



**INDIANA UNIVERSITY
PURDUE UNIVERSITY
INDIANAPOLIS**

**DOCTORAL INTERNSHIP IN
HEALTH SERVICE PSYCHOLOGY
TRAINING MANUAL 2023-2024**

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Introduction and Orientation to the University

The purpose of this manual is to help orient you to the internship training program at IUPUI Counseling and Psychological Services (CAPS). This manual will hopefully answer many questions that may come up during your experience at CAPS. As you engage in your training experience at CAPS, you will be uniquely involved in promoting the growth and development of your clients. We sincerely hope that your time with us will also greatly enhance your own personal and professional development.

Indiana University-Purdue University Indianapolis

Indiana University-Purdue University Indianapolis (IUPUI) is an urban public research institution established in 1969 as a partnership between Indiana and Purdue Universities, with IU as the managing partner. In August 2022, IU and Purdue announced that they would be ending their partnership and IUPUI would become Indiana University – Indianapolis in the fall of 2024. IUPUI is located in Indianapolis, Indiana, the 16th largest city in the United States. Student enrollment on the Indianapolis campus in fall 2021 was 23,478 (15,454 undergraduate and 8,024 graduate/professional students).

Detailed information related to IUPUI's demographics can be found here:

<https://diversity.iupui.edu/publications/index.html>

As represented in the table below, our clients are as diverse as the campus itself.

	IUPUI	CAPS
	Fall 2022	2022-23
American Indian/Alaska Native	< 1%	0.4%
Asian American	8.3%	6.6%
Black/African American	6.2%	11.9%
Hispanic/Latina(o)	6.2%	8.7%
International Student	14.9%	7.7%
Two or more races	3.5%	6.1%
White/Caucasian	59.5%	56.7%
Not listed	.6%	1.9%

The Assistant Director of Intern Training, Assistant Director of Clinical Services, and individual supervisors monitor the diversity of intern caseloads to ensure breadth of diversity with regard to clients and presenting concerns. Interns receive additional exposure to working with diverse students through outreach, consultation, and provision of supervision.

Organizational Structure

IUPUI CAPS is part of The Division of Student Affairs, a segment of the University that focuses on student services and co-curricular activities. Other departments within the Division include: *Campus Center, Campus Recreation, Student and Family Connections, Health and Wellness Promotion (HWP), Housing and Residence Life (HRL), Student Advocacy and Support (OSAS), Student Conduct*, and collaboration with *Campus Health*. All Departments within the Division report to the *Vice Chancellor of Student Affairs*.

Student Affairs Mission: We intentionally develop environments and experiences that promote exploration, learning and belonging.

Student Affairs Vision: Preparing students for life.

In pursuing the Vision and Mission of the organization, IUPUI Division of Student Affairs makes policies, decisions, and strategic plans according to the following

Values:

Students First: We focus on providing programs, services, and experiences designed to facilitate holistic student learning and engagement by maintaining high expectations of students and supporting them to reach their full potential.

Unconditional Worth: We value the unique identity and contributions of the entire IUPUI community, advocating for equal participation, respect, and dignity.

Diversity: We build an inclusive and welcoming community that embraces and celebrates differences, engages in the ongoing development of cultural competencies, and promotes civility.

Collaboration: We create and sustain dynamic, mutually beneficial partnerships with campus and community constituents in order to optimize student success and learning.

Integrity: We conduct ourselves in accordance with the highest professional standards while representing our programs, services, and our university.

Excellence: We implement evidence-based practices that provide quality co-curricular programs and services for the university community.

Well-Being: We create and sustain a community that supports multi-dimensional health and wellness.

Counseling and Psychological Services

Vision:

CAPS advances the mental health and personal growth of every student.

Mission:

At CAPS, we are here to TALK:

- Training and educating emerging clinicians.
- Addressing each student's mental health needs through assessment, therapy, group, and crisis intervention services.
- Lending professional support to faculty and other IUPUI community members through provision of outreach and consultation.
- Keeping IUPUI students successful and engaged in school.

Services and Location

CAPS provides counseling and psychological services to enrolled students at IUPUI. Services include psychological assessment, individual counseling, group psychotherapy, psychiatry, psychoeducational testing, case management/referral, outreach and consultation services, and on-call/crisis intervention. *CAPS operates from a hybrid model – offering both in-person and remote services to accommodate student needs and preferences for services.*

CAPS is currently located on the second floor of Lockefield Village, which is part of the IUPUI campus at 980 Indiana Avenue. The building and offices are wheelchair accessible.

Please visit our website (<https://studentaffairs.iupui.edu/health/counseling-psychological/index.html>) for more detailed information about CAPS hours and location, services, staff, and programming.

Accreditation

CAPS has been a member of APPIC (Association of Psychology Postdoctoral and Internship Centers) since 2005. Following submission of a comprehensive self-study in September 2016, CAPS was granted and completed an accreditation site visit from APA in December 2017. Following the site-visit review, we were granted “accredited, on contingency” status in 2018. CAPS submitted required data to the APA Commission on Accreditation (CoA) in September 2020 and in November 2020 the IUPUI CAPS internship program was awarded full APA accreditation.

CAPS Staff

CAPS staff are diverse in a number of areas, including background, educational training, theoretical orientation, supervision style, and professional interests. This diversity provides a breadth of perspective that enriches our service delivery to students, supervision of interns and practicum trainees, mentorship, and professional engagement with the IUPUI campus community. At the time of this writing, the administrative/program lead staff at CAPS is comprised of the Director, four Assistant Directors, the Testing and Group Coordinators, and the Office Coordinator. In addition, CAPS employs a number of full-time counseling staff, two part-time staff psychologists, a Clinical Assessment Specialist, a Prevention Education Specialist, and a victim advocate who provides confidential support. CAPS administrative support staff includes a full-time Administrative Assistant. Our staff is committed to providing quality training and supervision. We consider interns to be an integral part of our team!

Orientation to the Training Program

The training program is integral to the mission of IUPUI CAPS. IUPUI’s Counseling and Psychological Services has provided training to practicum students in psychology, social work, and mental health counseling since the 1990s. In 2005, CAPS hosted its first cohort of doctoral interns.

Members of the Training Team

Assistant Director – Intern Training

1. Coordinates all aspects of internship training, including supervision of individual and group therapy, didactic series, case consultation, outreach, assessment, multicultural competencies, intern project, and professional development.
2. Oversees intern evaluation processes to ensure compliance with accrediting bodies.
3. Co-facilitates supervision of supervision.
4. Compiles all intern evaluations and documentation of clinical contact hours and direct service activity.
5. Ensures completion of all documentation required for intern files* and maintains

- communication with academic programs, in accordance with accreditation standards.
- 6. Oversees and coordinates intern selection process, to include application review, interview process, and coordination with national match process.
- 7. Provides oversight of remediation and disciplinary action plans for interns, as indicated.
- 8. Collaborates with leadership of practicum training to ensure cohesive, developmentally appropriate training experiences and to facilitate supervisor team meetings.
- 9. Manages effective communication with accrediting bodies and programs associated with internship training, including APA, APPIC, ACCTA, and other Indiana UCCs.

*The program documents and keeps a permanent file of accurate records of intern training experiences, evaluations, and certificates of internship completion for evidence of the interns' progress through the program as well as for future reference and credentialing purposes.

Assistant Director – Practicum Training

- 1. Plans and oversees the application, interview, and selection process for the master's and doctoral level practicum training program.
- 2. Plans and implements orientation, didactic training, and group supervision for practicum trainees.
- 3. Manages supervisory assignments and provides consultation to clinical supervisors.
- 4. Provides oversight of remediation and disciplinary action plans for practicum trainees, as indicated.
- 5. Co-facilitates supervisor team meetings for staff.
- 6. Collects and manages all documentation of practicum training (hours, evaluations, etc.).
- 7. Establishes and maintains relationships with local academic training programs to ensure alignment of the CAPS practicum training with academic requirements.
- 8. Engages in evaluation of trainee feedback and program outcomes aimed at continuous improvement of the practicum training program.

Administrative/Program Lead Team

- 1. Includes the Director, Assistant Director - Outreach and Community Services, Assistant Director - Internship Training, Assistant Director – Practicum Training, Assistant Director – Interpersonal Violence Prevention and Response, Testing Coordinator, Group Coordinator, and Office Coordinator.
- 2. Helps balance the needs of the training program with the needs of the center as a whole through consultation.
- 3. Works to provide or procure resources to ensure the highest training experience possible.

Training Work Team

The Training Work Team serves as a “think tank” for addressing administrative decisions, policymaking, and the development of procedures for all CAPS training programs. The team is made up of a sub-set of staff members, including the Assistant Director of Intern Training and the Assistant Director of Practicum Training. The team meets biweekly to review the training program. Training administrators also meet monthly with the CAPS Director to ensure that the training program is functioning optimally.

Supervisors' Team

CAPS staff participate in training in a variety of ways: primary supervision, secondary supervision, group, outreach, testing, case consultation, supervision of supervision, and informal consultation. The Supervisors' Team Meeting includes a meeting twice a semester with all staff to provide a “hub” in which staff can share information regarding trainee progress, as well as a biweekly meetings for individual supervisors to consult with each other. Meetings are facilitated by the Assistant Directors of training. Staff may also initiate additional consultation with the Assistant Directors of training

regarding trainee progress, as needed.

Profession-Wide Competencies

According to APA's Commission of Accreditation's Standards of Accreditation, the role of the internship is to build upon a trainee's competencies in all of the competency areas. Because science is at the core of health service psychology, programs must demonstrate that they rely on the current evidence base when training and assessing interns in the competency areas. These areas include:

- a. Research
- b. Ethical and legal standards
- c. Individual and cultural diversity
- d. Professional values and attitudes
- e. Communication and interpersonal skills
- f. Assessment
- g. Intervention
- h. Supervision
- i. Consultation and interprofessional/interdisciplinary skills

The Aim of the Training Program

The aim of the IUPUI CAPS internship training program is to adequately prepare doctoral interns to demonstrate competence in all areas of health service psychology with young adults and adults within a university counseling center (or community mental health center) setting. Interns receive exposure and training with diverse and complex clients, including those with chronic mental health concerns.

Overview of Training Activities

The internship experience is based on a 2,000-hour program over a 12-month span, with an expectation of at least 500 direct clinical service hours. Interns gain experience primarily through experiential learning. An intern's level of involvement in each activity is negotiable and determined by the interests, needs, and clinical experience of the intern and the needs of the center.

Direct Service Training Activities

First appointments/assessments

In order to establish services at CAPS, students meet with a counselor for an Initial Consultation, during which the nature of their concerns will be identified, and a treatment recommendation provided. Treatment options include self-help resources, single session interventions, crisis management, skills groups, process groups, individual counseling, case management/connecting to community resources, testing services, and psychiatric medication management. Initial Consultation sessions are conducted by a sub-set of CAPS staff members and the doctoral interns, creating a group referred to as the "Front End Team." If a client is determined to be a fit for individual counseling, the CAPS AD of Clinical Services (in collaboration with the Front End Team, individual supervisors and the interns) is responsible for initiating appropriate case assignment. Interns will have two weekly placeholders for Initial Consultations in the fall. Ongoing engagement in the initial consultation process will be reevaluated for spring and summer.

Once assignment has been made for individual counseling, students are contacted to complete an

intake with their assigned clinician, which includes assessment of the student's background and presenting concerns. Intake counselors are expected to review the initial consultation documentation prior to the intake appointment, and to build on that prior assessment.

Interns receive didactic and experiential training in first session assessment, diagnoses, and treatment planning processes. A minimum of 2 intake appointments are live observed by senior staff in the first few weeks of placement. Interns receive feedback from supervisors about their assessment, rapport building, and goal development skills.

Individual Counseling

Individual counseling serves to help students in resolving issues that cause emotional distress and interfere with adaptive functioning. Although CAPS does not have strict session limits, counselors strive to be intentional in their intervention processes, including ensuring that length of treatment is congruent with the clinical needs of individual clients. Some students may be assigned to counselors for brief therapy, in which a session limit would be communicated to clients during their initial consultation. Assisting interns in furthering skills in diagnosis, case conceptualization, effective treatment planning, and case management is an integral part of the intern training program.

Group Psychotherapy

The CAPS group therapy program includes process-oriented psychotherapy groups, mindfulness-based groups, skills-focused groups, and structured workshops. In the fall semester, interns receive training in process-oriented therapy groups. Interns are expected to co-lead 2 process-oriented groups during internship, co-led by a senior staff member. Interns are also expected to co-lead the Coping 101 skills group for part of the fall and spring semesters, likely transitioning from co-leading with a staff member to a practicum trainee. Experience with the other groups offered at CAPS is optional and dependent on intern interest and group availability. Group therapy assignments and co-facilitation pairings for interns are made by the Group Coordinator, in consultation with the Training Director. Each intern will receive supervision from the senior staff co-facilitator for each therapy group conducted. Interns are required to attend the Group Leaders Lunch (60 minutes biweekly) for additional training, supervision, and support.

On-Call/Crisis Intervention

CAPS provides daily call-in/walk-in services to students who require immediate assessment, consultation, emergency services, and/or referrals. The CAPS on-call counselor provides same-day initial assessments of students to determine the level of urgency and to provide appropriate recommendations. Interns spend 4 hours per week in this activity (two 2-hour shifts). Interns may not schedule clients during their coverage times and are encouraged to consult with supervisors or other senior staff as needed. Interns gain the majority of crisis intervention experience through on-call coverage during the training year.

In addition to serving individuals in crisis, CAPS also responds to the psychological and emotional needs of the campus community in the aftermath of a traumatic event (e.g., student or faculty/staff death, natural disaster, etc.) through collaboration with JagsCARE. JagsCARE is a team of individuals from across the campus community who have been trained to work with individuals impacted by a traumatic event. The team provides immediate and short-term support to meet the emotional and psychological needs of individuals in the IUPUI community. Interns may have opportunities to assist senior staff in the planning and implementation of these interventions, depending on their training interests.

Outreach Programming

A range of outreach presentations and events are conducted by CAPS staff and trainees throughout the year, including: Fresh Check Day; tabling events; presentations to faculty, staff, and students;

recording asynchronous resources, etc. Interns are required to participate in outreach activities over the course of the internship year. Interns observe at least one outreach presentation given by a staff member in the fall and are then required to conduct an outreach presentation under direct observation for evaluation and feedback. Interns are expected to complete at least 4 additional outreach presentations during the year. Given the strategic allocation of resources, these presentations are limited to requests submitted to CAPS or the Office of Health and Wellness Promotion. In the summer semester, interns develop and present to CAPS staff an outreach presentation relevant to the IUPUI community and geared towards a target population. Development of this presentation will occur over the course of the internship year and will require consultation with a campus partner. Interns also participate in Fresh Check Day and are expected to be present for the duration. Additional outreach opportunities are available and are encouraged.

Consultation

Clients seen at CAPS may also benefit from receiving psychotropic medication. Interns, in consultation with their supervisor(s), provide referrals to psychiatry. Similarly, interns regularly provide referrals to and coordinate client care with other providers on campus, including the Student Advocate, Campus Health, Adaptive Educational Services, the Assistant Director of Interpersonal Violence Prevention and Response, and the Victim Advocate. Interns also provide consultation to faculty and staff who call in during on-call hours.

Psychoeducational Assessment

CAPS conducts psychoeducational assessments for ADHD, learning disorders, and autism spectrum disorders. Interns receive training in psychoeducational testing during the fall semester and observe a staff member conduct an evaluation. Interns complete a minimum of 5 evaluations, including initial interviews, test administration, scoring and interpretation of results, integrative report writing, and provision of feedback and recommendations. Interns provide referrals to other treatment providers and serve as advocates for students seeking disability status and accommodations with the university, where appropriate. Additional testing supervision is provided throughout the year. Psychological testing is not a routine aspect of an intern's work but may be utilized to aid in the treatment of on-going clients.

Provision of Supervision

Learning how to be an effective supervisor is a core competency that is valued by CAPS and prepares interns for careers following their intern year. Interns receive training in the fall semester and have the opportunity to supervise a practicum student during the spring semester (and summer term, if available). Interns are responsible for reviewing trainee documentation, providing feedback, and completing evaluations in collaboration with a licensed staff co-supervisor.

Indirect Service Training Activities

Orientation (August)

Interns are introduced to the internship program through an orientation period that occurs before the start of the academic year. Orientation includes opportunities for interns to meet CAPS staff, learn about services and internship activities, and become familiar with all relevant policies and procedures. During this time, many topics are covered, including: schedules, training expectations, evaluation, due process, grievance/appeal procedures, record-keeping, and professionalism. Additionally, training is provided on clinical services at CAPS and crisis assessment/risk management. During orientation, a self-assessment of each intern's skills is conducted in order to individualize the training structure and facilitate the monitoring of intern progress throughout the year. A sample orientation schedule is located in Appendix L.

Individual Supervision

Interns receive a minimum of 2 hours of weekly individual supervision from a licensed psychologist. Each semester, supervisors and interns are expected to clarify intern training goals, training expectations, responsibilities and roles, and discuss evaluation procedures. Individual supervisors utilize a variety of teaching methods, including but not limited to review of session videos and clinical documentation, discussion, role plays, case conceptualization, readings, exploration of transference and countertransference, self-reflective practice, ethics, multicultural competencies in therapy, and case management. Supervision follows a developmental model and can include educational, supportive, experiential, administrative-based, or consultative approaches, depending on the supervisor's style and the needs and developmental level of the intern. Interns will meet with their individual supervisor for two hours each week, with their supervisor switching at the beginning of the calendar year.

Supervision of Group

Interns will receive supervision from their senior staff co-facilitator for each group session conducted (30 minutes per group session) while co-leading a group. Supervision may focus on issues regarding the assessment and screening of potential group members, co-facilitation, post-session processing, group therapy documentation, and other relevant feedback. Didactic and experiential learning opportunities in the area of group psychotherapy are offered in seminars and the biweekly Group Leaders Lunch.

Case Consultation (Group Supervision)

All doctoral interns are required to attend a weekly case consultation that is co-facilitated by two senior staff members, including one licensed psychologist. In this meeting, interns will complete oral and written case presentations. They will engage in professional and clinical dialogues regarding their work with clients. Issues discussed may include: case conceptualization, assessment and diagnosis, clinical interventions, treatment planning, legal and ethical issues, multiculturalism, and self-reflective practice. Video clips of trainees' therapy work will be shown at each meeting. Collective discussion and appropriate feedback are expected of interns in order to most effectively serve both the needs of the intern presenting and the client discussed in the case. Case consultation is scheduled for 90 minutes each week.

Training Seminars

All interns are required to attend a seminar series taught by various members of CAPS staff. CAPS also coordinates seminars with outside presenters and other UCC APA-accredited internship sites. Topics are geared towards experiential learning and interaction with staff and colleagues around profession-wide competencies. A list of specific trainings is located in Appendix A. Training seminars occur on a weekly basis for 2 hours.

Psychoeducational Assessment Training and Supervision

Training in the fall semester will provide a brief overview of standardized testing and a conceptual framework for understanding the cognitive processes that impact learning. Additional training will address IUPUI CAPS' policies and procedures related to evaluation and testing, standardization of evaluation interviews, and administration and interpretation of specific testing protocols implemented at the center. Testing consultation in the spring and summer will provide additional supervision for trainees to discuss current evaluation and testing cases and obtain feedback on the various stages of the assessment, interpretation, report writing, and feedback processes.

Supervision of Supervision

Interns will participate in 90 minutes of group supervision of supervision with two licensed staff members while supervising a practicum trainee (spring and possibly summer). Supervision will focus on skill development in this competency through video review of supervision sessions,

experiential/process learning, didactics, and related readings.

Group Leaders Lunch

Interns are required to participate in a biweekly, 60-minute group supervision with other group leaders throughout internship. Group leaders, including interns, will be expected to discuss group progress and elicit feedback. Leaders of Understanding Self and Others (USO) groups will show video at least once per semester (when possible and with clients' written consent), both to provide an example of the group process and to allow for more specific feedback.

Rotating Development Meetings (Multicultural/Outreach/Intern Project/Training Check-in)

Interns will attend a weekly, one-hour, rotating development meeting that provides additional support for continued development of multiculturalism and diversity awareness, outreach, the intern project (see next section), and time with the Training Director. The intention of the meetings is to provide additional support through didactic training, supervision, and consultation for these areas.

For the multicultural meeting, there is a focus on discussion and introspection, to help interns develop their diversity awareness, knowledge, skills, and competencies. This meeting does not have a formal evaluation, in order to facilitate a safe place for process and reflection.

Interns also meet with the Assistant Director of Outreach and Community Services monthly for training and supervision in their work with outreach/consultation. Intern project meetings, facilitated by a senior staff member, provide focused time for consultation and support as interns develop and implement research and/or program evaluation. Interns also meet monthly with the Training Director for clarification of policy and procedures, support for their training goals, and helping interns move through the training program successfully. Interns are encouraged to request additional meetings with the Training Director as needed.

Intern Project

Interns are required to complete a research project that is relevant to CAPS. Projects are typically geared towards outreach, consultation, research, social justice, or program evaluation. Interns will develop the project in consultation with a senior staff member.

Staff Meetings

Interns will attend biweekly staff meetings to gain an understanding of the way a UCC operates, be informed of any updated information regarding CAPS functioning, and participate in requested feedback.

Front End Team Meetings

Interns will attend weekly Front End Team meetings in fall (continued attendance will be reevaluated for spring-summer) for information and support in making appropriate recommendations in the initial consultation process.

Professional Development

CAPS is committed to ongoing professional development and providing opportunities for interns to connect with other interns. When possible, outside speakers and local professionals are invited to present on topics that meet the needs and interests of interns and staff. Several times throughout the year, CAPS interns meet for workshops/seminars with other doctoral interns from other university counseling centers within Indiana. These programs provide a forum for interns to socialize and form collegial relationships with one another and other professionals. There is time for team building, healthy communication, learning, and self-care. Additionally, CAPS engages in celebrations and pitch-in meals, which are valued as important for staff development and morale.

Sample Weekly Schedules

Fall

Direct Service	~20
Initial Consultations	2
Individual Counseling	13-16
Group Psychotherapy	1.5-2.75
On-Call (Consultation, Crisis/Emergency, etc.)	up to 4
Psychoeducational Assessment	.75
Outreach	0-1
Indirect Service	~20
Paperwork/Supervision Prep	5-8
Meetings	
Rotating Development Meetings	1
Group Leaders Lunch (biweekly 1 hour)	.5
Research/Reading Time: Science in Practice	0-2
Psychoeducational Assessment Training (biweekly 2 hours)	1
Training Seminars (biweekly 2 hours)	1
Front End Team Meetings (weekly 1 hour)	1
Staff Meetings (biweekly 1 hour)	.5
Supervision	
Clinical Supervision	2
Case Consultation	1.5
Group Supervision	.5-1
Supervision of Outreach/Consultation	0-1
TOTAL HOURS	~40

Spring

Direct Service	~20
Initial Consultations	0-2
Individual Counseling	13-16
Group Psychotherapy	1.5-2.75
On-Call (Consultation, Crisis/Emergency, etc.)	up to 4
Psychoeducational Assessment	1-2
Outreach	0-1
Provision of Supervision (weekly)	1
Indirect Service	~20
Paperwork/Supervision Prep	5-8
Meetings	
Training Seminars	2
Rotating Development Meetings	1
Group Leaders Lunch (biweekly 60-minutes)	.5
Research/Reading Time: Science in Practice	0-2
Front End Team Meetings (weekly 1 hour; if needed)	0-1
Staff Meetings (biweekly 1 hour)	.5
Supervision	
Clinical Supervision	2

Case Consultation	1.5
Group Supervision	.5-1
Psychoeducational Assessment Consultation/Supervision	1
Supervision of Outreach/Consultation	0-1
Supervision of Supervision	1.5
TOTAL HOURS	~40

Summer

Direct Service	~20
Initial Consultations	0-2
Individual Counseling	13-16
Group Psychotherapy	0-1.5
On-Call (Consultation, Crisis/Emergency, etc.)	up to 4
Psychoeducational Assessment	1-2
Outreach	0-2
Provision of Supervision (weekly; if available)	0-1
Indirect Service	~20
Paperwork/Supervision Prep	5-8
Meetings	
Training Seminars	2
Group Leaders Lunch (biweekly 1 hour)	.5
Rotating Development Meetings	1
Research/Reading Time: Science in Practice	0-2
Front End Team Meetings (weekly 1 hour; if needed)	0-1
Staff Meetings (biweekly 1 hour)	.5
Supervision	
Clinical Supervision	2
Case Consultation	1.5
Group Supervision	0-.5
Psychoeducational Assessment Consultation/Supervision	1
Supervision of Outreach/Consultation	0-1
Supervision of Supervision (if supervising)	0-1.5
TOTAL HOURS	~40

- The intern project is primarily a spring and summer task, although planning begins shortly after starting internship. This task is subsumed under indirect hours.
- Primary on-call is two 2-hour blocks each week. These blocks are set aside in each clinician's schedule, including interns, to be available for emergency or crisis appointments as well as consultation to IUPUI students, faculty, and staff. It may be direct or indirect service, depending on walk-in/call-in frequency during an intern's assigned shift.

