
- 10) Problematic behavior is significant and/or not restricted to one area of professional functioning.
- 11) Problematic behavior could have ramifications for legal or ethical infractions, if not addressed.
- 12) Disproportionate amounts of administrative and clinical staff time and attention are required to deal with the Intern's lack of performance.
- 13) Intern's performance does not change as a function of feedback, remediation, or the passage of time.
- 14) Intern's performance negatively affects Counseling Services' public image.

The Training Committee, in consultation with involved supervisors, will decide when any of the conditions for inadequate performance or professional deficiency are present. We will direct efforts to bring about improvement, and will decide when formal steps should be taken to discipline an Intern and implement the established due process procedures. Matters of Intern misconduct, ethical concerns or ethical violations may require involvement of the Director of CS, Clinical Director and Training Coordinator at the level of verbal discussion or written warning, remediation plan, or in extremely rare cases, immediate termination.

Due Process Procedures

The discipline of an Intern follows the sequence identified below:

Verbal Discussion

The first step in the disciplinary process typically involves a verbal discussion between the Intern and their primary supervisor during routine weekly supervision. It is anticipated that most problems in Intern performance and conduct can be resolved at this level of intervention. The intent of weekly supervision is to provide guidance and discussion of performance based competencies contained within the Performance Evaluation. This is often the case when an Intern is performing slightly below competency either during or at the end of a given semester.

Procedural Steps for Due Process: If the “typical” means of correcting concerns for competency based behaviors or Personal Functioning or lack of Professional Standards are not remedied through weekly supervision, the following steps are to be followed:

1. It is not considered a remediation plan, but a ‘written warning’. If needed, an additional follow-up meeting, two weeks from original follow-up meeting can be set to evaluate the intern’s performance relative to this ‘written warning’. At this point, consultation with the training committee, Clinical Director and Director of CS will be initiated and discussed among CS Admin staff. If insufficient progress has been made a remediation plan will be initiated. The remediation plan will be devised in conjunction with the Training Coordinator, supervisor and the intern. This plan will be scheduled within one week of the second follow-up meeting of the written warning. After the creation of the remediation plan, weekly follow-up meetings will convene with the Training Coordinator, supervisor and the intern to assess progress of competency based performance until the area of concern has met benchmarks as outlined in the remediation plan. See next section for more details involving a remediation plan.

Written Warning

Continued unsatisfactory performance or violation of University policy, beyond the stage of verbal discussion, may result in a written warning being given to the Intern. However, disciplinary action may be initiated without written warning if the issue requires/warrants more serious and immediate action, i.e., significant ethical violation. A meeting with the supervisor, Intern and the Training Coordinator (or Clinical Director if conflict of interest exists). During this meeting the following will be addressed:

1. Provide written expectations regarding professional functioning.
2. Specify ‘problem behavior’ or areas of concerns.
3. Specify evaluative procedures, including time frame and method.
4. Communicate early and often with graduate program about any difficulties with trainees to seek input from programs on how to address difficulties.
5. Time frame for progress contained in Written Warning not to exceed one month with weekly or bi-weekly meetings to assess progress and make necessary adjustments.

6. Training Coordinator may attend these assessment meeting relative to Written Warning.
7. Documenting, in writing and to all relevant parties, the action to be take and it's rationale
8. If progress is unsatisfactory after one month, a Remediation Plan is initiated.

Remediation Plan

The Remediation Plan should also identify specific changes expected of the Intern and indicate an evaluation date that allows a reasonable amount of time to demonstrate an acceptable level of sustained change. It is recommended that the amount of time allotted not exceed one month from the initiation of the remediation plan. The possibility of termination should be clearly articulated in the remediation plan, if applicable, so the Intern does not misunderstand the consequences of failing to comply with the intent of the this plan. The Intern should sign and date the remediation plan to acknowledge an understanding and receipt of this plan. A copy of the remediation plan is given to the Intern, Training Coordinator, Director of CS, and the Intern's graduate program Director of Clinical Training and placed in the Intern's file. The remediation plan should be made in consultation with the Training Coordinator (required) and the Training Committee (if possible). Benchmarks will be set forth in the remediation plan that clearly identify program's expectations, evaluative methods, and successful completion. These benchmarks will be written and/or borrowed from competencies contained in the formal performance evaluations or specified to the problematic behavior. Successful completion of a remediation plan indicate performance of a 3 or higher that is consistent with items found on the formal performance evaluations, unless it is the final semester of their training, thus necessitating a score of 4 or higher. If the intern does not meet noted benchmarks with the allotted time (typically one month), this would result in termination of employment for the intern. Any hours garnered before the remediation plan would count toward internship, but not during the remediation plan due to the intern not meeting sufficient competencies.

Additional Warnings

If offenses continue or unsatisfactory performance persists, following a Written Warning and/or a formal Intern Remediation Plan, clinical privileges may be suspended, placed on administrative leave, or dismissal may be appropriate, particularly in severe cases.

Direct Service Suspension – if it is determined that the trainee's problem behavior might impact client welfare or campus community, the trainee's clinical privileges providing direct service will be suspended. Suspension is called for when, in the opinion of the Training Coordinator and CS Director, the Intern should not return to work until an investigation is concluded. However, suspension is not required before terminating an Intern. Under some circumstances, suspension of an Intern may be an appropriate disciplinary action. Intern Suspension (with or without pay, as determined by the CS Director and Human Resources) is appropriate in situations where a period of time is required for an investigation of alleged behaviors. The length of the suspension should be commensurate with the nature of the alleged problem and the Intern's response and past record. A period of suspension does not count toward completion of the 2000 hour requirement of the Doctoral Psychology Internship Program and

would need to be made up, if appropriate (with or without pay, as determined by the Director and HR).

The trainee will be given a letter specifying the following:

- a. Description of the unsatisfactory behavior
- b. If applicable,
 - 1) Actions required to correct the unsatisfactory behavior
 - 2) Timeline for correction
 - 3) Explanation of the procedure that will be used to determine whether satisfactory progress has been made
 - 4) Possible consequences if the problem is not corrected

Administrative Leave – will result in temporary withdrawal of all privileges and responsibilities in the agency. The trainee will be informed in writing about potential consequences resulting from being placed on administrative leave, which might include inability to complete program hours or other requirements. The suspension will become effective immediately upon notice to the Trainee. Conditions will be imposed regarding amelioration of the violation, including remedial measures. A date will be set for a special review meeting with the Director, Training Director, and the Trainee to evaluate progress made. The Training Director will inform the trainee of the effects the administrative leave will have on the trainee's stipend and accrual of benefits.

If Direct Service Suspension or Administrative Leave interferes with the successful completion of the training hours needed for completion of the Internship or practicum placement, this will be noted in the Trainee's file and the Trainee's academic program will be informed.

Dismissal from the Internship Program – involves permanent withdrawal of all agency privileges and responsibilities. This may happen after, (1) unsuccessful completion Remediation Plan that cannot be successfully accomplished, (2) severe violations of APA Code of Ethics, (3) serious violation of CS policy and procedures, (4) serious legal action, (5) or when imminent physical or psychological harm to client or staff is a major factor, or (6) an Intern is unable to complete the program due to their emotional and/or mental well-being.

Appeal policy

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

To initiate an appeal, the Intern will need to write a formal letter to the Director of CS within 10 working days from their notification of any of the above due process procedures (inadequate or problematic performance, written warning, remediation plan, suspension/termination, or as soon as any additional concern/issue regarding their training experience arises). This letter should contain supporting documents that refute the evidence regarding the evaluative decision made during due process. Within three work days, the Director will then decide whether to implement a review committee or respond to the appeal without a panel being convened. Additionally, the

Director of CS of CS may meet jointly with the Intern, the Training Coordinator, and the supervisor(s) to hear the basis for the Intern's concern and the grounds for the appeal. Should the Director decide to have this appeal reviewed by a panel, the Director will initiate an Appeals Review Committee (panel) of three senior staff members within one business week. This meeting constitutes a Hearing to discuss concerns from both parties. The trainee may submit to the Appeals Review Committee (ARC) any written statements they believe to be appropriate, may request a personal interview, and/or may request that the Committee interview other individuals who might have relevant information. The supervisor or staff members involved is afforded the same privilege. After this Hearing (and interviews if requested), the Appeals Review Committee will review the information provided (both written and in-person during the hearing). Within seven business days, the Appeals Review Committee will review the appeal or disagreement to examine the relevant materials presented and submit a report of their findings and recommendations to the Director of Counseling Services. Recommendations by the Appeals Review Committee will be made by majority vote if a consensus cannot be reached. The Director of CS may choose to accept or reject the decision of the ARC. This decision must be made in or on three working days of receipt of the report that was submitted by ARC. If it is rejected, it may be referred back to the ARC for further deliberation and revision of recommendations. Then the ARC has 5 business working days to set a meeting to review the 'rejected' original recommendation. If referred back to the ARC, a report will be presented within five business days after they have reconvened within that time period. At this point, following the Appeals Review Committee investigation, report, and recommendation, the Director of CS will provide a written summary of the Committee's findings to the Training Coordinator within three business days. The decision is ultimately made by the Director of CS and is considered final once it is provided to the Training Coordinator. If a trainee disputes this final decision, the trainees has the right to appeal through the steps outlined in the Appeal Procedures or by contacting HR NAU.

The Intern also has the right to request that a change be made in the assignment of a supervisor. This request should come, in writing, to the Training Coordinator and should specify the basis for the request. Before a change is made, attempts will be made to resolve a possible conflict between the Intern and their supervisor. In all cases, the Training Committee, and ultimately, the Training Coordinator will make the determination of the Intern's request for a change in supervisor, professional competence, and standing in the training program. If the Intern believes that the Training Committee or Training Coordinator has not dealt justly with their case, the Intern may make a final appeal to the Director of Counseling Services. This appeal should be made in writing and should detail the nature of the problem and the basis for the appeal. The Director of CS will meet with CS admin (excluding the Training Coordinator if conflict of interest) to consider the appeal, within 5 business days. They will meet with the Intern and other people as requested by the Intern and consider all materials presented before rendering a final decision. This final decision will be made and a meeting will be scheduled with the Intern within 8 business days to apprise the Intern of the final decision.

Other Grievance Procedures

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

The procedures outlined below are intended to address these problems:

1. An Intern who has a specific concern is encouraged to talk directly to the person who is the focus of the concern to see if the matter can be resolved as expeditiously as possible.
2. An Intern who has a specific concern but is hesitant to talk directly to the person who is the focus of the concern, may speak with their supervisor or another senior staff member to obtain support and consult about how to deal with the situation prior to talking with the person who is the focus of the concern. It is recommended that a plan be devised to resolve or converse with the person of concern within 5 working days.
3. If no solution is identified, or if the identified resolution is unsuccessful, the matter should be referred to the Training Coordinator.
4. The Training Coordinator will meet with each person involved in the concern in order to mediate a solution within 5 days of receipt of the complaint. If appropriate, the Training Coordinator will convene a meeting for all parties involved within 10 days of the grievance being brought to the attention of the Training Coordinator.
5. If mediation is unsuccessful or if the Training Coordinator is the focus of the concern, the relevant parties will be referred to the CS Director. If the intern is challenging a formal evaluation, the intern must do so within 5 working days of receipt of the evaluation. The Director will review the situation and work to assist the involved individuals to resolve the situation. The Director may also take administrative action where necessary. When necessary, the CS Director will convene a Review Panel within 3 days of receipt of the formal grievance. If the formal complaint involves the Training Coordinator, the Director will appoint someone from the training committee to fulfill the Training Coordinator function with regard to the complaint.

Review Panel and Process for Grievances: The panel will consist of three staff members (which could include an intern) selected by either the Director, Assistant Director/Clinical Coordinator, or Training Coordinator with consultation with the intern involved in the dispute. Within five working days, a meeting of the Review Panel will be conducted in which the challenge is heard and relevant material presented during a formal Hearing process. After this Hearing, the Review panel will submit a written report of their findings and recommendations to the Training Coordinator or CS Director including any recommendations for further action.

Recommendations made by the Review Panel will be made by majority vote. Once the Training Coordinator or CS Director has received this report, they will have 3 days to either accept or reject the Review Panel's recommendations. If the Panel Review recommendations are rejected due to an incomplete or inadequate evaluation of the dispute, the Training Coordinator or CS Director may refer the matter back to the Review Panel for further deliberation to explore additional recommendations. If referred back to the panel, they will report back to the Training Coordinator or CS Director within five working days of the receipt of the request for further deliberation. The Training Coordinator or CS Director then make a final decision regarding what action is to be taken. Within three days, The Training Coordinator or CS Director will convene a meeting to inform the intern, staff members involved and if necessary members of the training staff of the decision and any needed action. If the intern disputes the Internship Training Director's final decision, the intern has the right to contact Northern Arizona University Human Resources to discuss the situation.