General Expectations of Interns Program Requirements

Overall

- 40-hour work week, on average
- 500 Direct Service Hours minimum
- 12-months/2000 Total Hours

A Note about Hours

Interns are responsible for tracking their hours weekly through Titanium. Please see Appendix B for directions on how to generate Titanium reports for direct service hours.

The number of hours needed for licensure in each state may vary. 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 IUPUI CAPS, this should be discussed with the Training Director immediately.

The number of total hours required for internship in Indiana is 1500. Because of IUPUI's membership with APPIC, accreditation with APA, and our desire for interns to be competitive in the marketplace, CAPS requires a 2,000 hour internship experience. At least twenty-five percent, or 500 hours, must be spent in "Direct Service" activities.

It can be challenging to acquire the required number of hours needed for internship. Interns should be strategic in how they set up their schedules and how they use provided leave time to ensure they reach the minimum requirements.

Consideration should be given to the first two weeks and last two weeks of internship, which include little to no client contact. Additionally, during the summer and breaks between semesters there is typically a lower demand for clinical services. Interns who plan for lower therapy demand by increasing direct service hours during peak use times and who plan vacations during semester breaks are generally better able to meet minimum hour requirements.

Interns are encouraged to schedule ~16-20 hours of direct service per week. Twenty hours of direct service are built into the template schedules as a conservative estimation of how interns might address challenges to accruing direct service hours.

Interns are granted 5 days of professional development. These are professional development hours that require one to be out of the Center during business hours, but which are also part of the training experience. Examples include conference presentations, job interviews, data-collection, and dissertation defense.

In reviewing the sample weekly schedules, please notice that if you do "all" activities available to you, you will have scheduled over 40 hours in most weeks. We encourage you to work with your supervisors and Training Director to establish a reasonable schedule for yourself each semester.

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 it can be more difficult in the summer. We encourage interns to obtain 400 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 on-time. Interns must keep the Group Coordinator, Assistant Director of Outreach and Community Services, testing supervisors, clinical supervisors, and the Training Director informed of their status in completing these activities.

- Group Psychotherapy Requirement
 - Minimum of 2 interpersonal process groups over the year and Coping 101 in fall and spring
- Psychoeducational Testing Requirement
 - Minimum of 5 comprehensive evaluations, test batteries, integrative interpretation/reporting, and provision of feedback.
- Provision of Supervision
 - Spring: Interns deemed ready* to provide supervision will provide weekly supervision for a portion of a practicum student's caseload during the spring semester, with the possibility of extending provision of supervision through the summer term if practicum students extend their placements at CAPS. During this period, the supervisor of record for the clients supervised by the intern will be one of the supervision of supervision facilitators.
 - * If an intern is engaged in a remediation process at CAPS (see Due Process and Grievance Procedures elsewhere in this manual for information on remediation plans), one or more of the following options may be chosen based on the skills needing to be addressed in the intern's remediation plan: 1) co-lead group supervision (i.e., case consultation) of practicum students with a licensed staff member, 2) receive additional guidance/support from co-supervisor (licensed staff member), such as co-supervisor being present for intern's supervision sessions with their practicum level supervisee, 3) engage in role-played supervision.
- Outreach Requirement
 - At least one observation of staff completing an outreach presentation
 - Interns conduct one outreach presentation (observed and evaluated by staff)
 - Participation in a minimum of four additional outreach presentations during internship (with or without staff observation, depending on the presentation and population)
 - Creation of one unique outreach presentation involving consulting with a campus partner, to be presented to staff and potentially the targeted campus community during the summer
 - Participation in Fresh Check Day
 - Opportunities to participate in orientation tables or practicum fairs may also be available

Indirect Service

Indirect service hours will include, minimally, the following:

- Supervision
 - 2 hours face-to-face clinical supervision per week
 - 30 minutes of group psychotherapy supervision per group
 - Assessment supervision/consultation, as needed
 - Outreach supervision as needed to develop and provide outreach programming
 - Case Consultation: 1.5 hours per week
 - Supervision of Supervision: 90 minutes per week (while supervising)
 - Group Leaders Lunch: 1 hour, biweekly
- Training Seminars
 - 2 hours per week

- Rotating Development Meetings: Multicultural, Outreach, Intern Project, and Training Check-in
 - 1 hour per week (Meetings rotate such that each occurs once per month)
- Video Reviews
 - Twice each semester (fall, spring) and once in summer, interns will submit a video of a complete session to both their individual supervisors (5 per year as each supervisor will receive a unique session recording) along with written reflections and feedback questions.
- Readings
 - IUPUI CAPS Training Manual
 - APA Ethics Codes
 - <https://www.apa.org/ethics/code>
 - Indiana Statutes
 - <https://www.in.gov/pla/professions/psychology-home/>
 - Title IX Policy/Resources
 - <https://policies.iu.edu/policies/ua-03-discrimination-harassment-and-sexual-misconduct/index.html>
 - <https://stopsexualviolence.iu.edu/index.html>
 - <https://studentaffairs.iupui.edu/advocacy-resources/ipv-resources.html>
 - Anti-Harassment Policy
 - <https://policies.iu.edu/policies/ua-03-discrimination-harassment-and-sexual-misconduct/index.html>
 - Additional readings assigned by supervisors or seminar leaders
- Additional Trainings
 - HIPAA/FERPA Training
 - Indiana State laws pertaining to psychology practice
 - Telehealth Training
 - Professional Development Trainings
 - JagsCARE (optional)
- Therapy Case Presentation
 - One formal case presentation (at mid-point of internship) to full staff team, in preparation for job interviews
 - Presentation time allotted is 50 minutes (~30 minutes for presentation + time for questions/answers/discussion)
 - Intern should consult with supervisor regarding case presentation in the weeks leading up to it
 - Case presentation requirements are separate from those required within case consultation
 - See Appendix C for specific directions regarding therapy case presentation
- Outreach Presentation
 - One outreach presentation (summer of internship) to full staff team
 - Presentation time allotted is 50 minutes, including time for questions/answers/discussion.
 - Intern should consult with the Assistant Director of Outreach and Community Services regarding the outreach project/presentation throughout internship
 - See Appendix D for specific directions
- Assessment Case Presentation
 - One formal assessment/testing presentation (summer) to full staff team
 - Presentation time allotted is 50 minutes (~30 minutes for presentation + time for questions/answers/discussion)
 - Intern should consult with assessment supervisor regarding presentation in the weeks leading up to it
 - See Appendix E for specific directions regarding Assessment Case Presentation

- Intern Project
 - Monthly meetings with a senior staff member
 - Additional time outside of formal meetings to work on project
 - Formal presentation of the project and results to the full staff team in the summer, 50 minutes (~30 minutes for presentation + time for questions/answers/discussion)

Expected Proficiencies and Competencies

See Competency Benchmarks (Appendix T).

Ethics, Legal Issues, and Relevant IUPUI Policies

Interns will be knowledgeable of and conduct themselves in accordance with the APA Ethical Principles of Psychologists and Code of Conduct (<http://www.apa.org/ethics/>) and other relevant ethical codes, Indiana laws, and federal laws that govern the practice of psychology.

Interns will conduct work in a manner that conforms to the professional standards of Indiana University-Purdue University Indianapolis and IUPUI's Division of Student Affairs.

Relevant policies include:

- Non-discrimination policies, including ADA:
 - <https://policies.iu.edu/adm-operations/index.html>
 - http://policies.iu.edu/policies/categories/human-resources/employment/fair_treatment.shtml
- Political involvement:
 - <https://policies.iu.edu/policies/hr-07-50-political-activity/index.html>
- Smoking Policy:
 - <https://nosmoke.iupui.edu/>
- Alcohol and Other Drugs Policy:
 - <https://policies.iu.edu/policies/hr-07-60-substance-free-workplace/index.html>

Interns will be knowledgeable of and conduct themselves in accordance with all relevant policies and procedures. Additional policies are found elsewhere in this handbook (Additional Policies and Procedures), as well as the CAPS Clinical Procedures Manual, which addresses the day-to-day functioning of the center and is updated on a yearly basis.

Evaluations and Communication with Academic Departments

Ongoing evaluation of trainees is an integral part of the program. The goal of evaluations is to help interns identify areas of strength and growth 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, along with an Evaluation Guide with rubric, rating scale, and criteria can be found in Appendix S.

IUPUI CAPS continually assesses each intern's performance and conduct. While supervisors provide ongoing verbal feedback throughout the year, interns also receive formal evaluations at four distinct periods. Supervisors provide written evaluations at Baseline (October; Therapy Evaluation only) and at the end of each academic semester (late December and early May). A final evaluation is completed at the end of the internship experience (July/August). Where helpful or needed, additional evaluations may be added, especially if an intern is struggling in a competency area and would benefit from more frequent feedback.

Evaluations are reviewed with the intern and specific recommendations for improvement are offered.

Differences between intern and supervisor appraisals are fully explored. After meeting, the supervisor and intern sign the written evaluation and forward it to the Training Director. The Training Director will review intern evaluations and discuss possible modifications of the intern's training plan or the training program with the intern and all clinical supervisors involved in intern training. Any modifications in the training process will be clearly documented in writing.

Minimum Levels of Achievement: Interns must obtain a mean rating of 3 (i.e., expected proficiency) on all competency areas by the end of internship in order to pass internship. 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 supervisors, Supervisors' Team, and the Training Director in determining if scores on individual questions are concerning enough to impact an intern's successful completion of the program (see Due Process and Grievance Procedures elsewhere in this manual for information on remediation plans and policies). 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.

IUPUI CAPS evaluative process with interns includes:

- Intern self-appraisal reported to supervisors at the beginning of the year (see Appendix S).
- Provision of feedback through informal verbal discussions, video feedback forms (see Appendix F), and formal evaluations.

Written Evaluations: (See Appendix S, Also found on K: drive)

Seminar Training:

- Orientation Evaluation (Completed by the interns; Qualtrics)
- Training Seminar Evaluations (Completed by the interns; Qualtrics)

Supervisor's Evaluations (Appendix S):

Intern evaluations are completed by the supervisors below. Interns also complete evaluations for individual supervisors.

- Primary/Secondary Supervisor Evaluations (Therapy Evaluation)
- Group Supervisor Evaluations (Group Psychotherapy Evaluation)
- Assessment Supervisor Evaluations (Assessment Evaluation)
- Outreach Supervisor Evaluations (Outreach Evaluation)
- Case Consultation Supervisor Evaluations (Case Consultation Evaluation)
- Supervisor of Supervision Evaluation (Supervision of Supervision Evaluation)

Additional Evaluations

- Video Feedback Forms
- Therapy Case Presentation Evaluation
- Assessment Case Presentation Evaluation
- Intern Project Presentation Evaluation
- Outreach Project Presentation Evaluation
- Observed Outreach Evaluation (by staff or by audience members)
- Program Evaluation/Anonymous Exit Evaluation Form (Completed by interns)
- Training Director Evaluation (Completed by interns)
- Exit Interviews (Completed by interns with Training Director)

The Assistant Director of Intern Training is dedicated to on-going communication and collaboration with interns' graduate programs regarding their activities and progress. A summary of the intern's progress is provided at the mid-point of internship (January - February) and at the conclusion of internship. Verification of

successful completion of internship is included in the final summary letter. At any time, if problems arise that cast doubt on an intern's ability to successfully complete the internship program, the Training Director will inform the sponsoring graduate program, in accordance with CAPS Due Process, Grievance, and Appeals processes. Whenever possible, an intern's home program will be encouraged to provide input to assist in resolving the problems successfully.

Specific Expectations & Policy for Interns and Staff

Clinical Supervision of Interns

Supervision is a cornerstone for the preparation of health service psychologists (Falendar et al., 2004). The general aims of supervision are to present critical experiential and didactic opportunities for interns to learn and refine skills in profession-wide competencies, become more confident in their roles, ensure competency in the delivery of clinical services, enhance multicultural competence, and consolidate a stronger sense of professional identity. Competent supervisors possess the knowledge, skills, and awareness regarding the following: provision of quality supervision, psychology theory and practice, multiculturalism and diversity, legal and ethical parameters, assessment/evaluation/feedback, how to address problems with professional competence, self-reflective practice, professionalism, and attention to interpersonal functioning and communication (from Guidelines for Clinical Supervision in Health Service Psychology, APA, 2015).

Interns and supervisors make every effort to safeguard supervision times. In the rare instances when there are unexpected cancellations due to emergency or illness, attempts should be made to “make up” the supervision time. During vacations or planned time away from the office on the part of the supervisor, interns are required to consult with other clinical staff members about their work and/or have an additional supervision session with their supervisor prior to or following the time away.

Should an intern need to consult during a therapy session, the intern should first check their supervisors’ availability, then the Training Director, then the on-call clinician(s), and then any other available clinician. If none of these options are available, it is acceptable to interrupt clinicians in meetings, including when a clinician is in session. Interns never see clients at CAPS without senior staff onsite; they are encouraged to consult as needed.

Supervisors and supervisees sign a supervision contract at the beginning of each supervisory relationship. The Supervision Contract (see Appendix G) delineates the expectations, roles, and mandates for supervisor and supervisee. A signed copy will be provided to both parties, as well as the Training Director.

References

American Psychological Association (2015). Guidelines for clinical supervision in health service psychology. *American Psychologist*, 70, 1, 33-46.

Falendar, C.A., Erickson Cornish, J.A., Goodyear, R., Hatcher, R., Kaslow, N.J., Leventhal, G. . . . Grus, C. (2004). Defining competencies in psychology supervision: A Consensus statement. *Journal of Clinical Psychology*, 60, 771-785.

Individual Supervision

Interns will be paired with one individual supervisor for the first portion of the training year, and then a different individual supervisor from the start of the calendar year until the year of internship.

Individual supervisors meet with interns for two hours per week for face-to-face supervision, and spend, on average, one-two hours per week on other supervisory tasks (e.g., reviewing notes, watching videos, providing consultation as needed). The specified roles and responsibilities of the individual supervisor are delineated in the Supervision Contract (see Appendix G).

Interns: It is expected that interns meet with individual 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 specified roles and responsibilities of the intern as supervisee are delineated in the Supervision Contract (see Appendix G). Specific highlights include:

- Consult appropriately outside of scheduled supervision
- Provide supervisor with regular updates regarding caseload (e.g., client number, presenting problems, diversity/identity themes, level of risk, case disposition, etc.)
- Review training goals with supervisor regularly
- Digitally record each client session. All sessions must be recorded. In the event a client refuses to be recorded during the first therapy session, the intern must consult with their individual supervisor regarding options for next steps
- Discuss any clients who present particular clinical or personal challenges that, in the intern's judgment, provide opportunities for and/or impediments to growth and effective functioning as a clinician
- Create notes for all therapy sessions and client contacts. Send notes to supervisor(s) as soon as possible. Notes for emergencies (e.g., on-call or notes documenting significant risk) must be completed before leaving work for the day
- Come to each supervision session prepared with specific clinical issues to be discussed and video recorded session content to review
- Provide supervisor with timely oral and written feedback regarding the supervisory experience
- Provide Assistant Director of Intern Training with copies of written evaluations of your supervisor

Supervision of Groups

Interns are required to co-facilitate a minimum of two interpersonal process groups (USO) and Coping 101 (skills group) in fall and spring. Supervision of groups is provided in weekly half hour meetings with the intern's co-facilitator. Interns typically co-facilitate groups with senior staff; however, they may also have the opportunity to lead a group independently or co-facilitate a group with another intern or practicum trainee, if it is developmentally appropriate. If an intern leads a group independently or with another trainee, the intern(s) will arrange weekly supervision with a designated clinical staff group supervisor.

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 tasks of the intern in supervision of groups include:

- Lead or Co-lead weekly 75-120 minute group therapy session
- Lead or Co-lead group screening appointments, if applicable, 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

All documentation related to group services will be forwarded through Titanium to the supervising co-leader for review. Additional supervision of group may be scheduled as needed. At the group's end, the supervising co-leader(s) will complete a written evaluation of the intern's group facilitation and process with the intern in supervision. Copies of the written evaluation will be forwarded to the Assistant Director of Intern Training.

Group Leaders Lunch

Group Leaders Lunch will be scheduled biweekly for consultation, supervision, and support of group leaders and updates on all current groups. Video of current USO groups will be viewed and discussed at

some meetings. Interns are expected to attend.

Supervision Matches

Every effort is made to match interns and supervisors to optimize intern growth. APA's Commission on Accreditation (CoA) requires that interns receive at least 2 hours of individual supervision each week by a licensed, doctoral level psychologist. Indiana requires that licensed psychologists be endorsed as Health Service Providers in Psychology (HSPP) in order to provide clinical supervision. Indiana does not specify how many years of licensure are required before doing so. Interns should be aware that some states have such a requirement. Interns are encouraged to visit the <http://www.asppb.net/> for specific state licensure requirements around supervision and to consult the state/s licensing boards where they wish to practice to see if there is such a requirement. Interns should then communicate this to the Assistant Director of Intern Training if this is the case. A listing of all potential supervisors and their years of licensure/endorsement as HSPP is provided in Appendix I for reference.

Use of Video Recordings on Internship: Video Submissions and Case Consultation

As stated elsewhere in this manual, interns must record all sessions (including all therapy, USO groups (if possible), and provision of supervision). Information on obtaining permission from clients to record sessions is located in the CAPS Clinical Procedures manual (Privacy, Security and Safety (Section A): OBSERVATION & VIDEO RECORDING).

In order to assess intern competence and overall functioning, direct observation of clinical work is required. Twice each semester (fall, spring) and once in summer, interns will submit a complete video recording to both their individual supervisor (5 per year). Interns will watch the session prior to submitting it to supervisors and complete the Video Feedback Form (Appendix F) as a way of generating meaningful self-reflection. Interns are encouraged to ask for specific feedback from their supervisors. Interns will turn in the completed form, along with information on how to access the video, to their supervisor. Supervisors will provide written feedback regarding the session, with a focus on areas of requested feedback. The aim of this exercise is to encourage self-reflective practice and to review the intentionality, timing, and effectiveness of interventions. Exploration of the therapist-client relationship and evaluation of intervention and assessment competencies tend to be primary areas of focus.

Interns also utilize video during case consultation. When presenting a case, interns will select ~5 minutes worth of video to show the group as part of their presentation. Interns should select segments of a session that reflect their work, demonstrate a specific intervention or interpersonal dynamic, or in some way enhance the presentation.

Case Consultation

This supervision experience is intended to follow a developmental mentoring model, in that objectives change across the course of the internship year. The group is designed to further hone clinical skills, to strengthen written and verbal communication about clinical work, and to develop skills in giving and receiving feedback. Case consultation provides opportunities for interns to enhance and demonstrate competencies in the following areas:

- Communication and interpersonal skills, assessment, intervention, legal and ethical issues, individual and cultural differences and diversity, professionalism, research, and self-reflective practice
- Professional writing and communication, integration and synthesis of data, and how to identify the most salient aspects of the case
- Oral presentation skills (Consultation and Interprofessional/Interdisciplinary Skills)

A copy of the case consultation evaluation can be found in Appendix S. Collective discussion and appropriate feedback are expected of all interns in order to most effectively serve the needs of the intern presenting. The meetings also provide opportunities to solicit specific feedback and assistance with challenging clinical issues.

Case consultation meets for 90 minutes per week and will be led by two senior staff. Case consultation is typically supervised by the Assistant Director of Intern Training throughout the internship year. A second supervisor will typically change at semester breaks, to allow for exposure to multiple supervisory styles and theoretical orientations. During case consultation, as with other supervisory experiences, digital recordings will be an integral part of the training.

Interns are expected to present three cases in case consultation during the fall and spring semesters (6 presentations plus 1 in the summer). Interns will formally conduct two oral case presentations and one written case presentation for the group in the fall and spring. A suggested format for the written report can be found in Appendix J; however, reports may be modified to meet specific needs of the interns, target specific feedback, or adjusted to address client-specific concerns. See Appendix K for additional information. During the summer, interns present one oral case presentation, for a total of 7 case consultation presentations during the internship year. The remaining Case Consultation sessions are scheduled for open case discussion, which will typically allow for approximately half of the 90 minutes being devoted to each intern to discuss a clinical case or more general clinical issue. Use of video is strongly encouraged during open case discussion.

Intern Presentations

During internship, interns conduct 4 presentations for all CAPS staff—therapy, assessment, outreach, and intern project. Interns will receive evaluations/feedback from staff about their clinical skills, presentation style, and ability to communicate findings. A copy of the evaluation/feedback forms are located in Appendix S, and a summary of the feedback from each presentation will be placed in the intern's file.

Therapy Case Presentation

Interns will present a therapy case to the staff near the mid-point (around February) of the internship year. This is distinct from the presentations completed in case consultation. Interns are encouraged to cover the same material typically presented in case consultation presentations and should focus on treatment. The presentation should demonstrate an intern's therapy style, theoretical orientation, case conceptualization skills, and one's ability to communicate findings to an audience. Use of PowerPoint is encouraged. The presentation time allotted is 50 minutes. Interns are encouraged to speak for ~25-30 minutes, which will give enough time for staff to ask questions and comment on the case and presentation. See Appendix C for additional details.

The aim of the presentation is to help interns develop case presentation and clinical skills, respond to feedback, and engage in critical thinking. It can also serve as a "practice run" for presentations interns might do during an interview process.

It is required that interns consult with a clinical supervisor about which client they wish to present and ask for assistance during preparation. Interns may choose to use case consultation to help prepare for the case presentation as well. Finally, it is suggested that interns debrief with one of their supervisors after the experience. Interns will provide the Training Director with a copy of the presentation for their files.

Assessment Case Presentation

Interns will present one of their assessment cases to the CAPS staff during the summer term of their internship year. Interns will be expected to discuss the nature of the presenting problem, relevant background information, rationale for test selection, test results, diagnostic impression, and recommendations. The presentation will be scheduled for 50 minutes, with ~30 minutes dedicated to the presentation and the remaining time for questions and discussion. See Appendix E for details.

The aim of the presentation is to help interns develop case presentation skills, respond to feedback, and engage in critical thinking in the area of assessment and testing. Interns will be asked to design the presentation in a way that is meaningful to a multidisciplinary audience (i.e., not everyone in the audience will be familiar with testing).

It is required that interns consult with their testing supervisor about which client they wish to present and ask for assistance during preparation. Interns may choose to use assessment consultation meetings to help prepare for the case presentation as well.

Finally, it is suggested that interns debrief with one of their supervisors after the experience. Interns will provide the Training Director with a copy of the presentation for their files.