NAU Human Resources Due Process and Grievance Policies and Procedures

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

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

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

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

Safe Working and Learning Environment

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

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

For more information, including a full copy of this policy, please click the following link: <http://nau.edu/Equity-and-Access/Forms/Safe-working-and-Learning/>.

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

Documentation

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

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Intern Benefits

Vacation Leave and Holidays

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

Professional Development Hours/Leave

Interns are allotted 40 hours (5 days) of professional development hours. These are professional development hours that may require the Intern to be out of the center during business hours but which are also part of their training experience. Examples include conference attendance, job interviews, data-collection and dissertation defense. Professional leave time, because it is part of the internship experience, is included in the 2000 hour total hours required. Requests for professional development time are required two weeks in advance of the leave and must be

approved by the Training Coordinator and CS Director. The intern should alert their individual supervisor about time off, and others who are impacted by their absence (e.g., group co-leaders, committee members, etc.)

Sick Leave

Interns accrue Sick time in accordance with NAU's policy for "Service Professionals": <http://nau.edu/Human-Resources/Benefits/Vacation-Leave/Sick-Time/> . In the case of illness, the Intern is expected to contact the Director of CS, as well as the identified support person, and notify them of the absence as soon as possible. Patient Services will attempt to reach impacted clients and reschedule their appointments. Interns are encouraged to be mindful of their schedules, especially in the case of high-risk clients. In rare instances, Interns may be contacted on a day they are out sick to discuss decision-making around higher risk clients. If necessary, those clients may be rescheduled during screening time or an open appointment time with another provider.

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

Emergencies

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

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

Miscellaneous Policies & Procedures

Completion of Internship Policies and Procedures

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

Policies and Procedures Regarding Intern Selection

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

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

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

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

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

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

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

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

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

NAU HR Policies and Procedures Manual

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

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

Appendix A: Intern Training Agreement

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

This training agreement between:

(Name of psychology intern)

(Address of psychology intern)

(Phone number)

(Email address)

and:

Christopher Margeson, Ph.D. _____

(Name of primary supervising psychologist)

_____ PO Box 6045, Counseling Services, Northern Arizona University, Flagstaff, AZ 86011

(Address of the affiliated training site)

_____ (928)523-2261 _____ christopher.margeson@nau.edu _____

(Phone number)

(Email address)

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

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

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

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

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

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

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

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

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

5. The primary and secondary clinical supervisors at Counseling Services are professionally responsible for all the psychology work that is completed by their supervisees. The supervisors are vested with sufficient authority over matters pertaining to the provision of psychological services by the psychology intern to enable the supervisors to accept responsibility for the welfare of the clients and the quality of the training experience. The supervisors will prevail in all professional disagreements with the psychology intern.
6. Clinical supervisors will determine that the doctoral psychology intern is capable of providing competent and safe psychological services to each client assigned. The supervisors will not permit the psychology intern to engage in any psychological practice that the supervisor cannot competently perform.
7. The private actions and behaviors of the psychology intern, which are not relevant to, nor expressed in, the internship setting will not be managed within the supervisory relationship. The supervisors shall not provide psychotherapy to the psychology intern. Should doctoral interns require additional support and/or resources for personal issues, conflicts, or matters potentially affecting their performance and abilities as an intern, they are encouraged to seek out their own personal support (i.e., therapy, support services in the community) to resolve the personal concerns at the earliest possible time.
8. The psychology intern is known by the title "Doctoral Psychology Intern." The name of their primary and secondary supervisors will be disclosed on all materials on which the name of the psychology intern appears, including informed consent forms, consent for video recording forms, progress notes, psychological records, reports, correspondence, and business cards.
9. The psychology intern will create and maintain client records consistent with all applicable Arizona Statutes and Rules of the Arizona Board of Psychologist Examiners. Psychology records are kept in secure electronic form via our electronic health record, Point and Click (PnC). Each record documented by the doctoral intern will be reviewed by a clinical supervisor and will remain with the supervising psychologist or the affiliated training site upon the completion or termination of the internship.
10. The Training Coordinator will receive written certification by the doctoral psychology intern's doctoral program that the intern has satisfied all requirements in preparation for the internship training year. Certification is provided through the online APPIC Application for Psychology Internship (AAPI). If any concerns or questions remain prior to the start of the internship, the Training Coordinator reserves the right to reach out to the educational program's Director of Clinical Training (DCT) in order to verify the eligibility and preparedness of the intern.

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

(Educational Program and degree type)

(Director of Clinical Training)

(Address)

(Phone)

(Email)

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

State/Province: AZ License #: 4521 Date 1st
Licensed: 6/24/2014

12. The Training Coordinator is currently insured for professional liability by
Arizona Department of Administration Risk Management Division

(Name of insurance company)

in the amounts of \$ _____ per incident, \$ _____ aggregate, with an effective date of _____. The supervisor agrees to keep this policy in effect for the duration of the internship.

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

(Name of insurance company)

in the amounts of \$ _____ per incident, \$ _____ aggregate, with an effective

date of _____. The psychology intern agrees to keep this policy in effect for the duration of the internship.

14. An annual stipend of \$ 35,705.00 will be paid to the intern by Counseling Services. Payment of an intern's stipend is not based on the intern's productivity or revenue generated. The stipend must be independent of the supervisor's or agency's billings or collections and is not based on a percentage of billings or collections. The doctoral psychology intern will not receive fees from any client, or on behalf of any client, from any third party payer.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(Printed name of Training Coordinator) (Signature) (Date)

(Printed name of doctoral psychology intern) (Signature)
(Date)

(Printed name of DCT at doctoral program) (Signature) (Date)

Appendix B: Intern Requirements Tracking Guide

Doctoral Intern: _____

Task/Requirement	Date Completed
500 direct service hours	
2000 total internship hours	
4 on all evaluation “competencies” and items by completion	
No score of “2” on any item on final evaluations	
No other significantly concerning score/feedback on final evaluations	
Intern Summer Project	
Group Therapy	
Group 1	
Group 2	
Training Seminar Facilitation	
Therapeutic Assessments	
MMSE: Admin 1 & Report	
DSM-5 Cross-Cutting: Admin 2 & Report	
PCL-5: Admin 3 & Report	
(Your Choice) Admin 4 & Report	
Formal Case Presentations	
Fall 1	
Spring 1	
Outreach	
Observation of Staff	
2 Outreach events observed/evaluated by staff	
Case Consultation	
1 presentations – Fall	
1 presentation – Spring	
1 presentation – Summer	

Appendix C: Senior Staff Summary

<i>Name</i>	<i>Year Licensed</i>	<i>Degrees</i>	<i>Supervision</i>
Carl Dindo <i>Director of Counseling Services</i>	2015	Psy.D., LP	P, S, G
Matt Van Schoick <i>Assistant Director; Technology/Telehealth</i>	2013	Psy.D., LP	P, S, G
Christopher Margeson <i>Training Coordinator</i>	2014	Ph.D., LP	P, S, G
		Psy.D., LP	P, S, G
Lisa Taylor <i>Diversity Coordinator</i>	2022	MS, LCMSW	S,G
Kristen Anderson <i>Case Management Coordinator; Groups Coordinator</i>	Not Licensed	MA	G
Kim Vercauteren-Griffin <i>MA Counseling Internship Coordinator; Athletics Liaison</i>	2011	MA, LPC	S, G
Dazhoni Scott <i>Substance Use Disorder (SUD) Program Coordinator</i>	Unsure of exact date will get more info	NCC, LPC	S,G
Kara Miller <i>Counselor</i>	Unsure of exact date will get more info	MA, LPC	S,G
Lisa Shows <i>Counselor; Outreach Coordinator</i>	2012	MS, LPC	S, G
Vacant <i>Latine Specialist</i>			
Miriam Offner <i>Counselor</i>	2019	MA, LAC	S,G
Kate Murdaugh <i>Counselor</i>	2020	MA, LPC	S,G
Vacant <i>Generalist</i>			

Appendix D: Supervisor Ranking Form

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

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

Primary:

- 1.
- 2.
- 3.

Secondary:

- 1.
- 2.
- 3.

Appendix E: Supervision Tracking Form

Northern Arizona University
Counseling Services

Supervision Tracking Form

Supervisor's Name & Credentials: _____

Date: _____

Supervisee's Name: _____

Duration: _____

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

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

Supervision Format:

In Person

- Individual
 Group

Telephone

- Individual
 Group

Clients/Clinical issues discussed: (initials only)

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

1. _____

Outcome/Recommendation:

Video reviewed Minutes: _____

2. _____

Outcome/Recommendation:

Video reviewed Minutes: _____

3. _____

Outcome/Recommendation:

Video reviewed Minutes: _____

4. _____

Outcome/Recommendation:

Video reviewed Minutes: _____

5. _____

Outcome/Recommendation:

Video reviewed Minutes: _____

Professional Development topics addressed:

1. _____

2. _____

3. _____

4. _____

Other:

Supervisee's progress towards identified goals:

Areas needing additional focus/work:

(Supervisor signature)

(Supervisee signature)

Appendix F: CS Trainee Orientation Schedule

Appendix G: Orientation Evaluation

New Trainee Orientation Evaluation Form

Trainee Name: _____

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

Scale:

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

Questions:

I enjoyed the Welcome Party at the Wednesday staff and appreciated the opportunity to meet and get to know staff prior to beginning my training at CS. (All staff)	
I felt that the General Overview of Counseling Services meeting was helpful in increasing my knowledge about my training site as well as Campus Health, Student Affairs, and NAU. (Kara Miller & Jade Patterson)	
I enjoyed the tour of the Student Union and felt that the visit to the Parking Office was helpful and informative. (Miriam Offner)	
The computer setup and instructions regarding the online training modules were clear and easy to follow. (Larry Reynolds, Janet McNeese)	
I liked meeting with multiple supervisors over the course of the two weeks.	
I appreciated the opportunity to communicate my preferences for supervision assignment.	N/A
I felt the Overview of the Employee Handbook and Training Manual meeting was informative and provided me with clear instructions about how to access the manuals. (Van Schoick, Margeson)	
The meetings that reviewed the Electronic Health Record, PnC, were instructive, helpful, and provided me with the information necessary to begin working competently with the system. (Margeson, Dindo)	

I felt the opportunity to practice using PnC on the training program helped me feel more comfortable and competent with navigating the Electronic Health Record and build competence with the program.	
I felt that the Overview of Outreach meeting was educational and provided me with information regarding the utility and importance of Outreach at CS as well as its intersection with the mission of the center. (Lisa Shows)	
I felt that the File Room Tour was informative and helpful. (Dindo)	
I received clear and accurate instructions regarding the completion of orientation seminars for new employees. (Margeson)	
The Overview of Groups Program meeting provided me with necessary information for me to understand the importance of group therapy at CS as well as feel confident referring my clients to group. (Van Schoick)	
The Nuts and Bolts of the Office meeting with was helpful and informative. (Veronica Heaps)	
The Overview of Evening/Weekend On-call Emergency Services meeting was educational and provided me with the information necessary to feel confident and competent providing on-call emergency support and services. (For those not providing on-call services: I felt that this meeting helped me understand the function of on-call/emergency services during non-business hours as well as the intersection of these services across multiple CS staff).	
The Overview of Substance Abuse Program meeting was informative and clarified the role of forced referrals, as well as highlighted the treatment options for students referred for substance use issues. (Dazhoni Scott)	
I felt it was helpful and informative to tour our CHS facility – Medical, DR, Health Promotion, Administration) with the following personnel from different Campus Health Services offices: (please indicate for each below)	
I enjoyed the inclusion of the Diversity Activity during the Trainee Training Orientation and felt it allowed me to get to know fellow trainees better. (Dindo)	
I felt the Overview of Athletics Position meeting was helpful in clarifying the roles and responsibilities of liaison positions at CS as well as understanding the value in the context of the CS mission. (Vercauteren-Griffin)	

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

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

What did you need more of?

What did you need less of?

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

Appendix H: Didactic Training Seminar Schedule

Training Seminar Schedule: Fall 2023 – Summer 2024

Training Seminar Schedule: Fall

8/14: (orientation week) CJM – Orientation to Training; Developmental issues as a trainee; Self-Assessment, Intake Assessments, Crisis Training-CJM, Training Manual Overview

8/21: (orientation week): CJM – Case Formulation/Case Conceptualization – Carl Dindo, Psy.D., Egan Model, Sup of Sup, BH Rotation, CCAPS

8/29: Ethical And Legal Standards: SI Risk/Crisis – Christopher Margeson (CJM)

Rotating: Diversity

9/5: Bruce Wampold: Common Elements Approach in Therapy (video)– Chris Margeson

Rotating: Assessment

9/12/2023: Ethical Considerations Working in College Counseling Carl Dindo, Psy.D..

Rotating: Supervision of Supervision

9/19/2023: Training Manual: Professionalism versus being a student, Individual Goals of Internship Christopher Margeson, Ph.D.

Rotating: Diversity

9/27/2023 Short-Term Therapy: Anxiety, Depression Matt Van Schoick, Psy.D.,
Psychologist

Rotating: Assessment

10/3/2023 Alcohol/Marijuana Among College Students Hannah Nunez, MA, LPC

Rotating: Sup of Sup

10/10/2023 CBT-Insomnia Christopher Margeson, Ph.D.

Rotating: Diversity

10/17/2023 Models of Supervision Carl Dindo, Psy.D.. Psychologist

Rotating: Assessment

10/24/2023 Brief Model of Therapy/SST/OAAT CJM

Rotating: Sup of Sup

10/31/2023: Self-Care Kathryn Murdaugh, MA - LPC

Rotating: Diversity

11/7/2023 Vulnerability, Openness to Feedback, Authenticity - Dr. Brene Brown CJM
and someone else

Rotating: Assessment

11/14/2023 A Viking's Journey into Native America CJM
Rotating: Sup of Sup

11/20/2023 Nutrition and Mental Health Megan Myers, MS, RD
Rotating: Diversity

11/28/2023 Trauma Informed Care Miriam Offner, MA, LAC,
Rotating: Assessment

12/5/2023 Psychiatric Medications in College Mental Health Terri Khan, DPNP
Rotating: Sup of Sup

12/12/2023 Formal Case Presentations Blair Puleo, Doc Intern
Rotating: Diversity

12/19/2023 Formal Case Presentations Nikki Fiene, Doc Intern
Rotating: Assessment

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

Spring Didactic Training Seminar Schedule: 3 Hrs Weekly

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

1/9/2024 Transgender Health Care in College Counseling Prt 1 Carl Dindo, PsyD,
Rotating: None:

1/16/2024 Transgender Health Care in College Counseling Prt 2 Carl Dindo, PsyD,
Psychologist.
Rotating: Professional Development Seminar

1/16/2024 Queer Theory Marca McCallie, Ph.D., LPC
Rotating: Diversity

1/30/2024 Dine' View of Mental Health Dazhoni Scott, MA, LPC
Rotating: Assessment

2/6/2023 Self-Disclosure in Therapy Chris Gunn, Ph.D. Psychologist
Rotating: Professional Development Seminar

2/13/2024 DBT Jade Patterson, LCMSW
Rotating: Diversity

2/20/2024 Highly Sensitive People (HSP): Counseling Applications Kara Miller, MA,
LPC **Rotating: Assessment**

2/27/2024 EMDR Lisa Shows, MA, LPC Certified EMDR
Rotating: Professional Development Seminar

3/5/2024 Early Psychosis Kristen Anderson, LMSW,
Rotating: Diversity

3/12/2024 Spring Break No scheduled training
Rotating: Assessment

3/19/2024 ADHD Testing and Treatment CJM
Rotating: Professional Development Seminar

3/26/2024 ADHD Testing and Treatment Part 2 CJM
Rotating: Diversity

4/2/2024 Preparing Clients for Ending therapy Chris Gunn, Ph.D.
Rotating: Assessment

4/9/2024 OPEN New Hire
Rotating: Professional Development Seminar

4/16/2024 EPPP, Interviewing, Post-Doc Christopher Margeson, Ph.D.
Rotating: Diversity

4/23/2024 Review APA Code of Ethics, 2017 Multicultural Guidelines CJM
Rotating: Professional Development Seminar

4/30/2023 Self-Disclosure in Therapy: Stutz film CJM
Rotating: Assessment

5/7/2024 Formal Case Presentations Nikki Fiene, Doc Intern
Rotating: Diversity

5/14/2024 Formal Case Presentations Blair Puleo, Doc Intern
Rotating: Professional Development Seminar

5/21/2024 interpersonal therapy Christopher Margeson, Ph.D.

5/28/2024 Post-Doc Opportunities Christopher Margeson, Ph.D.

6/4/2024 AZ Board of Psychologist Examiners - Complaint Review or Board Meeting 4-6 Hours

7/2/2024 AZ Board of Psychologist Examiners: Board meeting or Complaint Review meeting 4-6 hours CEs Listen to AZ Board Complaint Review - Discuss w/Christopher Margeson, Ph.D

7/9/2024 Life as an Early Psychologist Christopher J. Margeson

7/16/2024 AZ Board of Psychologist Examiners - Complaint Review or Board Meeting 4-6 Hours Listen to AZ Board Complaint Review - Discuss w/Christopher Margeson, Ph.D.

7/30/2024 AZ Board of Psychologist Examiners: Board meeting or Complaint Review meeting 4-6 hours CEs Listen to AZ Board Complaint Review - Discuss w/Christopher Margeson, Ph.D.

Appendix I: Didactic Seminar Evaluation

Seminar Title: _____ Presenter(s): _____

Date: _____ Evaluator: _____

Please rate the following questions using the scale below:

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

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

Average Score:

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

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

The most helpful part of the seminar was:

Suggestions for improvement of the seminar:

Appendix J: Didactic Seminar Rotation Evaluation

Seminar Series Title: _____ Presenter(s): _____

Date: _____ Evaluator: _____

Please rate the following questions using the scale below:

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

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

Average Score:

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

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

The most helpful part of the seminar rotation was:

Suggestions for improvement of the seminar rotation:

Appendix K: Doctoral Intern Evaluation

**Northern Arizona University
Counseling Services**

**Northern Arizona University
Counseling Services**

**DOCTORAL INTERN EVALUATION
FORM**

**Northern Arizona University
Counseling Services**

**DOCTORAL INTERN
EVALUATION FORM**

Evaluation Period:		Date of Evaluation:	
Student:	- Psychology Doctoral Intern		
Supervisor			

Additional supervisors providing feedback for this evaluation include:

Secondary Supervisor	
Group Supervisor:	
Sup of Sup:	
Assessment:	
Diversity:	
Outreach & Consult:	
Behavioral Health/Integrated Health Care:	

Primary Supervisor attests that direct observation was conducted during this evaluation period.

(Initials)

Assessment Methods Used For Determination of Competencies During this Evaluation Period.

Yes or No	Direct Observation (Video Recordings/Shadowing)
Yes or No	Discussion of Clinical Interaction in Supervision
Yes or No	Feedback from Supervisor's Meetings
Yes or No	Feedback from Training Committee
Yes or No	Case Presentation

Yes or No	Review of Written Work
Yes or No	Discussion of Clinical Interaction with Senior Staff
Yes or No	Consultation/Feedback from other Staff (Medical, Campus Health)

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

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

Please rate the student with the following in mind:

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

Rating Scale

1) INADEQUATE

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

Criteria:

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

2) NOVICE

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

Criteria:

- a) Shows limited knowledge, understanding and/or skills in this area.
- b) **Differentiation** between **important and unimportant details** and issues is **uneven and unpredictable**.
- c) **Understanding** of the **dynamics and complexity** of clinical work is **limited**.
- d) Has **little understanding** of a **process of change**.

e) Is **inflexible at times** in **attitudes or awareness**, including self-awareness needed to improve performance in this area.

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

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

Criteria:

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

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

Performance is **very good** in this area. Continued support may be helpful, but performance is considered to be at the independent level. Supervision (during internship) is used to hone skills of supervisee and deepen their understanding of complex concepts.

Criteria:

- a) Knowledge, understanding and/or skills in this area are **very good** and accomplished and allows **independent** practice, with consultation, at times.
- b) Approaches **new and challenging situations** with **skill and flexibility** and **generalizes skills and knowledge** to a variety of clinical and professional situations that is consistent with independent practice.
- c) Demonstrates sufficiently complex and flexible approach to clients issues and challenges.
- e) Consistently demonstrates **attitudes and awareness**, including self-awareness that enhances practice and consultation at the independent level.
- e) Demonstrates and articulates deeper and more complex conceptualization and approach to client change and other professional issues.

5) PROFICIENT

Performance is **excellent** in this area. Supervision (during internship) becomes more collegial and used to synthesize more complex concepts and skills.

Criteria:

- a) Demonstrates **deeper and more integrated knowledge and skills** in this area that facilitates **independent functioning**.
- b) Shows **exceptional** ability to **generalize** understanding and skills to new and challenging situations.

- c) **Attitudes and awareness**, including self-awareness are **mature and flexible** and enhance practice.
- d) Accomplished ability to **articulate** issues and **complex approaches** to intervention/ problem solving/**client change**.

Professionalism

Professional Values, Attitudes, and Behaviors

Rating Scale

1 2 3 4 5

- 1) Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others
- 2) Engage in self-reflection regarding one’s personal and professional functioning
- 3) Actively seek and demonstrate openness and responsiveness to feedback and supervision.
- 4) Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.
- 5) Independently accepts personal responsibility across settings and contexts.
- 6) Takes ownership of professional development and actively engages in activities that maintain and improve professional performance, well-being, and effectiveness.
- 7) Follows codes of conduct set for in Counseling Services employee handbook and Training Manual.
- 8) Completes notes in a timely manner as set forth in employee handbook.
- 9) Responsibly attends, prepares for, and participates in training activities.
- 10) Displays growing consolidation of professional identity as a psychologist.
- 11) Demonstrates reflectivity regarding one’s personal and professional functioning; utilizes reflection to facilitate change; uses self as a therapeutic tool.

12) Self-monitors issues related to self-care and promptly consults and intervenes when disruptions occur.

13) Demonstrates affect tolerance in professional relationships, contexts and settings, even in complex, challenging, ambiguous and/or novel situations.

14) Demonstrates appropriate and effective boundary management.

15) Monitors and evaluates the effects of own identities, behaviors, affects, attitudes, values, and beliefs on others in professional situations and contexts, and responds accordingly so as to further professional goals, including positive working relationships.

16) Willing to reflect on feedback and makes a concerted effort to implement feedback into their clinical work and collegial relationships in a professional way.

Average Score: #DIV/0!

Average Score:

#DIV/0!

Supervisor Comment Box:

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

Ethical Knowledge, Awareness, and Behavior

Rating Scale

1 2 3 4 5

1) Demonstrates advanced knowledge and acts in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct.

2) Abides by relevant laws, regulations, rules, and policies governing health service psychology at the agency, organizational, local, state, regional, and federal levels.

3) Independently recognizes ethical dilemmas as they arise and utilizes an ethical decision-making model to ensure ethical resolution.

4) Distinguishes between personal and client/supervisee needs and maintains professional relationships and boundaries.

5) Self-identifies personal distress and seeks resources for healthy functioning during times of personal distress, particularly as it relates to clinical work, relationships with supervisee, and overall professional behavior.

6) Independently integrates ethical and legal standards with all areas of practice and conducts self in an ethical manner in all professional activities.

Average Score:

#DIV/0!

Supervisor Comment Box:

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

Individual and Cultural Diversity

Rating Scale

1 2 3 4 5

1) Shows an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.

2) Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.

3) Independently monitors and applies knowledge of self as a cultural being in assessment, treatment, supervision, outreach and consultation.

4) Seeks understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.

5) Independently seeks out research and information regarding best practices when working with diverse clients.

6) Shows understanding and ability to work with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

7) Consults or seeks out resources to further knowledge when presented with a diversity concern for which intern has little knowledge or experience working with.

8) Responds professionally to increasingly complex cultural situations with a greater degree of independence as they progress across levels of training.

9) Attended Zone trainings at IMQ office of NAU

--

10) Awareness of and utilization of 2017 APA Multicultural guidelines in professional practice.

--

11) Awareness of and utilization of Society of Indian Psychologists Commentary to the APA Code of Ethics in professional practice. (Spring semester)

--

Individual and Cultural Diversity Average Score:

#DIV/0!

Supervisor Comment Box:

--

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

Communication and Interpersonal Skills

Rating Scale

1 2 3 4 5

1) Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.

--

2) Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.

--

3) Demonstrate effective interpersonal skills and the ability to manage difficult communication well.

--

4) Develops and maintains effective relationships with a wide range of clients, colleagues, supervisors, supervisees, campus organizations, community providers and supports.

--

5) Possesses self-awareness with regard to interpersonal communication skills.

--

6) Verbal, nonverbal, and written communications are informative, articulate, succinct, and well-integrated and

--

7) Demonstrates affect tolerance in professional relationships, contexts and settings, even in complex, challenging, ambiguous and/or novel situations.

--

8) Willing to self-disclose and/or explore personal issues in supervision which affect the counseling process.

--

- 9) Demonstrates effective interpersonal skills and the ability to manage difficult communication with fellow staff, supervisors, and clients well.
- 10) Aware of how his/her and supervisor's cultural background and social identities affect supervision.

#DIV/0!