Outreach Presentation

Interns will present an outreach program/presentation to the staff during the summer term of their internship year. This presentation will be developed by the intern and should be relevant to the IUPUI community and geared towards a target population. Development of this presentation will occur over the course of the internship year and will require consultation with a campus partner. While this will be presented to the CAPS staff and the campus partner, interns are encouraged to facilitate the presentation as though it were being conducted with their target audience. The presentation time allotted is 50 minutes. Engagement and interaction from the audience is encouraged throughout the presentation, though specific time should be allotted at the end for questions and discussion. See Appendix D for additional details.

The aim of the presentation is to help interns with program development and implementation skills. Interns are required to consult with the Assistant Director of Outreach and Programming to assist with identification of a topic and campus partner. Regular supervision, consultation, and guidance related to outreach programming will be provided during rotating development meetings.

Intern Project

The intern project is an opportunity for interns to leave a legacy with the center and to develop competencies in research, program evaluation, administration, and consultation. Project options will be discussed and decided upon through the intern project rotating development meetings. Interns will present their results to the staff in a presentation during the summer term. The presentation will be scheduled for 50 minutes, with ~30 minutes dedicated to the presentation and the remaining time for questions and discussion. Interns must utilize research, program evaluation, and/or management/administration as a major component of the project.

Supervision of Supervision

Interns will receive graduated training in the provision of supervision. The training around supervision consists of two separate activities that will allow interns to develop their understanding and skills in provision of supervision: supervision of supervision training seminars and assuming the role of supervisor for a part of a practicum student's caseload while under direct supervision.

During the fall semester, interns will attend a training series on supervision. The seminar series, presented by senior staff, aims to provide interns with information that will aid in the provision of supervision, to help interns understand supervision models, explore ethics, roles, and responsibilities of supervision, explore their own personal approach to supervision, and examine how individual and cultural diversity impact supervisory experiences. Interns will be provided a syllabus outlining any readings and/or activities they are expected to complete as part of the training series.

Interns will receive a supervisory assignment, to begin in January of the internship year. During the spring and summer semesters (if practicum students remain at CAPS during the summer), interns will have the opportunity to provide clinical supervision to one practicum student. The intern will supervise a part of the practicum student's caseload (~5 clients). The supervisor of record will be a licensed mental health provider and one of the facilitators of supervision of supervision. Interns will spend one hour per week providing supervision to a practicum student, and supervision sessions will be recorded. Ninety minutes of supervision of supervision will occur weekly in a group format, with at least one of the staff facilitators being a psychologist. 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 well-being, evaluation, and fostering the development of the practicum student's identity as a therapist.

If an intern is engaged in a remediation process at CAPS (see Due Process and Grievance Procedures elsewhere in this manual for information on remediation plans), one or more of the following options may be chosen based on the skills needing to be addressed in the intern's remediation plan: 1) co-lead group supervision (i.e., case consultation) of practicum students with a licensed staff member, 2) receive additional guidance/support from co-supervisor (licensed staff member), such as co-supervisor being present for intern's supervision sessions with their practicum level supervisee, 3) engage in role-played supervision.

Supervision of supervision is intended to provide interns with feedback on supervision skills, help interns work through supervision challenges, develop their ability to provide feedback, and allow oversight of client welfare by the supervisor of record. In this meeting, interns will show recordings of their supervision sessions.

Structural Components

Fall

- Supervision training series
- Seminars will include a syllabus, readings, and possible assignments to be completed

Spring (and possibly Summer)

- Meet with practicum student for 1 hour per week to provide supervision for a portion of the practicum student's caseload (~5 clients)
- A supervision of supervision supervisor will be assigned to serve as licensed mental health provider of record for portion of practicum student cases being supervised by intern
- Supervision training will be experiential, with added didactic components as appropriate, once interns are paired with a practicum student
- Supervision sessions will be recorded and will be viewed weekly
- Supervision of supervision will be 90 minutes per week
- Practicum students will complete a written formal evaluation of their intern supervisor, using the same evaluation interns use to evaluate their supervisors. Interns will evaluate their supervisee, using the evaluation form provided by the practicum student's training program,

in collaboration with the staff co-supervisor.

Outreach Supervision of Interns

Interns receive supervision on outreach and consultation in multiple ways. The Assistant Director of Outreach and Community Services will provide an overview of outreach and consultation during orientation. The monthly rotating development meeting will focus on providing on-going didactic training, supervision, and consultation.

Supervisor: Specific tasks for the Assistant Director of Outreach and Community Services include:

- Coordinate with intern in selection of outreach/consultation activities, including identifying and preparing for outreach project/presentation for staff and campus partner
- Track intern outreach/consultation 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
- Assist intern in setting up opportunities to meet minimal outreach requirements (coordinating intern observation of an outreach presentation, presenting or co-presenting under direct observation, etc.)
- Meet with interns once a month, with additional meetings as needed to provide for the didactic, consultation, and supervision needs of the interns
- Provide on-going verbal feedback to interns regarding the various aspects of outreach and consultation
- Provide timely written feedback to interns using evaluation forms. Provide Training Director with copies of written feedback

Interns: It is expected that interns meet with the Assistant Director of Outreach and Community Services monthly for one hour. Specific minimum tasks include:

- After interns have been released from being observed, interns will respond (yes/no) to outreach requests that the Assistant Director of Outreach and Community Services sends through email or Teams. For requests that the intern receives confirmation that they will present, the intern is responsible for following up with the staff member they will be co-presenting with and/or the person requesting the presentation and ensuring the outreach has been correctly added to the intern's schedule in Ti. If the presentation is not based on a previously developed PowerPoint, the intern will share what they plan to present with the outreach supervisor at least a week prior to the scheduled presentation.

Assessment Supervision of Interns

The overall aim of assessment seminars, supervision, and experiential testing opportunities is to develop the intern's competency in the area of assessment. Specifically, internship training is designed to increase one's competency in accurate diagnosis, appropriate selection and utilization of evaluation methods, ability to administer, score, and interpret test data, integration and synthesis of information when making decisions, comprehensive report writing, ability to provide feedback and recommendations to clients, and formulation of case conceptualization. Ethics and legal standards, understanding the impact of individual and cultural diversity on assessment, and consultation/advocacy are also key aspects of testing/assessment. Testing supervision is designed to help interns better understand and utilize the role and function of various types of psychological assessments and screening measures in the delivery of direct service.

Interns receive training and supervision in psychoeducational assessment in several ways. During the fall

semester, the assessment seminar meets approximately biweekly for 2 hours, focusing on assessment of ADHD and learning disorders. Interns learn about a variety of measures and practice administration, scoring, and interpretation. Interns are expected to complete assigned readings, review training videos in assessment, and conduct practice administrations of various measures prior to implementation with clients. Interns observe staff conducting an evaluation prior to conducting their own evaluation. Interns complete 5 comprehensive evaluations on internship, including testing, scoring, report writing, and provision of feedback. Interns provide referrals to other treatment providers and serve as advocates for students seeking disability status, where appropriate. Additional testing supervision and consultation is provided throughout the year by licensed psychologists experienced in assessment. Psychological testing is not a routine aspect of an intern's work but may be utilized to aid in the treatment of on-going clients.

Supervisor: The assessment supervisor will meet with interns at least twice monthly for consultation and supervision, or as needed. Specific tasks include:

- Provide an overview of various psychological assessment tools relevant to testing at IUPUI CAPS
- Help interns identify and select appropriate screening and assessment tools
- Provide a foundation upon which doctoral interns may make informed decisions about treatment planning and appropriate referrals to other entities on campus and off-campus mental health resources
- Track interns' assessment activities to support them in meeting the minimum requirements of internship and in meeting needs of the larger community, with deference given to the training needs of the intern
- Review interns' scoring and reports for accuracy and professionalism
- Provide on-going verbal feedback regarding the various aspects of assessment-related activities
- Provide timely written feedback using evaluation forms and provide Training Director with copies of written feedback

Interns: It is expected that interns meet with their assessment supervisor for consultation and supervision. Specific tasks for interns include:

- Complete 5 comprehensive assessments over the course of internship, including written reports and completion of feedback
- With the completion of each assessment, interns will be expected to become increasingly more autonomous with regard to selecting appropriate testing measures, test interpretation, report writing, and feedback derived from both assessment findings and other relevant clinical information

Training Seminars and Development Meetings

Training seminars are delivered during weekly two-hour meetings. Development meetings occur weekly for one hour with the area of focus rotating: multicultural, outreach, intern project, and training check-in. More information on each is available below.

Orientation Week Trainings

During the first two weeks of internship, interns are oriented to the IUPUI CAPS and the training program as a whole. They are oriented to specific foci through training on topics that are integral to center functioning. The orientation schedule can be found in Appendix L.

Two-Hour Weekly Training Seminars

These seminars are designed to complement clinical work, supervision, and the aims of the internship program. Information is presented in an interactive format with ample opportunity for processing. Some

training seminar topics recur through the year, providing interns with a graduated learning experience (e.g., supervision). Other seminars stand alone and do not recur. A list of topics is included in Appendix A. We encourage interns to communicate topics of interest to staff, as CAPS will accommodate those trainings when possible. CAPS coordinates with Butler University's APA-accredited internship program and shares intern seminars, where appropriate. Several times per year, IUPUI interns also gather with other doctoral interns from other university counseling centers in Indiana for joint seminars, bonding, and professional networking.

Rotating Development Meetings (Multicultural/Outreach/Intern Project/Training)

Each week, interns will attend a one-hour rotating development meeting. The intention of these meetings is to provide additional support through didactic training, supervision, and consultation in these areas.

Multicultural

In this monthly meeting, the focus is on discussion, and introspection, to help interns develop diversity awareness, knowledge, skills, and competencies. The meeting does not have a formal evaluation, in order to facilitate a safe place for process and reflection. The meeting is led by a staff member. Through these meetings, it is hoped that interns will engage in a process of open 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 staff facilitator will initially provide the focus and topics of discussion. As the year progresses, interns will assume more of a leadership role in initiating discussion. The specific details of these discussions are intended to be kept private among attendees. This is done to create a sense of safety for interns to express and process their reactions to topics covered and to one another. The staff facilitator will participate in Supervisor Team meetings and consult with the Training Director; however, specific details of what has been said in the multicultural meetings will not be shared. The staff facilitator has the discretion to express concerns about an intern's progress, but formal evaluation of interns' integration of diversity issues into their work will be provided by their clinical supervisors.

Outreach

Interns meet monthly with the Assistant Director of Outreach and Community Services for training, supervision, and consultation around their work in the areas of outreach and consultation. During these meetings, interns have the opportunity to gain additional knowledge and experience on the development of outreach presentations, engaging the audience, and other related topics. Preparation for the outreach project presented to staff and campus partner, and associated consultation, will also be discussed in this meeting.

Intern Project

This monthly meeting gives interns the opportunity to consult with a staff member on their intern project. The staff member's primary role is to support and assist interns in the development and implementation of their specific project. The staff member guides interns to resources, evidence-based research around the selected topic, and provides accountability/oversight.

Training Check-In

The purpose of the monthly meeting with the Assistant Director of Intern Training 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. Interns are queried about their needs throughout internship and the format of the meeting will be adapted accordingly. Individual meetings with the Assistant Director of Intern Training are scheduled as needed/requested.

Administrative Time

Supervision Preparation

Interns are expected to spend around an hour per week preparing for supervision. Interns should arrive to supervision meetings prepared with digital recordings cued, questions prepared, a tracking sheet of clients for their supervisor (e.g., printed client list from Ti), and an overview of their needs in supervision that day.

Case Notes, Case Management, and Administration

Interns spend time each week on paperwork, report writing, following-up on the case management needs of clients, and general administrative tasks. When these tasks do not involve direct contact with clients, they are considered indirect service. If administrative tasks are not being completed in timely manner, it will impact continued assignment of new clients, and thus will also impact direct contact hours. Completion of administrative tasks is an important component of providing quality client care. Interns should consult with their supervisors regarding individualized suggestions/coaching on how to ensure timely completion of administrative tasks.

Additional Policy and Procedures

Internship Training Contract

The Internship Training Contract (see Appendix M) is a document that outlines the center's commitment to interns and interns' commitment to the center. This document is intended to provide clarity about expectations. Interns are encouraged to work with the Training Director and their supervisors to ensure they meet their training goals and to ensure they are taking on an appropriate amount of work.

Interns and Consultation

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 or remote session. You are required to consult with your supervisor or another senior staff member if your supervisor is unavailable, for the following situations:

- Legal issues, such as possible reporting obligations related to suspected abuse of a child or vulnerable adult.
- Mental health emergencies requiring immediate action (e.g., hospitalization).
- Any high risk situation (e.g., clients with significant suicide ideation and plan, homicidal ideation, clients under the influence of substances during session, active psychosis, etc.).
- Allegations of unethical behavior, including threats of an ethics complaint or lawsuit.

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 upon for consultation. It is better to err on the side of caution if unsure about the safety of a client.

Should the need for consultation arise during a telehealth appointment with a client the intern should check with the client that they are able to stay on the video/call and determine a plan for if they are disconnected (e.g., intern call them back). The intern should then disable their video feed (if on Zoom) and mute their sound. If needed, and after discussing this option with the client, the

consulting staff member can be brought into Zoom meeting via the meeting URL.

During the **fall** semester, interns are required to consult with individual supervisors **before** making referrals to:

- CAPS' Psychiatrist (Dr. Williams)
- CAPS' Testing Services
- CAPS' Survivor Advocate Response (Stefanie Cabana)

Observation and Video Recording

At the start of internship, some first session assessment appointments (intakes) are observed by supervisors or other senior staff for guidance and immediate feedback. Observations will be performed through Zoom. Although this practice is typically discontinued after an intern's first couple intake appointments, intermittent observations may occur throughout training, as needed.

All therapy and supervision (provided by interns) sessions must be digitally recorded. All CAPS clients are free to decline being recorded without penalty. Should a client refuse recording, the intern may proceed with the current session but must consult with individual supervisor(s) regarding next steps. Clients who refuse all forms of recording are typically transferred to senior staff or to community providers.

Interns submit videos to clinical supervisors for formal feedback on their therapy work (~4 per semester). All recordings should be saved directly to the designated encrypted server space (L: drive). A recording should never be saved to the computer itself (e.g., desktop). Recording should also never be made or transferred to any portable media without authorization from the Director. Written permission to record sessions must be obtained from clients prior to recording (see Appendix N). Specific instructions for how to record sessions will be provided during orientation.

Video-recordings of CAPS sessions are typically for CAPS use only. **Recordings are not to leave CAPS or be accessed from outside of CAPS without the explicit permission and approval of CAPS' staff.** If video-recordings are to be used in an academic setting, interns must obtain written permission from the client. A specific form has been developed to document such authorization (see Appendix O). Interns must discuss possible use of client information for these purposes with their individual supervisor and the Assistant Director of Intern Training before approaching a client to request informed consent. Recordings are for supervision and educational purposes only. Only professionals bound by confidentiality laws are afforded permission to watch the recordings.

HOW LONG SHOULD I KEEP VIDEOS ON THE L: DRIVE? Unless instructed differently by your supervisors and/or the Assistant Director of Intern Training, please delete all videos older than 3 weeks.

Informed Consent and Notification of Trainee Status

Clients have an ethical right to know the qualifications of their service provider. Therefore, interns must inform clients of their doctoral internship status and level of experience and identify their supervisor(s). Further, clients must be alerted to the requirement of interns to digitally record sessions (see Appendix N). The Permission to Record form will be signed by the client, granting their permission to be recorded.

Confidentiality and Security Issues

Confidential Information

All client information is strictly confidential and no identifying information about any client of CAPS may be shared outside of CAPS unless: 1) the client gives their specific written consent, **and**; 2) the supervisor of record is alerted and has approved the material to be released.

Our policy is to protect the confidentiality of clients whom our trainees may be familiar with outside of CAPS. If such a client is discussed, either in a group meeting or in a 1:1 conversation, trainees are to identify their relationship with the client and recuse themselves from the discussion.

Clinical Records

CAPS operates as a mental health facility, therefore, all client information is considered confidential and is protected by ethical and legal mandates. Indiana law requires that client paper files be stored behind at least two secure locks. Therefore, any paper containing identifying information should be returned to the file room each day and stored in the black cabinet. Client information should NEVER be left in an individual office unattended or overnight.

Furthermore, Indiana law prohibits the use of “duplicate” or “personal” files with client information. Therefore, any separate notes you may make for supervision and training purposes should be minimal in content, include no identifying information, and be shredded as soon as possible.

Trainees should not view the clinical record of any client without clinically relevant cause or permission by their supervisor for training purposes.

IUPUI CAPS uses a paperless, electronic record system. All clinical and client demographic information is stored within the Titanium database. Titanium includes HIPAA-compliant security and encryption measures and data is stored on a secured and protected server.

Computer Security

All CAPS computers have encryption, virus scanning, firewall, and other security software to assist in data protection. CAPS computers are intended for use for only CAPS/academic-related projects. CAPS computers are not to be used to access or display sexually explicit, discriminatory, violent, or profane material at any time.

Non-Titanium Files: Electronic versions of paperwork fall under the same guidelines of confidentiality and security as hard copies. Therefore, extreme care must be taken to secure any word processing or other computer files containing client information. Templates for CAPS' forms and paperwork can be found on the shared drive (K:) and are accessible from all CAPS computers. Files containing client information should never be saved on a desktop hard-drive of an office computer. When storing documents in progress, **DO NOT** include the client's name. Files should be deleted as soon as documentation is transferred to the electronic record. Please also note that drafts outside of Titanium are not considered part of the clinical record.

Portable media: Portable media should be kept secure and remain at CAPS. Media is stored in the workroom filing cabinets. Virus scans should be completed on portable media on a regular basis. Portable media are CAPS property and must be returned when interns complete their placements. All media will be electromagnetically erased and reformatted for future use. Media will also be electronically erased and mechanically destroyed before recycling or disposal, according to HIPAA Security and IUPUI privacy regulations.

HIPAA/FERPA

See CAPS Clinical Procedures Manual.

Titanium: Your Work Schedule

Work schedules are maintained using a computer-based system (Titanium) that is accessible through individual clinician offices. Scheduling clients and maintaining the computer database schedule are responsibilities of each clinician, including interns. The database should be closed/locked whenever trainees leave their offices unattended.

There are many occasions when clients call to cancel or re-schedule appointments. In such cases, the Front Office Staff will re-schedule clients based on the counselor's availability (as reflected in the Titanium database). Notes regarding cancellations, returning clients, and unusual client situations will be provided by Front Office Staff to interns via Titanium message notes. It is the intern's responsibility to check your Titanium Task List regularly for updates and changes. Except in the case of emergencies or illness, it is the trainee's responsibility to reschedule clients when there are work schedule changes that are not reflected in Titanium. It is also the intern's responsibility to ensure that vacations or professional leave time is reflected accurately in Ti.

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, Indiana laws, and federal laws which govern the practice of psychology.

Behavior:

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

Time:

Interns 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 IUPUI CAPS policy, which requires advanced notice and with consideration for how the request will impact clients and colleagues. All leaves of absence must be approved by the Training Director. Requests for adjustments in an intern's schedule should be brought to the Training Director.

Dress:

IUPUI CAPS 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. As a professional service agency, it is important that all IUPUI CAPS' staff maintain professional appearance and demeanor. The standard of attire may be considered "business casual." Specific attire that is considered not acceptable includes: shorts, T-shirts, torn or excessively baggy clothing, tight or revealing clothing, and apparel that reflects violence, discrimination, or obscenity. Jeans are permissible. Masks should be a solid color or a pattern and should have no messages on them. Adherence to these guidelines is expected at all times. Interns will be informed of any adjustments to the dress code.

Roles and Relationships: Staff and Trainees

IUPUI CAPS values respect and collegiality for all staff, including clinicians, psychiatry, administrative

support staff, and trainees. We recognize that it can be difficult to navigate roles and relationships in a training program. Every member of our staff is a part of our training team and participates in the evaluation of trainees. This creates an inherent power differential. At the same time, we also strive to have doctoral interns participate in as many CAPS activities as possible to facilitate growth as professionals. We understand that this duality has the potential to create uncertainty and confusion concerning relationships and behavior.

The following overarching principles and guidelines should inform the conduct of trainees and staff, with deference to the highest level of ethical conduct and to the benefit of the trainee. Discussions are invited and welcome as staff and trainees consider these guidelines and apply them over the course of the year. The Assistant Director of Intern Training and the Director will make final decisions where needed.

1. Training is a core value of our center; therefore, all staff are involved in training and evaluation. There are no neutral relationships.
2. Given this, all staff must remain conscious of the inherent power differential between staff and trainees.
3. The training role of all staff should take precedence over any desire for a personal relationship between staff and trainees. Staff should not seek social contact with trainees to fulfill their own social needs.
4. Friendly relationships between trainees and staff are encouraged but close personal relationships outside of work, including on social media, are discouraged. In addition to the dangers personal relationships can create for the trainee involved, there may be additional impacts on the other trainees, the strength of the trainee cohort, and the integrity of the training and evaluation experience.
5. Staff recognize the power differential inherent in supervisory/training relationships and acknowledge that trainees may find it difficult to say “no” to a seemingly innocuous social invitation; however, trainees are encouraged to say “no” to social invitations without fear of recourse.
6. Staff who choose to socialize during working hours (e.g. lunch, coffee breaks) include trainees as a group or provide equitable invitations across trainees in a given cohort. Staff considers the impact on the training cohort as a whole when making choices to spend social time with trainees.
7. Staff interested in mentoring a trainee should consult with the Training Director prior to initiating such a relationship to discuss possible ramifications as well as staff’s fiduciary responsibility.
8. Staff and trainees do not socialize outside of working hours except during CAPS-sanctioned or professional gatherings. Working hours are occasionally extended past 5:00pm for programming engagements. In rare situations, it may be appropriate for one or a few staff members to invite a cohort of trainees to a social event. These situations should be discussed with the Training Director in advance. Socializing between staff and trainees should be restricted to situations in which all trainees in the cohort and all staff are invited.
9. Staff should take care that in or outside of the work setting, they continue to serve as professional role models to trainees. Trainees should remain aware that it is not possible to compartmentalize the evaluative component of the training experience and that situations that occur outside of work hours can have implications at work.
10. Staff and trainees are expected to seek consultation when ethical questions arise.
11. According to the **APA Ethical Principles of Psychologist and Code of Conduct (2002)** 7.07: Sexual Relationships with Students and Supervisees: “Psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom psychologists have or are likely to have evaluative authority.” Since all professional staff are considered to have some “evaluative authority” over trainees, sexual relationships between staff and trainees are prohibited.

Helpful References:

Burian, B. & Slimp, A. (2000). Social Dual-Role Relationships during Internship: *A Decision-Making Model. Professional Psychology Research & Practice, 31, 3, 332-338.*

Davis, C. (2015, May). Tips for Trainers: Interns, fellows, and staff relationships: TTYL. APPIC E-Newsletter, 14.

Gottlieb, M., Robinson, K., & Younggren, J. (2007). Multiple relations in supervision: Guidance for administrators, supervisors, and students. *Journal of Clinical Psychology, 38, 3, 241-247.*

Slimp, P. & Burian, B (1994). Multiple role relationships during internship: Consequences and recommendations. *Professional Psychology: Research and Practice, 25, 1, 39-45.*

Social Media and Ethics

Although social networking websites and rural communities differ, there are many similarities. “Both are characterized by pervasive incidental contact, inevitable self-disclosure and unavoidable social relationships. For example, just as people in rural areas may know where the local psychologist lives or frequents, some social networking sites tag photos with exact GPS coordinates of where they were taken,” (Lannin, D.G. & Scott, N.A., 2014, pp 59). At this time, IUPUI CAPS does not have a social media policy but strongly urges trainees to consult with their supervisors and Training Director as they navigate the intersection between their personal and professional lives.

According to APA Ethical Standard 5.04, psychologists should take appropriate precautions regarding their dissemination of public advice and comments via media (including the Internet).