Average Score:

Supervisor Comment Box:

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

Individual Intervention

Initial Assessment and Intervention

Rating Scale
1 2 3 4 5

- 1) Establish and maintain effective relationships with the recipients of psychological services.
- 2) Utilizes evidence-based intervention plans specific to the service delivery goals.
- 3) Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- 4) Demonstrate the ability to apply the relevant research literature to clinical decision making.
- 5) Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.
- 6) Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.
- 7) At the beginning of session, explains clearly the limits of confidentiality; effectively discusses recording/video consent and role as supervisee; defines the basic boundaries of the services to be provided.
- 8) Accurately assesses presenting need of client and adapts session foci to reflect stated and implicit needs.
- 9) Accurately assess the acuity, severity, and complexity of client concerns.
- 10) Arrives at a culturally sensitive and appropriate treatment plan for clients based on the conceptualization and information gathered during the assessment.
- 11) Is able to gather information in a manner that builds trust and a relationship with client.

- 12) Displays effective clinical skills with a wide variety of clients and uses good judgment even in unexpected or difficult situations.
- 13) Demonstrates a thorough grasp of professional/clinical language and concepts.
- 14) Modifies and adapts evidence-based approaches and intervention goals effectively when necessary and in keeping with the goals of service.
- 15) Demonstrates the core conditions of therapy such as basic attending and listening skills, establishing and maintaining trust and rapport, and communicating a non-judgmental attitude and accurate empathy.

#DIV/0!

Initial Assessment and Intervention Average Score:

Supervisor Comment Box:

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

Specific Clinical Skills

- 1) Implements interventions with fidelity to empirical models, best practices, and flexibility to adapt where appropriate.
- 2) Integrates knowledge of psychological theory and practice in applying interventions.
- 3) Relates interventions to treatment phase (beginning, middle, termination).
- 4) Makes culturally congruent interventions.
- 5) Takes appropriate action and advocates on behalf of clients when necessary.
- 6) Makes appropriate use of self-disclosure.
- 7) Effectively utilizes silence in therapy.
- 8) Recognizes and appropriately addresses significant issues that are affecting clients outside of those which are presented.
- 9) Facilitates a mindful discharge of clients from treatment.

Rating Scale				
1	2	3	4	5
#DIV/0!				

Specific Clinical Skills Average Score:

Supervisor Comment Box:

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

Crisis/Emergency Management

- 1) Independently recognizes risk and resiliency factors in client.
- 2) Inquires directly, thoroughly, and therapeutically about risk and resiliency factors.
- 3) Accurately assesses client and other welfare; responds appropriately.
- 4) Appropriately utilizes third parties to promote recovery and safety.
- 5) Immediately, thoroughly, and accurately documents emergency/crisis related notes.
- 6) Alerts supervisor or other clinical staff in a timely manner when client safety issues arise.
- 7) Follows up with clients with risk factors.
- 8) Reviews and addresses CCAPS in documentation, especially in regard to critical item elevation and significant changes

<u>Rating Scale</u>
1 2 3 4 5
Average Score: #DIV/0!

Supervisor Comment Box:

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

Assessment

- 1) Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
- 2) Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).

<u>Rating Scale</u>
1 2 3 4 5

3) Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.

4) Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics while considering cultural background of the client

5) 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.

6) Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.

7) Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

8) Accurately assesses presenting need of client and adapts session foci to reflect stated and implicit needs.

9) Takes relevant history and identifies factors contributing to client's current difficulties (e.g., cultural, biological, development, substance use, trauma symptoms, suicidal/homicidal ideation, environmental) and does so in a systematic way to inform clinical decision-making.

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

11) Administers/scores tests in accordance with standardized guidelines.

12) Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations,

13) Documents results and provides feedback that reflect accurate interpretations of test results.

14) Integrates relevant cultural data/implications into interpretation, documentation, and feedback.

Average Score:

#DIV/0!

Supervisor Comment Box:

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

Group Therapy

	<u>Rating Scale</u>
	1 2 3 4 5
1) Understands models and theories of group therapy and is able to articulate and utilize model appropriate to group dynamics.	
2) Develops individual and group case conceptualization and plans interventions consistent with conceptualization.	
3) Recognizes client readiness for group counseling, uses appropriate selection criteria, and successfully refers clients to group counseling.	
4) Prepares adequately for group session.	
5) Facilitates establishment of group norms, boundaries, and safety.	
6) Provides feedback to group members that is descriptive and non-judgmental and helps build universality and focus on group process.	
7) Explores and reflects feelings to group and individual members.	
8) Is sensitive to issues of diversity in group process and interventions.	
9) Relates interventions to treatment phase (beginning, middle, termination).	
10) Tailors interventions to specific needs of group.	
11) When applicable, works effectively and cooperatively as a group co-leader, including demonstrating an awareness of co-leader dynamics.	
12) Prepares members for group ending or transitions.	
13) Assists members in consolidating and integrating gains.	
14) Helps members plan for additional treatment as needed.	
Average Score:	#DIV/0!

Supervisor

Comment Box:

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

Supervision of Supervision

	<u>Rating Scale</u>				
	1	2	3	4	5
1) Understands the ethical, legal, and contextual issues embedded in the role of supervisor.					
2) Demonstrates knowledge of various supervision models or theories.					
3) Demonstrates knowledge of limits of competence to supervise.					
4) Demonstrates knowledge of diversity issues in supervision.					
5) Is able to identify with a model of supervision that is consistent with intern's developmental level and professional identity.					
6) Provides supervision in a manner that is consistent with legal and ethical guidelines and appropriately manages potential ethical situations between themselves and trainees.					
7) Integrates models of supervision into their work with trainees.					
8) Assists trainees in exploration of their own theoretical orientation and is able to supervise from a variety of theoretical orientations.					
9) Engages in professional reflection about one's clinical relationships with supervisees, as well as supervisees' relationships with their clients.					
10) Establishes appropriate frame of supervision with supervisee early in the relationship.					
11) Independently manages the administrative tasks of supervision.					
12) Adjusts to the evolving and developmental needs of the supervisee over time, demonstrating their own growing sophistication in the supervision process.					
13) Monitors the ethical and professional behavior of supervisees; provides feedback and opportunities for exploration of issues when relevant.					
14) Assists trainees in incorporating multicultural research, knowledge, and perspectives into their supervision.					
15) Delivers feedback in a way that is digestible for the supervisee.					
	Average Score: #DIV/0!				

Supervisor

Comment Box:

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

Outreach and Consultation

Outreach

- 1) Demonstrates skill in facilitating group discussion and student/staff engagement in outreach presentations or workshops.
- 2) Demonstrates skill in working both independently and as a member of a cooperative team in the provision of outreach services and assumes a leadership role, as developmentally appropriate.
- 3) Demonstrates skill in incorporating sensitivity and knowledge of diversity issues into the provision of outreach services.

Rating Scale

1 2 3 4 5

#DIV/0!

Average Score:

Supervisor Comment Box:

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

Consultation

- 1) Demonstrates knowledge and respect for the roles and perspective of other professions.
- 2) Demonstrates ability to consult with multiple stakeholders at NAU, i.e., individuals, other health professionals, interprofessional groups, family members, concerned students, and staff/faculty
- 3) Demonstrates skill in facilitating group discussion and student/staff engagement in outreach presentations or workshops.

Rating Scale

1 2 3 4 5

- 4) Demonstrates skill in working both independently and as a member of a cooperative team in the provision of consultative services and assumes a leadership role, as developmentally appropriate.
- 5) Demonstrates skill in incorporating sensitivity and knowledge of diversity issues into the provision of consultation services.
- 6) Effectively differentiates role as consultant from other professional identities; communicates their role clearly to others, and adapts interactions to that role.

Average Score: #DIV/0!

Average Score:

Supervisor Comment Box:

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

Research

Rating Scale
1 2 3 4 5

- 1) Demonstrates the substantial independent ability to critically evaluate and disseminate scholarly activities (e.g., case consults, formal case presentation, outreach, workshops) at local (NAU), regional, or national level.
- 2) Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and direct service.
- 3) Independently seeks out research and information regarding best practices when working with diverse clients.
- 4) Demonstrates ability to implement interventions consistent with current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- 5) Utilizes contemporary research and scientific findings to enhance their individual understanding of multiculturalism and its intersection with treatment.
- 6) Proactively learns about and gain awareness of the roles of providers of various disciplines within a multidisciplinary, integrated student health care system (e.g., psychologists, psychiatrists, social workers, physicians, dietitians).

Average Score: #DIV/0!

Average Score:

Supervisor Comment Box:

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

Behavioral Health/Integrated Health Care Intervention

Behavioral Health Rotation & Integrated Health Care System Identity

Rating Scale
1 2 3 4 5

- 1) Participates in the Behavioral Health Seminar and Rotation.
- 2) Seeks out research and enhance their knowledge about working in a multidisciplinary, integrated student health care system.
- 3) Utilizes evidence-based practices for treating mental health concerns in a Primary Care setting.
- 4) Utilizes evidence-based practices for addressing behavioral components of chronic diseases in a Primary Care setting.
- 5) Proactively engages and gains awareness of the roles of providers of various disciplines within a multidisciplinary, integrated student health care system (e.g., psychologists, medical assistance MAs, psychiatrists, social workers, physicians, dietitians).
- 6) Displays knowledge and communication skills through active and consistent participation in integrated health care activities including the behavioral health rotation and regular consultation with other multidisciplinary professionals in Campus Health Services.
- 7) Engages Primary Care providers in behavioral health integration via interdepartmental trainings, team-approaches to treatment, and formal and informal consultation.
- 8) Demonstrates effective inter-professional communication skills across disciplines within an integrated health care setting both verbally and through EHR.
- 9) Establishes and maintains effective relationships with the recipients of psychological services in an integrated health care setting.
- 10) Develops evidence-based intervention plans specific to the service delivery goals in an integrated health care setting.
- 11) Implements interventions informed by the current scientific literature, assessment findings, diversity and multicultural characteristics, and contextual variables in an integrated health care setting.

12) Demonstrates the ability to apply the relevant research literature to clinical - decision making in an integrated health care setting.

12) Modifies and adapt evidence-based approaches effectively when a clear evidence-base is lacking when working with diversity of clients in a health care setting

13) Evaluates intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.

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

#DIV/0!

Average Score:

#DIV/0!

Supervisor Comment Box:

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

OVERALL SUMMARY:

Clinical and Professional Strengths of the Intern:

--

Areas for continued growth:

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

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

Doctoral Intern is performing as expected or exceeding expectations.

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

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

Doctoral Intern Response to Evaluation:

Signature:

Date:

Doctoral Intern
Signature:

Primary Supervisor
Signature:

Training Coordinator
Signature:

Appendix L: Intern Evaluation of Internship Training Experience

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

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

RATING SCALE

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

PART I. GENERAL WORK ENVIRONMENT

General work environment:

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

Additional comments about the work environment at Counseling Services:

PART II. TRAINING PROGRAM COORDINATION AND LEADERSHIP

Rating

Orientation:

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

Experience with Training Director:

Leadership of training program	_____
Coordination of training year	_____
Balance of support and growth/challenge	_____
Communication with trainees/interns	_____
Understanding of developmental level of trainee	_____
Helpfulness in professional development & experience	_____
Supportiveness of trainees/interns	_____
Availability to trainees/interns	_____
Overall quality of experience w/Training Director	_____

Additional Comments about the Training Director:

Experience with Training Staff:

Balance of support and growth/challenge	_____
Communication with trainees/interns	_____
Understanding of developmental level of trainee	_____
Helpfulness in professional development & experience	_____
Supportiveness of trainees/interns	_____
Availability to trainees/interns	_____
Overall quality of experience w/training staff	_____

Additional comments about training staff:

PART III. INTERNSHIP EXPERIENCES AND OPPORTUNITIES

Please rate your experiences and opportunities using the following scale:

RATING SCALE

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

Individual therapy:

Individual therapy opportunities	_____
Intake opportunities	_____
Opportunities to work in various therapeutic modalities (e.g. long-term, group, brief, behavioral health)	_____
Opportunities to use various therapeutic interventions, including evidence-based treatments	_____
Individual therapy case conference discussions/presentations: Extent to which interactions improved clinical conceptual development (understanding of client problem/issues)	_____
Extent to which interactions improved clinical skill development (new ideas for working with my clients or client problems)	_____
Overall usefulness of discussions and case presentations	_____
Assessment:	_____

Opportunities to conduct assessments, including psychological, career, and alcohol assessments.	_____
Assessment seminar trainings	_____
Crisis Intervention:	
Exposure to crisis counseling	_____
Development of crisis intervention skills	_____
Crisis intervention trainings	_____
Scientific Knowledge and Methods:	
Exposure to professional research and scholarly readings (e.g., didactic seminar materials, library holdings)	_____

Training in evidence-based practices	_____
Ability to integrate practitioner-scholar model into practice	

Ethics and Professional Practice:	
Exposure to ethical issues and dilemmas	_____
Training in ethical and legal issues in counseling	_____
Ability to recognize ethical issues	_____
Awareness of when to consult about ethical issues	_____
Diversity and Multiculturalism:	
Exposure to diverse clientele	_____
Trainings in multicultural issues/underrepresented populations	

Opportunities to discuss issues of diversity	_____
Diversity Seminar Rotation	_____
<u>Group Counseling:</u>	
Opportunities to co-lead process/therapy groups	_____
Opportunities to co-lead psychoeducational or support groups	_____
Development of group leadership skills	_____
Group supervision	_____
<u>Supervision:</u>	
Opportunity to provide supervision to practicum students	_____
Development of supervisory relationships	_____
Development of supervision skills	_____
Supervision of supervision seminar	_____
<u>Consultation/Outreach:</u>	
Opportunities to provide consultation to campus liaisons	_____
Opportunities to provide outreach presentations to university populations (students, faculty, staff)	_____
Opportunities to participate in program evaluation	_____
Opportunities for consultation with interdisciplinary and integrated care staff at CHS/HP	_____

Behavioral Health:

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

Intern Seminars and Trainings:

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

- Overall usefulness of intern seminars _____

Intern Development:

- Extent to which internship experiences increased:
- My ability to self-reflect about strengths and areas for growth _____
 - My ability to identify and prioritize my professional needs _____
 - Clarity of my professional career goals _____
 - Awareness of my professional identity _____

Overall rating of training program _____

Additional comments about the training program:

PART IV: CLINICAL AND PROFESSIONAL GROWTH

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

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

COMPETENCY RATING SCALE

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

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

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

1 = My skills need remediation

Individual Therapy

1. Professionalism: (My ability to demonstrate values and ethics consistent with professional psychology, integrity, and responsibility.) _____
2. Reflective practice: (My ability to practice with personal and professional self-awareness and reflection; with awareness of competencies; and with appropriate self-care.) _____
3. Integration of scientific knowledge with professional practice: (My understanding of college student development, and of research on mental health issues faced by college student populations, including biological, cognitive, and affective bases of behavior. Respect for scientifically-derived knowledge, and ability to integrate professional literature into treatment.) _____
4. Relationships: (My ability to relate effectively and meaningfully with clients, supervisors, supervisees, and members of the larger UST community.) _____
5. Attention to Diversity Issues: (My awareness, sensitivity and skills in working professionally with diverse individuals, groups, and communities who represent various cultural and personal backgrounds and characteristics defined broadly and consistent with APA policy.) _____
6. Ethics and Professional Practice: (My ability to apply ethical concepts and

awareness of legal issues regarding professional activities with individuals, groups and organizations.) _____

7. Interdisciplinary Skills: (My knowledge of key issues and concepts in related disciplines (e.g. health and psychiatric services, academic counseling, career development...)) _____
8. Assessment Skills: (My ability to accurately assess and diagnose problems, capabilities, and issues associated with individuals, groups, and organizations.) _____
9. Intervention Skills: (My ability to use interventions designed to alleviate suffering and promote health and well-being of individuals, groups, and organizations, and effectively manage crisis situations.) _____
10. Consultation Skills: (My ability to provide expert guidance or professional assistance in response to a client's needs or goals.) _____

Group Counseling

14. My understanding of group professional, diversity, and ethical issues. _____
15. My ability to form a therapy or counseling group (e.g. pre-group screening, marketing, defining group goals). _____
16. Demonstration of effective group leadership skills (e.g. creating safe atmosphere, using effective group interventions, helping members move through stages). _____

Supervision

17. Professionalism in the area of clinical supervision (e.g. identifying a model of supervision, openness in supervision, knowledge of strengths and areas for growth, ability to receive feedback non-defensively). _____
18. My ability to provide effective supervision structure (e.g. helping supervisee set appropriate goals and learning objectives, preparing for supervision, setting and maintaining appropriate boundaries in supervision). _____
19. My ability to establish effective supervision relationships (e.g. showing empathy, concern and support, encouraging independent thinking, examining supervisor/ supervisee relationship, providing specific and focused feedback on strengths and areas for growth, demonstrating awareness and respect for issues of diversity in supervision). _____

20. Development of effective counseling skills in supervision (e.g. assessing supervisees' s skills and developmental level, assisting with case conceptualization, helping clarify client treatment goals, balancing focus on content with focus on process). _____

Consultation

21. Professionalism in consultation activities and active participation in consultation seminar (e.g. conducting myself ethically and professionally, taking initiative to get my training needs met, demonstrating knowledge of theories and models of consultation, complaint all written outreach/consultation documentation). _____

22. My ability to form effective liaison/consultant relationships (e.g. working collaboratively with consultees, assessing and developing goals, maintaining regular contact with consultees, and assessing progress toward goals). _____

23. My ability to prepare and deliver effective workshops (e.g. identifying objectives, designing and implementing effective interventions, working well with a variety of topics and with a variety of audiences). _____

24. My ability to participate in program evaluation (e.g. evaluations of supervisors, supervisees, training program, training program leadership, and the counseling center). _____

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

“NAU CS's Doctoral Internship in Health Service Psychology prepares doctoral interns in clinical and counseling psychology to be entry-level Health Service Psychologists through a year-long internship at a university counseling center” _____

THANK YOU

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

Supervisor: _____ Intern: _____

Period of Evaluation: _____

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

My Supervisor

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

II. Structure of Supervision

12. Allots sufficient time for supervision, including extra availability when needed.	5	4	3	2	1	NA
---	---	---	---	---	---	----

13. Keeps supervision appointments or reschedules as necessary.	5	4	3	2	1	NA
14. Sets clear objectives and expectations.	5	4	3	2	1	NA
15. Provides appropriate structure to our sessions when needed.	5	4	3	2	1	NA

III. Development of Counseling Skills

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

IV. Global Evaluation

28. Overall evaluation of supervisor's

effectiveness this semester.

5

4

3

2

1

NA

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

Appendix N: Formal Case Presentation Format/Outline

Northern Arizona University Counseling Services

Doctoral Intern Formal Case Presentation Guidelines

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

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

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

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

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

Things to Include:

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

The report should include:

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

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

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

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

PROCEDURES FOR PRESENTING AND REPORTING

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

presentation should be no longer than **35-40 minutes** – the remaining time will be to discuss the case & attend to your questions.

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

Helpful Hints:

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

Appendix O: Case Consultation Evaluation

Case Consultation Evaluation

Staff/Trainee: _____ Evaluator: _____ Date: _____

Please rate the following questions using the scale below:

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

1) The presenter provided concise and relevant background information including client demographics, treatment history:	
2) The presenter effectively balanced breadth and depth and was well prepared within the 40 minute timeline:	
3) The presenter demonstrated openness to feedback from case consultation group members and medical staff:	
4) The presenter cogently stated the questions they needed answered:	
5) The presenter appropriately addressed relevant psychiatric and medical considerations that would warrant consultation with a provider from CHS, psychiatry, Dietitian, etc.	
6) The presenter effectively addressed any/all relevant ethical and legal considerations of the case:	
7) The presenter effectively addressed necessary/relevant risk factors and safety concerns (including but not limited to substance use, SI/HI/SIB, previous hospitalizations, etc.):	
8) The presenter provided a thorough case conceptualization informed by client background, cultural considerations, demographics, clinical impressions, and diagnosis:	
9) The case conceptualization was tied to a specific, articulated theoretical approach:	
10) The presenter provided diagnostic impressions informed by criteria and symptomology stated in the DSM-5:	

11) The presenter provided information about treatment planning; treatment plan is informed by diagnostic impressions, multicultural considerations, and case conceptualization.	
12) The Intern effectively communicated why this client challenged them, their internal process of their reactions/responses to client (transference, doubts, fears):	
13) The Intern effectively articulated awareness of and use of self with regard to the case and/or identified their own biases with this client (first impressions, reactions to the client, feelings towards the client):	
14) The presenter effectively demonstrated sensitivity to multicultural and diversity considerations throughout all aspects of their presentation:	
15) The presenter effectively utilized video clips that supported their concerns, questions, and rationale for client selection:	

score:

Average

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

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

Appendix: O.1: Formal Case Presentation Evaluation

Intern Formal Case Presentation Evaluation

Staff/Trainee: _____

Evaluator: _____

Date: _____

Please rate the following questions using the scale below:

Not Applicable	Significantly Below Current, Expected Level of Competency	Below Current, Expected Level of Competency	At Current, Expected Level of Competency	Above Current, Expected Level of Competency
N/A	1	2	3	4

1) The Intern effectively managed their time during their presentation (35-40 minutes):	
2) The presenter provided concise and relevant background information including client demographics, presenting concerns, and treatment history (20 minutes):	
3) The Intern effectively addressed necessary/relevant risk factors and safety concerns (including but not limited to substance use, SI/HI/SIB, previous hospitalizations, etc.):	
4) Intern demonstrated clarity and theoretical soundness of their case conceptualization informed by client background, multicultural considerations, demographics, clinical impressions, and diagnosis:	
5) Intern was thorough and accurate with regard to their assessment and diagnosis (i.e., based on reported symptoms, per DSM-5 criteria):	
6) The Intern effectively addressed any/all relevant ethical and legal considerations of the case:	
7) The Intern demonstrated appropriate intervention strategies; treatment plan is informed by diagnostic impressions, multicultural considerations, and case conceptualization:	
8) The Intern identified appropriate goals for counseling at CS:	
9) The Intern appropriately addressed relevant psychiatric and medical considerations that would warrant consultation with a provider from CHS, psychiatry, Dietitian, etc.:	

10) The Intern cogently stated the questions they needed answered and openness to feedback:	
11) The Intern described the quality of the therapy relationship over the course of treatment:	
12) The Intern effectively articulated awareness of and use of self with regard to the case and/or identified their own biases with this client (first impressions, reactions to the client, feelings towards the client):	
13) The Intern effectively communicated why this client challenged them, their internal process of their reactions/responses to client (transference, doubts, fears):	
14) The Intern effectively utilized video clips that supported their case (< 10 min):	

score:

Average

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

*Please fill out this evaluation and give to the Intern or their supervisor by the end of today or ASAP.

*Intern is responsible for reviewing evaluations with supervisor during next supervision meeting.

*Interns should provide copies of all evaluations to Training Coordinator.

Appendix P: Intern Informed Consent and Notification of Trainee Status

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

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

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

Printed Name of Client

Student ID Number

Signature of Client (or parent)

Appendix Q: Consent for Electronic Recording

Informed Consent regarding Electronic Recording of Counseling Sessions

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

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

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

Printed Name of Client

Student ID Number

Signature of Client (or parent)

Date

Appendix R: Exit Interview

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

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

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

Appendix S: Supervision Defined

Supervision: The Good, Bad, and Minimally Adequate

Bernard and Goodyear's (2014) definition of clinical supervision:

“an intervention that is **provided by a more senior member** of a profession to a more junior colleague or colleagues who typically (but not always) are members of that same profession. This relationship is **evaluative** and **hierarchical**, extends over time, and has the simultaneous purposes of **enhancing the professional functioning** of the junior person(s), **monitoring the quality** of professional services offered to the clients she, he, or they see, and **serving as a gatekeeper** for the particular profession the supervisee seeks to enter.” (p. 9)

Harmful Supervision: Ellis (2001) defined harmful supervision as supervisory practices that result in psychological, emotional, and/or physical harm or trauma to the supervisee (e.g., the supervisor's sexual intimacy, sexual harassment, or sexual improprieties with a supervisee; aggressive and abusive behavior; violation of the supervisee's boundaries; microaggressions).

Inadequate “Bad” Supervision: Ellis (2001) ineffective supervision that does not traumatize or harm the supervisee, and that is characterized by one or more of the following:

- 1) supervisor's disinterest and lack of investment in supervision
- 2) supervisor's failure to provide timely feedback or evaluation of the supervisee's skills
- 3) supervisor's inattention to the supervisee's concerns or struggles
- 4) supervisor does not consistently work toward the supervisee's professional growth or training needs
- 5) supervisor does not listen
- 6) supervisor is not open to the supervisee's opinions or feedback.

Ellis et al. (2014) suggested:

36% of supervision were categorized as “harmful” at some point in their career

96% of supervision were categorized as “inadequate” mostly due to:

- 1) Failure to observe and monitor supervisee sessions (40%)
- 2) Failure to use a supervisor consent or contract (54%)

The Minimally Adequate Supervisor (Ellis et al. 2014):

- 1) Has the proper credentials as defined by the supervisor's discipline or profession;
- 2) Has the appropriate knowledge of and skills for clinical supervision and an awareness of his or her limitations;
- 3) Obtains a consent for supervision or uses a supervision contract;
- 4) Provides a minimum of 1 hr of face-to-face individual supervision per week

- 5) Observes, reviews, or monitors supervisee's therapy/counseling sessions (or parts thereof)
- 6) Provides evaluative feedback to the supervisee that is fair, respectful, honest, ongoing, and formal;
- 7) Promotes and is invested in the supervisee's welfare, professional growth and development;
- 8) Is attentive to multicultural and diversity issues in supervision and in therapy/counseling;
- 9) Maintains supervisee confidentiality (as appropriate); and
- 10) Is aware of and attentive to the power differential (and boundaries) between the supervisee and supervisor and its effects on the supervisory relationship

The Guru's Corner (info below drawn from Tori DeAngelis, 2014)

Supervisor relationship is very important: *Ellis* believes in more than simply having an agreement on goals and tasks or the emotional bond, the supervisory relationship needs to include "safety and trust". *Ellis* states, "If supervisees can't come in and talk to us about the places they're messing up, then how will they learn to be effective as opposed to doing something inept or harmful? (pg. 42)."