Recommended guidelines:

1. Be thoughtful and careful about what personal information you disclose online
2. Consider creating a formal social networking site policy with clients and informed consent (e.g., “I will not friend you on social networking sites or interact with you online.”)
3. Avoid formation of dual relationships with clients online whenever possible
4. Look up your information online periodically to determine what information clients can find about you
5. Set privacy controls to limit others’ access to your personal information
5. Separate personal and professional information for social media purposes
6. Consider using pseudonyms

Examples of boundary violations:

- Searching for a client on Google without their permission
- Requesting to be friends (in person or on social media) with a former or current client
- Requesting to be friends (in person or on social media) with a current supervisee
- Online discussion or posting involving client case work

Adapted from: Lannin, D.G., & Scott, N.A. (2014). Best practices for an online world. *Monitor on Psychology, 45, 2, 58-61.*

Work Outside of Internship

The CAPS internship program is committed to providing a quality training experience to its interns. The internship program is demanding, and for this reason, it is necessary to monitor and set reasonable limits

on outside activities. It is recommended that interns do not work outside of the internship. Should interns desire to do any additional work outside the internship, it is necessary that they first propose this activity, in writing, to the Training Director. The proposal should specify the nature and amount of work being contemplated. The written request will be brought before the Training Team and Director. If approved, an alternate work agreement form will be completed by the intern and submitted to the Training Director for approval at the Division level. Interns are strongly encouraged to read relevant HR policies regarding outside employment:

<http://policies.iu.edu/policies/categories/human-resources/conduct/coc.shtml> and <https://policies.iu.edu/policies/ua-17-conflicts-of-interest-commitment/index.html>

Intern Health and Liability Insurance

Doctoral interns at IUPUI CAPS are classified as an academic associate employed by the university and are paid monthly (A12). Associated benefits include health insurance (including vision and prescription coverage), optional dental insurance, and contributions to retirement. A vestment period of 3 years is required for retirement, therefore accumulated funds are NOT available at the end of the internship year.

Doctoral interns are required to show proof of professional liability insurance prior to starting clinical work at CAPS. This may be provided by their home departments. Interns may also choose to purchase professional liability insurance independently.

Vacation/Sick Time and Holidays

As an academic associate at IUPUI, interns are entitled to one month's vacation/sick time (PTO), which is 22 days. In addition, the University awards 10 official holidays (Labor Day, Thanksgiving, day after Thanksgiving, Christmas Day, New Year Day, Martin Luther King Day, floating holiday awarded in March, Memorial Day, and 4th of July, and Juneteenth). IUPUI CAPS requests that interns reserve ~5 days of PTO to be used during winter break when CAPS closes but the University stays open (typically late December through January 2), although interns do have the option of working on non-clinical tasks during that time. It is also suggested that interns reserve 2-5 days of PTO to be used at the end of internship to allow for offices to be ready to transfer to the next cohort of interns.

Requests for vacation are required two weeks in advance of the leave and must be approved by the Training Director (see Appendix P). The intern should alert their individual supervisors about time off and others who are impacted by their absence (e.g., group co-leaders etc.). The intern should block off the time in Titanium as soon as possible to avoid clients being scheduled during that time.

Professional Development Leave

Interns are allotted 40 hours (5 work days) of professional development leave time. These are professional development hours that require interns 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. Requests for professional development time are required two weeks in advance of the leave and must be approved by the Training Director. The intern should alert their individual supervisors about time off and others who are impacted by their absence (e.g., group co-leaders etc.). The intern should block off the time in Titanium as soon as possible to avoid clients being scheduled during that time.

Sick Leave and FMLA

Interns are expected to notify CAPS Front Office staff, individual supervisor(s), and the Assistant Director of Intern Training of an unexpected absence as soon as possible. Send an email to front office staff (capsindy@iupui.edu), your individual supervisors, and the Assistant Director of Intern Training to report the absence and ensure that scheduled clients can be contacted for reschedule as soon as possible. Excessive unplanned absences disrupt treatment, and we expect interns to have regular attendance at CAPS. Excessive absences may result in a request to make up missed hours, inadequate completion of hours, loss of wages, and/or disciplinary action.

Doctoral interns are not eligible for FMLA. When the need for family leave or leave related to any personal or family health concern arises, CAPS administration works proactively with the intern, their academic program, and APPIC to arrange alternatives, including use of vacation/sick time and/or extending internship.

Personal Emergencies

In case of emergencies (e.g., death in the family, hospitalization, or any other critical event), the intern should arrange with their supervisors and the Training Director for time off as soon as possible.

Evaluation Details

Ongoing evaluation of trainees is an integral part of the program. The goal of evaluations is to help interns identify areas of strength and growth areas 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 post-doctoral level upon graduating the internship. All evaluations can be found on the K: drive. Additionally, an Evaluation Guide with rubric, rating scale, and criteria can be found in Appendix S.

IUPUI CAPS continually assesses each intern's performance and conduct. While supervisors provide ongoing verbal feedback throughout the year, interns also receive formal evaluations at four distinct periods. Supervisors provide written evaluations at Baseline (October; Therapy Evaluation only) and at the end of each academic semester (late December and early May). A final evaluation is completed at the end of the internship experience (July/August). Where helpful or needed, additional evaluations may be added, especially when an intern is struggling in a competency area and would benefit from more frequent feedback.

Evaluations are reviewed with the intern and specific recommendations for improvement are offered. Differences between intern and supervisor appraisals are fully explored. After meeting, the supervisor and intern sign the written evaluation and forward it to the Assistant Director of Intern Training. The Training Director will review intern evaluations and discuss possible modifications of the intern's training plan or the training program with the intern and all clinical supervisors involved in intern training. Any modifications in the training process will be clearly documented in writing.

Minimum Levels of Achievement: Interns must earn an average (mean) rating of 3 (i.e., expected proficiency) on all competency areas by the end of internship in order to pass internship. 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 supervisors, Supervisors' Team, and the Training Director in determining if scores on individual questions are concerning enough to impact an intern's successful completion of the program (see Due Process and Grievance Procedures in

this manual for information on remediation plans). 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 and supervisors can expect that interns will begin with varying levels of strengths, and that these strengths will differ across various skill sets. We value early identification of growth areas, specific plans to support interns in their growth, the collective wisdom of the staff in developing these plans, and thoughtful follow-up. The following guidelines were created with those values in mind.

- A score of 1 on any question on the evaluation requires the supervisor to alert the Training Director and other supervisors. A Corrective Plan of Action or Formal Remediation Plan will be developed in collaboration with the Training Director, all those involved in supervising the intern, intern, and other staff impacted.
- A score of 2 on any question on the evaluation indicates an area that should be focused on in supervision. It may benefit the intern for the supervisor to discuss the item in the Supervisors' Meeting and/or initiate a consultation meeting to see if the issue is showing up among other supervisors and to collectively suggest some ways to support the intern's improvement. At the minimum, a statement will be made on the evaluation noting how the intern and supervisor plan to improve the competency being measured and a timeline to reassess progress and establish follow up. The level of response is determined by the significance of the question being evaluated and the time of year the score is earned.

It is recommended that a score *below* 3 on any objective in the spring semester should be discussed with the Training Director and other supervisors. Options for response include: a written note on the evaluation detailing a specific measurable plan to address the area of growth; a corrective plan of action; a formal remediation plan, or up to and including the inability to pass the internship if the item is critical to competent functioning as a health service psychologist and has not been able to be remediated. Level of response is determined by the significance of the question being evaluated and the time of year the score is earned.

Evaluation of the training program is crucial and we request that all trainees take the opportunity to give supervisors – and the training program as a whole – genuine feedback so that we may improve our supervision and our program (see K: drive and Appendix S).

IUPUI CAPS evaluative process with interns includes:

- Intern self-appraisal reported to supervisors at the beginning of the internship year (see Appendix S).
- Provision of feedback through informal verbal discussions, video feedback forms (see Appendix F), and formal evaluations

Formal Written Evaluations: (See Appendix S, Also found on K: drive)

Seminar Training Evaluations:

- Orientation Evaluation (Completed by the interns; Qualtrics)
- Training Seminar Evaluations (Completed by the interns; Qualtrics)

Supervisor's Evaluations:

Evaluations of interns are completed by the supervisors below. Interns also complete evaluations for their primary and secondary supervisors. (See Appendix S)

- Primary/Secondary Supervisor Evaluations (Therapy Evaluation)
- Group Supervisor Evaluations (Group Psychotherapy Evaluation)

- Assessment Supervisor Evaluations (Assessment/Testing Evaluation)
- Outreach Supervisor Evaluations (Outreach Evaluation)
- Case Consultation Supervisor Evaluations (Case Consultation Evaluation)
- Supervision of Supervision Evaluation (Supervision of Supervision Evaluation)

Additional Evaluations

- Video Feedback Forms
- Therapy Case Presentation Evaluation
- Assessment Case Presentation Evaluation
- Intern Project Presentation Evaluation
- Outreach Project/Presentation Evaluation
- Observed Outreach Evaluation (by staff or by audience members)
- Program Evaluation/Anonymous Exit Evaluation Form (Completed by interns)
- Training Director Evaluation (Completed by interns)
- Exit Interviews (Completed by interns with Training Director)

Due Process and Grievance Procedures

This document sets forth guidelines for the management of problematic performance or conduct, appeals, and grievance procedures. The guidelines are consistent with standards of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and also incorporate the Human Resources policies of IUPUI. The guidelines emphasize due process and assure fairness in the program's decisions about doctoral interns in health service psychology. Avenues for appeal of program decisions and the filing of grievances are also described.

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

Definition of Problematic Performance and/or Conduct

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

1: Inadequate Performance/Problematic Performance. Unsatisfactory performance of the duties of an intern includes inadequate work, incompetence, carelessness, and unethical behavior, particularly behaviors that violate the APA Ethical Standards and Code of Conduct. Interns must earn a mean rating of 3 on all competencies on all final evaluations, to pass internship. Interns may not pass internship with a score of 1 on any single evaluation question. 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 Director, and other involved staff on an individual basis. Depending on the significance of the question, the score, and the time in the academic year, a corrective plan of action or formal remediation may be initiated. A rating of 1 on any competency in the Evaluation Form may be taken as evidence of unsatisfactory performance and is an example of a situation which may prompt disciplinary or remediation procedures.

2: Professional Deficiency/Problematic Conduct. Misconduct (CAPS or University policies, Training Policy, APA Code of Ethics, Federal Law or Indiana Statutes), insubordination, unacceptable behavior (e.g., unexcused absences, excessive tardiness, poor work ethic), inadequate or deficient intern performance

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

The Assistant Director of Intern Training, in consultation with all involved supervisors, will decide when conditions for inadequate performance or professional deficiency are present and effort will be made to bring about improvement.

Procedures for Responding To Problematic Performance and/or Problematic Conduct

CAPS has a sequence of procedures to guide its response to interns with problematic performance and/or problematic conduct. The following procedures will be initiated in a progressive fashion until the problem is resolved:

Verbal Discussion

The first step in the process is typically a verbal discussion between the intern and the related supervisor. It is anticipated that most problems in intern performance and conduct can be resolved at this level of intervention. This is often the case when an intern is performing slightly below competency.

Inadequate Performance/Problematic Performance:

- A score of 2 on any question will result in a verbal conversation with the supervisor and a written plan on the evaluation for how the intern and supervisor plan to improve the competency. It is recommended that supervisor's use the Supervisor's Team meeting and/or consultation with the Training Director to talk through helpful courses of action to support the intern's growth. A Corrective Plan of Action may be implemented, depending upon the competency area and its level of importance to overall clinical functioning.
- A score of 1 on any question will immediately result in a verbal conversation with the supervisor and Training Director; the issue will be discussed in the Supervisor's Team Meeting. A Corrective Plan of Action or Formal Remediation Plan will be developed for implementation.

Professional Deficiency/Problematic Conduct:

- Matters of intern misconduct may require involvement of the Director and Training Director. A date should be set for the intern and supervisor to discuss the issue as a follow up to determine if it has been resolved or if further action is needed. This date should be communicated to the Director, Training Director, and current supervisors, as well as any other members of the CAPS training team who may be involved or affected.
- The Assistant Director of Intern Training will keep records of all meetings but will not necessarily notify the intern's home department unless misconduct is egregious enough to warrant it (see *Probation Notice*).

Written Warnings or Probation Notice

Continued unsatisfactory performance or violation of University policy, beyond the stage of verbal discussion, may result in formal written notification. For less serious infractions, the term "Written Warning" is used.

When an intern's performance and/or conduct is serious enough to warrant notification of the intern's home program, the term "Probation Notice" is utilized. Disciplinary action in the form of a Probation Notice may be directly implemented for issues that require/warrant more serious/immediate action.

In cases where disciplinary action is not initiated, the intern will first be notified in writing that a formal review is occurring and that the Training Director is ready to receive any information or statement that the intern wishes to provide with reference to the identified problems. The intern will meet with the Training Director and clinical supervisor(s) to discuss possible strategies to rectify the situation.

Corrective Plan of Action or Formal Remediation Plan

After reviewing all available information, the Training Director and clinical supervisor(s) may adopt one or more of the following steps, or take other appropriate action:

- A Corrective Plan of Action may be issued that formally states the following:
 - The site is aware of and concerned about the intern's performance and/or conduct; verbal feedback has not rendered sufficient change.
 - The concern has been brought to the intern's attention and supervisors will work with the intern to rectify the problem within a specified time frame, including a date by which the issue(s) should be resolved.
 - The intern should sign and date the Corrective Plan of Action to acknowledge receipt of the document.
 - All dates, results of conversations, and relevant evidence will be documented and discussed with the Training Director, current supervisors, and other involved/affected staff members, as appropriate.
 - The problematic performance/conduct associated with the negative evaluation is not significant enough to warrant a Probation Notice or other more serious actions at this time.
 - In situations where additional time, training, or supervision are likely to remediate the area of concern, a Corrective Plan of Action may be extended.
- A Formal Remediation Plan states the following:
 - In other matters or when inadequate performance needs to be *further* addressed, a written notification in the form of a Probation Notice and/or Formal

Remediation Plan will identify specific deficiencies, problems, or offenses.

- The 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.
- 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 notice.
- The intern should sign and date the remediation plan to acknowledge receipt of the notice.
- A copy of the remediation plan is given to the intern, current supervisors, Training Director, and the intern's home program (e.g., Director of Clinical Training).
- The Formal Remediation Plan must be made in consultation with the Training Director and the intern's direct supervisors. All parties involved and affected should be aware of the process as it is evolving whenever possible and whenever warranted or needed.

If remedial action is required, the identified problems in performance or conduct must be systematically addressed. Possible remedial steps include (but are not limited to) the following:

1. Increased supervision, either with the same or other supervisors.
2. Change in the format, emphasis, and/or focus of supervision.
3. Participation in specified learning experiences.
4. Reduction of clinical workload or reallocation of internship duties for a specified time period.
5. Recommendation of a leave of absence and/or a second internship.

Following the delivery of a Corrective Plan of Action or Formal Remediation Plan, the Training Director will meet with the intern to review the required remedial steps. The intern may elect to accept the conditions or may challenge the actions as outlined in the Intern Appeal Process and Grievance Procedures.

Failure to Correct Problems: Next Steps

When a combination of interventions does not rectify the problematic performance and/or problematic conduct within a reasonable period of time, or when the intern seems unable or unwilling to alter their behavior, the training program may need to take more formal action. If an intern on probation has not improved sufficiently to rectify the problems under the conditions stipulated by the *Probation Notice*, a subcommittee will conduct a formal review and then inform the intern in writing that the conditions for revoking the probation have not been met. The committee may then elect to take any of the following steps, or other appropriate action.

1. The probation may be extended for a specified time period.
2. The intern may be suspended, whereby the intern is not allowed to continue engaging in certain professional activities until there is evidence that the problem behaviors in question have been rectified.
3. The intern and the intern's sponsoring graduate program may be informed that the intern will not successfully complete the internship if the behavior does not change. If by the end of the training year, the intern has not successfully completed the training requirements, IUPUI CAPS may give the intern only limited certification or no certification. IUPUI CAPS may specify those settings in which the intern can or cannot function adequately. The intern and the intern's home

department will be informed that the intern has not successfully completed the internship.

4. The internship program may recommend that the intern resign, gain additional remedial training experiences, and re-apply for internship.
5. The intern may be informed that it is recommended that the intern be terminated immediately from the internship program and, with the Director's approval, a move to terminate the intern will be initiated (see below).
6. If IUPUI CAPS deliberations lead to the conclusion that an intern is not suited for a career in professional clinical practice, the committee may recommend a career shift for the intern.

All of the above steps will be appropriately documented and implemented in ways that are consistent with due process procedures, including opportunities for interns to initiate grievance proceedings to challenge training committee decisions.

Suspension

Intern suspension without pay may be appropriate in situations where a period of time is required for an investigation of alleged behaviors. Suspension may be called for when, in the opinion of the Training Director and CAPS 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. 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 2,000 hour requirement of the internship program and would need to be made up, if appropriate.

Termination

Termination from the training program will be the outcome in cases where the intern ultimately fails to comply with written notifications, where the violation is un-remediable, where attempts at remediation are unsuccessful, or where a violation is considered so egregious that immediate termination is warranted.

If termination is enacted, the intern is expected to follow all procedures for termination or transfer of active clients. Terminations and transfers are expected to be performed in a professional manner and in accordance with CAPS procedures.

Illegal or Unethical Behavior

Illegal or unethical conduct by an intern should be brought to the attention of the Assistant Director of Intern Training, who will document the concerns. Any person who observes such behavior has the responsibility to report the incident.

- The Training Director, the supervisors, and the intern may address infractions of a very minor nature. A written record of the complaint and action becomes a permanent part of the intern's training file.
- Any significant infraction or repeated minor infractions must be documented in writing and submitted to the Training Director, who will notify the intern of the complaint. Per the procedures described above, the concerns will be reviewed, after providing notification to all involved parties. All involved parties will be encouraged to submit any relevant information that bears on the issue, and will have an opportunity to attend a meeting with the Training Director and clinical supervisor(s) before disciplinary action is taken.

- In the case of illegal or unethical behavior in the performance of client care duties, the Training Director may seek advisement from appropriate University resources, including IU Enterprise Risk Management. APPIC Problem Consultation Services will also be contacted for guidance.
- Following a careful review of the case, the Training Director and clinical supervisor(s) may recommend no action, probation (and notification to intern's home program), or dismissal of the intern. Recommendation of a probationary period or termination shall include the notice, review, and appeal procedures described in this policy.

Intern Appeal Process

Interns who receive Written Warnings, Corrective Plans of Action, Probation Notices, Formal Remediation Plans, or who otherwise disagree with any evaluation or training decisions regarding their status in the program, are entitled to challenge these actions by initiating the following procedures:

1. Initially attempt to resolve the issue informally through discussion with the supervisor or Training Director.
2. If the issue is not resolved informally, the intern is to submit a formal appeal in writing with supporting documentation to the Training Director. Challenges of formal evaluations should be initiated within one week of receipt of the evaluation. Written Warnings or Probation Notices are to be challenged in writing within 5 working days of receipt by the intern.
3. The intern then has 5 additional days to provide the Training Director with information as to why the intern believes IUPUI CAPS' action or evaluation is unwarranted. Failure to provide such information will constitute a withdrawal of the challenge.
4. Within three days of submission of a formal appeal, the Training Director will designate two additional staff member(s) to serve on a Review Panel.
5. The Review Panel, consisting of the Training Director, designated staff member(s), and the intern will convene within one week after submission of a formal appeal. The intern may have a representative from his/her academic program present if desired. The appeal and documentation will be reviewed and potential resolutions discussed.
6. The Review Panel will re-convene within five days. The intern may have a representative from his/her academic program present if desired. The supervisor or Training Director will be offered an opportunity to respond to the appeal and potential resolutions will be discussed.
7. The Review Panel will make written recommendations for resolution of the appeal within the following week. Copies of the recommendations will be provided to the intern and involved staff members.
8. Additional concerns will be subject to the Informal Problem Consultation Process of APPIC (<http://www.appic.org/Problem-Consultation>).
9. If the dispute cannot be satisfactorily resolved according to the above procedures, the matter will be referred to the Formal Complaint Process of APPIC (<http://www.appic.org/Problem-Consultation#Formal>).

Grievance Procedures

Despite our best efforts, we realize that situations may occur in which an intern has concerns about the quality of their experience at IUPUI CAPS or the behavior of a staff member. Such issues may include, but are not limited to: poor supervision, evaluations perceived as being unfair, workload issues, unprofessional conduct, personality issues, and staff conflicts. Interns have the right and responsibility to address these issues through the following procedures. In the event that the Assistant Director of Intern Training is the focus of the complaint, the Director will be responsible for the duties outlined below.

1. Interns are encouraged to initially attempt to discuss the issue with the staff member(s) involved.
2. If not resolved, the intern is to discuss the issue with the Training Director.
3. If the issue is not resolved informally, the intern is to submit a formal grievance/complaint in writing with supporting documentation to the Training Director.
4. Within three days of submission of a formal complaint, the Training Director will designate one or two additional staff member(s), not named in the complaint, to serve on a Review Panel. The staff member in question will also be informed of the complaint and provided with a copy of the documentation.
5. The Review Panel, consisting of the Training Director, designated staff member(s), and the intern will convene within one week after submission of a formal complaint. The intern may have a representative from his/her academic program present if desired. The complaint and documentation will be reviewed and potential resolutions discussed.
6. The Review Panel will re-convene within five days, with the addition of the staff member in question. The intern may have a representative from his/her academic program present if desired. The staff member will be offered an opportunity to respond to the complaint and potential resolutions will be discussed.
7. The Review Panel will make written recommendations for resolution of the complaint within the following week. Copies of the recommendations will be provided to the intern and staff member in question.
8. If the intern, or staff member in question, is not agreeable to the recommendations, they must petition for further review by written request within 5 days. The Panel will reconvene and consider possible revisions within 5 working days.
9. Additional concerns will be subject to the Informal Problem Consultation Process of APPIC (<http://www.appic.org/Problem-Consultation>).
10. If the dispute cannot be satisfactorily resolved according to the above procedures, the intern or program will be encouraged to contact the office most appropriate to the complaint, including but not limited to the following offices:
 - i. Association of Psychology Postdoctoral and Internship Centers (APPIC)
 - ii. Assistant Vice Chancellor or Vice Chancellor of Student Affairs, the administrative officers responsible for the operation of IUPUI CAPS
 - iii. Office of Academic Affairs at IUPUI
 - iv. Office of Human Resources at IUPUI

- v. Office of Equal Opportunity at IUPUI
- vi. Indiana Psychology Licensing Board

Fairness and Timeliness

Throughout the appeal/grievance process, reasonable efforts will be made to promote fairness and timeliness to the intern. Each step of the process should be conducted as expeditiously as is practical.

Non-Retaliation

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

Documentation and Records

A complete record of all formal appeals, grievances, and their resolution is maintained. Copies of all documentation are kept in a file separate from the intern's CAPS file, located in a secured filing cabinet in the Assistant Director of Intern Training's office.

Completion of Internship Policies and Procedures

- Interns will review the IUPUI CAPS Intern Requirements Tracking Guide to be sure they have completed all necessary requirements (Appendix Q)
- Interns will complete the end of year checklist to confirm that they have completed closing activities (Appendix R)
- Interns will confirm the completion and signature of all documentation to their supervisors' satisfaction
- Interns will confirm completion and submission of all evaluation forms to the Assistant Director of Intern Training
- A copy of the certificate of completion will be provided to the intern, and a letter to the intern's academic program will be sent to their home institution, with copies of both kept in the intern's file
- The Training Director and interns will make copies of final internship hours indicating ≥500 direct service hours.

Policies and Procedures Regarding Applying Interns

The Intern Selection Committee includes all staff and 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 applicant interviews, ranking meetings, etc.).

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 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 mid-November of each year. Prior to the deadline, the Training Director provides an orientation to the selection process through staff meetings. The Training Director does an initial review of all applications and screens out applications that do not meet the basic requirements for applying to our site (see website and below). Each remaining application is reviewed by a team of two to three reviewers. The Training Director assigns applications to reviewers and responses are recorded in an

Excel spreadsheet designed specifically for this purpose.