Watch videos of trainees: *Goodyear* recommends good supervisors use methods of assessment and strategies that will provide appropriate feedback like regular videotaping and discussion of the supervisees in therapy sessions.

Attend to multicultural dynamics: Good supervisors attend to "cultural, gender, ethnic and other differences between themselves, their supervisees and their supervisees' clients" according to *Falender*. "Supervisors should be constantly thinking about their own world views, about others' world views, about their own diversity status on multiple dimensions and how this intersects with the supervisee's world view, and about how all of this relates to the client's presenting problem."

Supervisory relationship is collaborative: Cultural competence is an area that our trainees may have a thing or two teach us. *Falender* states, "Students may have training that might be superior to or different from their supervisors," and having a collaborative supervisory relationship benefits both parties in this regard.

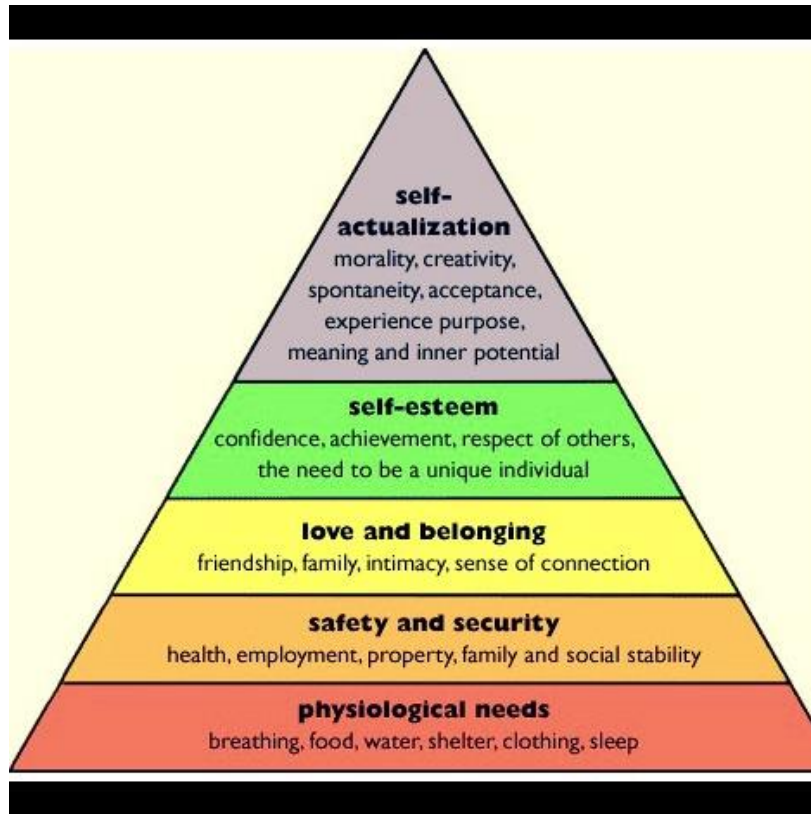
Appendix T: How to Give Feedback

Providing Feedback

Keep in mind that corrective/growth-edge focused feedback raises anxiety among supervisees. Impression management of supervisees may kick in, which can derail the feedback and supervisory relationship (Burkward et al., 2014). Additionally, supervisees may act defensively in order to maintain their ego and confidence that may translate to the message feedback not being heard. The focus needs to remain on supervisee skill development and client care; 98% of supervisors report withholding corrective feedback to supervisees (Ladany & Melincoff, 1990) due to the "emotional-laden" conversations that either precede or follow difficult feedback that leave supervisors reticent to deliver it (Chur-Hansen & McLean, 2006). When providing feedback, reflect on your purpose, focus on the behavior, lead with questions about how the supervisee thinks they are doing and inject positivity. Other core values to consider when providing feedback is timing, sense of responsibility, guiding/mentoring, supporting and enhancing the development of the supervisee. Self-Reflection is a key component to providing difficult feedback (Burkard et al., 2014).

The Brain & Criticism

- **Our brains view criticism as a threat to our survival**
- Because our brains are protective of us, neuroscientists say they go out of their way to make sure we always feel like we're in the right—even when we are not.
- Criticism is seen as a primal threat and impacts us much lower on the pyramid, in the belonging or safety spectrums
- We remember criticism strongly but inaccurately. When we hear information that conflicts with our self-image our instinct is to change the information, rather than ourselves
- Negativity Bias = receiving criticism will always have a greater impact than receiving praise



How to give a.....

CONSTRUCTIVE CRITICISM SANDWICH

The **TASTIEST** way
to give a team
member feedback!



← 1. BEGIN WITH SOME **POSITIVE COMMENTS** REGARDING THE SITUATION IN QUESTION



← 2. **GIVE PRAISE** FOR THE PERSON'S STRONG POINTS



← 3. **GIVE COMPLIMENTS**



← 3. **GIVE THE CRITICISM**



← 4. **REMINDE THE PERSON OF THEIR STRONG POINTS**



← 5. **GIVE THANKS, OFFER SUPPORT IN THE AREAS FOR IMPROVEMENT AND LEAVE ON A POSITIVE NOTE**

Appendix U: Script for Trainees Receiving Feedback

A Script on How to Receive Feedback

- 1) Summarize and clarify what feedback was provided to you so the supervisor may clarify any potential miscommunication/misperception
- 2) Connect feedback to specific (could be hypothetical) own situation and verbalize this to the person giving you feedback
- 3) Provide your interpretation of how feedback could be used in future
- 4) Thank person providing feedback
- 5) Continue to consider and reflect on feedback that was provided
- 6) Understand that although difficult feedback may have been given, it was provided to enhance your professional development and client care

Underlying Core Value of Receiving supervision

- 1) Growth Mindset – In order for us to continue to develop and mature, it is helpful that we are able to hear all feedback to incorporate into our development
- 2) Skills based approach – It's not about our ego, but about learning, acquiring, and honing learned skills to utilize them in a professional context
- 3) Be aware of your responses – body language and tone of voice
- 4) Be open – be receptive to new ideas and differing opinions



Doctoral intern supervisor
manual
June 2020

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Definition of Telehealth

Telehealth means providing psychological services through interactive audio, video or electronic communication, synchronous or asynchronous, that occurs between the counselor and the patient or client, including any electronic communication for diagnostic, treatment or consultation purposes in a secure platform. NAU Counseling Services (CS) uses Zoom HIPAA accounts or telephone. Other types of telehealth communication are not approved.

Justification

NAU CS carefully considered risks and benefits of engaging in telehealth services. CS consulted with many different NAU departments, including University Compliance, Risk Management, Legal Counsel and CHS leadership, before making a decision. Given that CS was granted access to HIPAA compliant telehealth platforms, telehealth trainings covering telehealth standards of care were available for counselors and client data and documentation will continue to be stored securely within Point and Click electronic health record, NAU CS decided that the benefit to the NAU student body outweighed any possible risk.

Training

Before engaging in telehealth, all counselors must complete proper trainings regarding standards of care and ethical practices in telehealth. **This will be done by completing continuing education units. Please forward completion notices to your supervisor and the Telehealth & Technology Coordinator.**

Counselors must also ensure that they are proficient in the hardware and software used for telehealth. This entails use and placement of camera, scheduling appointments in Point and Click, use of Zoom software while in session and proper documentation of electronic health visits. **This will be done by consultation with supervisor or the Telehealth & Technology Coordinator.**

Consent

In addition to the standard informed consent, clients must complete the Counseling Services Telehealth Informed Consent before engaging in services. This will inform clients of potential benefits as well as potential risks and limitations of telehealth. The informed consent will also cover basic expectations within sessions and what to do in case of emergency (**Appendix A**).

Documentation

All telehealth visits must be documented as such within the Point and Click note. At the top of every note there is a telehealth section that will ask if visit was a telehealth visit, did client sign the Telehealth Informed Consent, is the client located in Arizona, their current address, NAU campus affiliation (i.e. mountain campus, statewide, in-state online), phone number, and emergency contact name and number (**Appendix B**).

Documentation should also include any additional information about the telehealth visit, such as connectivity disruptions, sound issues, privacy concerns and the client's overall comfort with utilizing telehealth. **(Appendix B)** for a sample
All sessions that are conducted via telehealth should start with a "TELE-CS" encounter code (i.e. for a typical ongoing individual appointment over Zoom, ***TELE-CS-INDIVIDUAL PSYCHOTHERAPY 45MIN should be selected).

Risk Management

To best ensure the privacy of Counseling Services clients, the following steps are taken:

- Obtainment of CS Telehealth Informed Consent describing limitations and possible security issues of telehealth
- Use of Zoom HIPAA accounts with encrypted connection
- Use of Point and Click documentation to ensure safety and security of notes
- Offering clients the use of private Campus Health cubicles for sessions if they cannot access a confidential space at their home
- Obtaining an accurate contact phone number for client if the Zoom connection is lost

To best ensure the safety of Counseling Services clients, the following steps are taken:

- Obtaining a current phone number for client
- Obtaining location, including address, of client at every session
- Obtaining current emergency contact name and number
- Listing emergency numbers within CS Telehealth Informed Consent
- Assessing if NAU CS is the best fit for client given presenting concerns

Out of State Students

Ongoing "psychological services" to students outside Arizona state lines are not allowed by the licensing boards of Arizona. Consultation, crisis and general welfare check of clients outside of state lines are allowed. Consultation meetings should be focused on finding ongoing care for students within their own state or assisting with crisis services to ensure the safety of the client.

Out of Office Support

If hardware or software problems occur related to telehealth, please contact the **Telehealth & Technology Coordinator** or the CHS Administrative IT Lead. If assistance is required outside of business hours, please contact CHS Administrative IT Lead. If neither are available, please contact NAU IT Service Desk at (928) 523-1511 for 24-hour support.

Scope of Care

Before engaging in telehealth services, the CS therapist should assess if CS is the best fit for client. Listed below are considerations when determining best fit for clients.

- Request for weekly appointments or open-ended counseling

- Treatment mandated by a non-campus entity
- Requests for psychological assessment and/or evaluation (e.g., ADHD/LD assessment, cognitive testing, etc.)
- Inconsistent treatment attendance
- Requests for Emotional Support Animal evaluations and/or letters of support for ESAs
- Intensive treatment for Eating Disorders
- Students who will need levels of care of such duration and/or frequency that it is not ethically appropriate within the resources of CS
- Chronic safety concerns where frequent and in-person sessions would be warranted

Management of Trainees

Before engaging in telehealth, all trainees must complete proper trainings regarding standards of care and ethical practices in telehealth. **This will be done by completing continuing education units. Trainees must forward completion notices to supervisor and the Telehealth & Technology Coordinator.**

Trainees must also ensure that they are proficient in the hardware and software used for telehealth. This entails use and placement of camera, scheduling appointments in Point and Click, use of Zoom software while in session and proper documentation of electronic health visits. **This will be done by consultation with supervisor or the Telehealth & Technology Coordinator.**

Trainee Supervision

Up to 50% of supervision may be completed via telehealth. Mode of supervision (i.e., face-to-face, telehealth, telephone) should be documented on supervision tracking form.

Trainee Recordings

Before starting a recording, trainees must inform clients of supervisory status and ask clients if they agree to having sessions recorded. If the client agrees, trainee may then start the recording. Trainee recordings are to be stored locally behind the CHS firewall. Trainee should meet with CHS Administrative IT lead to set up the proper storage pathway.

Trainees are responsible for logging into their NAU HIPPA accounts, selecting “Settings” on the left of the screen, then “Recording” at the top, then enabling “Local recording” and disabling “Hosts can give participants the permission to record locally.” (**Appendix C**)

Once the student has agreed to recording, you can simply hit the record button at the bottom of the Zoom screen. Once you end session, Zoom will say that it is converting the file and you will see a percent complete bar, this may take a minute. Once the file is converted, it will ask you where you want the file to be saved and it will default to a Zoom file. Select the file that it defaults to and your file will then automatically be saved behind the firewall and will be available under Popeye > Recordings.

Trainee Additional Authorization Forms

Groups and Workshops

Group therapy and workshops can be conducted via telehealth similarly to individual therapy. Therapist is to create the Zoom appointment within PnC and then secure message the link to all participating members. To best ensure safety, similar to individual appointments, the group therapist must obtain a current contact number, address, and emergency contact name and number from client. **This can be done by asking members to private message therapist via the Zoom Chat feature.** At future sessions, therapist can ask if any of the information has changed from previous visit.