A deadline is set for the Intern Selection Committee to review applications and submit their ratings. After the review deadline, the selection committee meets to review the application review responses, to determine which candidates will be invited for an interview. Applicants who are being invited for an interview are contacted by email and/or telephone to schedule a remote video (or telephone, if needed) interview. We adhere to the uniform notification date of December 15 to invite applicants for interviews or let them know that they are no longer under consideration.

After all the applicants have scheduled their interview day/time, the Training Director sends the applicants an email confirming the interview date and time, and interview structure. Interviews are scheduled and estimated to occur during the first one to two weeks of January. The Training Director assigns staff members, which will preferably include current interns, to interviews. The structured interview has been standardized and lasts approximately 1 hour. An additional hour on the interview day includes staff introductions and question/answer time with the Training Director.

Interviewers submit an interview review and ranking form via Qualtrics to the Training Director at the end of each interview. Once interviews are completed, the selection committee meets to review applicants. The selection committee develops a rank order list, which is ultimately finalized and submitted by the Training Director. Please note that any intern or staff who has a personal relationship with an applicant must recuse themselves from the decision-making process for that applicant.

On Match Day, The Training Director contacts matched applicants and welcomes them to the center. When necessary, a similar procedure is implemented for Phase II. The start date for new interns is typically in early to mid-August.

Selection Criteria:

- CAPS only accepts students who are currently enrolled in APA- or CPA-accredited programs in clinical or counseling psychology (Ph.D., Psy.D.). Enrolled students in an Ed.D. program are acceptable, but preference is given to those students enrolled in Ph.D./Psy.D. programs. When in doubt, the training director will conduct an on-line search to determine whether or not a specific program is accredited
- Completion of dissertation proposal by ranking deadline
- Three years of graduate training prior to internship, including successful completion of comprehensive exams
- Coursework in group psychotherapy, cognitive assessment, and personality assessment prior to starting internship
- Minimum of 350 (doctoral) intervention hours
- Practicum placement in at least one of the following: university counseling center, community mental health center, or university training clinic
- Preference is given to students with university counseling center practicum experience, but it is not a requirement
- Previous testing experience is preferred (but not required), especially cognitive and achievement testing

Appendix A: Training Seminar Options

Fall Options

- Solution Oriented Brief Therapy
- Multiculturalism (recurring): Intersectionality
- Case Conceptualization
- Ethics and Professionalism
- Diagnosis and Treatment Planning
- Eating Disorders and Community Treatment
- Treatment of Trauma-Based Disorders (Part I)
- Assessment (recurring)
- Supervision (recurring)

Spring and Summer Options

- Treatment of Trauma-Based Disorders (Part II)
- Sexual Assault Response and Prevention
- Working with Difficult Clients
- Multiculturalism (recurring)
- Acceptance and Commitment Therapy
- Professionalism, Procuring a Job, Licensure
- Vulnerability, Shame, and Therapy
- Grief
- DBT
- Object Relations
- Attachment Theory
- Interpersonal Processing
- Self-Compassion
- Mindfulness
- Self-Care
- Compassion Fatigue and Burn-out
- Psychopharmacology
- Finances & Mental Health
- A Day in the Life of a Director

Appendix B: Intern Hours Tracking Instructions

In Titanium, to run a report for your Direct Service Hours:

1. Go to “Reports”
2. Go to “Activity Summary by Appointment Code”
3. Pick date range, with the start date being your first day of internship
4. Pick “single” and your name
5. Pick “group” and keep it at default “ALL”
6. In the summary report, look at the bottom row, third number over (“Attended Hours” – shown below). Add Attended Hours for Individual Appointments Total, Group Appointments Total, and individual items from Other Appointments that count toward direct service (e.g., Outreach).
7. It is recommended that you run this report at least monthly to monitor your progress.
8. Use these numbers to plug into your copy of the Excel spreadsheet provided to you at the start of internship, if you choose to use it.

Client Individual Appointments												
Scheduled	Attended	Attend Hrs	Attendee No Show	Attendee Cancel	Attendee Cancel Late	Cnslr Cancel	Attendee Resch	Cnslr Resch	Center Closed	Total	Hours	Description
0	1	1.00	0	0	0	0	0	0	0	1	1.00	Individual Counseling - No Charge
0	4	4.00	1	0	0	0	0	0	0	5	5.00	Individual Counseling - Payment Required
0	1	1.00	0	0	0	0	0	0	0	1	1.00	Initial Consultation
0	6	6.00	1	0	0	0	0	0	0	7	7.00	Subtotal for Client Individual Appointments
0	6	6.00	1	0	0	0	0	0	0	7	7.00	Total for: Doeden, Michelle

Appendix C: Therapy Case Presentation Information

See Appendix J for areas to cover in your presentation.

See Intern Presentation Evaluation in Appendix S.

Consult with your supervisor(s) when preparing for the formal therapy case presentation. Consultation with your supervisor(s) and/or the Training Director is required prior to this presentation. Please plan accordingly.

Appendix D: Outreach Project/Presentation Information

Please consult with Brittany Snyder, Assistant Director of Outreach and Community Services for specific instructions.

Please refer to Appendix S for all evaluations related to outreach.

Appendix E: Assessment/Testing Case Presentation Information

Please refer to the suggested presentation format on the K: drive for all comprehensive assessments, based on the testing template.

Please use the Assessment Presentation Evaluation (Appendix S) for additional guidance regarding evaluation criteria.

Consultation with the testing supervisor(s) is required prior to this presentation. Please plan accordingly.

Appendix F: Video Feedback Form



Video Feedback Form

Client Initials:		Age:		Date:	
Counselor:		Supervisor:			
Session # at recording:		Sessions seen at CAPS:			

Summary of client's situation/presenting concerns, treatment plan, progress to date, diagnostic impressions, etc.

Counselor's self-assessment (while watching the session):

Requesting feedback:

Appendix G: Supervision Contract

COUNSELING AND PSYCHOLOGICAL SERVICES (CAPS) INDIANA UNIVERSITY-PURDUE UNIVERSITY INDIANAPOLIS SUPERVISION CONTRACT

Goals of Supervision

Supervision is a vital component of every clinician's training. A supervisor's goals are to enhance clinical skill and knowledge, promote self-awareness/self-reflective practice, ensure the welfare of clients, enhance supervisees' multicultural competence, evaluate the suitability of the supervisee to enter the profession, and support supervisees' professional and personal wellbeing.

Supervision Process

Supervision is an interactive process intended to monitor the quality of client care, improve one's clinical and administrative skills, and facilitate professional and personal growth. CAPS supervisors will adopt different roles as needed -- teacher, consultant, mentor, and evaluator. Supervisees will be encouraged to consider their thoughts, behaviors, and personal feelings as they conduct therapy sessions. Supervision will include discussions about individual and cultural differences and how these affect the counseling relationships, of which supervisees are an integral part.

Supervisees can expect that their supervisor(s) may have a theoretical orientation that is different from their own. Supervisors aim to create a balance between helping supervisees to further develop their skills within their preferred theoretical orientation while also challenging them to broaden their approach in order to best fit client needs. Supervisees will engage in self-reflection in order to articulate their perspective while also learning to incorporate alternative approaches.

Supervision Risks and Benefits

Possible benefits of supervision include: improvement of clinical conceptualization and intervention skills, an increased sense of professional identity, an increased awareness of use of self in therapy, better understanding of personal and professional strengths and areas for growth, and practice collaborating/consulting with licensed practitioners.

Supervisees can expect to grow the most when they present their most challenging moments or cases, especially when they take the risk to present segments of recordings where they are less certain of their intervention or when they got stuck (i.e., the segments that can be most difficult to view). The more risks supervisees feel safe to take in supervision, the greater the potential for growth. Supervisors will endeavor to create a safe holding environment to facilitate risk-taking. It is also important to present segments of recorded sessions where supervisees demonstrate their strengths and growth.

Supervisees can expect to be challenged personally throughout the training experience. Supervisees are likely to question aspects of their interpersonal style, as well as re-interpreting past experiences or relationships. These issues are common and expected. As such, they are appropriate topics for discussion in supervision. Our identities and beliefs shape our interpersonal style and professional identity. Therefore, it is important for supervisees to be mindful of the role of their own beliefs and aspects of identity in their clinical work. Supervisees can expect to engage in conversation with a multicultural lens.

Finding resolution of personal difficulties is not the focus of supervision. It is inappropriate for supervisors to provide personal therapy in supervision. Supervisees are strongly encouraged to seek their own therapy if any personal concerns negatively impact their ability to engage in clinical work. It is not unusual for a student to seek personal counseling while working toward a clinical/counseling psychology degree.

Supervisor's Role and Responsibilities

- Abide by ethical guidelines, as outlined by professional associations (APA, ACA, ACSW, etc.) and statutes of the State of Indiana.
- Establish parameters of supervisory role (e.g., supervision style, issues covered, etc.).
- Negotiate appropriate training goals in writing with supervisee.
- Foster meeting training goals.
- Monitor supervisee's clinical cases.
- Monitor supervisee's record keeping (all Titanium documentation).
- Facilitate supervisee's ability to conceptualize cases and develop treatment plans.
- Serve as consultant in crisis/emergency situations.
- Enhance supervisee's self-awareness and self-reflective practice.
- Ensure that supervisees are demonstrating multicultural competence through their case conceptualization, tailoring of interventions, and direct conversations about intersectional identities with clients.
- Provide ongoing feedback on supervisee's clinical skills, style, dynamics, etc., in a manner that is facilitative and constructive.
- Provide early feedback to the supervisee, especially if there are concerns about progress, professionalism, or competence.
- Complete scheduled evaluations of the supervisee and process the evaluations within supervision.
- Process, within supervision, supervisee's written evaluation of themselves as a clinician as well as a written evaluation of supervisor.
- Serve as a professional and ethical role model for supervisee.
- Demonstrate respect for supervisee, acknowledging diversity in values, culture, and experience.
- Assist the supervisee in balancing agency demands.
- Facilitate the professional growth of the supervisee by attending to professional issues, career issues, and pertinent developmental/transition issues.
- Take primary responsibility for the supervisory relationship, and when there are difficulties, take responsibility to address or resolve those difficulties either directly or through consultation with the Assistant Director of Practicum or Internship training.
- When asked by supervisee to serve as a reference, provide honest, straightforward information.

Supervisee's Responsibilities

- Abide by ethical guidelines, as outlined by professional associations (APA, ACA, ACSW, etc.) and statutes of the State of Indiana.
- Negotiate appropriate training goals with supervisor.
- Inform each client of trainee status and name of supervisor.

- Keep timely records and make them available to the supervisor.
- Prepare for supervision by providing recordings of sessions, records requiring review, and all relevant questions or concerns. Update supervisor on all cases.
- Remain open and responsive to feedback and supervisory suggestions. Implement supervisor directives, if any.
- Reflect and process one's biases, prejudices, world views, and experiences as they relate to becoming a multiculturally competent clinician.
- Process, within supervision, supervisor's written evaluations of the trainee's work.
- Complete scheduled evaluations of the supervisor and self-evaluation; process them within supervision. Complete timely evaluations of training experiences.
- Participate actively in supervision and take increasing responsibility for the working relationship as the year progresses.
- Demonstrate respect for clients, supervisors, and all staff, acknowledging diversity in values, culture, background, and experience.

Supervisee MUST notify supervisor (or another licensed staff member) and seek consultation before the client leaves the session if any of the following should occur:

- Legal issues, such as possible reporting obligations related to suspected abuse of a child or vulnerable adult.
- Mental health emergencies requiring immediate action (e.g., hospitalization).
- Any high risk situation (e.g., clients with significant suicide ideation and plan, homicidal ideation, clients under the influence of substances during session, active psychosis, etc.).
- Allegations of unethical behavior, including threats of an ethics complaint or lawsuit.

Supervisee must consult with supervisor (or licensed staff member) as soon as possible in the following situations:

- Disputes with clients or significant impasses in therapy.
- Requests for documentation, including contact from client's family, academic personnel, lawyers, or others requesting client information. No documentation can be released without supervisor approval/signature.
- Contemplated departures from standards of practice or exceptions to general rules, standards, policies, or practices (e.g., conducting therapy with client's face not visible on Zoom).
- Suspected or known clinical or ethical errors.
- Contact with clients outside the context of treatment.

Student Disclosure of Personal Information and Confidentiality

Congruent with APA Ethics Standard 7.04, supervisors do not require supervisees to disclose personal information in any training-related activity regarding one's sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant

others, except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training or professionally related activities in a competent manner or posing a threat to the students or others.

CAPS respects the privacy of every individual and recognizes their right to share at a level that is comfortable and growth promoting for them. Supervisees are not required to engage in personal self-disclosure as defined above as part of our training program. At CAPS, it is typical for staff and trainees alike to reflect on their own personal qualities and internal responses to better serve their clients or to grow professionally. For example, it is not unusual to explore countertransference reactions or to discuss one's own stage in identity development as a means to look at the ways that this might be a bridge or an obstacle in clinical work or professional development. This often takes place in supervisory settings, with trusted others who can facilitate that exploration. Please review CAPS evaluations to better understand the specific expectations of supervisees around self-reflective practice.

Supervisors are committed to honoring and respecting all information received in supervision about supervisees and their clients and keeping all such information private to the degree possible; however, the supervisor/supervisee relationship is not protected in the same way as the therapist/client relationship and supervisors cannot guarantee that the information gained from supervision sessions will be confidential. Supervisors regularly discuss the supervisee's work and progress with other staff members as needed for training and evaluation purposes. In addition, evaluations are not confidential and will be shared as necessary with members of the Supervisors' Team and/or with the supervisee's graduate program/department. Supervisees will be expected to explore personal reactions to clients and to supervision and to be open to considering their own personal contribution to the therapeutic context. Supervisors will report any maltreatment of a client or colleague that violates the legal or ethical standards set forth by government agencies and professional associations.

The confidentiality of clients is of paramount importance. Any notes, recordings, or other client information must be treated as carefully and as sensitively as possible in accordance with CAPS' policies and procedures. Supervisees will not discuss information about clients outside of the context of supervision/consultation. Releases of information must be signed by clients in order for supervisees to discuss cases with their academic institutions.

Dual-Role Relationships

The supervisor will avoid any dual or multiple relationships with the supervisee, which could reasonably be expected to lead to exploitation or loss of objectivity. If a dual or multiple relationship does exist, the supervisor is responsible for informing the Assistant Director of Practicum or Internship training and explaining how said relationship does not hamper objectivity or exploit the supervisee, as well as the means developed to prevent/resolve any problems which may arise from the said relationship.

Evaluation Procedures

Supervisors are responsible for providing ongoing feedback and evaluation to the supervisee, including strengths and areas of growth. Supervisees receive written evaluations of their clinical

work at designated evaluation times throughout the year. These evaluations are discussed with the supervisee and are forwarded to the Assistant Director of Practicum or Internship Training to become part of the trainee’s record. Supervisees evaluate themselves and their supervisors, providing verbal and written evaluations of their supervisor(s) at each evaluation period. Evaluations are provided to trainees’ home programs at a minimum of once per semester for practicum or twice per year for internship.

Policy for Dealing with Trainee Impairment

In the event that there are concerns about a supervisee’s progress, ethics, professionalism or competence, the supervisor will consult with the Assistant Director of Practicum or Internship Training and may develop a plan for addressing the concerns. Please refer to the appropriate section in the training handbook for details.

Complaint Procedures and Due Process

Ideally, any disagreement between supervisor and supervisee can be resolved between them, or within CAPS. In the event of a disagreement that is not resolvable at these levels, trainee appeals, due process, and grievance procedures are outlined in the training handbook.

We have discussed the expectations above and agree to perform the duties and operate within the outlined parameters.

Supervisee

Date

Supervisor

Date

Last modified: July 2020

Appendix I: Supervisor Summary

Fall 2023

Name	Year Licensed	Degrees	Supervision
Emil Adsit	12/2017	MSEd, LMHC	
Petra Batek	11/2012 (IN)	MSW, LCSW	R
Steve Baughman	07/2008-CA; 11/2015-IN	PsyD	P, A, G
Ashley Eppich	07/2016	M.S., LHHC	R
Candace Guillory	12/2017-FL; 03/2019-IN	MS, ATR, LMHC	C
Paola Hernandez Barón	anticipated Fall 2023	M.A., M.S. Ed	R
David Lairmore	12/2020-OH; 07/2022-IN	PsyD	P, C, A, G
Brittany Snyder	03/2015	MS, LMHC	R
Monica Villalta-Rabb	03/2021	PsyD	

P = Primary Supervisor

C = Case Consultation Supervisor

G = Group Therapy Supervisor

A = Assessment Supervisor

R = Rotating Development

Appendix J: Case Consultation Written Report Suggested Format

IDENTIFYING INFORMATION:

Name: (Fictitious first name only)	Report Date:
Gender:	Intake Date:
Age Range: (e.g., early 20's)	
Racial Identity:	Number of Sessions at Report:
Major/Year:	
Occupation:	Counselor:
Relationship Status:	

CONSULTATION QUESTIONS: Identify 2-3 questions or desired feedback about your work with this client. Use these questions to guide what you present in the following sections (i.e., What do we need to know to answer your questions?).

PRESENTING CONCERNS: Describe why your client sought counseling and your assessment of the presenting concerns, including symptoms and functional impairments.

CURRENT RESOURCES & STRENGTHS: Describe client's current coping skills (including how those skills are/are not working for them), client's support system, and client's interests and social outlets. What does client identify as strengths, and are there additional strengths that you observe?

IDENTITY: What are some of client's intersecting identities and what has the client identified as their most salient identity/identities? What values are connected with their salient identity/identities? How does the client's identity and values inform their understandings of mental health and of current presenting concerns?

- For any missing information, what is one small, concrete next step you could take toward more fully understanding this aspect of your client's lived experience?

HISTORY: *Provide relevant historical information that will inform understanding of the presenting concerns as well as your conceptualization and treatment approach.* Potential areas to consider include: client's family of origin (parents, step-families, sibling, birth order, culture) and past and current family relationships; history of abuse (emotional, physical, sexual) or other trauma; significant past and current relationships; previous counseling or psychiatric treatment (including substance abuse); significant medical history; and past accomplishments and successes.

DIAGNOSIS: Report your DSM-5-TR diagnosis with a brief rationale. If you are uncertain about diagnosis, include your thoughts on potential diagnoses, including what information you might need from the client to feel more certain in your diagnosis.

CONCEPTUALIZATION: Describe how the client's history, experiences, perspectives contribute to the development and maintenance of the presenting concerns. Use one or more theoretical orientation as a framework. Your conceptualization should provide a basis for your intervention approaches.

GOALS: What goals did you and the client identify for treatment? If you have not yet set goals, what are examples of goals that might make sense based on your conceptualization?

INTERVENTIONS: What have you and the client been doing to work toward their goals? How do you connect this with your conceptualization? What is one intervention you feel most proud of in your work with this client? Are there ways your identity/identities and values have impacted your work with this client?

PROGRESS: What progress have you noticed in your work with this client so far? How will you and the client know when it is time to consider termination?

Appendix K: FAQs for Case Consultation

Q: When is it and what will happen there?

A: Case consultation is held on Wednesday afternoons. All interns are expected to attend and participate; two selected staff members, will facilitate group discussion. Interns will be expected to conduct written and oral case presentations, as well as informal case discussion, including use of video clips exemplifying their therapeutic work.

Q: What is the purpose of the written report for case consultation?

A: To build skills in professional writing, refine diagnosis and case conceptualization skills, learn to effectively communicate findings to others, and learn to identify the most salient aspects of the case.

Q: Why do I have to turn in the written report one week before I present in case consultation?

A: To allow your readers ample opportunity to read and digest the information.

Q: What is the aim of the oral case presentation for case consultation?

A: To provide experience, exposure, and training in the area of professional communication (learning to prioritize, summarize, and communicate important clinical information). Although your oral case presentation does not require a written document for distribution, some interns prefer to refer to a “cheat sheet” with relevant client information.

Q: How do I choose a video clip?

A: Consult your supervisor. Chosen clips often highlight therapist-client dynamics, a particularly interesting interaction, unusual client behaviors, examples of interventions that went well or felt more challenging, etc. You must receive written permission to record sessions (see Appendix N).

Q: How do I ethically protect my client’s confidentiality, as I’m sharing information with others?

A: Change names, be judicious in how much extra information you share, and collect all paper copies of written reports after your presentation (for shredding). The Assistant Director of Intern Training requires one copy for your training file with all sensitive information redacted prior to storage.

Q: What should I expect from case consultation?

A:

- Respect, professionalism, ethical behavior, compassion, humility, humor, and open-mindedness
- A focus on learning and the development of critical thinking skills
- Active discussion, feedback, support, and exposure to alternative perspectives
- Each case consultation is an opportunity for the participants and presenter to develop their assessment, conceptualization, therapy, and communication skills
- A focus on therapy interventions, individual and cultural differences, legal/ethical dilemmas, self-reflective practice, and answering the presenter’s questions for the group

Q: How can I best use case consultation when I'm presenting?

A: Tell the group: 1) why you selected this client; 2) what specific feedback or guidance could be helpful. Consult with your clinical supervisors or case consultation supervisors if you need ideas. Stick to the time limits provided by your case consultation staff facilitators in your first group meeting.

Other elements you may wish to include:

- Description of your work with the client
- Discussion around “things that worked” and “things that didn’t” in therapy
- Treatment approaches/interventions and their rationale
- How client/therapist identities affect the work
- Ethical considerations
- “Oops” moments in therapy and what you learned
- Transference/countertransference reactions

Q: How can I best use case consultation when I'm not presenting?

A: Wait for the presenter to finish their presentation before asking questions. Ask clarifying questions and provide brief rationale. Respond to presenter's requests for specific feedback. Consider how you might incorporate feedback and ideas into your own clinical work. Be respectful of time limits. Ensure active participation.

Q: How will I be evaluated in case consultation?

A. See Case Consultation Evaluation Form, located in Appendix S.

Appendix L: Orientation Schedule

CAPS INTERN ORIENTATION SCHEDULE 2023-2024

Week 1

	Monday, August 7	Tuesday, August 8	Wednesday, August 9	Thursday, August 10	Friday, August 11
8 AM	Do Not Schedule	Do Not Schedule	Do Not Schedule	Do Not Schedule	Do Not Schedule
8:30					
9:00	Meeting, WELCOME TO CAPS!!!! (Office Tour, Review Schedule) - w/David	Other, Continue reading manuals on own	Other, Finish trainings and manual reading	Other, Complete Self-Assessment and continue reading manuals	Meeting, Outreach Orientation w/Brittany - Zoom (please record)
9:30					
10:00	Other, Tech Check - Attempt to log in to computer (Contact Kenny with questions)	Meeting, Introduction to Intern Manual: Internship Requirements w/David - Zoom (please record)			Meeting, Individual Check-In w/David - half hour each
10:30					
11:00		Meeting, Manual: Grievance procedures, etc w/ David - Zoom (please record)	Meeting, Introduction to BHM and Documentation w/Monica - Zoom (please record)	Meeting, https://iu.zoom.us/j/844794112 48, Clinical Services Orientation (and Psychiatry)	Meeting, IPV Resources/Assessment & IPV Outreach w/Viviane - Zoom (please record)
11:30	Meeting, Full Staff Introductions!! - Zoom	Meeting, Meet and Greet w/ Steve Kavla and		Meeting, Meet and Greet w/ Petra, Emil and Sam	
12:00	Lunch, With David - Conference Room	Lunch	Lunch	Lunch	Lunch
12:30					
1:00		Staff Meeting	Meeting, Intro to Microsoft Teams and Zoom w/ Emil - Zoom (please record)	Training: Individual Supervision, First Meeting w/Supervisor!	Meeting, IUPUI Scavenger Hunt!!!
1:30	Other, Start reading manuals on own (clinical and intern) or obtain Crimson Card	Meeting, HIPAA/FERPA/State Laws, Telehealth, Hybrid options, and Documentation - Zoom (please record)	Meeting, https://iu.zoom.us/j/872942160 92, Group Orientation w/Candace - Zoom (please record)		
2:00					
2:30					
3:00	Meeting, Intro to Titanium w/ Emil - Zoom (please record)		Other, Practice with Teams and Zoom	Other, Finish trainings and manual readings	
3:30					
4:00	Meeting, Front Desk Overview w/Cissy	Other, Continue reading manuals on own	Other, Down Time - Interns can check-in with each other :)		
4:30	Other, Wrap Up/Continue reading manuals				
5:00	Do Not Schedule	Do Not Schedule	Do Not Schedule	Do Not Schedule	Do Not Schedule

CAPS INTERN ORIENTATION SCHEDULE 2022-2023

Week 2

	Monday, August 14	Tuesday, August 15	Wednesday, August 16	Thursday, August 17	Friday, August 18
8 AM	Do Not Schedule	Do Not Schedule	Do Not Schedule	Do Not Schedule	Do Not Schedule
8:30					
9:00	Other, Watch IC Role-Play Video & Send Role-Play IC E-mail	Other, Last-Minute Manual Reading	Meeting, Intake Training w/ Candace & Brittany - Zoom (please record)		
9:30					
10:00		Meeting, https://iu.zoom.us/j/869383549 41, IC Training Part 2 w/Ashley & Kayla - Zoom (please record)		Tele-Intake, Try to add Steve or David for observation for first 2 intakes	Tele-Intake, Try to add Steve or David for observation for first 2 intakes
10:30					
11:00					
11:30					
12:00 PM	Meeting, Meet and Greet w/Monica, Brittany, and Lunch	Lunch	Meeting, Meet and Greet w/Cissy, Nancy, and Lunch	Lunch	Lunch
12:30		Meeting, Meet and Greet w/Viviane, Stefanie, and Staff Meeting			
1:00	Meeting, https://iu.zoom.us/j/867802501 25, Front End Training (IC's, Case Management, Thriving Campus) - Zoom (please record)	Meeting, https://iu.zoom.us/j/869760273 13, Risk Assessment & On-Call Training w/Petra & Ashley - Zoom (please record)	Other, Prep for Intake E-mails/Calls and/or E-mail assigned clients	Tele-Intake, Try to add Steve or David for observation for first 2 intakes	
1:30					
2:00				Tele-Intake, Try to add Steve or David for observation for first 2 intakes	
2:30				Meeting, End of Orientation Check-In	Tele-Intake, Try to add Steve or David for observation for first 2 intakes
3:00	Other, Watch Intake Role Play and Send Role-Play Intake E-mail	Other, Last-Minute Manual Reading			
3:30					
4:00					
4:30					
5:00	Do Not Schedule	Do Not Schedule	Do Not Schedule	Do Not Schedule	Do Not Schedule

2 observed intakes with assigned clients will be scheduled in white space of week 2 (+ 2nd supervision with primary supervisor)

IUPUI Fall classes begin the following week and interns will start on-call shifts – initial consultations will start the following week

Appendix M: Internship Training Contract

IUPUI CAPS

Internship Training Contract

IUPUI CAPS is committed to providing high quality, meaningful, and developmentally appropriate training experiences. It is important to IUPUI CAPS that interns work towards their individual professional goals, while also reaching goals set forth by CAPS and APA. This contract summarizes your responsibilities and outlines what you should expect as an intern at IUPUI CAPS. Please sign only after careful reading and consideration. Should you have any questions about this training contract please consult with the Assistant Director of Intern Training prior to signing.

As an intern, you have the right to expect the following:

1. Respectful, individual supervision meetings for at least 2 hours per week, that address goals set collaboratively by you and your supervisor
2. Direct monitoring (through digital recording and/or observation) of your clinical work
3. Attention to your individual training needs and goals
4. Timely, constructive, and ongoing feedback on your professional growth
5. An openness to your constructively expressed feedback regarding the supervisory process and training program
6. Exposure to working with diverse clients and to the many roles of a University Counseling Center Psychologist, including, individual therapy, group therapy, assessment, outreach, consultation, and management of crisis situations
7. Fair treatment, which includes the right to due process, consistent with grievance procedures as outlined in the Doctoral Intern Training Manual (Under “Additional Policy and Procedures”)

Your responsibilities as an intern include the following:

1. I accept as my responsibility the quality of my training experience. In the event of conflict with a colleague or supervisor, I will discuss concerns directly with colleague or supervisor (if appropriate). If not appropriate or if resolution was not reached, I will discuss my concerns with the Assistant Director of Intern Training. I will report problems or dissatisfaction with the training program to my supervisors or the Assistant Director of Intern Training, or if those options are not feasible, to the Director. I will follow the grievance procedures outlined in the Doctoral Intern Training Manual (Under “Additional Policies and Procedures”).
2. I will attend and participate in all meetings I am scheduled to attend. I recognize that attendance alone is not sufficient for success and agree to actively participate in such meetings, seminars, and supervisions, as required. If preparation is required prior to meetings, I agree to adequately prepare in advance for meetings.
3. I understand that part of being an intern at IUPUI CAPS requires me to share my work with supervisors (or those acting in a supervisory role), in order to aid in my growth as a psychologist. In order to share and receive feedback in the most effective manner, I will digitally record all therapy sessions, unless I am provided with exemption from recording by

my supervisor and the Assistant Director of Intern Training. I agree to be open to feedback that is provided by supervisors.

4. I understand that part of my intern training experience is learning to participate as a member of a team, recognizing that my behavior reflects upon IUPUI CAPS and my profession. I, therefore, agree to work with my clients, colleagues, and others in an open, respectful and professional manner, consistent with the highest expectations of the field.
5. I agree to complete all forms, evaluations, logs, and other paperwork, required by IUPUI CAPS, my academic program, and licensure boards as necessary and in a timely manner.
7. I agree to be on-time for scheduled work hours and to meetings and appointments. I also agree to be on-site during my designated working hours unless previously arranged with the Assistant Director of Intern Training.
8. I agree to notify the Assistant Director of Intern Training, supervisors, and support staff in case of absence due to illness and/or emergency. I agree to consult with my supervisor(s) or the Assistant Director of Intern Training about decisions regarding scheduled clients and other scheduled obligations during this absence.
9. I acknowledge that the training experience can be intense and demanding. I agree to devote 40 hours per week as a doctoral intern.
10. I agree to complete a minimum of 2000 total hours over the course of the internship year, which is consistent with requirements set forth by APPIC and APA. If any medical or emergency situations arise during the internship year and jeopardize my ability to complete the minimum hours by the end date of the internship, I will speak immediately with the Assistant Director of Intern Training.
11. I understand that I must accumulate a minimum of 25% of my total internship hours in direct service delivery, which equates to 500 hours of direct service throughout the training year.
13. I agree to abide by policies set forth in the APA Code of Ethics, Indiana Statutes, IUPUI CAPS Doctoral Internship Training Manual and IUPUI CAPS Policies and Procedures Manual. Should I have any questions about these documents, I will discuss them with my supervisor or Assistant Director of Intern Training.
14. I understand that should I be unwilling or unable to abide by the terms of this contract, in spirit and/or letter, I will voluntarily withdraw from the program. If my supervisor(s) and/or the Assistant Director of Intern Training do not believe I am fulfilling the terms of this contract, I recognize that, after due process, I may be asked to leave the training program. Any violation of this agreement may be reported to the appropriate agencies and/or institutions.

Doctoral Intern Signature

Date

Assistant Director of Intern Training Signature

Date

Appendix N(a): Permission to Record for Telehealth

Permission to Record Remote and In-Person Sessions

Please check the boxes below to indicate you have read, understand, and agree to following conditions of session recording.

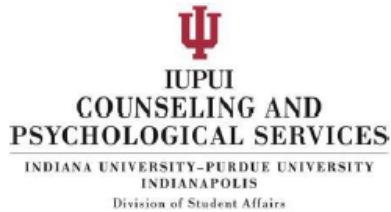
- I will be informed of any live observation of sessions.
- This material will be used only for the purpose of professional training.
- Recordings will be made using a secured platform and stored in compliance with state and federal laws related to the privacy and security of health information.
- This material will not be viewed by anyone outside of Counseling and Psychological Services of Indiana University-Purdue University Indianapolis.
- I have the right to decline to be recorded and may exercise this right at any time.
- These conditions apply to both in-person and remote sessions.

By typing my name below, I am indicating that I understand the information above and am giving my consent for IUPUI Counseling and Psychological Services to record or observe my sessions for training purposes.

OR

- I DO NOT give permission for IUPUI CAPS to record or observe my counseling sessions at this time.

Appendix N(b): Permission to Record for In-Person



PERMISSION TO RECORD OR OBSERVE

Please review each statement below and check the corresponding box to indicate you have read and understand the following conditions of session recording and observation:

- I will be informed of any live observation of sessions.
- This material will be used only for the purpose of professional training.
- Recordings will be made using a secured platform and stored in compliance with state and federal laws related to the privacy and security of health information.
- This material will not be viewed by anyone outside of Counseling and Psychological Services of Indiana University-Purdue University Indianapolis.
- I have the right to decline to be recorded and may exercise this right at any time.
- These conditions apply to both in-person and remote sessions.

Based on the information provided above (please check response):

- I give permission for IUPUI CAPS to record or observe this and subsequent counseling sessions.
- I DO NOT give permission for IUPUI CAPS to record or observe my counseling sessions at this time.

Client Signature: _____ Date: _____

Client Name (please print): _____

Counselor Signature: _____ Date: _____

Appendix O: Academic Permission to Record Form-- Permission to Use Information for Educational Purposes Form

IUPUI

Counseling and Psychological Services
Division of Student Affairs

As a counselor completing advanced graduate training at _____, I receive supervision, take classes, and participate in seminars. In addition, I routinely collect information about my clients to document our work together and make sure that I am providing the best treatment possible. I am asking you to assist in my training by allowing me to use information about our work together in my educational program. With your consent, I would share anonymous information with my professors, clinical supervisors, other advanced graduate students, or prospective supervisors in a formal presentation. This information may include both presentation and discussion of:

- Notes I have taken during or after our sessions.
- Psychological test responses and scores.
- Audio/video recordings or written transcripts of parts of our sessions.
- Other material (such as historical data, questionnaire responses, information from your record, etc.)

In order to avoid recognition of your identity, I will remove or greatly change all names, dates, places, descriptions, and/or other personal information. In particular, I will not use your real name in the presentation of any materials. These materials will be shown only to other mental health professionals and advanced trainees. All of these persons are bound by state laws and/or professional rules about clients' privacy. I will keep all materials in a safe location, and destroy them as soon as they are no longer needed, not to exceed one year after completion of my training.

Specifically, I am asking to use your information in the following manner:

_____ Formal case presentation to faculty and graduate students at my academic institution.
_____ Oral Presentation
_____ Written Report

_____ Formal case presentation to potential internship or employment site.
_____ Oral Presentation
_____ Written Report

If you consent to the use of your information in this manner, please read and sign the following:

I, _____ DOB _____, give

_____ permission to use information about our work together for educational and professional purposes. I understand that this will be used as an aid in the process of improving mental health services and the training of mental health professionals. All individuals with whom this information is shared are bound by state laws and/or by professional ethics rules about clients' privacy.

I agree that there is to be no financial reward for the use of this material. I understand that my refusal to allow my information to be used in this manner will not result in any negative consequences or alter the conditions of my treatment. I recognize my consent is revocable and if I refuse to participate at a later point in time, I recognize that actions will be halted except for those already taken. I also understand that I may

request a viewing of the material to be used with the counselor prior to its use.

I hereby give consent for my case material/anonymous information to be used for all purposes described above. The purpose and value of using this information has been fully explained to me, and I freely and willingly consent to its use.

Signature of Client

Date

I, the counselor, have discussed the issues above with the client. My observations of this person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

Signature of Counselor

Date

Signature of Assistant Director of Intern Training

Date

Appendix P: PTO Request Form

IUPUI CAPS Paid Time Off Request Form

****Please complete the "Time Off Request Form" proactively. CAPS requests that you submit request forms at least 2 weeks before a scheduled absence, where possible. Once you have completed the form, email a copy to the Assistant Director of Intern Training and CC your direct supervisors. The AD is responsible for: informing you of the outcome of your request and communicating with supervisors if it is not approved.****

Name: _____
Last First

Requested Dates/Hours:

Notes/Reasons:

Intern Signature

Date

____ Approved

____ Not Approved

Rationale, if not approved:

Assistant Director of Intern Training

Date

Appendix Q: Intern Requirements Tracking Guide

IUPUI CAPS Intern Requirements Checklist

Task/Requirement	Date Completed
500 direct service hours	
12-months/2000 total internship hours	
Mean of 3 or above on all required objectives by completion	
No score of 1 on any item on final evaluations	
No other significantly concerning score on final evaluations	
USO Process Group	
Fall	
Spring	
Coping 101	
Fall	
Spring	
Assessments	
Evaluation Observation Write-Up 1	
Comprehensive evaluation 1	
Comprehensive evaluation 2	
Comprehensive evaluation 3	
Comprehensive evaluation 4	
Comprehensive evaluation 5	
Intern Case Consultation Presentations	
Fall 1	
Fall 2	
Fall 3	
Spring 1	
Spring 2	
Spring 3	
Summer 1	
Video Review	
Fall 2 (for individual supervisor)	
Spring 2 (for individual supervisor)	
Summer 1 (for individual supervisor)	
Observation of staff doing outreach	
Conduct outreach under direct observation (fall)	
Conduct outreach presentations	
Outreach Presentation 1	
Outreach Presentation 2	
Outreach Presentation 3	
Outreach Presentation 4	
Involvement in Fresh Check Day	
Supervision of Practicum Trainee (spring and maybe summer)	

Therapy Case Presentation (mid-year)	
Design outreach, with consultation, and present to staff (summer)	
Assessment Case Presentation (summer)	
Intern Project/Presentation (summer)	

Appendix R: End of Year Checklist

INTERN RESPONSIBILITIES

It is expected that the CAPS Director and Assistant Director of Intern Training be informed of an intern's departure as soon as reasonably possible.

Additional clinical tasks are to be performed in order to address ethical client care.

- Clients are to be informed of upcoming termination as early as possible.
- The clinician is expected to process the termination of the counseling relationship in a professional and responsible manner.
- All procedures for termination or transfer of active clients are to be followed.

The following checklist should be used when preparing to end an internship at CAPS.

- ___ Make sure that any outstanding administrative documentation (e.g., evaluations, time off requests, etc.) has been submitted to the Assistant Director of Intern Training.
- ___ If there are client names on your client list that were not assigned to you for ongoing counseling, provide a list to your clinical supervisor(s) so the information can be updated.
- ___ Consult with supervisor(s) regarding client status and needs, including transfer to another CAPS counselor or referral to the community.
- ___ Review Titanium records and ensure that each of your client files is complete based on expectations contained in the CAPS Clinical Procedures Manual.
- ___ Complete **Termination/Transfer** forms for each client on your caseload. All must be signed by your supervisor(s) prior to leaving your placement.
- ___ Schedule/Complete an Exit Interview with the Assistant Director of Intern Training.
- ___ Return all CAPS' books and tapes to the CAPS' library or staff it was borrowed from.
- ___ Return any portable electronic media to the Director for erasure and reformatting.
- ___ Delete all your recordings/files from the L: drive.
- ___ Leave office supplies in office (e.g., stapler, panic button).
- ___ Return CAPS' keys, door access fobs to CAPS Front Office.

APPENDIX S: Evaluations

Supervisor Guidelines

Ongoing evaluation of trainees is an integral part of the program. The goal of evaluations is to help interns identify areas of strength and growth areas 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 K: drive. At the beginning of the training year, interns complete a self-assessment using associated evaluation forms to reflect upon their skills.

IUPUI CAPS continually assesses each intern's performance and conduct. While supervisors provide on-going verbal feedback throughout the year, interns also receive formal evaluations at four distinct periods. Supervisors provide written evaluations at Baseline (October; Therapy Evaluation only) and at the end of each academic semester (late December and early May). A final evaluation is completed at the end of the internship experience (July/August). Where helpful or needed, additional evaluations may be added, especially when an intern is struggling in a competency area and would benefit from more frequent feedback. The supervisor serves to support the growth of the intern and as a gatekeeper for the field of psychology. Consequently, supervisors regularly assess intern progress and provide on-going verbal and written feedback. Typically, the Training Director is in communication with the Interns' academic program twice per year with formal summaries of their progress at mid-year and end of internship (a copy of which is placed in the intern's file).

Minimum Levels of Achievement: Interns must earn an average rating of 3 on all competency areas by the end of internship in order to pass internship. Interns may not pass internship with a score of 1 on any single evaluation question.

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 supervisors, Supervisors' Team, and the Training Director in determining if scores on individual questions are concerning enough to impact an intern's successful completion of the program (see Due Process and Grievance Procedures elsewhere in this manual for information on remediation plans and policies). 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 and supervisors can expect that interns will begin with varying levels of strengths, and that these strengths will differ across various skill sets. We value early identification of growth areas, specific plans to support interns in their growth, the collective wisdom of the larger training team in developing these plans, and thoughtful follow-up. The following guidelines were created with those values in mind.

- A score of 1 on any question on the evaluation requires the supervisor to alert the Training Director and other supervisors. A Corrective Plan of Action or Formal Remediation Plan will be developed in collaboration with the Training Director, all those involved in supervising the intern, intern, and other staff impacted.
- A score of 2 on any question on the evaluation indicates an area that should be focused on in supervision. It may benefit the intern for the supervisor to discuss the item in the Supervisors' Meeting and/or initiate a consultation meeting to see if the issue is showing up among other supervisors and to collectively suggest some ways to support the intern's improvement. At the minimum, a statement will be made on the evaluation noting how the intern and supervisor plan to improve the competency being measured and a timeline to reassess progress and establish follow up. The level of response is determined by the

significance of the question being evaluated and the time of year the score is earned.

It is recommended that a score *below* 3 on any objective in the spring semester should be discussed with the Training Director and other supervisors. Options for response include: a written note on the evaluation detailing a specific measurable plan to address the area of growth; a corrective plan of action; a formal remediation plan, or up to and including the inability to pass the internship if the item is critical to competent functioning as a health service psychologist and has not been able to be remediated. Level of response is determined by the significance of the question being evaluated and the time of year the score is earned.

Interns should review the evaluations prior to the start of supervision. Interns will evaluate themselves with the Developmental Self-Assessment and share the evaluations with their supervisors to develop a shared understanding of the intern's strengths and growth edges, as well as determining the intern's ability to self-evaluate.

Evaluation of the training program is crucial, and we request that all trainees take the opportunity to give supervisors – and the training program as a whole – genuine feedback so that we may improve our supervision and our program (see below).

The following is the rubric used by staff to evaluate interns. Reference is also made to Competency Benchmarks (Appendix T) for behavioral anchors associated with each competency and level of training.

1: Performance of skill/behavior is significantly below the expected level of an intern's development at this stage of training. Intern may have very little awareness, experience, knowledge, or training with this skill/behavior. Therefore, frequent and close supervision is necessary. Intern requires remediation to gain more proficiency in this skill/behavior.

2: Demonstrates emerging knowledge, awareness, and/or skill, with inconsistent performance. Concentrated supervision is needed to focus on this skill/behavior to gain proficiency. Remediation may be needed if progress is not demonstrated after concentrated supervision and practice.

3: Demonstrates expected proficiency for skill/behavior. Performance is considered "on target" for where intern is expected to be at this stage of training. Supervision is focused on continued advancement, integration, and consistency.

4: Demonstrates competency and effectiveness except for non-routine cases. Performance is considered above expected developmental level. Supervision focuses on further refining and developing advanced performance.

5: Competency/skill/behavior is performed consistently and independently, in a variety of situations, at advanced levels. Performance is considered a major strength, well above the expected level of an intern's development at this stage of training.

N/A: Evaluator has not had adequate opportunity to observe this skill set and therefore cannot rate the intern on this item. May require additional attention in supervision if it is an item that should be being evaluated.

Developmental Self-Assessment (completed by interns)

Developmental Self-Assessment

Name: _____

Date: _____

Semester: _____

Please complete the following, bring to your first supervision and discuss with your supervisor. Please describe your skills or challenges in the following areas:

• Interventions
• Skill Competence
• Assessment techniques
• Interpersonal assessment
• Client conceptualization
• Individual differences
• Theoretical orientation
• Treatment goals and plans
• Professional ethics
• Overall stage of counselor development

(Continue to back of page)

Based on the attached information and your self-evaluation from page one, please rate yourself in each area:

	Beginning	Intermediate	Advanced	Master
• Interventions				
• Skill Competence				
• Assessment techniques				
• Interpersonal assessment				
• Client conceptualization				
• Individual differences				
• Theoretical orientation				
• Treatment goals and plans				
• Professional ethics				
• Overall stage of counselor development				

This information will assist you and your supervisor in planning and promoting your development while at IUPUI CAPS!

Evaluation of Supervisor (completed by interns)

**IUPUI CAPS
Supervisor Feedback**

Supervisor: _____

Date: _____

Supervisee: _____

Level of structure of supervision

Content of supervision sessions

Type of feedback that is most helpful

Type of feedback that is least helpful

I would like more...

Student Signature: _____

17. Supervision is helping me better understand and facilitate effective therapy outcomes with my clients.

1 2 3 4 5 6 7

18. As a result of supervision, I feel more confident and comfortable in working with my therapy cases.

1 2 3 4 5 6 7

19. Overall, I feel satisfied with my supervision.

1 2 3 4 5 6 7

20. I feel that supervision is contributing to my overall effectiveness in my therapy cases.

1 2 3 4 5 6 7

Supervisee Signature

Date

Supervisor Signature

Date

Assistant Director of Intern Training
Signature

Date

Therapy Evaluation

IUPUI THERAPY EVALUATION 2023-2024

Intern:

Supervisors:

Directions: Please provide ratings for each competency area. Be sure to comment on the intern's strengths, growth areas, and recommendations for further development.