Confidentiality should be addressed at first group meeting. Confidentiality issues to be discussed and agreed upon include:

- Members being in a confidential space where other nonmembers will not enter/overhear
- Other distractions are muted or turned off
- No recording or screen shots of session/members
- What to do in case of poor connection. Phone number for session can be found by clicking on the appointment in nau.zoom.us and then clicking “Copy Invitation.” This lists the phone number, Meeting ID and Password

Scheduling Appointments

Scheduling appointments should be done through PnC (**Appendix D**). If any problems occur, edits or starting the visit can happen through nau.zoom.us.

If you have not logged into the NAU domain recently, or have used a different Zoom account recently, PnC may send you to a webpage that asks you if you are the host of the meeting. Click “sign in to start” and then towards the bottom, “sign in with SSO.” This will take you to the familiar NAU log in page where you can enter your NAU credentials.

To best ensure the confidentiality of the client, all meetings must have the “waiting room” and “embed password in link” options enabled.

Appendix A

Telehealth Informed Consent

Telehealth

This document is an addendum to the NAU Counseling Services standard informed consent and does not replace it. Telemental health (TMH) refers to counseling appointments that occur via phone or videoconference using a variety of technologies. TMH is temporarily being offered in response to recent public health events to improve access to counseling services. Though TMH has been shown to be beneficial for many individuals, it may not be appropriate, or the best choice of service for reasons including, but not limited to: chronic risk of harm to oneself or others, chronic suicidal ideation, lack of access to, or difficulty with, communications technology, significant communications service disruptions, or need for more intensive services. In these cases, your counselor will help connect you with referrals to more appropriate services.

TMH services are conducted and documented in a confidential manner according to applicable laws in similar ways as in-person services using HIPAA compliant technology. There are, however, additional risks, including:

- Disrupted, delayed, or communications distorted due to technical failures.
- TMH involves alternative forms of communication that may reduce visual and auditory cues and increase the likelihood of misunderstanding one another.
- Your counselor may determine TMH is not an appropriate treatment option or stop TMH treatment at any time if your condition changes or TMH presents barriers to treatment.
- In rare cases security protocols could fail and your confidential information could be accessed by unauthorized persons.

NAU works to ensure confidentiality and security with the following policies:

- You and your counselor will engage in appointments only from a private location where you will not be overheard or interrupted.
- You may only engage in appointments when you are physically in Arizona. Your counselor will confirm this each meeting.
- You will use your own computer or device, or one owned by NAU but that is not publicly accessible.
- You will not record any appointments, nor will NAU record your appointments, without your written consent.
- You will provide contact information for at least one emergency contact in your location who NAU Counseling Services may contact if you are in crisis and/or if your counselor is unable to reach you.

Should there be technical problems with video conferencing, the most reliable backup plan is contact by phone. Please make sure Counseling Services has a correct phone number at which you can be reached, and have your phone with you during meetings. If you are unable to connect, or get disconnected, please try to connect again, and if problems continue, call NAU's Counseling Services.

Please do not use standard email as means of communication as it is not confidential. Sending a Secure Message through the NAU Campus Health Services portal is the recommended means of communication if the information is non-urgent. If the information is urgent, please contact Counseling Services at 928-523-2261. **If you are in crisis, please call 911 or contact your local hospital.**

Face-to-Face crisis services available:

Flagstaff
Flagstaff Medical Center

1200 N Beaver St Flagstaff, AZ
928 773 2113

The Guidance Center
1200 N Beaver St Flagstaff, AZ
928 773 2113

State Wide

Crisis Response Network/Terros
Northern AZ, (877) 756-4090
Central AZ, (602) 222-9444

Telecounseling visits will be charged at the same rates as office based in-person visits.

Visits are not billable to your insurance.




Please note: E-mail is not a confidential form of communication with Counseling Services or with your counselor and staff members may not check e-mail after-hours or on weekends. If an emergency arises, please use the telephone to contact us at 928-523-2261; this CS office number provides access to emergency services during and after office hours.

Appendix B Telehealth Notes

Encounter Code *(required)*

***TELE-CS-INDIVIDUAL PSYCHOTHERAPY 45MIN 90894

Diagnoses *(required)*

Unspecified Anxiety Disorder (F41.9)   

Is this a Telehealth Visit?: Yes No

Signed Telehealth Informed Consent: Yes No

Is the client located in Arizona?: Yes No

Address:

NAU Campus Affiliation: Flagstaff Campus Student Statewide Student In-State Online Student

Please obtain accurate phone number for client:

Emergency contact name:

Emergency contact phone number:

Individual Notes

CCAPS Reviewed with Client

This appointment was conducted via telehealth (Zoom) due to the increasing impact of COVID-19 concerns. Session began on time. Client completed CCAPS prior to the start of session. Ct confirmed their geographic location, and contact information has not changed since previous session. Ct confirmed their current space was confidential. There were no internet/connection difficulties throughout session.

Appendix C

Zoom Recording Settings

The image shows the Zoom Recording Settings interface. On the left is a navigation menu with the following items: Profile, Meetings, Webinars, Recordings, Settings (highlighted in blue), Account Profile, and Reports. The main content area has three tabs: Meeting, Recording (selected), and Telephone. Below the tabs is a 'Recording' section header. Underneath, there is a 'Local recording' section with the text 'Allow hosts and participants to record the meeting to a local file'. A blue arrow points from the 'Recording' header to a toggle switch on the right, which is currently turned on. Below this, there is a radio button option labeled 'Hosts can give participants the permission to record locally', which is also highlighted with a blue box. A second blue arrow points from this radio button back up towards the 'Recording' header.

Profile

Meetings

Webinars

Recordings

Settings

Account Profile

Reports

Meeting **Recording** Telephone

Recording

Local recording

Allow hosts and participants to record the meeting to a local file

Hosts can give participants the permission to record locally

Appendix D

How to Schedule Telehealth Visits through PnC

Scheduling Zoom through PnC

First, log onto your nau.zoom.us and open “Settings” on the left side of the screen. The 13th setting down is to the option to “embed password in invite link.” Make sure this is turned on.

Embed password in invite link for one-click join

Meeting password will be encrypted and included in the invite link to allow participants to join with just one click without having to enter the password.



PnC now has a feature to create a zoom link for all visit types while scheduling. You simply hit the “create zoom” button from the PnC Schedule. Although the visits you create will show up on your nau.zoom.us “meetings,” this eliminates the need to ever go to the zoom site as you can create and start zoom meetings all within PnC.

The screenshot shows a scheduling form with the following fields and buttons:

- Provider(s):** A search box containing "x VAN SCHOICK, MATT E" and a magnifying glass icon.
- Location:** A dropdown menu showing "CS Counseling Services Area" with a downward arrow.
- Start Date/Time:** A text box containing "5/20/2020 3:00 PM" and a yellow "Find Openings" button.
- Reason Code:** A dropdown menu showing "(none)".
- Buttons:** A green "Create Zoom" button (highlighted with a blue arrow), a grey "Edit Recurrence..." button, and a blue "Indiv/Couples/Small" button.
- Other text:** "CS INDIVIDUAL C" and "Department: COUNSELING SEI" are visible on the right side of the form.

Once you hit “create zoom” you will see the image below

Provider(s):

Location:

Start Date/Time:

Simply save your new appointment as you would previously. When it comes time for the client to check in for the appointment, they will log into their **portal** and click on **“appointments.”** If the student logs in too early, they see the messaging below about being able to cancel or it shows the time that they will be able to self-check into their appt if they would like to keep it.

If it is time for the client to check in, they will see the image below under **“appointments”**

Once the client selects “appointment check in,” they will see the following screen.

Appointment: Check In

You have selected the following appointment to Check-In

Date/Time: **Wednesday, May 20, 2020 1:30 PM**

With: **VAN SCHOICK, MATT E**

Your Location:

OK

Check-In to Online Appointment
This notifies the provider of your arrival.
Your provider will then contact you and start the session.

Cancel

Cancel the Check-In Request
and return to Appointments Homepage.

Once they enter the state they are in and select “OK” the appt will turn red on the provider PnC schedule. Once checked in, the student sees the following screen.

Appointment: Checked In

You are now checked into your appointment.

[Click here to join the meeting.](#)

[Return to Appointments](#)

At this point, a number (1) pops up on the left side of the screen under “**surveys**” to fill out CCAPS. Once they complete CCAPS, they simply hit “**appointments**” again to navigate back to zoom link where a “**join meeting**” button will be available to them.

For Brief Assessments or Triage Appointments, after the client checks in they see the messaging below telling them to fill out paperwork. Other than that, the process is the same as above.

Home

Profile

Appointments 1 Questionnaire

Handouts 1 Unread

Messages

Letters 2 Unread

Forms 5 to Complete

Appointments for Han ZZ_

[Schedule an appointment](#)


Currently scheduled appointments


- Wednesday, May 20, 2020 1:30 PM with VAN SCHOICK, M**
 for an online CS TRIAGE visit from Arizona
Checked in: Wednesday, May 20, 2020 12:34 PM
 Warning: Pre-visit questionnaire has not been completed
[Complete Questionnaire](#) | [Join Meeting](#)

A Text Message Appointment Reminder will be sent 1 hour pri

For the counselor, all you have to do is check if they completed the paperwork and CCAPS and then right click "start visit" from the PnC schedule (First Image Below). Please use this method and do not hit the link on the left side of PnC calendar (Second Image Below). Once you start visit, this will send you to the familiar Zoom meeting where there is a waiting room. Default video is off so you just have to hit the camcorder button at bottom left to turn on video.

May 20, 2020


Wednesday	
	Edit
	Confirm
	Start Visit ← 
	Left
	Check Out
	Go to Note

Dept: COUNSELING SERVICES
 Visit Type: CS INDIVIDUAL COUNSELING VISIT
 Zoom: <https://zoom.us/j/639977532?pwd=cWdsdGxOZlR1TE15K1M0cTAxZz09>
 Status:  Made by Van Schoick, Matt

8:15am	
8:30am	
8:45am	
9am	9:00ZZ_Solo, Han; CS INDIVIDUAL COUNSELING VISIT
9:15am	
9:30am	
9:45am	

If you have not logged into the NAU domain recently, or have used a different Zoom account recently, PnC may send you to the page pictured below.

If you are the meeting host, sign in to start the meeting(969 7309 8562)

[Sign in to Start](#) 

I'm not the meeting host, [Join Meeting as an Attendee](#)

Click on the “sign in to start” which will take you to the following page

Email Address

Email Address

Password

[Forgot password?](#)

Password

Zoom is protected by reCAPTCHA and the [Privacy Policy](#) and [Terms of Service](#) apply.

[Sign In](#)

Stay signed in

New to Zoom? [Sign Up Free](#)

or



[Sign in with SSO](#) 



[Sign in with Google](#)

Click on the SSO button which will then ask you for your domain. Enter “NAU” and that will take you to the familiar Blue NAU login screen. Enter your NAU credentials and then your meeting will start with you as the host.

Other important aspects of scheduling through PnC.

- You can still cut and paste appointments. Copying an existing zoom appointment will create a new zoom appt. with a new link when you paste.
- You can add a zoom link to an appointment after the fact, i.e., if you forgot initially
- All appointments made within PnC are also available on your nau.zoom.us under “Meetings”
 - If you are having any problems logging in through the PnC schedule, log in to your nau.zoom.us and start the visit from there.
 - If that does not work, contact the Telehealth and Technology Coordinator or Admin IT.

Appendix E

Ongoing Sessions

Hi NAME,

For our upcoming appointment, please log into your Campus Health Portal 5 minutes before the scheduled start time. Click on “Appointments” then “Appointment Check In.” Enter the state you are currently in and then hit OK.

Once this is completed, click on “Surveys” at the left of the screen to complete the usual 34-item CCAPS Survey. Once that is completed, navigate back to “Appointments” where you can select “Click Here To Join Meeting.” This will start the Zoom meeting. Please secure message me or call the front desk at 928 523 2261 if you have any difficulties.

Consult

Hi NAME,

For our upcoming appointment, please log into your Campus Health Portal. Click on “Appointments” then “Appointment Check In.” Enter the state you are currently in and then hit OK.

Once completed, select “Click Here To Join Meeting.” This will start the Zoom meeting. Please secure message me or call the front desk at 928 523 2261 if you have any difficulties.

Brief Assessment or Triage

Hi NAME,

For our upcoming appointment, please log into your Campus Health Portal 20 minutes before the scheduled start time. Click on “Appointments” then “Appointment Check In.” Enter the state you are currently in and then hit OK.

Once this is completed, click on “Complete Questionnaire,” to fill out your background information.

Once this is done, please click on “Surveys” at the left of the screen to complete the usual 34-item CCAPS Survey. Once that is finished, navigate back to “Appointments” where you can select “Click Here to Join Meeting.” This will start the Zoom meeting. Please secure message me or call the front desk at 928 523 2261 if you have any difficulties.