5	Competency/skill/behavior is performed consistently and independently, in a variety of situations, at advanced levels. Performance is considered a major strength, well above the expected level of an intern's development at this stage of training.
4	Demonstrates competency and effectiveness except for non-routine cases. Performance is considered above expected developmental level. Supervision focuses on further refining and developing advanced performance.
3	Demonstrates expected proficiency for skill/behavior. Performance is considered "on target" for where intern is expected to be at this stage of training. Supervision is focused on continued advancement, integration, and consistency.
2	Demonstrates emerging knowledge, awareness, and/or skill, with inconsistent performance. Concentrated supervision is needed to focus on this skill/behavior to gain proficiency. Remediation may be needed if progress is not demonstrated after concentrated supervision and practice.
1	Performance of skill/behavior is significantly below the expected level of an intern's development at this stage of training. Intern may have very little awareness, experience, knowledge, or training with this skill/ behavior. Therefore, frequent and close supervision is necessary. Intern requires remediation to gain more proficiency in this skill/ behavior.
N/A	Not applicable or not assessed

Evaluation basis: Ti records Supervision Webcam recordings
 Direct Observation Staff Input Other: _____

A. Assessment and Diagnosis (Ethics, Research, ICD, Professionalism, Communication, Assessment, Intervention)	Base	Fall	Spring	Final
1. Effectively gathers information about the nature and severity of clients' presenting concerns				
2. Gathers sufficient historical information in relevant content areas				
3. Thoroughly and accurately assesses risk factors (e.g., suicide, homicide, eating disorder, self-injury, AOD use, trauma/abuse)				
4. Integrates data, relevant behavioral markers and symptom presentation when formulating clinical impressions, including evidence based practice, research, and assessment tools				
5. Demonstrates competence using DSM-5, including differential diagnosis				
6. Demonstrates multicultural awareness during initial assessment process and diagnosis				

7. Writes thorough, clear, and accurate intake reports				
8. Accurately evaluates client motivation and readiness for counseling				

Strengths/Weaknesses/Recommendations:

B. Counseling and Therapy Skills (Intervention, ICD, Assessment, Professionalism, Ethics)	Base	Fall	Spring	Final
1. Develops and maintains an effective working alliance				
2. Demonstrates integrative therapy microskills that combine attending, rapport, empathy, validating, summary, clarifying, reflecting, and supporting				
3. Demonstrates accurate understanding of client's affect, behavior, and thoughts.				
4. Intentionally focuses on and facilitates client expression of feelings, where appropriate				
5. Conducts session in a manner that promotes client disclosure, exploration, trust, and reflection				
6. Perceives and responds to client's non-verbal cues effectively				
7. Consistently addresses diversity issues affecting client's concerns and/or the therapy relationship				
8. Effectively addresses differences or tensions in therapeutic relationship				
9. Demonstrates awareness of personal style and use of self in counseling				
10. Develops case conceptualization to guide treatment planning				
11. Integrates multicultural awareness and sensitivity in case conceptualization and treatment planning				
12. Engages in case formulation and treatment planning between sessions (adequate preparation)				
13. Demonstrates knowledge/skill with a variety of interventions and related theory				
14. Treatment interventions are intentional and guided by research and case conceptualization, including evidence-based treatments				
15. Adapts and tailors interventions and mainstream treatment methods to be culturally relevant and congruent for clients				
16. Collaboratively develops and follows an appropriate treatment plan to address client's concerns				
17. Demonstrates flexibility and knowledge about when to adapt treatment plan or interventions				

18. Assesses client progress throughout the treatment process, using treatment plans, client feedback, BHM data, assessment measures, etc.				
19. Accurately refers clients to on-campus/off campus resources when appropriate (e.g., psychiatry, case manager, HRL, etc.)				
20. Produces well-written, complete, and accurate case notes				
21. Employs and integrates feedback from supervisors, consultants, and clients				
22. Effectively manages termination issues with clients				

Strengths/Weaknesses/Recommendations:

C. Crisis Intervention (Assessment, Intervention, Consultations, Professionalism, Ethics, Research)	Base	Fall	Spring	Final
1. Demonstrates ability to identify emergency situations accurately				
2. Demonstrates good judgment, including accurate and integrated decision-making, during a crisis situation				
3. Conducts suicide assessments thoroughly, effectively, and appropriately				
4. Assesses for potential child/elder abuse and/or neglect thoroughly, effectively, and appropriately				
5. Assesses for potential of violence/homicide thoroughly, effectively, and appropriately				
6. Seeks appropriate consultation or supervision when encountering crisis situations				
7. Articulates awareness of/sensitivity to multicultural variables in crisis situations				
8. Manages own affective reactions during crisis situations				
9. Accurately documents crises and other necessary contacts				
10. Arranges for appropriate follow-up and case management regarding crisis situations				
D. Consultation (Consultation, Research)	Base	Fall	Spring	Final
1. Maintains rapport with colleagues and is aware of other disciplines' contributions, including differing roles, professional standards, and worldviews				
2. Engages in consultation with others in an ethical and professional manner				
3. Communicates effectively in a clear and coherent manner				
5. Makes referrals when appropriate and follows CAPS referral procedures				
E. Professional Values, Attitudes, and Behaviors	Base	Fall	Spring	Final

1. Is punctual for all appointments				
2. Completes documentation in an effective and timely manner, in accordance with CAPS Policies and Procedures				
3. Effectively manages caseload (i.e., the ability to manage all clients within given amount of time and provide optimum services) including appropriate follow through and documentation				
4. Follows agency's policies and operating procedures				
5. Completes delegated and administrative tasks in a timely manner				
6. Works collaboratively with supervisors and staff				
7. Works collaboratively and maintains effective working relationships with peers				
8. Acknowledges errors and takes responsibility for correcting them				
9. Demonstrates willingness to engage, acknowledge, and work through interpersonal conflict with others				
10. Utilizes appropriate language and demeanor in professional communications				
11. Displays respect and empathy in interpersonal interactions with others, including those with divergent backgrounds or perspectives				
12. Demonstrates professionally appropriate appearance and dress				
13. Demonstrates ability to identify personal distress				
14. Takes appropriate actions for self-care to ensure effectiveness				
15. Tolerates ambiguity				
16. Demonstrates motivation for personal and professional growth				
F. Supervision	Base	Fall	Spring	Final
1. Punctual and prepared for supervision (e.g., reviews and cues video, identifies high risk cases, identifies topics for discussion)				
2. Utilizes supervisory feedback towards constructive results				
3. Actively seeks feedback and suggestions				
4. Follows supervisor directives				
5. Is receptive and non-defensive to constructive feedback				
6. Demonstrates flexibility in trying different interventions, styles, etc.				
7. Self-assessment generally matches assessment by peers and supervisors				
8. Uses supervision to develop self-awareness of strengths and limitations as counselor				
9. Demonstrates appropriate assertiveness in articulating training needs				

10. Demonstrates willingness to explore own beliefs, attitudes, biases, privilege, and assumptions and their potential impact on others				
11. Demonstrates ability to voice and discuss reactions and behaviors towards clients (i.e., countertransference)				
12. Shows appropriate dependent/independent balance in relationship to the supervisory relationship				
13. Employs and integrates feedback from supervisors, consultants, and clients				
G. Diversity: Individual and Cultural Differences	Base	Fall	Spring	Final
1. Demonstrates awareness of own worldview, cultural biases, and areas of privilege				
2. Demonstrates awareness of client's culturally based beliefs and attitudes				
3. Applies awareness and knowledge of culturally based beliefs/attitudes				
4. Demonstrates willingness and openness to tolerate and work through strong personal, emotional, and affective responses regarding cultural diversity				
5. Identifies and engages in dialogues regarding the systemic or institutional oppression of marginalized groups				
6. Advocates for positive change in the system through clinical work, outreach, and personal or professional choices				
7. Demonstrates commitment to multicultural competence through continued learning (e.g., ongoing trainings and education regarding diversity-related issues)				
H. Ethical and Legal Standards	Base	Fall	Spring	Final
1. Demonstrates knowledge about ethical principles, legal mandates, and standards of professional conduct				
2. Recognizes and analyzes dilemmas and legal issues, using ethical decision-making skills across the range of professional activities				
3. Seeks appropriate information, supervision, and consultation when faced with ethical issues/dilemmas				
4. Maintains confidentiality and standards of clinical practice				
5. Demonstrates awareness of own limits of competence and engages in consultation or referral when indicated				
6. Maintains professional boundaries				
I. RESEARCH/SCHOLARSHIP	Base	Fall	Spring	Final
1. Actively participates in, creates, and presents intern project				

2. Creates and disseminates original outreach and/or conference presentations				
3. Attends and contributes to weekly trainings, including completion of assigned articles and related research				
4. Displays intermediate to advanced levels of knowledge of and about evidence-based concepts, interventions, and treatments				

SUMMARY (Optional):

Supervisee's Comments:

Primary Supervisor

Date

Secondary Supervisor

Date

Intern

Date

Group Psychotherapy Evaluation

IUPUI GROUP PSYCHOTHERAPY EVALUATION 2023-2024

Intern:

Supervisor(s)/Co-leader(s):

Group(s):

Semester:

Directions: Please provide ratings for each competency area. Be sure to comment on the intern's strengths, growth areas, and recommendations for further development.

5	Competency/skill/behavior is performed consistently and independently, in a variety of situations, at advanced levels. Performance is considered a major strength, well above the expected level of an intern's development at this stage of training.
4	Demonstrates competency and effectiveness except for non-routine cases. Performance is considered above expected developmental level. Supervision focuses on further refining and developing advanced performance.
3	Demonstrates expected proficiency for skill/behavior. Performance is considered "on target" for where intern is expected to be at this stage of training. Supervision is focused on continued advancement, integration, and consistency.
2	Demonstrates emerging knowledge, awareness, and/or skill, with inconsistent performance. Concentrated supervision is needed to focus on this skill/behavior to gain proficiency. Remediation may be needed if progress is not demonstrated after concentrated supervision and practice.
1	Performance of skill/behavior is significantly below the expected level of an intern's development at this stage of training. Intern may have very little awareness, experience, knowledge, or training with this skill/ behavior. Therefore, frequent and close supervision is necessary. Intern requires remediation to gain more proficiency in this skill/ behavior.
N/A	Not applicable or not assessed

Evaluation basis: Ti records Supervision Webcam recording
 Direct Observation Staff Input Other: _____

GROUP PSYCHOTHERAPY	
1. Assesses client appropriateness for group therapy	
2. Demonstrates understanding of the differences between individual and group therapy	
3. Works collaboratively and effectively with co-facilitator	
4. Actively seeks feedback and suggestions from co-facilitator/supervisor	
5. Is receptive and non-defensive to constructive feedback	
6. Demonstrates initiative and self-direction as a group leader	
7. Effectively times interventions/contributions to group	
8. Uses silence effectively in group	
9. Contributes to group in a manner that promotes client safety, exploration, and reflection	
10. Uses interventions to move group to more in-depth discussions	

11. Attends to verbal and non-verbal behavior of group members	
12. Produces well-written, complete, and accurate progress notes	
13. Punctual and prepared for group and supervision of group	

NARRATIVE SUMMARY: Summary of supervisor’s impressions of intern’s performance, including strengths, weaknesses, and recommendations for improvement.

Supervisee’s Comments:

Supervisor/Co-leader (Group Name)

Date

Supervisor/Co-leader (Group Name)

Date

Supervisor/Co-leader (Group Name)

Date

Intern

Date

Assessment/Testing Evaluation

IUPUI ASSESSMENT EVALUATION 2023-2024

Intern:

Supervisor:

Directions: Please provide ratings for each competency area. Be sure to comment on the intern's strengths, growth areas, and recommendations for further development.

5	Competency/skill/behavior is performed consistently and independently, in a variety of situations, at advanced levels. Performance is considered a major strength, well above the expected level of an intern's development at this stage of training.
4	Demonstrates competency and effectiveness except for non-routine cases. Performance is considered above expected developmental level. Supervision focuses on further refining and developing advanced performance.
3	Demonstrates expected proficiency for skill/behavior. Performance is considered "on target" for where intern is expected to be at this stage of training. Supervision is focused on continued advancement, integration, and consistency.
2	Demonstrates emerging knowledge, awareness, and/or skill, with inconsistent performance. Concentrated supervision is needed to focus on this skill/behavior to gain proficiency. Remediation may be needed if progress is not demonstrated after concentrated supervision and practice.
1	Performance of skill/behavior is significantly below the expected level of an intern's development at this stage of training. Intern may have very little awareness, experience, knowledge, or training with this skill/ behavior. Therefore, frequent and close supervision is necessary. Intern requires remediation to gain more proficiency in this skill/ behavior.
N/A	Not applicable or not assessed

Evaluation basis: ___ Ti records ___ Supervision ___ Webcam recording
 ___ Direct Observation ___ Staff Input ___ Other: _____

Assessment & Testing	Fall	Spring	Final
1. Demonstrates familiarity with structure, format, and rationale of evaluation interview questions			
2. Demonstrates working knowledge of the underlying processing issues and functional impact of adult AD/HD, learning disorders, and ASD			
3. Identifies appropriate test battery, based on referral and clinical interview			
4. Demonstrates knowledge about the cultural appropriateness of tests in administration/interpretation			
5. Administers psychological tests following standardized procedures			
6. Scores and interprets test data accurately			
7. Demonstrates an understanding of the cognitive skill(s) assessed/reflected by each subtest/subscore interpreted			
8. Demonstrates understanding of the underlying statistical approaches to test interpretation and the limitations of this approach			

9. Written reports demonstrate integration and synthesis of test results			
10. Written reports demonstrate mastery of English language; intern uses professional language that is readily understood by others			
11. Communicates test results to clients in a clear, competent, and sensitive manner without excessive jargon			
12. Demonstrates ability to develop appropriate recommendations, based on assessment results, functional limitations, and conclusions			
13. Demonstrates sensitivity to the impact of culturally based beliefs and attitudes in the assessment process and communication of test results			

NARRATIVE SUMMARY: Please include a summary of your impressions of intern’s performance, including strengths, weaknesses, and recommendations for improvement.

Supervisee’s Comments:

Supervisor

Date

Intern

Date

Outreach Evaluation

IUPUI OUTREACH EVALUATION 2023-2024

Intern:

Supervisor:

Directions: Please provide ratings for each competency area. Be sure to comment on the intern's strengths, growth areas, and recommendations for further development.

5	Competency/skill/behavior is performed consistently and independently, in a variety of situations, at advanced levels. Performance is considered a major strength, well above the expected level of an intern's development at this stage of training.
4	Demonstrates competency and effectiveness except for non-routine cases. Performance is considered above expected developmental level. Supervision focuses on further refining and developing advanced performance.
3	Demonstrates expected proficiency for skill/behavior. Performance is considered "on target" for where intern is expected to be at this stage of training. Supervision is focused on continued advancement, integration, and consistency.
2	Demonstrates emerging knowledge, awareness, and/or skill, with inconsistent performance. Concentrated supervision is needed to focus on this skill/behavior to gain proficiency. Remediation may be needed if progress is not demonstrated after concentrated supervision and practice.
1	Performance of skill/behavior is significantly below the expected level of an intern's development at this stage of training. Intern may have very little awareness, experience, knowledge, or training with this skill/ behavior. Therefore, frequent and close supervision is necessary. Intern requires remediation to gain more proficiency in this skill/ behavior.
N/A	Not applicable or not assessed

Evaluation basis: Ti records Supervision Webcam recording
 Direct Observation Staff Input Other: _____

Outreach	Fall	Spring	Summer
1. Demonstrates initiative and willingness to contribute to outreach programming			
2. Works with contact person to specify program objectives			
3. Designs or adapts outreach program in an effective manner using current literature and evidence-based practice			
4. Demonstrates ability to tailor workshop/program to meet the needs of the particular audience			
5. Adequately prepares for outreach presentations			
6. Engages audience in an effective manner during outreach presentations			
7. Uses multi-modal teaching methods when presenting programs			
8. Demonstrates sensitivity to diversity issues and takes into account developmental, cultural, and individual differences during outreach planning and implementation			

9. Demonstrates ethical behavior and adherence to professional standards when providing outreach services			
10. Responds appropriately to audience questions and comments			
11. Demonstrates a receptive, open, and accepting attitude towards feedback			
12. Integrates outcome data and feedback from program evaluations to inform approach and future planning			
13. Evaluates completed projects and completes all outreach documentation			

NARRATIVE SUMMARY: Please include a summary of your impressions of intern’s performance, including strengths, weaknesses, and recommendations for improvement.

Supervisee’s Comments:

Supervisor

Date

Intern

Date

Outreach Presentation Feedback Form
(Used for direct observation of outreach)

Outreach Presentation Feedback Form

Presenter:

Observer:

Date:

Topic:

Target Audience:

The presenter was well prepared and knowledgeable of the subject matter:

1. Inadequate
2. Area for further development
3. Developmentally appropriate skills
4. Advanced skills

Additional feedback:

Established rapport with the audience and fostered participant involvement:

1. Inadequate
2. Area for further development
3. Developmentally appropriate skills
4. Advanced skills

Additional feedback:

Delivered material in a way that was clear, understandable, and appropriate for the audience:

1. Inadequate
2. Area for further development
3. Developmentally appropriate skills
4. Advanced skills

Additional feedback:

Responded effectively to audience questions and/or comments:

1. Inadequate
2. Area for further development
3. Developmentally appropriate skills
4. Advanced skills

Additional feedback:

What were the primary/specific strengths you observed during the outreach presentation?

Specific areas for further development/recommendations for training:

Supervision of Supervision Evaluation

SUPERVISION OF SUPERVISION EVALUATION 2023-2024

Intern:

Supervisor:

Directions: Please provide ratings for each competency area. Be sure to comment on the intern's strengths, growth areas, and recommendations for further development.

5	Competency/skill/behavior is performed consistently and independently, in a variety of situations, at advanced levels. Performance is considered a major strength, well above the expected level of an intern's development at this stage of training.
4	Demonstrates competency and effectiveness except for non-routine cases. Performance is considered above expected developmental level. Supervision focuses on further refining and developing advanced performance.
3	Demonstrates expected proficiency for skill/behavior. Performance is considered "on target" for where intern is expected to be at this stage of training. Supervision is focused on continued advancement, integration, and consistency.
2	Demonstrates emerging knowledge, awareness, and/or skill, with inconsistent performance. Concentrated supervision is needed to focus on this skill/behavior to gain proficiency. Remediation may be needed if progress is not demonstrated after concentrated supervision and practice.
1	Performance of skill/behavior is significantly below the expected level of an intern's development at this stage of training. Intern may have very little awareness, experience, knowledge, or training with this skill/ behavior. Therefore, frequent and close supervision is necessary. Intern requires remediation to gain more proficiency in this skill/ behavior.
N/A	Not applicable or not assessed

Evaluation basis: ___ Ti records ___ Supervision ___ Webcam recordings
 ___ Direct Observation ___ Staff Input ___ Other: _____

A. Provision of Supervision (Knowledge and Awareness)	Spring	Summer
1. Demonstrates understanding of the ethical, legal, and contextual issues of supervisory roles		
2. Demonstrates knowledge of various supervision models or theories		
3. Articulates limits of competence around supervision provision and demonstrates such knowledge in one's choices/behaviors		
4. Demonstrates knowledge of APA guidelines and relevant ICD literature about supervisory practice		
5. Identifies with a model of supervision that is congruent with one's identity		

Summary of strengths, areas of growth, and recommendations:

B. Provision of Supervision (Practice)	Spring	Summer
1. Demonstrates ability to form an effective, working relationship with supervisee		
2. Provides supervision in a manner that is consistent with legal and ethical guidelines and appropriately manages potential ethical situations between self and trainees (e.g., dual		

relationships, limits of competency, multicultural issues and differences)		
3. Integrates models of supervision into one's work with trainees		
4. Assists supervisees in exploring their own theoretical orientation and demonstrates growing ability to supervise from a variety of theoretical orientations		
5. Engages in professional reflection about one's clinical relationships with supervisees, as well as supervisees' relationships with their clients		
6. Establishes appropriate frame of supervision with supervisee early in the relationship, using the supervision contract and helping trainee set appropriate training goals		
7. Independently manages administrative tasks of supervision (e.g., providing timely and constructive verbal/written feedback, tracking trainee's clients, supervision documentation, webcam review, and evaluation)		
8. Adjusts to the changing needs of the supervisee over time, demonstrating one's own growth in the supervision process		
9. Monitors the ethical and professional behavior of supervisees; provides feedback and opportunities for exploration of issues when relevant		
10. Assists trainees in incorporating individual and cultural differences into their work and perspectives		
11. Accurately assesses supervisees' needs and manages supervision time to meet them		
12. Delivers feedback in a way that is constructive and helpful for the supervisee, including formal evaluations		

Summary of strengths, areas of growth, and recommendations:

C. Professional Values, Attitudes, and Behaviors	Spring	Summer
1. Is punctual for all appointments		
2. Acknowledges errors and takes responsibility for correcting them		
3. Demonstrates willingness to engage, acknowledge, and work through interpersonal conflict with others, if applicable		
4. Utilizes appropriate language and demeanor in professional communications		
5. Displays respect and empathy in interpersonal interactions with others, including those with divergent backgrounds or perspectives		
6. Demonstrates ability to identify personal distress		

Summary of strengths, areas of growth, and recommendations:

D. Supervision	Spring	Summer
1. Punctual and prepared for supervision of supervision (e.g., reviews and cues video, identifies topics for discussion, etc.)		
2. Utilizes supervisory feedback towards constructive results		

3. Actively seeks feedback and suggestions		
4. Uses supervision to develop self-awareness of strengths and limitations as supervisor		
Summary of strengths, areas of growth, and recommendations:		
E. Diversity: Individual and Cultural Differences	Spring	Summer
1. Demonstrates awareness of own worldview, cultural biases, and areas of privilege, along with curiosity and respect for other's perspectives		
2. Demonstrates willingness and openness to tolerate and work through strong personal, emotional, and affective responses regarding cultural diversity		
3. Demonstrates commitment to multicultural competence through continued learning (e.g., ongoing trainings and education regarding diversity-related issues)		
Summary of strengths, areas of growth, and recommendations:		
F. Ethical and Legal Standards	Spring	Summer
1. Recognizes and analyzes dilemmas and legal issues, using ethical decision-making skills across the range of professional activities		
2. Provides at least 1 hour of individual supervision each week and promptly reviews supervisee's work		
3. Seeks appropriate information, supervision, and consultation when faced with ethical issues/dilemmas		
4. Maintains confidentiality and standards of clinical practice as supervisor		
5. Demonstrates awareness of own limits of competence and engages in consultation or referral when indicated		
6. Maintains professional boundaries		

Summary (Optional):

Supervisee's Comments:

Supervisor

Date

Intern

Date

Case Consultation Evaluation

IUPUI CASE CONSULTATION EVALUATION 2023-2024

Intern:

Facilitators:

Directions: Please provide ratings for each competency area. Be sure to comment on the intern's strengths, growth areas, and recommendations for further development.

5	Competency/skill/behavior is performed consistently and independently, in a variety of situations, at advanced levels. Performance is considered a major strength, well above the expected level of an intern's development at this stage of training.
4	Demonstrates competency and effectiveness except for non-routine cases. Performance is considered above expected developmental level. Supervision focuses on further refining and developing advanced performance.
3	Demonstrates expected proficiency for skill/behavior. Performance is considered "on target" for where intern is expected to be at this stage of training. Supervision is focused on continued advancement, integration, and consistency.
2	Demonstrates emerging knowledge, awareness, and/or skill, with inconsistent performance. Concentrated supervision is needed to focus on this skill/behavior to gain proficiency. Remediation may be needed if progress is not demonstrated after concentrated supervision and practice.
1	Performance of skill/behavior is significantly below the expected level of an intern's development at this stage of training. Intern may have very little awareness, experience, knowledge, or training with this skill/ behavior. Therefore, frequent and close supervision is necessary. Intern requires remediation to gain more proficiency in this skill/ behavior.
N/A	Not applicable or not assessed

Evaluation basis: Ti records Discussion Webcam recordings
 Direct Observation Staff Input Other: _____

CASE CONSULTATION	Base	Fall	Spring	Final
1. Communicates clearly and effectively the rationale for client treatment/interventions				
2. When presenting, clearly articulates conceptualization of client, including theoretical foundation and how interventions are tied to conceptualization				
3. Incorporates individual and cultural differences into clinical work, comments, reflections, and questions				
4. When presenting, writes clear and concise case reports, incorporating evidence-based practices and relevant outcome measures				
5. Demonstrates integration of current research and/or evidence-based practice in clinical work				
6. Poses relevant questions to elicit group feedback (e.g., providing rationale for questions, providing context, etc.)				

7. Self-assessment of skills and competence is largely congruent with others' assessment of one's skill set/competence				
8. Recognizes when new/improved competencies are required for effective practice				
9. Actively engages in discussion of case presentations				
10. Works cooperatively with peers, effectively navigating interactions with those who have different perspectives (e.g., theoretical orientations); respectful of beliefs and values of colleagues				
11. Provides constructive feedback and support				
12. Actively listens and accepts feedback from others				
13. Demonstrates the ability to have difficult conversations with peers and staff, where appropriate				

NARRATIVE SUMMARY:

Summary of supervisor's impressions of intern's performance, including strengths, weaknesses, and recommendations for improvement.

Supervisee's Comments:

Facilitator

Date

Facilitator

Date

Intern

Date

Intern Presentation Evaluations (Therapy, Assessment/Testing, Outreach, and Intern Project)

Intern Formal Therapy Presentation Feedback

Presenter: _____

Date: _____

You are asked to evaluate the intern’s case presentation in several areas listed below. Your evaluation should be based on the skill level typical of interns at a comparable stage of training. Please use the following scale to rate the intern on the items below:

(NB) No basis for evaluation

- (1) Skills/competencies are considered to be significantly below average for the trainee’s developmental level
- (2) Skills/competencies are considered to be below average for the trainee’s developmental level
- (3) Skills/competencies are assessed to be at the average level for the trainee’s developmental level
- (4) Skills/competencies are assessed to be above average for the trainee’s developmental level
- (5) Skills/competencies are very developed and the trainee’s performance is exceptional/well above the expected level for their developmental level

1. The presentation was...						
...well organized.	NB	1	2	3	4	5
...clear.	NB	1	2	3	4	5
...appropriate in detail.	NB	1	2	3	4	5
...professional in style.	NB	1	2	3	4	5
Additional Comments						
2. Case conceptualization was...						
...well explained.	NB	1	2	3	4	5
...theoretically based.	NB	1	2	3	4	5
...consistent with client presentation.	NB	1	2	3	4	5
...used as a basis for treatment.	NB	1	2	3	4	5
Additional Comments						
3. The diagnosis was supported by the information presented.	NB	1	2	3	4	5

Additional Comments						
4. Individual and cultural differences were considered, addressed, and integrated into the presentation and clinical work.	NB	1	2	3	4	5
Additional Comments						
5. Treatment strategies were...						
...consistent with treatment goals/presenting concerns.	NB	1	2	3	4	5
...grounded in evidence-based practice.	NB	1	2	3	4	5
...well thought out and implemented.	NB	1	2	3	4	5
Additional Comments						
6. Ethical/legal/risk factors were recognized and appropriately addressed.	NB	1	2	3	4	5
Additional Comments						

Overall comments regarding the presenter’s strengths and growth areas:

Intern Formal Assessment Presentation Feedback

Presenter: _____

Date: _____

You are asked to evaluate the intern's assessment presentation in several areas listed below. Your evaluation should be based on the skill level typical of interns at a comparable stage of training. Please use the following scale to rate the intern on the items below:

(NB) No basis for evaluation

(1) Skills/competencies are considered to be significantly below average for the trainee's developmental level

(2) Skills/competencies are considered to be below average for the trainee's developmental level

(3) Skills/competencies are assessed to be at the average level for the trainee's developmental level

(4) Skills/competencies are assessed to be above average for the trainee's developmental level

(5) Skills/competencies are very developed and the trainee's performance is exceptional/well above the expected level for their developmental level

1. The presentation was...						
...well organized.	NB	1	2	3	4	5
...clear.	NB	1	2	3	4	5
...appropriate in detail.	NB	1	2	3	4	5
...professional in style.	NB	1	2	3	4	5
Additional Comments						
2. Explanation of Test Results...						
...was explained in a clear fashion readily understood by others.	NB	1	2	3	4	5
...articulated presenter's understanding of the material.	NB	1	2	3	4	5
...directly related to the referral question.	NB	1	2	3	4	5
...served as the basis for diagnosis and recommendations.	NB	1	2	3	4	5
Additional Comments						
3. The diagnosis was supported by the information presented.	NB	1	2	3	4	5

Additional Comments						
4. Individual and cultural differences were considered, addressed, and integrated into the presentation and clinical work.	NB	1	2	3	4	5
Additional Comments						
5. Recommendations were...						
...consistent with diagnosis/referral question.	NB	1	2	3	4	5
...well thought out.	NB	1	2	3	4	5
Additional Comments						

Overall comments regarding the presenter's strengths and growth areas:

Intern Outreach Presentation Feedback Form

Presenter: _____ Date: _____

Topic: _____

Target Audience: students, staff, and faculty

The presenter was well prepared and knowledgeable of the subject matter:

5. Inadequate
6. Area for further development
7. Developmentally appropriate skills
8. Advanced skills

Additional feedback: See below

The presenter established rapport with the audience and fostered participant involvement:

5. Inadequate
6. Area for further development
7. Developmentally appropriate skills
8. Advanced skills

Additional feedback: See below

The presenter delivered material in a way that was clear, understandable, and appropriate for the audience:

5. Inadequate
6. Area for further development
7. Developmentally appropriate skills
8. Advanced skills

Additional feedback: See below

The presenter responded effectively to audience questions and/or comments:

5. Inadequate
6. Area for further development
7. Developmentally appropriate skills
8. Advanced skills

Additional feedback: See below

What were the primary/specific strengths observed during the outreach presentation?

Specific areas for further development:

Intern Project Presentation Feedback

Presenter: _____ Date: _____

Topic: _____

The presenter was well prepared and knowledgeable of the topic/subject matter:

9. Inadequate
10. Area for further development
11. Developmentally appropriate skills
12. Advanced skills

Additional feedback:

The presenter delivered material in a way that was organized, clear, and understandable:

9. Inadequate
10. Area for further development
11. Developmentally appropriate skills
12. Advanced skills

Additional feedback:

The presenter offered conclusions/recommendations for clinical practice, service delivery, or CAPS procedures:

9. Inadequate
10. Area for further development
11. Developmentally appropriate skills
12. Advanced skills

Additional feedback:

The presenter responded effectively to questions and/or comments:

1. Inadequate
2. Area for further development

3. Developmentally appropriate skills
4. Advanced skills

Additional feedback:

What were the primary/specific strengths observed during the project presentation?

Specific areas for further development/recommendations for training:

Evaluation of Assistant Director of Intern Training (completed by interns)

Indiana University-Purdue University Indianapolis Counseling and Psychological Services Intern Evaluation of Training Director

Please rate the following statements using the scale below:

5 = Excellent – training director performed above and beyond expectations.

4 = Very Good

3 = Average – training director performed at an adequate and expected level.

2 = Below Average

1 = Unacceptable – training director performed insufficiently

NA

The Training Director

1. Was responsive to the needs of the intern group.	1	2	3	4	5
2. Was responsive to my needs.	1	2	3	4	5
3. Was clear in communicating expectations and responsibilities of interns.	1	2	3	4	5
4. Presented materials in a timely fashion.	1	2	3	4	5
5. Was skilled in dealing with conflicts and disagreements within the intern cohort.	1	2	3	4	5
6. Was skilled in offering me constructive feedback.	1	2	3	4	5
7. Was flexible and open to feedback.	1	2	3	4	5
8. Allowed time in intern meeting to address more immediate concerns or personal issues.	1	2	3	4	5
9. Was effective as a liaison to other staff in the agency.	1	2	3	4	5
10. Appropriately supported my autonomy.	1	2	3	4	5
11. Effectively advocated for interns' needs.	1	2	3	4	5
12. Kept interns apprised of changes within the agency and the university.	1	2	3	4	5
13. Supported me in my professional development.	1	2	3	4	5
14. Was an effective professional mentor.	1	2	3	4	5

Comments/Recommendations:

Evaluation of IUPUI CAPS Training Program (completed by interns)

Evaluation of IUPUI CAPS Experiences and Activities

Intern _____

Year _____

Please rate how effective the following internship experiences according to the scale and explain your rating for each. Please give specific examples, both positive and negative, and continue on the back if more space is needed.

Very Ineffective	Ineffective	Somewhat Effective	Effective	Very Effective
1	2	3	4	5

____ Orientation

SUPERVISION ACTIVITIES

____ Primary Clinical Supervision (Please provide overall rating. Qualitative statements may be separated out by supervisor if there was a change in your primary supervisor.)

____ Secondary Supervision (Please provide overall rating. Qualitative statements may be separated out by semester.)

____ Testing Training and Consultation (Please provide overall rating. Qualitative statements may be separated out by semester.)

____ Group Therapy Supervision

____ Group Leaders Lunch

____ Case Consultation

_____ Supervision of Supervision Seminar (fall)

_____ Supervision of Practicum Supervision (spring and summer)

_____ Outreach Supervision (Development Meetings)

_____ Multiculturalism (Development Meetings)

ADMINISTRATION

_____ Meetings with Training Director

_____ Intern Project Meetings

_____ Additional Committee Experiences

SERVICE DELIVERY

_____ Counseling and Therapy (individual, relationship, initial consultation)

_____ Group Psychotherapy

_____ Assessment/Testing

_____ Practicum Supervision

____ Outreach/Consultation Projects

____ On-Call/Crisis Intervention

1. What other experiences would you have liked?

2. What changes do you recommend to improve the training program so it will be a valuable experience for other interns?

3. What are the experiences you had in this internship that are directly relevant to your future work?

4. How did the internship program contribute to your knowledge of psychology?

5. How did the program contribute to your own personal growth?

6. How does the program recruit and retain diverse interns?

7. What did you value most about your training experience?

8. Overall feedback

9. Other comments

APPENDIX T: Competency Benchmarks

COMPETENCY BENCHMARKS IN PROFESSIONAL PSYCHOLOGY

I. PROFESSIONALISM

1. Professional Values and Attitudes: as evidenced in behavior and comportsment that reflect the values and attitudes of psychology.		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
1A. Integrity - Honesty, personal responsibility and adherence to professional values		
Understands professional values; honest, responsible	Adherence to professional values infuses work as psychologist-in-training; recognizes situations that challenge adherence to professional values	Monitors and independently resolves situations that challenge professional values and integrity
1B. Deportment		
Understands how to conduct oneself in a professional manner	Communication and physical conduct (including attire) is professionally appropriate, across different settings	Conducts self in a professional manner across settings and situations
1C. Accountability		
Accountable and reliable	Accepts responsibility for own actions	Independently accepts personal responsibility across settings and contexts
1D. Concern for the welfare of others		
Demonstrates awareness of the need to uphold and protect the welfare of others	Acts to understand and safeguard the welfare of others	Independently acts to safeguard the welfare of others
1E. Professional Identity		
Demonstrates beginning understanding of self as professional: “thinking like a psychologist”	Displays emerging professional identity as psychologist; uses resources (e.g., supervision, literature) for professional development	Displays consolidation of professional identity as a psychologist; demonstrates knowledge about issues central to the field; integrates science and practice

2. Individual and Cultural Diversity: Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
2A. Self as Shaped by Individual and Cultural Diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) and Context		
Demonstrates knowledge, awareness, and understanding of one’s own dimensions of diversity and attitudes towards diverse others	Monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation	Independently monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation
2B. Others as Shaped by Individual and Cultural Diversity and Context		
Demonstrates knowledge, awareness, and understanding of other individuals as cultural beings	Applies knowledge of others as cultural beings in assessment, treatment, and consultation	Independently monitors and applies knowledge of others as cultural beings in assessment, treatment, and consultation
2C. Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context		
Demonstrates knowledge, awareness, and understanding of interactions between self and diverse others	Applies knowledge of the role of culture in interactions in assessment, treatment, and consultation of diverse others	Independently monitors and applies knowledge of diversity in others as cultural beings in assessment, treatment, and consultation
2D. Applications based on Individual and Cultural Context		
Demonstrates basic knowledge of and sensitivity to the scientific, theoretical, and contextual issues related to ICD (as defined by APA policy) as they apply to professional psychology. Understands the need to consider ICD issues in all aspects of professional psychology work (e.g., assessment, treatment, research, relationships with colleagues)	Applies knowledge, sensitivity, and understanding regarding ICD issues to work effectively with diverse others in assessment, treatment, and consultation	Applies knowledge, skills, and attitudes regarding dimensions of diversity to professional work

3. Ethical Legal Standards and Policy: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
3A. Knowledge of ethical, legal and professional standards and guidelines		
Demonstrates basic knowledge of the principles of the APA Ethical Principles and Code of Conduct [ethical practice and basic skills in ethical decision making]; demonstrates beginning level knowledge of legal and regulatory issues in the practice of psychology that apply to practice while placed at practicum setting	Demonstrates intermediate level knowledge and understanding of the APA Ethical Principles and Code of Conduct and other relevant ethical/professional codes, standards and guidelines, laws, statutes, rules, and regulations	Demonstrates advanced knowledge and application of the APA Ethical Principles and Code of Conduct and other relevant ethical, legal and professional standards and guidelines
3B. Awareness and Application of Ethical Decision Making		
Demonstrates awareness of the importance of applying an ethical decision model to practice	Demonstrates knowledge and application of an ethical decision-making model; applies relevant elements of ethical decision making to a dilemma	Independently utilizes an ethical decision-making model in professional work
3C. Ethical Conduct		
Displays ethical attitudes and values	Integrates own moral principles/ethical values in professional conduct	Independently integrates ethical and legal standards with all competencies

4. Reflective Practice/Self-Assessment/Self-Care: Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.		
4A. Reflective Practice		
Displays basic mindfulness and self-awareness; engages in reflection regarding professional practice	Displays broadened self-awareness; utilizes self-monitoring; engages in reflection regarding professional practice; uses resources to enhance reflectivity	Demonstrates reflectivity both during and after professional activity; acts upon reflection; uses self as a therapeutic tool
4B. Self-Assessment		
Demonstrates knowledge of core competencies; engages in initial self-assessment re: competencies	Demonstrates broad, accurate self-assessment of competence; consistently monitors and evaluates practice activities; works to recognize limits of knowledge/skills, and to seek means to enhance knowledge/skills	Accurately self-assesses competence in all competency domains; integrates self-assessment in practice; recognizes limits of knowledge/skills and acts to address them; has extended plan to enhance knowledge/skills
4C. Self-Care (attention to personal health and well-being to assure effective professional functioning)		
Understands the importance of self-care in effective practice; demonstrates knowledge of self-care methods; attends to self-care	Monitors issues related to self-care with supervisor; understands the central role of self-care to effective practice	Self-monitors issues related to self-care and promptly intervenes when disruptions occur
4D. Participation in Supervision Process		
Demonstrates straightforward, truthful, and respectful communication in supervisory relationship	Effectively participates in supervision	Independently seeks supervision when needed

II. RELATIONAL

5. Relationships: Relate effectively and meaningfully with individuals, groups, and/or communities.		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
5A. Interpersonal Relationships		
Displays interpersonal skills	Forms and maintains productive and respectful relationships with clients, peers/colleagues, supervisors and professionals from other disciplines	Develops and maintains effective relationships with a wide range of clients, colleagues, organizations and communities
5B. Affective Skills		
Displays affective skills	Negotiates differences and handles conflict satisfactorily; provides effective feedback to others and receives feedback nondefensively	Manages difficult communication; possesses advanced interpersonal skills
5C. Expressive Skills		
Communicates ideas, feelings, and information clearly using verbal, nonverbal, and written skills	Communicates clearly using verbal, nonverbal, and written skills in a professional context; demonstrates clear understanding and use of professional language	Verbal, nonverbal, and written communications are informative, articulate, succinct, sophisticated, and well-integrated; demonstrate thorough grasp of professional language and concepts

III. SCIENCE

6. Scientific Knowledge and Methods: Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge.		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
6A. Scientific Mindedness		
Displays critical scientific thinking	Values and applies scientific methods to professional practice	Independently applies scientific methods to practice
6B. Scientific Foundation of Psychology		
Demonstrates understanding of psychology as a science	Demonstrates intermediate level knowledge of core science (i.e., scientific bases of behavior)	Demonstrates advanced level knowledge of core science (i.e., scientific bases of behavior)
6C. Scientific Foundation of Professional Practice		
Understands the scientific foundation of professional practice	Demonstrates knowledge, understanding, and application of the concept of evidence-based practice	Independently applies knowledge and understanding of scientific foundations independently applied to practice

7. Research/Evaluation: Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities		
7A. Scientific Approach to Knowledge Generation		
Participates effectively in scientific endeavors when available	Demonstrates development of skills and habits in seeking, applying, and evaluating theoretical and research knowledge relevant to the practice of psychology	Generates knowledge
7B. Application of Scientific Method to Practice		
No expectation at this level	Demonstrates knowledge of application of scientific methods to evaluating practices, interventions, and programs	Applies scientific methods of evaluating practices, interventions, and programs

IV. APPLICATION

8. Evidence-Based Practice: Integration of research and clinical expertise in the context of patient factors.		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
8A. Knowledge and Application of Evidence-Based Practice		
Demonstrates basic knowledge of scientific, theoretical, and contextual bases of assessment, intervention and other psychological applications; demonstrates basic knowledge of the value of evidence-based practice and its role in scientific psychology	Applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences	Independently applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences

9. Assessment: Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
9A. Knowledge of Measurement and Psychometrics		
Demonstrates basic knowledge of the scientific, theoretical, and contextual basis of test construction and interviewing	Selects assessment measures with attention to issues of reliability and validity	Independently selects and implements multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families, and groups and context
9B. Knowledge of Assessment Methods		
Demonstrates basic knowledge of administration and scoring of traditional assessment measures, models and techniques, including clinical interviewing and mental status exam	Demonstrates awareness of the strengths and limitations of administration, scoring and interpretation of traditional assessment measures as well as related technological advances	Independently understands the strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis and treatment planning
9C. Application of Assessment Methods		
Demonstrates knowledge of measurement across domains of functioning and practice settings	Selects appropriate assessment measures to answer diagnostic question	Independently selects and administers a variety of assessment tools and integrates results to accurately evaluate presenting question appropriate to the practice site and broad area of practice
9D. Diagnosis		
Demonstrates basic knowledge regarding the range of normal and abnormal behavior in the context of stages of human development and diversity	Applies concepts of normal/abnormal behavior to case formulation and diagnosis in the context of stages of human development and diversity	Utilizes case formulation and diagnosis for intervention planning in the context of stages of human development and diversity

Assessment continued		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
9E. Conceptualization and Recommendations		
Demonstrates basic knowledge of formulating diagnosis and case conceptualization	Utilizes systematic approaches of gathering data to inform clinical decision-making	Independently and accurately conceptualizes the multiple dimensions of the case based on the results of assessment
9F. Communication of Assessment Findings		
Demonstrates awareness of models of report writing and progress notes	Writes assessment reports and progress notes and communicates assessment findings verbally to client	Communicates results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner

10. Intervention: Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.		
10A. Intervention planning		
Displays basic understanding of the relationship between assessment and intervention	Formulates and conceptualizes cases and plans interventions utilizing at least one consistent theoretical orientation	Independently plans interventions; case conceptualizations and intervention plans are specific to case and context
10B. Skills		
Displays basic helping skills	Displays clinical skills	Displays clinical skills with a wide variety of clients and uses good judgment even in unexpected or difficult situations
10C. Intervention Implementation		
Demonstrates basic knowledge of intervention strategies	Implements evidence-based interventions	Implements interventions with fidelity to empirical models and flexibility to adapt where appropriate
10D. Progress Evaluation		
Demonstrates basic knowledge of the assessment of intervention progress and outcome	Evaluates treatment progress and modifies treatment planning as indicated, utilizing established outcome measures	Independently evaluates treatment progress and modifies planning as indicated, even in the absence of established outcome measures

11. Consultation: The ability to provide expert guidance or professional assistance in response to a client's needs or goals.		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
11A. Role of Consultant		
No expectation at this level	Demonstrates knowledge of the consultant's role and its unique features as distinguished from other professional roles (such as therapist, supervisor, teacher)	Determines situations that require different role functions and shifts roles accordingly to meet referral needs
11B. Addressing Referral Question		
No expectation at this level	Demonstrates knowledge of and ability to select appropriate means of assessment to answer referral questions	Demonstrates knowledge of and ability to select appropriate and contextually sensitive means of assessment/data gathering that answers consultation referral question
11C. Communication of Consultation Findings		
No expectation at this level	Identifies literature and knowledge about process of informing consultee of assessment findings	Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations
11D. Application of Consultation Methods		
No expectation at this level	Identifies literature relevant to consultation methods (assessment and intervention) within systems, clients, or settings	Applies literature to provide effective consultative services (assessment and intervention) in most routine and some complex cases

V. EDUCATION

12. Teaching: Providing instruction, disseminating knowledge, and evaluating acquisition of knowledge and skill in professional psychology.		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
12A. Knowledge		
No expectation at this level	Demonstrates awareness of theories of learning and how they impact teaching	Demonstrates knowledge of didactic learning strategies and how to accommodate developmental and individual differences
12B. Skills		
No expectation at this level	Demonstrates knowledge of application of teaching methods	Applies teaching methods in multiple settings

13. Supervision: Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
13A. Expectations and Roles		
Demonstrates basic knowledge of expectations for supervision	Demonstrates knowledge of, purpose for, and roles in supervision	Understands the ethical, legal, and contextual issues of the supervisor role
13B. Processes and Procedures		
No expectation at this level	Identifies and tracks progress achieving the goals and tasks of supervision; demonstrates basic knowledge of supervision models and practices	Demonstrates knowledge of supervision models and practices; demonstrates knowledge of and effectively addresses limits of competency to supervise
13C. Skills Development		
Displays interpersonal skills of communication and openness to feedback	Demonstrates knowledge of the supervision literature and how clinicians develop to be skilled professionals	Engages in professional reflection about one's clinical relationships with supervisees, as well as supervisees' relationships with their clients
13D. Supervisory Practices		
No expectation at this level	Provides helpful supervisory input in peer and group supervision	Provides effective supervised supervision to less advanced students, peers, or other service providers in typical cases appropriate to the service setting

VI. SYSTEMS

14. Interdisciplinary Systems: Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines.		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
14A. Knowledge of the Shared and Distinctive Contributions of Other Professions		
No expectation at this level	Demonstrates beginning, basic knowledge of the viewpoints and contributions of other professions/ professionals	Demonstrates awareness of multiple and differing worldviews, roles, professional standards, and contributions across contexts and systems; demonstrates intermediate level knowledge of common and distinctive roles of other professionals
14B. Functioning in Multidisciplinary and Interdisciplinary Contexts		
Cooperates with others	Demonstrates beginning knowledge of strategies that promote interdisciplinary collaboration vs. multidisciplinary functioning	Demonstrates beginning, basic knowledge of and ability to display the skills that support effective interdisciplinary team functioning
14C. Understands how Participation in Interdisciplinary Collaboration/Consultation Enhances Outcomes		
No expectation at this level	Demonstrates knowledge of how participating in interdisciplinary collaboration/consultation can be directed toward shared goals	Participates in and initiates interdisciplinary collaboration/consultation directed toward shared goals
14D. Respectful and Productive Relationships with Individuals from Other Professions		
Demonstrates awareness of the benefits of forming collaborative relationships with other professionals	Develops and maintains collaborative relationships and respect for other professionals	Develops and maintains collaborative relationships over time despite differences

15. Management-Administration: Manage the direct delivery of services (DDS) and/or the administration of organizations, programs, or agencies (OPA).		
15A. Appraisal of Management and Leadership		
No expectation at this level	Forms autonomous judgment of organization's management and leadership Examples: <ul style="list-style-type: none"> • Applies theories of effective management and leadership to form an evaluation of organization • Identifies specific behaviors by management and leadership that promote or detract from organizational effectiveness 	Develops and offers constructive criticism and suggestions regarding management and leadership of organization Examples: <ul style="list-style-type: none"> • Identifies strengths and weaknesses of management and leadership or organization • Provides input appropriately; participates in organizational assessment
15B. Management		
No expectation at this level	Demonstrates awareness of roles of management in organizations	Participates in management of direct delivery of professional services; responds appropriately in management hierarchy
15C. Administration		
Complies with regulations	Demonstrates knowledge of and ability to effectively function within professional settings and organizations, including compliance with policies and procedures	Demonstrates emerging ability to participate in administration of clinical programs
15D. Leadership		
No expectation at this level	No expectation at this level	Participates in system change and management structure

16. Advocacy: Actions targeting the impact of social, political, economic or cultural factors to promote change at the individual (client), institutional, and/or systems level.		
READINESS FOR PRACTICUM	READINESS FOR INTERNSHIP	READINESS FOR ENTRY TO PRACTICE
16A. Empowerment		
Demonstrates awareness of social, political, economic and cultural factors that impact individuals, institutions and systems, in addition to other factors that may lead them to seek intervention	Uses awareness of the social, political, economic or cultural factors that may impact human development in the context of service provision	Intervenes with client to promote action on factors impacting development and functioning
16B. Systems Change		
Understands the differences between individual and institutional level interventions and system's level change	Promotes change to enhance the functioning of individuals	Promotes change at the level of institutions, community, or society

Revised Competency Benchmarks for Professional Psychology (June 2011) (DOC, 239KB)

<https://www.apa.org/ed/graduate/competency>