DOCTORAL INTERN SUPERVISOR MANUAL

Andrea Annibale, MS, MA

Summer Project, 2021

Contents

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Intern Supervisor Checklist

Meet with the Training Coordinator to:

- Build Practicum Student Schedule with Training Coordinator
- Set expectations for participation (meetings, trainings, etc.), hours per week, time off requests, etc.
- Obtain a copy of the contract signed by the student and the clinical director and familiarize yourself with the terms and conditions of this rotation
- Make individualized goals on EPS 740 Contract

Guidelines for initial intern meetings:

- Establish weekly meeting times and place in your schedule
- Build in extra time over the first few weeks to establish rapport and review requirements/expectations (extra hour for first 3 weeks)
- Have the intern complete a pre-rotation evaluation to assess their perceived skill level. Discuss strengths and areas for growth.
 - *Need to acquire from EPS740 Practicum Supervisor*
- Review their program's goals and elicit feedback on skills they hope to develop during the internship year in conjunction with CS goals.
- Review CS site requirements
 - Review training manuals to highlight policies/procedures (intern, employee, telehealth) if needed to answer any questions.
 - Time Reporting
 - Method: How are they tracking hours? (Time2Track? CS Spreadsheet?)
 - When to submit: Weekly? Monthly?
 - How to submit: Will this be done during supervision? Should they leave it in your box?
 - Be sure *they* double check reported hours against what shows up in PnC. They should be identical.
 - Scheduling clients
 - Follow the center's policy for BA's: Observe 2-3, conduct 1-2 while being observed, receive approval to conduct independently
 - Establish guidelines for extenuating circumstances, e.g., if your student wants to take time off, will it be okay for them to make up their days or modify office hours?
 - Communication
 - Missed meetings, late arrivals, schedule changes, leaving early, etc.
 - Who should they notify in case of emergency?
 - Review chain of command
 - Boundaries
 - Set boundaries around time and expectations to complete work *at* work (not at home)
 - Advocate for your needs. If the workload is too much or too little, discuss with your supervisor.

- PnC
 - Review how to send notes via IM to supervisor to have them review and edit
 - Review how to CC note to supervisor
 - Note to supervisor: Do not ASSUME note, just click on SHARE

Risk Assessment Procedures

- Discuss center policies and guidelines for risk assessment
- Can they conduct a thorough risk assessment?
 - Passive vs. active (use direct quotes in notes)
 - Plan
 - Rehearsal Behavior
 - Means
 - Intent
- What should they do if they suspect risk?
 - When should they consult?
 - Consult anytime SI come across on the CCAPS; SI expressed in session
 - Can they interrupt you in session?
 - Yes, if no one else is available
 - Do not leave client unattended in session – use Teams or call
 - What is plan B if you are not available?
 - Check PnC to see which staff members have availability to consult
 - When should they safety plan?
 - If passive SI, ask if safety planning would be helpful
 - If active, create a safety plan
 - Who should be cc'd in note? (You, Chris, Carl, person on call)

Assess previous practicums and learning experiences.

- Where were they?
- What were their duties/roles?
- What experience did they gain?
- How much 1:1 clinical/therapy work did they do?
- What did they pull from the learning experience?
- What went well in supervision?
- What would they like to see done differently?
- What is their current theoretical orientation?
 - How do they conceptualize clients?
 - How would they like to grow/develop in this area?
 - Are there any theoretical orientations they would like to learn more about?

- Create a “nothing to do” list
 - If your intern has downtime, how can that be spent?
 - Would they like to learn more about a certain theoretical orientation?
 - Would they like to observe others in session (crisis appts., PTC, outreach)?
 - Do they have student access to a video databank to watch therapy sessions? (Alexander Street or Psychotherapy.net – usually available through the university library)
 - Do they enjoy research?
 - Are there any additional training/learning opportunities they can gain that are unique to this site?

BA Case Notes

Before the Appointment

- For BA's – make sure the questionnaire is completed.
 - Hover over appointment on main page in PnC and right click. If it's done, "View Questionnaire" will show as an option.
 - Do not open the note until the questionnaire is done, otherwise PnC will delete it altogether.
- Verify they have completed all informed consents (supervision, recording, telehealth, COVID, etc.)
- Review the CCAPS to review symptoms and assess for risk.
- Have intake form ready to complete. You can choose a paper version or complete electronically.

Items to include:

- Complete Telehealth section of note, if needed (address, phone, emergency contact, etc.)
- Fill out encounter code, be mindful of prefix (telehealth vs. in-person)
 - If 1st session, do a "no charge"
- A diagnosis that is consistent with chart notes, conceptualization and treatment plan. If unsure, include rationale in note if waiting to rule-out a diagnosis or giving a provisional diagnosis. It is ok to defer diagnosis for a couple sessions.
- Include Telehealth statement if appt. is via Zoom/Phone *or* if they were seen in person, make a note and state the informed consent is on file.
- CCAPS review
 - Make a statement about which domains were elevated (in the red) and if any risk factors were endorsed (SI, THO)
 - Follow up with client to get their thoughts; make a note as to whether or not they agreed with the results
- Risk assessment
 - If SI or THO > 0, what does that mean to the client? How do they define a 1/2/3/4? Use direct quotes in your notes.
- Include Case Conceptualization & Treatment Plan
 - *See steps for Case Conceptualization under BA Template on pg. 7.*
 - Goals of treatment
 - Documented evidence the plan was developed with the participation of the client (e.g., "The client indicated their goals for treatment are to...")
 - Identify modalities (individual/couples/group), medication management, other services utilized (check boxes)
- CC note to relevant parties (co-signers, psychiatry, case management, etc.)
 - Check boxes below the note *and* add names when signing the note.

BA Overview

- ****Asterisked items are the basic points that must be reviewed and included in BA case notes. All other details can be filled in later, if needed.***
 - If you're conducting a telehealth session, text from this overview can be copied/pasted into PnC for you to fill out as you conduct the BA
 - A copy of the template is provided on page 9 for you to print and use in session, if you prefer to take written notes
-

Start of session:

- Introduce yourself
 - Telehealth: Confirm location (Are you located at the address on your questionnaire?)
 - If not, get their current location. If they don't know, get cross streets, building names, parking lot numbers, etc. Be thinking, *if there were an emergency, where would I send people?*
 - Make sure they are in AZ
 - Verify the space is confidential
 - Review informed consents – VERY quickly (15 seconds)
 - Nature of BA (structure of time, 30-45 min, gather background information)
-

~Template to Copy/Paste~

Telehealth Statement

"This appointment was conducted via telehealth (Zoom) due to the increasing impact of COVID-19 concerns. Session began on time. Client completed CCAPS prior to the start of session. Client confirmed their geographic location and contact information. Client confirmed their current space was confidential. There were no internet/connection difficulties throughout session."

***Presenting Concerns:**

- Description:
- Onset:
- Duration:
- Severity:
- Course/Patterns:
- Associated stressors:

***Goals for Therapy:** "If you had to identify 2-3 goals for therapy, what would you say they are?"

Relevant Demographic Information & History

Raised by:

Siblings:

Cultural/spiritual identity:

Optional: How are MH symptoms impacted by race-related stress?

Romantic Relationship:

Previous Psychological Treatment:

History of medication:

Current medication:

Prior hospitalization:

Significant Medical History:

TBI:

Family History of Mental Health Issues:

Trauma:

Residence:

Employment:

Education:

Extra-curricular activities:

***Risk Assessment**

SAMPLE: CCAPS were reviewed and noted elevations in generalized anxiety and academic distress. SI & THO = 0. Client verbally agreed with assessment. Informed client of emergency services available. Ct denied current or past SI, SIB & THO.

Biopsychosocial Assessment

AOD:

Nicotine/Tobacco:

Caffeine:

Social Support:

Eating Habits:

(If you have concerns about an eating disorder, you can ask about height and weight, then calculate BMI)

Exercise:

Sleep:

Case Management Resource Needs:

Personal strengths:

Personal Goals:

Diagnostic Impressions & Conceptualization (at end of BA)

These are points to consider. You do not need to address every point in your write-up. Your supervisor will guide this process and it will change slightly with each supervisor.

- Summary Statement
- Cultural & Diversity Factors/Contributors and/or Biopsychosocial Assessment
 - Description and integration of how the person's social/cultural background and history AND/OR biopsychosocial factors explain, cause, contribute and maintain the current functioning and symptoms.
- Include your impressions on "Why now?"
 - How are the presenting problems impacting overall function?
 - How does the past tie into their present?

- What outcomes could effective therapy have on functioning/mood/behavior, etc.?
- What changes need to occur?
- How will their strengths contribute to their success?

- Differential Diagnosis
 - Present your differential diagnosis (if any) including hypotheses you generated and rationale for final diagnosis. If the direction is unclear, indicate your plan to clarify diagnosis.

- Directions for therapy (from your theoretical orientation)
 - Are they a good fit for CS?
 - Thoughts in terms of goals and interventions
 - What were the client's stated goals?
 - What interventions can be used to achieve that goal?
 - Psychoeducation? Skill building? Activities in session? Process work?

Brief Assessment

Clinician: _____
 Session Date: _____

Client Initials: _____
 Pronouns: _____

Start of session reminders:

- Items with an asterisk* must be addressed during BA
- Review informed consents – *very* quickly
- Nature of BA (structure of time, 30-45 min, gather background information)

***Presenting Concerns & *Goals**

Description:	
Onset:	
Duration	
Severity:	
Course/Patterns:	
Associated Stressors:	
Goals for Therapy:	1.
	2.
	3.

Relevant Demographic Information & History

Raised by:	
Siblings:	
Cultural/Spiritual Identity:	
Race-Related Stress:	
Romantic Relationship:	
Previous Psychological Treatment:	
History of Medication:	
Current Medication:	
Prior Hospitalizations:	
Significant Medical History:	
TBI:	
Family History of Mental Health Issues	
Trauma:	
Residence:	

Employment:	
Education:	
Extra-Curricular Activities:	

***CCAPS, *Risk & Biopsychosocial Assessment**

*CCAPS Elevations:	
*SI:	
*THO:	
AOD:	
Nicotine/Tobacco:	
Caffeine:	
Social Support:	
Eating Habits:	
Exercise:	
Sleep:	
Case Management Resource Needs:	
Personal Strengths:	
Personal Goals:	

Individual Therapy Case Notes

Before the Appointment

- If the client is new to you and you did not conduct the BA, verify they have completed all informed consents (supervision, recording, telehealth, etc.)

Items to include:

- Complete Telehealth section of note (address, phone, emergency contact, etc.)
- Fill out encounter code, be mindful of prefix (telehealth vs. in-person)
- A diagnosis that is consistent with chart notes, conceptualization, and treatment plan. If unsure, include rationale in note if waiting to rule-out a diagnosis or giving a provisional diagnosis.
- Include Telehealth statement if appt is via Zoom/Phone *or* if they were seen in person, make a note and state the informed consent is on file.
- CCAPS review (in every note)
 - Make a statement about which domains were elevated (in the red)
 - Follow up with client to get their thoughts; make a note as to whether they agreed with the results
- Risk assessment
 - If SI or THO > 0, what does that mean to the client? How do they define a 1/2/3/4? Use direct quotes in your notes.
- CC note to relevant parties (co-signers, psychiatry, case management, etc.)
 - Check boxes below note *and* add names when signing note
- Make separate encounter notes for rescheduled appointments, cancellations and no-shows
- When client has finished therapy, complete a termination summary, if warranted
 - Guidelines: A termination summary is **not** needed if a client has had fewer than four follow-up sessions (individual/couples/group) to the Brief Assessment
 - *BA + 3 individual sessions = No Note Required*

Video Review Self-Appraisal

Intern/Prac: _____

Client Initials: _____

Evaluator: _____

Session Date: _____

Review Date: _____

Please rate the following questions using the scale below:

Not Applicable	Slightly	Somewhat	Moderately	Mostly	Always	
N/A	1	2	3	4	5	
1. Overall Presence						Rating
1	Creates an atmosphere of warmth					
2	Displays empathy					
3	Uses validation appropriately					
4	Normalizes client experience					
2. Attending						
5	Maintains eye contact					
6	Remains engaged (Is not easily distracted)					
7	Does not cause distraction (checking messages, searching for interventions without communicating with client, etc.)					
8	Mirrors body language					
9	Engages in active listening					
3. OARS						
10	Asks open-ended questions					
11	Provides affirmations					
12	Uses reflective listening					
13	Summarizes appropriately					
4. Theoretical Orientation						
14	Identifiable theoretical orientation					
15	Clinician uses evidence-based interventions					
16	Case notes accurately reflect session content					
4. Client Engagement						
17	Client appears open and comfortable					
18	Client responds to questions/prompts					
19	Client maintains eye contact					
20	Client is attentive and focused					

Average Score

Video Review Self-Appraisal, Continued

Interventions used in session:

Therapist's strengths:

Therapist's areas for growth:

Additional comments, thoughts, intervention ideas: