2018-2019
Doctoral Internship Training Manual
Counseling and Psychological Services
University at Albany

Counseling and Psychological Services
Introduction and Overview of the Doctoral Psychology Internship

Counseling and Psychological Services currently offers three (3) year-long, full-time doctoral internships in Health Service Psychology, providing the opportunity to gain supervised experience in the multifaceted functions of a health service psychologist working in a collegiate environment whose service delivery model values prevention, early intervention, and psychological treatment. Within this internship program, training considerations take precedence over service delivery, and the clinical and developmental needs of our diverse campus community provide excellent and varied training opportunities for doctoral psychology interns who, in return, enrich the programs and services that Counseling and Psychological Services (CAPS) provides. The training process throughout the internship year is sequential and graded in complexity, with ample opportunities to build knowledge and skills through supervision, training seminars, professional development opportunities, engagement in the broader campus community, and exposure to clinical, consultation, prevention, and outreach experiences. Doctoral interns are integrated into the delivery of psychological services on campus and enhance and extend CAPS’ ability to respond to the clinical needs of our diverse student body. In addition to providing clinical psychological services, doctoral interns support our nationally-recognized peer assistance program by providing instruction in academic credit-bearing courses and supervising the activities of the undergraduate student peer assistants who operate a hotline service and peer educators within the Middle Earth Peer Assistance Program.

The training program has four broad aims. These are to develop interns who (1) engage in lawful and ethical practice and function in accordance with professional standards, (2) effectively utilize and generate research and psychological knowledge in their professional activities, (3) competently engage in a range of evidence-based assessment and intervention activities that are responsive to individual and cultural diversity, and (4) are able to effectively manage complex practice environments. The internship program is accredited by the American Psychological Association (2012-2019) with annual reviews and program updates and modifications completed in compliance with APA standards. The internship experience is a 2,000-hour, remunerated experience ($30,000, accrued vacation and sick leave, a benefits package, and indemnification).

Accreditation and Affiliations

The doctoral internship program in health service psychology is an American Psychological Association-accredited internship program. The next site visit is designated
for 2019. Questions and concerns about the program’s accreditation status may be
directed to the Commission on Accreditation at the following address:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE
Washington, DC 20002-4242
(202) 336-5979 / E-mail: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

The doctoral internship program in health service psychology is also a member of the
Association of Psychology Postdoctoral and Internship Centers (APPIC) and adheres to
the standards, policies, and procedures required of member programs. APPIC Program
Code: 166312.

Training Philosophy

The internship training program at University at Albany Counseling and Psychological
Services is designed to provide professional training experiences in the range of activities
carried out by health service psychologists. We adhere to a model where the work of a
psychologist is performed within a context of scientific evidence and, as such, doctoral
interns working at CAPS are immersed in a setting in which data inform practice.
Throughout the internship there is an emphasis upon maintaining a scholarly attitude
(questioning, searching for answers, using sound investigative methods, and critical
thinking), using research to inform the methods one employs to assess and intervene with
clients, and the value of critically evaluating one's practices. We take a developmental
and individualized approach to training, recognizing that interns have varied interests,
experiences, and needs. At CAPS, we recognize the impact of individual and cultural
differences on all of us as professionals and people, and we are committed to promoting
awareness of diversity and multicultural issues, and to training psychologists who provide
culturally competent services. We do so by consciously integrating these issues into all
aspects of training. Finally, we believe that the internship year is a critical year of
professional development and identity transition and formation, and that our role is to
facilitate that process through instruction, experiential training, and supervision.

Aims and Program of Training

The internship program is dedicated to developing health service psychologists who are...

(1) Prepared to engage in the lawful and ethical practice of psychology and to
function in accordance with professional standards

(2) Prepared to utilize and develop research and psychological knowledge in
their professional activities

(3) Prepared to competently engage in evidence-based assessment and
intervention activities that are responsive to individual and cultural diversity, and
(4) Prepared to effectively manage complex practice environments.

In pursuit of these broad aims, the internship features supervised experiences in assessment, counseling and psychotherapy, consultation, training and supervision, and program development and implementation, particularly as these occur in a university counseling center setting. In addition to hands-on experiences, the program uses a graded and sequential training model that includes training seminars, individual and group supervision, and participant-observational learning opportunities to facilitate an intern's transition from graduate student to professional health service provider. These features are elucidated below.

**Experiential Learning Activities** (30.5 hours weekly)

Interns have supervised experiences in the multifaceted functions of a health service psychologist working in a collegiate environment whose service delivery model values prevention, early intervention, and psychological treatment.

A. Interns spend at least twenty-five percent of their time providing clinical psychological services directly to students seeking evaluation, counseling or treatment, and consultation with others involved with students of concern (16.5 hours per week).

**Individual Counseling.** Interns are expected to carry an individual clinical caseload of 10 to 12 client hours per week throughout the academic year, inclusive of both short term and longer-term psychotherapy clients. Interns also provide screening and brief interventions for alcohol and other drug use using models that have been tested within our setting and nationally recognized for excellence in translational research. These activities are a major vehicle for developing specific competencies in facilitating effective working alliances and in evidence-based counseling and psychotherapy practice.

**Assessment.** Interns are engaged in the weekly intake assessment rotation and are also involved in psychological testing as appropriate. These activities support the development of a range of assessment competencies that encompass evaluation, diagnosis, and case management. Psychological testing is one vehicle by which we engage in clinical assessment. The general approach to psychological testing in the internship program (and broadly at CAPS) is that tests are ancillary procedures primarily used when necessary to support making clinical decisions regarding diagnosis and treatment and anticipating prognosis. Depending upon the instrument, tests typically supplement the clinical history (e.g., standardized self-report inventories) and the direct examination of the individual (e.g., IQ and achievement tests). A focused approach to the use of psychological tests is favored in the internship program.

Interns are required to incorporate psychological testing in seven cases each year. Minimally, the written interpretative results are included as part of an encounter note connected with a consultation or routine appointment. Attention is focused on the number of cases where tests are used, not the number of tests employed. The
instructional focus (and evaluation competency) is on knowing when a test is needed, what test is needed to answer a specific question or concern, how to administer a test, and interpreting the results and integrating the results with other available information in a manner that informs practice. Beyond the Counseling Center Assessment of Psychological Symptoms (CCAPS), interns are routinely specifically instructed in the use of the MMPI-2 Restructured Form, the Millon Counseling Center Inventory, and the Millon Index of Personality Styles-Revised.

Consultation. During the second semester, after having had five months of experience within the University, interns participate in the rotation alongside staff psychologists who respond to urgent and non-urgent requests from students, faculty, parents, and others for assistance from Counseling and Psychological Services (CAPS). This offers interns excellent opportunities to function as consultants and to develop specific competencies in clinical consultation, in addition to inter-professional and other collaboration with individuals who support students, such as University faculty and staff, community treatments providers, parents and other family members, and fellow students.

Groups. Interns interested in co-facilitating a support or therapy group with senior staff psychologists may be able to do so, depending upon time constraints. This is a negotiated activity and depends upon interest, opportunity, and availability. Participation in this activity enhances competency in intervention.

B. Interns provide direct and indirect psychological services intended to reduce the risks leading to psychological or behavioral impairments, promote healthy lifestyles, and support the operation of the Center’s peer assistance program (14 hours per week on average).

Supervision and Teaching. Counseling and Psychological Services (CAPS) supports The Middle Earth Peer Assistance Program, a nationally-recognized peer services program that partners with CAPS in early intervention and prevention work. Under supervision, interns teach credit-bearing courses on peer helping and peer education and supervise the direct service activities of the undergraduate peer hotline assistants and peer educators. Through these experiences, interns develop critical specific professional skills in teaching, supervision, and program coordination.

Crisis Intervention and On-Call Experiences. Interns share responsibilities for backing up The Middle Earth Peer Assistance Program telephone hotline and online peer assistance service. Typically, this requires being on-call one evening per week and three to four weekends during the fall and the spring terms, while school is in session. This activity facilitates the development of competencies in assessment, intervention, supervision, and consultation.

Campus Outreach in Health Promotion. While interns participate in our programmatic efforts to broadly engage and work with the campus community throughout the fall and spring terms, they are especially active in these roles during the summer months when we work with incoming students and their parents. These
activities support the acquisition of competencies in prevention interventions, consultation, and collaboration.

**Reflective and Instructional Learning Activities (6.5 Hours weekly)**

The experiences in providing psychological services are supported through supervised didactic or experiential seminars.

**Individual Supervision** (2 hours per week). Interns are assigned to work with two licensed, supervising psychologists for the year. They meet weekly with each supervisor for one hour of individual supervision, primarily around the intern's clinical caseload and prevention-related activities, as well as professional issues. Beyond individual supervision, interns have access to additional supervision as needed; CAPS has an open-door policy that encourages consultation regarding clinical cases and other service, training, and outreach activities.

**Group Supervision** (2 hours per week). Interns meet as a group with a licensed psychologist to discuss clinical cases, teaching, supervision, and program development activities, explore and develop an awareness of self as it informs their work, and professional issues. There are two hour-long group supervisions each week, one focuses on general clinical matters and professional issues and the other focuses on supervision, teaching, and program coordination of peer assistants.

**Intern Seminar** (1.5 hours per week). Interns take part in weekly seminars and training workshops. Seminars are graded in complexity and sequential over the course of the year and are formatted in a similar manner as a course with four broad topics distributed throughout the year. The four topics include (1) Professional Development, (2) Clinical Practice, (3) Systems-Based Practice, and (4) Research and Knowledge. Issues of individual and cultural diversity are infused into all seminars.

**Training Director Meeting** (1 hour per week). The Training Director meets with interns on a weekly basis throughout the year. This is a time to clarify questions, address problems, and discuss any ongoing concerns. It provides an important opportunity to keep lines of communication open between interns and the Training Director.

**Participant-Observational Learning Activities** (3 hours weekly)

Participant-observation learning activities are a critical part of the internship that further enable the development of collaborative relationships and provide opportunities to learn from the staff.

**Formal Case Conference** (1 hour per week). All clinical staff meet weekly for one hour to discuss cases. Case conferences are structured within several clinical teams that comprise licensed psychologists and interns; these teams offer interns an added opportunity to interact with senior staff psychologists in a more personalized environment and allow time for more in-depth discussion of cases. Interns deliver one formal case presentation per semester.
Assessment Conference (1 hour per week). Interns attend a weekly one-hour staff meeting with all clinical staff. These meetings focus on clinical cases, coordination of care, and disposition issues. These conferences provide interns with excellent opportunities to observe and participate in case conceptualization and disposition activities.

Prevention Conference (0.5 hours per week). Interns attend a bi-weekly one-hour staff meeting with all staff actively involved with prevention work. These meetings focus on translational research and evidence-based prevention practice, such as assessment of community needs and program development, implementation, and evaluation. These conferences also provide interns with excellent opportunities to observe and participate as both consumers and implementers of evidence-based research activities engaged in by CAPS.

Committee Work (0.5 hours per week). Interns attend a bi-weekly or monthly one-hour committee meeting, based on their appointment to one of our Quality Assurance Committees. These committees include, Training, Clinical, and Research. These meetings focus on the work of the committee and provide interns with excellent opportunities to develop specialized experience in an area of interest.

Training Seminar/Syllabus

The purpose of the training seminars and in-service training workshops is to advance the aims and support the development of related competencies of the internship program. The seminar schedule and training course is graded in complexity and sequential over the course of the internship year. Requirements include regular attendance, completion of assigned readings, and active participation. Presentations and discussions related to four modules that correspond to the major aims of the training program are distributed throughout the internship year. Prototypical seminar topics are listed below, and the seminar schedule for the 2018-2019 internship year is contained in the appendix. Some variation in topics occurs as needed to address exigent issues in the internship and emerging intern needs. Seminars delivered in August, which are scheduled daily and primarily concerned with system-related practices, constitute the Intern Orientation Program. The Training Director coordinates the seminars and discussants, facilitators, and presenters are typically drawn from CAPS staff. Intern performance becomes part of the database of metrics used to evaluate interns. Weekly topics are posted at the beginning of each term. It is important to note that issues of individual and cultural diversity are intentionally infused into all seminars and presentations.

Module: Professional Development

Aim: To prepare interns to engage in the lawful and ethical practice of psychology and to function in accordance with professional standards

- Use of Titanium Client Scheduling and Record-Keeping Series
- Consultation Series: Models, Theories, and Practice
- Legal and Ethical Issues Conference Series
- Early Career Psychologist Concerns Series
• Engagement within an Interdisciplinary Team
• Navigating the Job Search Series
• Division of Student Affairs Professional Meetings
• Leadership Development
• Supervision Series: Models, Theories, and Practice
• The Role of Advocacy in Psychology

Module: Research and Knowledge
Aim: To prepare interns to utilize and develop research and psychological knowledge in their professional activities

• Outcome Evaluation: Using the CCAPS and GAF
• Conducting Research at a Counseling Center
• Using Research to Inform Practice
• Critical Reads Series: Readings and discussions
• Career Options Series: Exploration of career opportunities for health service psychologists

Module: Clinical Practice
Aim: To prepare interns to competently engage in evidence-based assessment and intervention activities that are responsive to individual and cultural differences and diversity

• Orientation to Clinical Practice at CAPS
• Alcohol and Other Drug Misuse and Abuse Screening and Brief Intervention and Motivational Interviewing series
• Suicide Assessment, Intervention, and Prevention
• Using Assessment Tools at CAPS: MMPI-2RF, MCCI, and Others
• Therapeutic Relationship Seminar
• Group Treatment Modalities and Practice
• Understanding Psychopharmacology
• Evaluation of Academic Performance Problems
• Preparing for the Uniform Clinical Skills Assessment
• Working with Couples
• Conducting Focused, Brief Treatment
• On-Call and Crisis Work in Counseling Centers
• Working with Student-Athletes
• Diversity Awareness and Bias Seminar Series: Building awareness of ourselves and our biases
• Multicultural Seminar: Theory-based case presentations and discussions
• Culturally Competent CBT
• Working with Students with Disabilities
• Working with International Students
• Working with Trans* and Gender Non-Conforming Students
• Working with Veterans
• What Privilege Means in Treatment

**Module: Systems-Based Practice**

Aim: To prepare interns to effectively manage complex practice environments

- Orientation to the Internship
- Orientation to Clinical Practice at CAPS
- Orientation to Middle Earth Program and Retreat
- Use of Titanium Series
- Campus Consultation Services
- Division of Student Affairs Professional Meetings
- Leadership Development

*The seminar schedule for the 2018-2019 internship training year is included at the end of this Training Manual.*

**Training and Supervisory Staff**

The entire training and supervisory staff reflects a broad range of theoretical orientations, therapeutic styles, and cultural backgrounds. A number of staff play leadership roles in professional organizations and several are engaged in research and scholarly writing.

**Licensed Psychologists / Primary Supervisors**

Although many CAPS professionals actively participate in the training program, only those who are psychologists and licensed to practice in New York function as *primary supervisors* in the training program. Interns receive minimally two hours per week of individual supervision with two or more of the following supervisors. Interns also receive two hours per week of group supervision. *Primary supervisors* are chosen from this list.

*M. Dolores Cimini, Ph.D.*
Licensed Psychologist/Director of Middle Earth Peer Assistance Program/Director for Center for Behavioral Health Promotion and Applied Research

*Angelina X. Diaz-Myers, Ph.D.*
Licensed Psychologist

*Jill DelTosta, Ph.D.*
Licensed Psychologist

*Joyce Dewitt-Parker, Ph.D.*
Licensed Psychologist/Clinical Director/CAPS Associate Director

*Brian M. Freidenberg, Ph.D.*
Licensed Psychologist and Addictive Behavior Specialist

*Julie Heslin-Pokat, Ph.D.*
Licensed Psychologist
Craig Kimmelblatt, Psy.D.
Licensed Psychologist

Joseph Monserrat, Psy. D.
Licensed Psychologist

Sarah Nolan, Ph.D.
Licensed Psychologist/Training Director/CAPS Assistant Director

Estela M. Rivero, Ph.D.
Licensed Psychologist/CAPS Director/Assistant Vice President for Student Affairs

Karen Sokolowski, Ph.D.
Licensed Psychologist/Assistant Director for the Center for Behavioral Health Promotion and Applied Research

Other Agency Supervisors or Contributors to the Training Program

Other members of CAPS and Student Health Services also contribute to the training and supervision of our interns. These individuals enhance exposure to diverse theoretical and professional orientations, therapeutic styles, and cultural backgrounds of supervisory staff. The following individuals are among those clinicians and consultants who currently enhance our training program.

Angela Banks, Psy.D.
Staff Psychologist*

Robert Cardom, Ph.D.
Licensed Psychologist

Megan Cusick Brix, Ph.D.
Staff Psychologist*

Abigail Dubovi, Ph.D.
Staff Psychologist*/Health Promotion Specialist, Center for Behavioral Health Promotion and Applied Research

Jessica Hebrank, M.D.
Consulting Psychiatrist, Student Health Services

Tania Khan, Ph.D.
Licensed Psychologist

Vivian Wilson-Hwang, Ph.D.
Licensed Psychologist

* It is important to note that the center is considered an “exempt setting” under New York State law and is therefore entitled to designate qualified practitioners who have not fulfilled requirements for professional licensure as “staff psychologists”. All staff members listed above who are not licensed currently intend to pursue licensure in New York State.
Profession-Wide Competencies

Training activities are directed towards developing the following measurable competencies, which operationalize the broad training aims.

Cluster A. Professional Behavior
Practices within the scope of ethical and legal guidelines and in accordance with professional standards in all professional services and activities.

Profession-Wide Competency Area 1. Professional Values, Attitudes, and Behaviors. Demonstrates behavior and comportment in all professional roles that reflect the values and attitudes of the psychology profession: (a) Behaves in ways that reflect the values and attitudes of psychology, e.g., integrity, deportment, professional identity, accountability, lifelong learning, and commitment to the public welfare. (b) Engages in self-reflection regarding one’s personal and professional functioning. (c) Engages in activities to maintain and improve performance, well-being, and professional effectiveness. (d) Actively seeks and demonstrates openness and responsiveness to feedback and supervision. (e) Responds professionally in increasingly complex situations with a greater degree of independence as their internship year progresses.

Profession-Wide Competency Area 2. Ethical and Legal Standards. Demonstrates application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups and organizations: (a) Knows and adheres to APA Ethical Principles and Code of Conduct, relevant laws, regulations, and policies governing health service psychology at the local, state, and federal levels, and with relevant professional standards and guidelines. (b) Recognizes ethical dilemmas as they arise and applies ethical decision-making processes to resolve ethical dilemmas. (c) Conducts self in an ethical manner in all professional activities.

Profession-Wide Competency Area 3. Individual and Cultural Diversity. Demonstrates 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: (a) Knows the current theory and research to address diversity in all professional activities, including research, training, supervision/consultation, and service. (b) Understands how their own personal/cultural history, attitudes, and biases may influence how they understand and interact with people different from themselves. (c) Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of all professional roles and activities. (d) Applies a framework for working effectively with areas of individual and cultural diversity not previously encountered prior to internship. (e) Works effectively with individuals whose group membership, demographic characteristics or worldviews create conflict with their own.

Cluster B. Professional Knowledge and Research Competencies
Effectively produces and Utilizes research and psychological knowledge in professional activities.
Profession-Wide Competency Area 4. **Research.** Demonstrates appropriate knowledge, skills and attitudes to produce new knowledge, to critically evaluate and use existing knowledge to solve problems, to disseminate research, and to make appropriate use of scientific methods and findings in all professional roles: (a) Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities through case conferences, professional presentations, or publications at the local, regional, or national level. (b) Demonstrates the ability to investigate and evaluate professional practices, appraise and assimilate scientific evidence, and improve the delivery of services to clients.

**Cluster C. Client Care Competencies**
Competently engages in a range of evidence-based assessment and intervention activities with a diverse population that integrates science and practice and is culturally sensitive.

Profession-Wide Competency Area 5. **Assessment.** Demonstrates competence in assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations: (a) Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology. (b) Demonstrates understanding of human behavior within its context (e.g., family, social, societal and cultural). (c) Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process. (d) Selects and applies assessment methods that are reliable, valid, and culturally appropriate and collects relevant assessment information using multiple sources and methods relevant to the evaluation questions. (e) Interprets assessment results in accordance with research and professional standards to inform case conceptualization, classification, and recommendations, trying to reduce or eliminate decision-making biases and distinguishing between assessments that are subjective from those that are objective. (f) Effectively communicates audience-specific findings and recommendations orally and in writing.

Profession-Wide Competency Area 6. **Intervention.** Demonstrates skill in the use of interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations: (a) Establishes and maintains effective relationships with client groups seeking evaluation, treatment, or clinical consultation (b) Develops evidence-based intervention plans specific to the service delivery goals. (c) Implements clinical interventions informed by the assessment findings, current scientific literature, individual and cultural diversity characteristics, and contextual factors. (d) Applies research literature to clinical decision-making. (e) Adapts existing evidence-based approaches when a clear evidence base is lacking. (f) Evaluates intervention effectiveness and modifies intervention goals and methods consistent with ongoing evaluation. (g) Demonstrates an understanding of the importance of attending to both client and clinician process-oriented factors in session. Is able to reflect on these factors and implement related interventions as is clinically relevant/appropriate.
Profession-Wide Competency Area 7. **Supervision.** Demonstrates appropriate skill in supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others: (a) Effectively uses knowledge of supervision models and practices in training and supervisory roles within the Middle Earth Peer Assistance Program. (b) Manages the systemic demands of supervision related to directing, organizing, and managing the daily operation of the Middle Earth Peer Assistance Program. (c) Establishes and maintains effective working relationships and professional boundaries with students in the Middle Earth Peer Assistance Program. (d) Skillfully recognizes and explores the role of individual and cultural diversity in supervisory relationships with trainees in the Middle Earth Peer Assistance Program.

**Cluster D. Systems-Based Practices Competencies**
Effectively practices within a complex system or organization.

Profession-Wide Competency Area 8. **Consultation and Interprofessional/Interdisciplinary Skills.** Demonstrates the ability to provide expert guidance or professional assistance in response to a client’s needs or goals, and to identify and interact with professionals in multiple disciplines: (a) Effectively uses knowledge of consultation models and practices in consultative activities with faculty, staff, parents, students and others to address the mental health needs of students. (b) Understands and respects the roles and perspectives of other professions when collaborating on student care. (c) Appropriately refers to and collaborates with other service providers within and outside the counseling center. (d) Effectively contributes in case conference, group supervision, and other clinical consultation activities.

Profession-Wide Competency Area 9. **Communication and Interpersonal Skills.** Demonstrates ability to communicate effectively, to interact appropriately, and to develop meaningful and helpful relationships in all professional roles: (a) Develops and maintains effective relationships with a wide range of individuals, including colleagues, supervisors and supervisees, those receiving professional services, and relevant community and interdisciplinary groups. (b) Demonstrates effective interpersonal skills and the ability to manage difficult communications well. (c) Produces and comprehends professional communication and documentation that is accurate, timely, comprehensible, well-integrated, and informative. (d) Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in effective communication with colleagues, supervisors and supervisees, those receiving professional services, and relevant community and interdisciplinary groups.

All of the competencies identified above are currently required of all health service psychologists trained in APA-accredited internship programs. Successful completion of the internship requires effective performance of each measured competency under routine supervision customarily afforded doctoral psychology interns.
Sources of Formative and Summative Evaluative Information

Varied sources of information are used to determine the degree to which the training aims are being met. Formative assessments are used to guide instruction and training, while summative assessments indicate whether training aims have been met. Sources of formative and summative evaluation information used in the internship include feedback from supervising psychologists and other agency supervisors and contributors to the training program, clerical and administrative support staff, colleagues within The Center for Behavioral Health Promotion and Applied Research, Student Health Services and the Division of Student Affairs, direct observation (either live or electronic) of the intern engaging in professional activities, formal uniform assessment of clinical skills completed at midyear, feedback from recipients of professional services, and feedback on scheduled clinical and research presentations delivered by interns. It is important to be mindful that videotaping and testing requirements, along with presentation of clinical and research material, are important elements of the evaluative process in the internship and are used to determine whether desired training outcomes are being met.

Direct Observation

Routine Videotaping. Videotaping can be a useful instructional, supervisory, and evaluative tool. The use of videotapes may play a greater or lesser role in supervision with any particular trainee. However, a total of nine (9) videotaped sessions is required for each intern. Eight of these are described in this section. All interns are required to videotape two assessment or treatment sessions during each evaluation period (fall, spring, summer) and review these with their individual supervisors responsible for the particular case. In addition, in order to establish a baseline, a videotaped intake with a staff member playing the role of a new client is required within the first six weeks of the internship and is to be reviewed with your Training Director. A videotape of a STEPS Alcohol and Other Drug Screening and Brief Intervention session intervention should be submitted for review and discussion early in the fall semester; supervisors for the STEPS video are determined at the beginning of each internship year.

Uniform Clinical Skills Assessment. Interns must participate in a uniform clinical skills assessment early in the second semester. This consists of videotaping a mock interview with a coached staff member making a first appointment and preparing an encounter note. The coached client will complete a formal assessment tool following the interview. Minimally, the Training Director will then review the recorded interview and rate the performance. The Training Director will also evaluate the written note. Whether another supervisor also conducts a review of the video or clinical documentation is determined on a case by case basis. The intern will then receive supervisor feedback on their performance. Interns who are found to perform below average in critical skills will have the opportunity to repeat the evaluation, or part of the evaluation, with either a coached client or actual recipient of services at CAPS. Performance will be an important part of the database used to determine competencies and although other sources of assessment information are used in evaluating intern competencies, weak performance in this
evaluative activity will carry substantial weight. It is in the intern’s best interest to arrange for this assessment for the period between the fall and spring semesters.

<table>
<thead>
<tr>
<th>Timetable of Videotaped Work</th>
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<tbody>
<tr>
<td><strong>Fall</strong></td>
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<tr>
<td>Mock Intake Interview (1)</td>
</tr>
<tr>
<td>(Training Director</td>
</tr>
<tr>
<td>reviews)</td>
</tr>
<tr>
<td>Routine Assessment/Treatment Visits (2)</td>
</tr>
<tr>
<td>(One video for each</td>
</tr>
<tr>
<td>supervisor)</td>
</tr>
<tr>
<td>STEPS Intervention (1)</td>
</tr>
<tr>
<td>(Reviewer to be determined)</td>
</tr>
</tbody>
</table>

**Clinical and Research Presentations**

Interns are required to present at two clinical case conferences during the year and present on their research (often their dissertation research) during the spring or summer term. The primary individual supervisor will gather feedback from others in attendance and provide this feedback to the intern. The feedback will become part of the database used to determine whether competencies have been met.

**Starting and Ending Dates**

The internship is at the post-clerkship, post-practicum, and post-externship level, and precedes the granting of the doctoral degree, and must be completed within 12 consecutive months. The internship experience begins on August 9, 2018 and ends on August 8, 2019.

**Financial and Other Benefits**

The internship program is primarily an educational experience in which doctoral interns are remunerated for the clinical or instructional services they provide directly to students in support of the intern’s training. Under current University operating procedures, interns are appointed as a paid counselor and remuneration is $30,000. The stipend is complemented by other educational benefits such as instruction and training experiences. All interns receive a comprehensive fringe benefits package that includes health insurance, paid state holidays, sick and annual leave, and use of University facilities. Accrued sick leave is intended to be used to cover episodes of medical illness, while annual leave is synonymous with personal leave to be used at the discretion of the intern
with prior approval. During their internship year, interns are members of United University Professionals (UUP), the largest higher education union in the United States. More information about benefits afforded by UUP membership can be found on their website. These financial and other benefits that support interns are depicted in summary below.

Financial and Other Benefits

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description</th>
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<tbody>
<tr>
<td>Annual Stipend (Full time)</td>
<td>$30,000</td>
</tr>
<tr>
<td>Access to Medical Insurance</td>
<td>Yes</td>
</tr>
<tr>
<td>Intern Contributes to Cost</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage of family available</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage of legally married partner</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage of domestic partner</td>
<td>Yes</td>
</tr>
<tr>
<td>Paid personal/vacation time</td>
<td>Accrued 1 day/month with payout for unused time</td>
</tr>
<tr>
<td>Paid sick leave</td>
<td>Accrued 1 day/month</td>
</tr>
<tr>
<td>Unpaid leave (FMLA)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

In order to meet the requirements for completing the APA-accredited internship, doctoral interns must engage in a forty-hour average week that combines provision of psychological services and the other learning activities that together support the internship experience. Interns may confer with the University Office of Human Resources Management (518-437-4702) specifically on matters pertaining to stipend and benefits, which are provided under the New York State appointment as a counselor and ultimately affords an intern with the full complement of learning opportunities required for training.

**Managing Time**

Interns file monthly leave reports with Human Resources. Annual and sick time is accrued on a monthly basis as stipulated above. Interns are permitted “compensatory time” under certain circumstances. Compensatory time is available, with prior supervisory approval and discussion with the Training Director. For all employees, compensatory time is only available when required to work above and beyond the normal obligation and is not recorded on a strict hour for hour basis. Interns are automatically allowed compensatory time for training weekend and exam weeks (6 days). There is a later start time (11am) on Tuesdays to offset evening class/supervision groups.

**Indemnification**

In as much as our interns under the present state system are considered temporary part-time employees of the University, they are subject to uphold the standards of University employees and are afforded the rights and benefits of temporary professional service employees. Like all CAPS clinicians, interns are indemnified in their direct service activities as an employee of the State of New York under NYS Public Officer’s Law.
Program Policies and Procedures

Statement of Nondiscrimination

Consistent with University and Divisional commitment to creating an educational community that is intellectually, culturally, and socially diverse, Counseling and Psychological Services (CAPS) is fully committed to appreciating and respecting all manner of diversity in its programs and services, including its internship training program. CAPS demonstrates this commitment through nondiscriminatory recruitment, selection, and hiring policies of interns and employees and by its continued efforts to provide a discrimination-free work environment. The University at Albany itself is an EO/AA/IRCA/ADA employer. The Office of Diversity and Inclusion is available to provide assistance in achieving a discrimination-free setting (518-956-8110).

Parental Leave Policy

It is the intention of Counseling and Psychological Services (CAPS) to provide the opportunity for new parents to utilize parental leave as spelled out in the University at Albany Leave for Childbirth, Childcare, and Adoption Policy; in the case that an intern has one or more years of State of New York service they are eligible for benefits as outlined in the Family Medical Leave Act.

Given the uniqueness of the one-year appointment of the internship program, combined with requirements for a specific completed number of direct service and general working hours, every effort is made to assist interns wishing to take parental leave to still meet the requirements of the internship program without having to extend their time at CAPS; however, if this cannot be accommodated, an intern’s time at CAPS may be extended to satisfy the hours requirements of the internship program. In the service of this, a specific schedule will be agreed upon between the intern, CAPS staff, and University at Albany Human Resources on a case-by-case basis.

Interns with Disabilities

Reasonable accommodations will be provided for students with documented physical, sensory, systemic, cognitive, learning, and psychiatric disabilities. If you believe you have a disability requiring accommodation in this internship, please notify the Training Director. She will work with the University Office of Human Resources Management (518-437-4702) to obtain necessary verification of your disability and to work with you regarding reasonable accommodations.

Note that the American Psychological Association has developed a helpful resource guide for psychology students with disabilities. This valuable resource guide may be found at: http://www.apa.org/pi/disability/resources/publications/resource-guide.aspx.

Ongoing Efforts to Attract and Retain Diverse Interns
1. A critical factor in attracting and retaining diverse interns rests upon having a diverse staff that is knowledgeable and attuned to issues of diversity and can serve as role models and mentors. The diversity among CAPS’ professional staff is an asset in this regard. The University holds to strict standards for conducting diverse search and selection processes when hiring staff, and our staff reflects that. Our staff pictures and brief biographies are on our website which gives potential internship applicants access to some information regarding the diversity of our staff.

2. CAPS’ public materials reflect our commitment to providing services that are responsive to a diverse student body, which attracts candidates with interests and experiences in diversity. Similarly, the public materials regarding CAPS’ training program reflect our commitment to training diverse interns and our understanding of the importance of working in a diverse and culturally competent environment.

3. Efforts are made by the Training Committee to reach out to targeted groups of trainees who are members of underrepresented groups through such means as listservs that serve and/or have a focus on members of underrepresented groups. In these communications, the Training Committee communicates our commitment to attracting and retaining a diverse staff and to serving our richly diverse student population.

4. Intern applications are carefully reviewed and strong candidates who might enhance the diversity of CAPS and its internship program are afforded every consideration in the selection and ranking process. Application materials and interview responses are evaluated with respect to the candidate’s knowledge and ability to provide services to diverse groups and figures into the scoring algorithm used in selection. Moreover, diversity is considered an asset in the final ranking of candidates for the Match.

4. Cultural competence is a major component of intern development and is supported by, among other things, being assigned to a diverse supervisory team, participation in a diversity seminar series and multicultural counseling seminars that highlight matters of diversity that are also otherwise addressed in case conferences, supervisory sessions, and consultation contacts, and by working with a diverse group of students in clinical and preventive contexts.

**Statement on Outside Employment**

The doctoral internship program is a demanding, fulltime experience. Because of the intensity of training and services at certain times of the year, we discourage interns from having concomitant employment outside of CAPS. Outside professional employment during the internship year may interfere with the intern’s achievement of the full learning experience from the program and the intern may face substantial challenges with time management and optimizing work-life balance. In short, outside employment is ill advised. In some situations, such as when extenuating financial circumstances necessitate additional income, the intern should discuss the matter with the Training Director who will then address the matter on a case-by-case basis after consultation with relevant CAPS staff and supervisors. In the event that the intern pursues outside employment, such employment cannot interfere with the intern’s ability to perform required duties, nor
conflict with the requirements or schedule of the training related activities and commitments.

**Facilities and Administrative Support**

Interns have access to facilities, materials, and technical support needed to fulfill their obligations and that support the training functions of the internship program. CAPS is located in a state-of-the-art medical arts building near the main University at Albany campus, which also houses the University’s Student Health Services. CAPS maintains additional offices on campus to support elements of our prevention and health promotion activities. Interns have fully furnished individual offices that are equipped with telephone, computers, safety alarms, and are set up for videotaping. Two of the intern offices are equipped with one-way mirrors. Audio recording equipment is also available. CAPS maintains a large conference room, large waiting room and reception area, a group/computer testing room, all-gender restrooms that are accessible to individuals with disabilities, and a kitchen and storage spaces. CAPS is ground-level and easily accessible by wheelchair. There are three clerical support staff within CAPS. We maintain our own server and online scheduling and record keeping system. Technical assistance, including but not limited to computer support, is available to interns in the same manner as to all staff. CAPS affords all staff desktop computers as well as access to laptop computers and audiovisual equipment. CAPS also maintains a testing library, a multicultural library, and a library of books and journals. Interns, like all staff, have access to the three libraries maintained by the University at Albany. Interns also have well-equipped offices on the main campus in the Middle Earth complex.

**Professional Attire**

CAPS staff strives to provide a professional environment and a safe environment for clients to discuss sensitive matters. Our overall appearance and attire contribute to the environment that our clients experience. It is important that our appearance and clothing styles do not create an overly casual or distracting environment. It is important to distinguish between dress clothes which may be appropriate for a social function and professional clothing. In short, how an intern appears and dresses is part of being professional, respectful and attentive to safety. When present at CAPS, these guidelines should apply whether or not an intern is seeing clients, presenting programs, or working with students. Please consult your supervisor or a CAPS director with any questions about this.

**Evaluation of Training Competencies**

Interns are evaluated in their attainment of the nine Profession-Wide Competencies (PWCS) identified above using an evaluation form specific to the internship program. (Please note that requests to complete rating forms provided by academic programs are handled on a case by case basis). The evaluative competencies rating scale can be found in the appendix.
Supervisors provide regular oral feedback and scheduled written feedback to trainees. Interns are formally provided with feedback and evaluation according to the schedule below.

<table>
<thead>
<tr>
<th>Type of Evaluation</th>
<th>Time-Table</th>
<th>Supervisor Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Progress Evaluation (Formative)</td>
<td>5 months</td>
<td>Primary</td>
</tr>
<tr>
<td>Performance Evaluation (Summative)</td>
<td>10 months</td>
<td>Primary</td>
</tr>
<tr>
<td>Interim Evaluation (Formative)</td>
<td>If needed, as needed</td>
<td>Primary</td>
</tr>
<tr>
<td>Certification of Internship Completion (Summative)</td>
<td>12 months</td>
<td>Training Director</td>
</tr>
</tbody>
</table>

The process of formal evaluation follows the following sequence of steps.

1. All supervisors meet with the Training Director monthly to discuss each intern. During these meetings, progress of each intern in all areas is addressed and the primarily supervisor for each intern gathers information shared by all other supervisors who have observed the intern, including in individual and group supervision, clinical case conference, staff meetings, Training Director meetings, intern seminars, and consultation experiences.

2. The primary supervisor includes the observations of others, her/his/their own experience as the intern’s supervisor, and other data points indicated on the evaluation form to complete the evaluation.

3. The intern and primary supervisor discuss the written evaluation before preparing a final copy. This discussion may include discussion of revisions to the written evaluation.

4. After the intern has reviewed the written evaluation, the intern, primary supervisor, and Training Director sign the final copy. By signing the evaluation, the intern is simply acknowledging receipt of the evaluation.

5. Filing and distribution of the written evaluation to academic programs will be held for six working days after being signed in order to afford interns the opportunity to append any written comments or grieve any disputed evaluation. In cases of disputed evaluations, interns have the opportunity and access to a set of written procedures for appealing formal evaluations and, if successfully appealed, modifying the written evaluation. These procedures are detailed in a section below. In instances where an evaluation is under appeal, distribution of the written evaluation to the graduate training program will be withheld pending resolution of the appeal. Graduate training programs may however be informed of contested or disputed evaluations under review, although a finalized written evaluation will be withheld pending the outcome of the appeal process.
The Evaluative Competency Rating Scale and Its Use

At each point of formal evaluation, the primary supervisor (or the Training Director at the time of the final summative evaluation), using information from the diverse sources identified in the performance program (and above), will evaluate performance and provide ratings and feedback at the level of each specific competency element as well as an overall rating for each Profession-Wide Competency (PWC) using the rating benchmarks below. As previously stated, the training program is graded in complexity and sequential, and the evaluation process mirrors this. Specifically, the minimum level of achievement for each PWC is different at the mid-point than at the conclusion of internship. At the mid-point of internship an overall rating of 2 on each PWC is required to meet the minimum level of achievement. At the end of the internship, an overall rating of 3 on each PWC is required to meet the minimum level of achievement in order to successfully complete the internship.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Level</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Needs Remedial Work</td>
<td>The intern is not aware of competency areas that are expected to be foundationally in place at this time OR exhibits behaviors indicating lack of readiness for the work that is required. A doctoral intern evaluated at this level will require an immediate remedial plan.</td>
</tr>
<tr>
<td>2</td>
<td>Emerging Competence</td>
<td>The intern has a basic foundation regarding knowledge, awareness and skill domains of the internship program and begins to make progress toward acquiring competence. Although aware of the baseline goals of the internship program, the intern is most comfortable or capable of learning in structured settings such as supervision or seminars.</td>
</tr>
<tr>
<td>3</td>
<td>Competent</td>
<td>The intern has achieved an intermediate level of competence appropriate to entry-level psychology practice and is actively working to further enhance competence in the knowledge, awareness or skill area being evaluated. The intern is aware of the competency area and can utilize this awareness to inform their work, but they may need moderate assistance from supervision and the application of skills may be inconsistent.</td>
</tr>
<tr>
<td>4</td>
<td>Highly Competent</td>
<td>The intern has a highly developed competence in the knowledge, awareness or skill being evaluated. This level of competence is characterized by their ability to utilize the knowledge, awareness or skill with minimum structured assistance. The intern is aware of their competence, seeks greater learning and understanding of the competence area as a form of ongoing development and frequently applies the knowledge, awareness or skill to their work.</td>
</tr>
<tr>
<td>5</td>
<td>Consistently Competent</td>
<td>The intern has a strongly established competence in the knowledge, awareness or skill being evaluated. They consistently function in</td>
</tr>
</tbody>
</table>
The prototypic evaluation form appears at the end of the training manual.

Criteria for Successfully Completing the Doctoral Internship

Interns who successfully complete the internship are awarded a certificate of completion. To satisfy the requirements of the internship, interns must have met the minimum level of achievement in each and every Profession-Wide Competency (PWC) elucidated above at the time of the Performance Evaluation and continue to meet performance standards to the completion of the internship year. Overall attainment of the performance standards is indicated on a “satisfactory” or “unsatisfactory” basis.

Interns are issued a final written evaluation (Certification of Internship Completion), prepared by the Training Director in consultation with supervisors and secondary sources, and a certificate of completion. This is the final summative evaluation. In unusual circumstances in which an intern obtains a “satisfactory” overall rating but demonstrates one or two areas of significant concern, the Certification of Internship Completion narrative may indicate a limited endorsement that specifies those settings and circumstances in which the intern could function adequately. In these instances, the final internship completion rating will reflect “Satisfactory, Restricted Endorsement”. The narrative will include the status of any deficiencies identified in the Performance Evaluation. Statements of internship completion are distributed in a manner consistent with the distribution of other formal evaluations.

Withdrawing from the Internship Program

A trainee may withdraw from the internship at any point. To the extent that circumstances permit, written notice of withdrawal should be provided in advance of the withdrawal date and leave sufficient time to transition clients and complete necessary clinical paperwork. In those instances in which the withdrawal is for medical reasons, proper documentation will be required for review. The Training Director will provide guidance in obtaining supportive documentation. Of course, any decision to withdraw is a serious matter and should be deferred until having discussed the prevailing issues and concerns with supervisors, the Training Director, CAPS directors (as appropriate), and representatives of the graduate training program.

Relationship and Communication with Academic Training Programs

Academic programs are invited to contact the Training Director as needed to discuss intern-related matters. There are defined points of contact initiated by the internship program that are dictated by the evaluation processes and timetable detailed above and appended under “Internship Due Process and Grievance Procedures.” In most instances, contacts occur with regard to progress and performance evaluations and to certify internship completion. Naturally, written signed evaluation materials are distributed
through internship administrative channels. As part of this distribution, one copy is transmitted to the graduate training program according to the timetable established for providing written evaluations. Graduate training programs may be consulted for their assistance or guidance in cases where an intern is not making expectable progress and is in need of remediation and will be consulted when there is an emerging danger of failing or being terminated from the internship.

**Measuring Outcomes and Program Effectiveness**

As important as the evaluation process is for intern development, so too is feedback from interns regarding the training they have received critical to the development of the internship. Consequently, evaluation by current interns of their training experience and the performance of supervisors, presenters, seminar leaders, etc. is sought on a regular basis and used to modify the training program. The program also evaluates the functioning of graduated interns for seven years following completion of the internship with respect to their career paths and their functioning in the nine Profession-Wide Competency (PWC) areas. This is accomplished using an annual survey. It is important that interns respond to these surveys and keep the Training Director apprised of any changes in contact information.

**Maintenance of Records**

The internship program documents and permanently maintains records of the intern’s training experiences, evaluations, and certificates of internship completion for evidence of progress through the program and for later use in credentialing activities. The program also maintains records of any formal complaints or grievance submitted or filed against the program. At this time, all intern files and files containing formal complaints and grievances are stored in a locked file cabinet that is located in the CAPS’ secretary’s office, a locked office within Counseling and Psychological Services (CAPS). The only individuals who have access to the office in which the file cabinet is stored are the Training Director, Clinical Director, CAPS Director, Director for the Center for Behavioral Health Promotion and Applied Research (an affiliate center that is housed in the same office as CAPS), and CAPS’ secretary.

**Dealing with Intern Concerns, Problems, and Conflicts**

Disagreements, problems, concerns, and conflicts are an inevitable part of any vibrant organization. Resolution of problems, concerns, and conflicts frequently are important vehicles for personal and professional growth. The Internship Due Process & Grievance Procedures address critical issues with respect to the occurrence of disputed evaluations, termination from the internship or from University service, and other conflicts between an intern and members of the staff or against the training program itself. Two sets of procedures are detailed. “Due Process” pertains to how the internship program deals with concerns about intern performance through a process of notification, hearing, and appeal. “Grievance” procedures pertain to mechanisms by which an intern who has concerns about the training program (other than a disputed evaluation) or the action of a staff member might address her or his concerns. It also applies to how staff might address
concerns about the actions of an intern. The processes to resolve disagreements and conflicts are summarized and detailed below.

### Due Process Appeals

<table>
<thead>
<tr>
<th>Process</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disputed Progress Evaluation</td>
<td>(One reviewer)</td>
</tr>
<tr>
<td>Disputed Interim Evaluation</td>
<td>(Internal Review Panel)</td>
</tr>
<tr>
<td>Disputed Performance Evaluation</td>
<td>(Internal Review Panel, and External University appeal process available if review includes a recommendation for termination from employment)</td>
</tr>
<tr>
<td>Disputed Internship Completion Evaluation</td>
<td>(Internal Review Panel)</td>
</tr>
</tbody>
</table>

### Grievance Processes

<table>
<thead>
<tr>
<th>Process</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Informal Process</td>
<td>(try to work it out)</td>
</tr>
<tr>
<td>Formal Internal Review</td>
<td>(one reviewer)</td>
</tr>
<tr>
<td>Formal Internal Appeal</td>
<td>(internal review panel)</td>
</tr>
<tr>
<td>External University Appeal Process</td>
<td>(as University employee)</td>
</tr>
</tbody>
</table>

### Due Process Procedures

As noted, due process pertains to how the internship program deals with concerns about intern performance through a process of notification, hearing, and appeal. Due process steps are built into the internship evaluation model as described within this manual.

Formal evaluations occur on a predetermined timetable at five months, ten months, and at the conclusion of the internship. In certain instances Interim Evaluations may be introduced to address performance problems and concerns when these arise. Interim Evaluations may be more focused in nature and entail shorter timelines for review. Regardless of timing, all formal evaluations of intern performance follow a sequence detailed above.

**A. NOTIFICATION AND HEARING PROCESSES WITHIN THE ORAL EVALUATION**

All evaluations begin with a narrative appraisal of the intern’s performance that incorporates feedback from secondary sources and includes specific suggestions for improvement and addressing performance concerns. Interns may discuss and disagree with the proposed evaluation and suggest changes to the evaluation or recommended
procedures for remediating any concerns. Any suggested changes are subject to the discretion of the senior supervisor in consultation with other direct supervisors and secondary sources. Accepted changes are reflected in the finalized formal written evaluation, which is executed within five working days of the initial discussion. In the event that changes suggested by the intern are not adopted, the intern has the option of appending written comments to disputed written evaluations. Alternatively, interns have the option of formally appealing the written evaluation.

B. APPELLING A WRITTEN EVALUATION

An intern may ask for reconsideration (appeal) of a written evaluation. The appeal is conducted within CAPS. The intern must request a reconsideration review (appeal) in writing addressed to the direct supervisors, the Training Director, and the CAPS Director (or designee) within five (5) working days of the finalized written evaluation. The CAPS Director (or designee) will then initiate a review. In instances of a disputed Progress Evaluation, he or she will identify a licensed psychologist who is not in a supervisory relationship with the intern to review the appeal. When either an Interim Evaluation or Performance Evaluation comes under appeal, a review panel consisting of three licensed psychologists who are not in a supervisory relationship with the intern will be appointed to review the written evaluation and initial decision. In all instances, the reviewer(s) will address both the procedure and substance of the unsatisfactory or contested evaluation. As part of this review, the reviewer(s) at their discretion:

1. Will have access to any previous evaluations of the performance of the intern concerned generated during the internship;
2. Will invite intern comment either in person or in writing;
3. May request and consider any additional comments by the immediate supervisors;
4. May request other information pertinent to the review from secondary sources;
5. Will be free to call upon any other individual whom they believe has information relevant to the evaluation.

Following the review, the reviewer(s) will prepare written recommendations and submit these to the CAPS Director within seven (7) working days from the date of the reconsideration (appeal) request. The recommendation may be to leave the evaluation unchanged, amend the evaluation, or stipulate any corrective or disciplinary action deemed appropriate. The CAPS Director, in consultation with the Training Director and relevant others, will render a final decision. An appeal decision, made by the CAPS Director (or designee) and considered to be final, will be conveyed to the intern verbally and in writing within five (5) working days of the review panel report. A written copy of the appeal decision (and any amended finalized written evaluation) will then be forwarded to the intern’s graduate academic department in a timely manner.

C. APPELLING A RECOMMENDATION FOR TERMINATION
Egregious actions, such as those that jeopardize client welfare (e.g., those arising from ethical violations or dangerous clinical practices) or significantly undermine the mission of CAPS, may be subject to immediate temporary suspension and Interim Evaluation with the recommendation for termination from the internship. The intern may appeal a recommendation for termination from the internship by following the rebuttal processes established for evaluations and for appealing a written evaluation as described above (see A. and B.). When a recommendation for termination from the internship comes under appeal, a review panel consisting of three licensed psychologists who are not in a supervisory relationship with the intern will be appointed to review the written evaluation and initial decision as described above (“B. Appealing a Written Evaluation”). An evaluation that includes a recommendation for termination from University employment may entail additional appeal options through University channels. Under such circumstances, interns should consult with the University’s Office of Human Resources Management (437-4702).

Procedures for Resolving Grievances

This section covers procedures implemented when an intern has concerns about the training program (other than a disputed evaluation) or the action of a staff member. It also concerns itself with staff who might have concerns about the actions of an intern. When conflict occurs between an intern and another staff member, excluding conflicts over disputed evaluations, the complainant or aggrieved party should follow a suggested sequence of steps that begins with the person in question or of concern. The particular components of this and subsequent steps are detailed below. Whenever a doctoral intern has a problem, complaint, or grievance about any aspect of the internship experience, informal resolution is always encouraged. CAPS’ expectations for informal and formal processes for addressing intern-related grievances are outlined below.

A. INFORMAL GRIEVANCE PROCESS AND CHAIN OF COMMUNICATION

1. The complainant is to first directly discuss the problem with the individual involved (consistent with APA ethical and professional guidelines).

2. Among the potential grievances an intern might have and for which he or she seeks resolution includes, but is not limited to, any of the following.

   a. A complaint concerning another intern or trainee

   b. A complaint concerning professional or support staff

   c. A complaint concerning a supervisor, other than disagreement over a performance evaluation

   d. A complaint about or disagreement with actions taken by the Training Director or other Center directors

   e. A complaint about some aspect of the internship program
3. If the grievance is in regard to a specific individual, the intern is to first directly discuss the problem with the individual involved. However, if the grievance is in regard to an aspect of the internship program, this should be first discussed with the intern’s immediate clinical supervisor(s) and the CAPS Training Director. If there is a grievance in regard to an intern’s clinical work, beyond talking with the intern, the matter should be discussed with the immediate clinical supervisor(s).

4. If the complainant has attempted to address the problem directly with the individual involved and has not achieved satisfactory resolution or the complainant does not feel safe discussing the problem directly with the individual involved, he/she should move to the next person in the chain of communication.

In general, the expected chain of communication is as follows:

i. Immediate clinical supervisor

ii. CAPS Training Director

iii. CAPS Associate Director

iv. CAPS Director

5. At any point in this chain, it may be appropriate to involve the intern's graduate academic department in the resolution process. This decision is at the discretion of the Training Director or designee in cases of conflict of interest. However, this decision should be made jointly with the psychology intern and the center staff member (e.g. CAPS staff member involved in the conflict).

6. When this informal process is inadequate to address the problem, a more formal process may be engaged, as outlined below.

B. CONCERNS ABOUT DISCRIMINATION & SEXUAL HARRASSMENT

Concerns about discrimination and sexual harassment may also be addressed through the University’s Office of Diversity and Inclusion (518-956-8110).

C. FORMAL INTERNAL/EXTERNAL GRIEVANCE PROCESSES

The formal grievance process includes, as necessary, an initial review, an appeal process internal to CAPS, and finally an external University appeal process.

Initial Review

1. A reviewer selected by the CAPS Director (or designee) from CAPS psychologists will be appointed. The reviewer will be an individual who has no conflict of interest in objectively evaluating the formal complaint.

2. The doctoral intern and the CAPS staff member involved are informed that such a review is occurring and given the opportunity to provide the reviewer with any information regarding the problematic situation(s).
3. The reviewer examines all relevant information and decides on a recommended course of action. As part of the review, the reviewer at his or her discretion may request other information pertinent to the review from secondary sources or call upon any other individual whom they believe has information relevant to the evaluation.

4. The reviewer will issue written recommendations to the CAPS Director (or designee) who will then notify the intern and other involved party in writing and in a timely manner of his or her decision and recommendations.

5. All aspects of this formal process will be documented. Reviewer, psychology intern, and center staff involved are to sign and date appropriate documents/agreements. The intern’s graduate academic program may not be notified of the proceedings at the discretion of the CAPS Director.

**Internal Appeal Process**

If either the doctoral intern or CAPS staff or trainee involved challenges the decision arising from an initial review:

1. A review panel consisting of three psychologists is convened by the CAPS Director (or designee)

2. A hearing is conducted with the doctoral intern and staff member and the panel

3. The review panel meets to examine all relevant information and decide on a recommended course of action. As part of the review, the panel at its discretion may request other information pertinent to the review from secondary sources or call upon any other individual whom they believe has information relevant to the evaluation.

4. The review panel submits recommendations to the CAPS Director in a timely manner.

5. The CAPS Director accepts or rejects the recommendations or refers back to the review panel for further deliberations

6. The ultimate decision is made by the CAPS Director. Any action is communicated to the doctoral intern, center staff involved, and the intern’s graduate academic department.

7. Proceedings are summarized and results carefully described in writing for all parties (i.e. doctoral intern, CAPS staff, and intern’s graduate academic department).

8. Documentation will include the nature of the grievance, recommendations of the panel and the CAPS Director, and the rationale for those recommendations. Panel members, doctoral intern, and center staff involved are to sign and date appropriate documents.

**External Appeal Process**

The University’s policy is to adjudicate disagreements among employees starting at the lowest, local level. Should it become necessary, more formal negotiated procedures exist for pursuing grievances as an employee. If either the aggrieved psychology intern or other employee challenges the internal appeal decision (a local-level action), external
review following University Grievance Procedures may be pursued at the discretion of
either party. For information on this procedure and its jurisdiction, see the applicable
“Agreement Between the State of New York and the United University Professions, Inc.”, which is accessible through the University website and Office of Human Resources Management (518-437-4702). The procedure also covers grievances based upon “The Policies of the SUNY Board of Trustees”. When an individual thinks that she or he may have a grievance, the aggrieved party must file a grievance within 45 days of the date on which the grievance occurred. The Office of Human Resources Management is available to help with grievance matters.

**The Office of Human Resources Management**

The Office of Human Resources Management (518-437-4700) provides services that are inclusive of State and Research Foundation payrolls, recruitment, appointments, benefits, employee relations, classification and compensation, HR information processing, time and attendance, and immigration/visa services. Here is a partial list of employment-related policies accessible through the HRM website ([https://www.albany.edu/hr/](https://www.albany.edu/hr/)).

- Alcohol and Drug Use in the Workplace Policy
- Domestic Violence and the Workplace Prevention Policy
- Workplace Violence Prevention Policy
- Smoking in the Workplace Policy
- Sexual Harassment Policy and Procedures for Complaints
- Policy and Procedure to Request a Reasonable Accommodation (ADA)

**Intern Selection, Policies, and Procedures**

Intern selection policies, procedures, and criteria are reviewed by supervising psychologists and other members of the CAPS Training Committee. These policies and procedures are modified annually as needed in light of early assessments of the current cohort of interns, in consideration of evolving professional standards for practice and marketplace issues, and by reference to the evolving priorities within the center. The internship program adheres to the regulations required of the APPIC Match process and adjustments to University hiring practices have been established by University officials in order to accommodate parameters of the Match. All phases of the selection process are monitored by the Training Director. These are detailed below.

**A. RECRUITMENT**

Intern recruitment currently includes the following mechanisms:

1. APPIC web description
2. CAPS Training website
3. The Internship Training Manual is made available to prospective applicants and academic departments (i.e., APA-accredited doctoral internship programs in Clinical, Counseling, and School Psychology) upon request. The Training Manual is also made public on our website.

4. Communications describing our program are sent to Directors of Clinical Training in academic programs in Clinical, Counseling, and School Psychology describing the unique training opportunities offered at our site and the qualifications that would make an applicant a strong candidate in our program.

5. In line with our efforts to recruit intern applicants who represent individual and cultural diversity, the Training Committee sends communications about our program to listservs that serve trainees who are members of underrepresented groups. This includes members of the APA Minority Fellows list, APA’s Division 44 listserv, the National Latino Psychological Association, APA’s Division 22 listserv, and others. These communications include descriptions of our unique training opportunities in supervision, highlight our attention to and appreciation for individual and cultural diversity, and are intended to increase the depth and diversity of our applicant pool.

B. APPLICANT QUALIFICATIONS

Applications from individuals meeting the following required qualifications are eligible for review.

Internship Application/Admission Requirements

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Requirement Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>US Citizenship</td>
<td>Not required</td>
</tr>
<tr>
<td>Master’s Degree</td>
<td>Not required</td>
</tr>
<tr>
<td>Comprehensive Exams Passed</td>
<td>By ranking deadline</td>
</tr>
<tr>
<td>Dissertation Proposal Approved</td>
<td>By ranking deadline</td>
</tr>
<tr>
<td>Dissertation Defended</td>
<td>No</td>
</tr>
<tr>
<td>Minimum Total Direct Intervention</td>
<td>450 hours required</td>
</tr>
<tr>
<td>Minimum Total Direct Assessment</td>
<td>Not required</td>
</tr>
</tbody>
</table>

Number of years Grad training required: 3 (minimum)

Preferred Experiences *(Advantageous, but not required)*: Supervised college counseling experiences, prevention or early intervention experiences, teaching or providing clinical supervision, experiences working with diverse populations.

Program Types Accepted

Clinical Psychology: Preferred
Counseling Psychology: Preferred
APA or CPA Accredited: Required
Ph.D. Degree: Preferred
Psy.D. Degree: Preferred
Ed.D. Acceptable if program is counseling or clinical

C. APPLICATION PROCESS

The program uses the APPI: Yes
Application due date: November 16, 2018
Interview notification date: December 14, 2018
Onsite interview: Not offered
Telephone interview: Required
Open house: For interviewed candidates (January)
Program contact: Sarah E. Nolan, Ph.D. (senolan@albany.edu)

D. REQUIRED DOCUMENTATION FROM APPLICANTS

1. APPI
2. Cover letter/vita
3. Three (3) letters of recommendation
4. Current graduate school transcript

E. APPLICATION REVIEW PROCESS

1. Initial screening/review process. During an initial screening and review process, the Training Director carefully reviews all application materials ascertaining that interns are qualified for internship. She reviews the required documentation as to its completeness, the appropriateness of practicum sites/experiences in terms of the content of work, appropriate supervision, and completion of appropriate number of hours. These elements become clarified during the interview process.

2. The Training Committee reviews and evaluates applicant files. The evaluation is both qualitative and quantitative. A recommendation to interview a candidate is obtained based upon the reviewers’ overall assessment of interest and experiences, letters of recommendation, judgment of fit, and any concerns.

3. Candidates whose qualifications and experiences are most compatible with the center’s mission and internship program (as judged by feedback from reviewers) are
invited to interview. Discrepant recommendations between reviewers regarding interview status are resolved through discussion.

4. Applicant files are accessible to the CAPS professional staff to review and comment.

F. CANDIDATE INTERVIEWS

1. Interviews are conducted by way of telephone and video conference calls. This procedure reduces the burdens of on-site interviews and assists in maintaining non-discriminatory selection practices.

2. The interview team consists of two staff psychologists and an undergraduate student from the Middle Earth Peer Assistance Program. The Training Director interviews candidates under consideration separately. Interviewers are volunteers from the entire group of staff psychologists.

3. Following the interview, interviewers provide qualitative assessments and rate the interview.

G. CONFIDENTIAL ACCESS TO CURRENT INTERNS

At the time of the interview, applicants are invited to speak with current interns (other than the intern who has reviewed the application as part of the Training Committee) if additional information about the internship experience is needed. These contacts are candid and confidential and are not recorded or reported to others on staff. Other than the intern representative to the Training Committee, this is the only role interns have in the selection process.

H. OPEN HOUSE

All candidates who are interviewed are invited to attend a daylong open house at CAPS. Although attendance is neither required nor a disqualifying factor, it is an activity that provides intern candidates with an excellent opportunity to become familiar with the intricacies of the program and its setting.

I. RANKING CANDIDATES

Using quantitative and qualitative assessments, the Training Director and Training Committee construct a proposed rank list for the MATCH. The proposed rank list is presented to supervisory staff for review/discussion and modification.

The Training Director enters the rank list into the Match, Phase I.

J. APPIC MATCH, PHASE II

In the event of unmatched positions, the selection process is repeated under a condensed timeframe and the results entered into the Match, Phase II. Decisions about unfulfilled positions after Phase II are based upon the prevailing conditions at the time.
**Initial Placement Data**


| Total # of interns who were in the 3 cohorts | 10 |
| Total # who did not seek employment because they returned to their doctoral program/are completing doctoral degree | 1 |

| Setting (below) and type of placement (right) | Post-Doc Residency | Employed |
| Community mental health | 1 | 1 |
| Federally qualified health center | NA | NA |
| Independent primary care facility/clinic | NA | NA |
| University counseling center | 3 | 2 |
| Veterans Affairs medical center | NA | NA |
| Military health center | NA | NA |
| Academic health center | NA | NA |
| Other medical center or hospital | NA | NA |
| Psychiatric hospital | NA | NA |
| Academic/university department | NA | 1 |
| Community college or other teaching setting | NA | NA |
| Independent research institution | NA | NA |
| Correctional facility | NA | NA |
| School district/system | NA | NA |
| Independent practice setting | NA | 1 |
| Not currently employed | NA | NA |
| Changed to another field | NA | NA |
| Other | NA | NA |
| Unknown | 1 |

**Number of interns in 2017-2018 cohort placed:** 3

Abigail Dubovi  Center for Behavioral Health Promotion and Applied Research (employment)

Megan Cusick Brix  Counseling and Psychological Services (post-doc residency)
Performance Programs

As indicated earlier, under current University operating procedures, interns are appointed as a paid counselor and funded as .68 FTE. Professional performance programs are required for all University professionals. Performance programs stipulate relevant performance aims, duties and responsibilities, relationships, and evaluative criteria for professional positions and in this instance, as detailed below, is entirely consistent with the internship requirements. The performance program is reviewed with the intern and signed. The standard performance program is below.

PERFORMANCE PROGRAM (08-09-2018 to 08-08-2019)
Counselor-SL3

I. AIMS

   A. Effectively engage in the lawful and ethical practice of psychology and function in accordance with extant professional and local (center policies and procedures) standards
   B. Effectively appraise and assimilate scientific evidence to improve the delivery of psychological services
   C. Effectively engage in a range of empirically supported assessment and intervention activities that are responsive to individual and cultural differences and diversity
   D. Effectively manage the challenges of a complex practice environment

II. DUTIES AND RESPONSIBILITIES

   A. Provide psychological services as assigned under the supervision of licensed psychologists directly to students seeking evaluation or treatment and consultation with others about students of concern, including but not limited to:

       1. Psychological assessment, diagnosis, and evaluation
       2. Individual (and group) counseling as assigned
       3. Consultation and collaboration with members of the campus community and external providers as appropriate
       4. Clinical crisis intervention as needed

   B. Provide direct and indirect psychological services as assigned under the supervision of licensed psychologists intended to reduce the risks leading to psychological or behavioral impairments, promote healthy lifestyles, and support the operation of the center’s peer assistance programs, including as assigned but not limited to:
1. Teach credit bearing courses on peer helping and peer education and supervise the activities of the peer hotline assistants and educators within the Middle Earth Peer Assistance Program
2. Back up the Middle Earth Peer Assistance Program crisis service
3. Supervise the implementation of Middle Earth web-based services, as assigned
4. Provide assigned campus outreach activities

C. Maintain professional behavior in accordance with applicable professional standards, guidelines, and codes of conduct.

D. Produce written and oral communication that is clear, timely, and effective and maintain clinical records in a manner adherent to good professional standards and in accordance with CAPS' procedures manual

E. Participate in designated staff meetings, clinical conferences, training/in-service activities, etc. and develop positive and collaborative working relationships with other staff, students, and University colleagues.

F. Engage in reflective practice, self-assessment, and continued learning, including but not limited to the following, and submits annual report to the Director, as required:
   1. Attend and participate in weekly individual supervision, as assigned
   2. Attend and participate in weekly group supervision, as assigned
   3. Attend and participate in weekly training/in-service seminars, as assigned
   4. Attend and participate in weekly assessment, case, and prevention conferences, as assigned

G. Participate in applicable formalized assessments of professional competencies

H. Participate in the development, review, and modification of CAPS programs and services, including but not limited to:
   1. Complete written assessments in a timely manner used to evaluate outcomes and effectiveness of training/in-service activities

III. RELATIONSHIPS

A. Supervisory relationship with Director, Associate and Assistant Director, and other agency supervisors

B. Uses professional consultation from other qualified professionals as appropriate

C. Provides instruction and supervision of peer helpers as assigned
D. Provides requested case consultation to CAPS staff psychologists

IV. EVALUATIVE CRITERIA AND SOURCES OF EVALUATIVE INFORMATION

A. Satisfactory performance of Duties and Responsibilities (II)

B. Functions in accordance with CAPS procedures to assure consistency, reliability, and quality of psychological services and record keeping

C. Consistently meets expectations, producing quality work, with routine supervision in the performance aims (I) as operationalized by the profession-wide and site-specific competencies elucidated in the CAPS Internship Training Manual.

Sources of evaluative information include but is not exclusive to the following:

1. Professional, administrative, and office staff of Counseling and Psychological Services
2. Student Affairs Division and University personnel, as appropriate
3. Feedback from recipients of professional services as available
4. Performance on any applicable formalized assessments of professional competencies
APPENDIX

Current Evaluation of Intern Professional Competencies Rating Form

Counseling and Psychological Services
Division of Student Affairs

Doctoral Intern Name: 
Evaluation: 5-Mo. Formative ☐ 10-Mo. Summative ☐ Final Summative ☐ Other/Interim ☐
Date of Evaluation: 
Primary (Lead) Supervisor Name:

Evaluative Competencies Rating Form (2018-2019)

Instructions: Using the benchmarks described below, evaluate performance and give feedback at the level of each of the specific elements listed below, and provide an overall rating at the level of each competency.

Each of the nine Profession-Wide Competencies (PWCs) listed below is categorized into one of four clusters, which are based on the four primary goals of our internship program. At the time of the 5-month evaluation, interns are expected to perform at a level of competence of 2 or higher on each overall competency rating. At the completion of internship, interns are expected to perform at a level of competence of 3 or higher on each overall competency rating.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Level</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Needs Remedial Work</td>
<td>The intern is not aware of competency areas that are expected to be foundationally in place at this time OR exhibits behaviors indicating lack of readiness for the work that is required. A doctoral intern evaluated at this level will require an immediate remedial plan.</td>
</tr>
<tr>
<td>2</td>
<td>Emerging Competence</td>
<td>The intern has a basic foundation regarding knowledge, awareness and skill domains of the internship program and begins to make progress toward acquiring competence. Although aware of the baseline goals of the internship program, the intern is most comfortable or capable of learning in structured settings such as supervision or seminars.</td>
</tr>
<tr>
<td>3</td>
<td>Competent</td>
<td>The intern has achieved an intermediate level of competence appropriate to entry-level psychology practice and is actively working to further enhance competence in the knowledge, awareness or skill area being evaluated. The intern is aware of the competency area and can utilize this awareness to inform their work, but they may need moderate assistance from supervision and the application of skills may be inconsistent.</td>
</tr>
<tr>
<td>4</td>
<td>Highly Competent</td>
<td>The intern has a highly developed competence in the knowledge, awareness or skill being evaluated. This level of competence is characterized by their ability to utilize the knowledge, awareness or skill with minimum structured assistance. The intern is aware of their</td>
</tr>
<tr>
<td>Score</td>
<td>Competence</td>
<td>Description</td>
</tr>
<tr>
<td>-------</td>
<td>------------</td>
<td>-------------</td>
</tr>
<tr>
<td>5</td>
<td>Consistently Competent</td>
<td>The intern has a strongly established competence in the knowledge, awareness or skill being evaluated. They consistently function in this competency area at a level that could allow him/her/them to work independently.</td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td>Not applicable or assessed</td>
</tr>
</tbody>
</table>
Competency Cluster A: PROFESSIONAL BEHAVIOR COMPETENCIES

Aim: The intern practices within the scope of ethical and legal guidelines and in accordance with professional standards in all professional services and activities.

Competency 1. Professional Values, Attitudes, and Behaviors. The intern demonstrates behavior and comportment that reflect the values and attitudes of psychology.

Methods of Observation (indicate all data sources used)

- [ ] Live observation
- [ ] Videotape
- [ ] Supervisory discussion
- [ ] Review of written work
- [ ] Student evaluations
- [ ] Co-therapy
- [ ] Case presentation/participation
- [ ] Seminar presentation/participation
- [ ] Feedback from other staff
- [ ] Other (specify)

Competency 1 Elements:

A. Behaves in ways that reflect the values and attitudes of psychology, e.g., integrity, deportment, professional identity, accountability, lifelong learning, and commitment to the public welfare.
   Rating Choose an item.

B. Engages in self-reflection regarding one’s personal and professional functioning.
   Rating Choose an item.

C. Engages in activities to maintain and improve performance, well-being, and professional effectiveness.
   Rating Choose an item.

D. Actively seeks and demonstrates openness and responsiveness to feedback and supervision.
   Rating Choose an item.

E. Responds professionally in increasingly complex situations with a greater degree of independence as their internship year progresses.
   Rating Choose an item.

Overall Competency 1 Rating Choose an item.

Narrative Comments:
Competency 2. Ethical and Legal Standards. The intern demonstrates application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.

Methods of Observation (indicate all data sources used)

☐ Live observation      ☐ Videotape       ☐ Supervisory discussion
☐ Review of written work ☐ Student evaluations ☐ Co-therapy
☐ Case presentation/participation ☐ Seminar presentation/participation
☐ Feedback from other staff ☐ Other (specify)

Competency 2 Elements:

A. Knows and adheres to APA Ethical Principles and Code of Conduct, relevant laws, regulations, and policies governing health service psychology at the local, state, and federal levels, and with relevant professional standards and guidelines.
   Rating Choose an item.
B. Recognizes ethical dilemmas as they arise and applies ethical decision-making processes to resolve ethical dilemmas.
   Rating Choose an item.
C. Conducts self in an ethical manner in all professional activities.
   Rating Choose an item.

Overall Competency 2 Rating Choose an item.

Narrative Comments:
**Competency 3. Individual and Cultural Diversity.** The intern demonstrates 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.

<table>
<thead>
<tr>
<th>Methods of Observation (indicate all data sources used)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Live observation</td>
</tr>
<tr>
<td>☐ Review of written work</td>
</tr>
<tr>
<td>☐ Case presentation/participation</td>
</tr>
<tr>
<td>☐ Feedback from other staff</td>
</tr>
</tbody>
</table>

**Competency 3 Elements:**

A. Knows the current theory and research to address diversity in all professional activities, including research, training, supervision/consultation, and service.  
**Rating** Choose an item.

B. Understands how their own personal/cultural history, attitudes, and biases may influence how they understand and interact with people different from themselves.  
**Rating** Choose an item.

C. Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of all professional roles and activities.  
**Rating** Choose an item.

D. Applies a framework for working effectively with areas of individual and cultural diversity not previously encountered prior to internship.  
**Rating** Choose an item.

E. Works effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.  
**Rating** Choose an item.

**Overall Competency 3 Rating** Choose an item.

**Narrative Comments:**
Competency Cluster B. PROFESSIONAL KNOWLEDGE AND RESEARCH COMPETENCIES

Aim: Effectively produces and utilizes research and psychological knowledge in professional activities.

Competency 4. Research. The intern demonstrates appropriate knowledge, skills and attitudes to produce new knowledge, to critically evaluate and use existing knowledge to solve problems, to disseminate research, and to make appropriate use of scientific methods and findings in all professional roles.

Methods of Observation (indicate all data sources used)

☐ Live observation  ☐ Videotape  ☐ Supervisory discussion
☐ Review of written work  ☐ Student evaluations  ☐ Co-therapy
☐ Case presentation/participation  ☐ Seminar presentation/participation
☐ Feedback from other staff  ☐ Other (specify)

Competency 4 Elements:

A. Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities through case conferences, professional presentations, or publications at the local, regional, or national level.
   Rating Choose an item.
B. Demonstrates the ability to investigate and evaluate professional practices, appraise and assimilate scientific evidence, and improve the delivery of services to clients.
   Rating Choose an item.
Overall Competency 4 Rating Choose an item.

Narrative Comments:
Competency Cluster C. CLIENT CARE COMPETENCIES

Aim: The intern competently engages in a range of assessment and intervention activities with a diverse population that integrates science and practice and is culturally sensitive.

Competency 5. Assessment. The intern demonstrates competence in assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.

Methods of Observation (indicate all data sources used)

☐ Live observation  ☐ Videotape  ☐ Supervisory discussion
☐ Review of written work  ☐ Student evaluations  ☐ Co-therapy
☐ Case presentation/participation  ☐ Seminar presentation/participation
☐ Feedback from other staff  ☐ Other (specify)

Competency 5 Elements:

A. Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology. 
   Rating Choose an item.

B. Demonstrates understanding of human behavior within its context (e.g., family, social, societal and cultural). 
   Rating Choose an item.

C. Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process. 
   Rating Choose an item.

D. Selects and applies assessment methods that are reliable, valid, and culturally appropriate and collects relevant assessment information using multiple sources and methods relevant to the evaluation questions. 
   Rating Choose an item.

E. Interprets assessment results in accordance with research and professional standards to inform case conceptualization, classification, and recommendations, trying to reduce or eliminate decision-making biases and distinguishing between assessments that are subjective from those that are objective. 
   Rating Choose an item.

F. Effectively communicates audience-specific findings and recommendations orally and in writing.
   Rating Choose an item.

Overall Competency 5 Rating Choose an item.
Competency 6. Intervention. Demonstrates skill in the use of interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.

Methods of Observation (indicate all data sources used)

- [ ] Live observation
- [ ] Videotape
- [ ] Supervisory discussion
- [ ] Review of written work
- [ ] Student evaluations
- [ ] Co-therapy
- [ ] Case presentation/participation
- [ ] Seminar presentation/participation
- [ ] Feedback from other staff
- [ ] Other (specify)

Competency 6 Elements:

A. Establishes and maintains effective relationships with client groups seeking evaluation, treatment, or clinical consultation
   Rating Choose an item.

B. Develops evidence-based intervention plans specific to the service delivery goals
   Rating Choose an item.

C. Implements clinical interventions informed by the assessment findings, current scientific literature, individual and cultural diversity characteristics, and contextual factors.
   Rating Choose an item.

D. Applies research literature to clinical decision-making.
   Rating Choose an item.

E. Adapts existing evidence-based approaches when a clear evidence base is lacking.
   Rating Choose an item.

F. Evaluates intervention effectiveness and modifies intervention goals and methods consistent with ongoing evaluation.
   Rating Choose an item.
G. Demonstrates an understanding of the importance of attending to both client and clinician process-oriented factors in session. Is able to reflect on these factors and implement related interventions as is clinically relevant/appropriate.

**Rating** Choose an item.

**Overall Competency 6 Rating** Choose an item.

**Narrative Comments:**

---

**Competency 7. Supervision.** The intern demonstrates skill in supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.

### Methods of Observation (indicate all data sources used)

- [ ] Live observation
- [ ] Videotape
- [ ] Supervisory discussion
- [ ] Review of written work
- [ ] Student evaluations
- [ ] Co-therapy
- [ ] Case presentation/participation
- [ ] Seminar presentation/participation
- [ ] Feedback from other staff
- [ ] Other (specify)

**Competency 7 Elements:**

A. Effectively uses knowledge of supervision models and practices in training and supervisory roles within the Middle Earth Peer Assistance Program.

**Rating** Choose an item.

B. Manages the systemic demands of supervision related to directing, organizing, and managing the daily operation of the Middle Earth Peer Assistance Program.

**Rating** Choose an item.

C. Establishes and maintains effective working relationships and professional boundaries with students in the Middle Earth Peer Assistance Program.

**Rating** Choose an item.

D. Skillfully recognizes and explores the role of individual and cultural diversity in the supervisory relationship with trainees in the Middle Earth Peer Assistance Program.

**Rating** Choose an item.
**Overall Competency 7 Rating**  Choose an item.

**Narrative Comments:**

---

**Competency Cluster D. SYSTEMS-BASED PRACTICES COMPETENCIES**

**Aim:** Effectively practices within a complex system or organization

**Competency 8. Consultation and Interprofessional/Interdisciplinary Skills.** The intern demonstrates the ability to provide expert guidance or professional assistance in response to a client’s needs or goals, and to identify and interact with professionals in multiple disciplines.

**Methods of Observation (indicate all data sources used)**

- ☐ Live observation
- ☐ Videotape
- ☐ Supervisory discussion
- ☐ Review of written work
- ☐ Student evaluations
- ☐ Co-therapy
- ☐ Case presentation/participation
- ☐ Seminar presentation/participation
- ☐ Feedback from other staff
- ☐ Other (specify)

**Competency 8 Elements:**

A. Effectively uses knowledge of consultation models and practices in consultative activities with faculty, staff, parents, students and others to address the mental health needs of students.

**Rating** Choose an item.

B. Understands and respects the roles and perspectives of other professions when collaborating on student care.

**Rating** Choose an item.

C. Appropriately refers to and collaborates with other service providers within and outside the counseling center.

**Rating** Choose an item.
D. Effectively contributes in case conference, group supervision, and other clinical consultation activities.

Rating Choose an item.

Overall Competency 8 Rating Choose an item.

Narrative Comments:

Competency 9. Communication and Interpersonal Skills. The intern demonstrates the ability to communicate effectively, to interact appropriately, and to develop meaningful and helpful relationships in all professional roles.

Methods of Observation (indicate all data sources used)

☐ Live observation  ☐ Videotape  ☐ Supervisory discussion
☐ Review of written work  ☐ Student evaluations  ☐ Co-therapy
☐ Case presentation/participation  ☐ Seminar presentation/participation
☐ Feedback from other staff  ☐ Other (specify)

Competency 9 Elements:

A. Develops and maintains effective relationships with a wide range of individuals, including colleagues, supervisors and supervisees, those receiving professional services, and relevant community and interdisciplinary groups.

Rating Choose an item.

B. Demonstrates effective interpersonal skills and the ability to manage difficult communications well.

Rating Choose an item.

C. Produces and comprehends professional communication and documentation that is accurate, timely, comprehensible, well-integrated, and informative.

Rating Choose an item.
D. Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in effective communication with colleagues, supervisors and supervisees, those receiving professional services, and relevant community and interdisciplinary groups.

Rating Choose an item.

Overall Competency 9 Rating Choose an item.

Narrative Comments:

The final section is tailored to the formative, summative, or final nature of the evaluation.
Internship Training Seminar Syllabus

The purpose of the internship training seminars and in-service training workshops is to advance the aims and support the development of related competencies of the internship program. The seminar schedule and training course are graded and sequential throughout the internship year. Requirements include regular attendance, completion of assigned reading, and active participation. Presentations and discussions related to four modules that correspond to the major aims of the training program, are distributed throughout the internship year and commence at the start of the internship. The modules or cognate areas cover (1) Professional Development, (2) Research and Knowledge, (3) Clinical Practice, and (4) Systems-Based Practice. Some variation in topics occurs as needed to address exigent issues in the internship and emerging intern needs. August seminars, which are scheduled daily and primarily concerned with system-related practices, constitutes the “Intern Orientation Program.” The Training Director coordinates the seminars and discussants, facilitators, and presenters are drawn from CAPS staff. Intern performance becomes part of the database used to evaluate interns. Weekly topics are posted at the beginning of each term. The tentative schedule of topics for the 2018-2019 training year is below and subject to change to address exigent issues that emerge.

Intern Orientation 2018

Week 1
Day 1 Thursday, August 9
AM Reception, Introduction, Tours, Human Resources (Nolan, Cardom, & Khan)
   Potluck lunch (All)
PM Overview of Counseling & Psychological Services and the Internship Program
   (Nolan)

Day 2 Friday, August 10
All Day Titanium/Record Keeping-1 (Diaz-Myers)

Week 2
Day 3 Monday, August 13
AM Clinical Psychological Practice Matters (Nolan)
PM Use of the CCAPS and Global Assessment of Functioning Scales (Sokolowski)

Day 4 Tuesday, August 14
AM Discussion of the Internship Manual (Nolan)
PM Campus Consultation (Dewitt-Parker)

Day 5 Wednesday, August 15
AM Campus Tour, Student Affairs Introductions (Nolan)
   Multicultural Seminar Series Overview (Cardom & Banks)
PM Overview of Center for Behavioral Health Promotion and the Middle Earth Peer
   Assistance Program (Cimini, Sokolowski & Kimmelblatt)

Day 6 Thursday, August 16
AM On-Call Procedures, CAPS Connect, Red Folder (Dewitt-Parker, Khan)
Case Management (Riboul)
PM Middle Earth Part 2 (Cimini & Kimmelblatt)

Day 7 **Friday, August 17**
All Day Middle Earth Retreat (Cimini & Kimmelblatt & Freidenberg)

Week 3
Day 8 **Monday, August 20**
AM Videotaping and Use of Testing Computer (Monserrat & Diaz-Myers)
Division of Student Affairs Welcome Meeting
PM Video Mock Intake Interview

Day 9 **Tuesday, August 21**
AM Titanium/Record Keeping-3 (Diaz-Myers)
PM STEPS-1 (Monserrat & Sokolowski)

Day 10 **Wednesday, August 22**
AM Introduction to Assessment at CAPS (Monserrat)
PM Intake Process and Procedures (Dewitt-Parker)
Observe Healthy Danes New Student Orientation Session

Day 11 **Thursday, August 23**
AM CDPC Visit (Diaz-Myers)
PM STEPS-2 (Monserrat & Sokolowski)

Day 12 **Friday, August 24**
AM STEPS-3 (Monserrat & Sokolowski)
PM Video Mock Intake Interview (Cardom, Dubovi, Banks)
Introduction to Groups at CAPS (Heslin Pokat)

**Fall Semester 2018**

August
29 Case Conference: Welcome and Introductions (Rivero) (Systems-Based Practice)
30 Personality Assessment/MCCI (Monserrat) (Clinical Practice)

September
5 Standards of Accreditation (Nolan) (Professional Development)
6 MMPI (Bernier) (Clinical Practice)
13 State of the Division Meeting (Systems-Based Practice)
20 Diversity Seminar (Banks & Cardom) (Clinical Practice)
26 Legal/Ethical Case Conference (Dewitt-Parker) (Professional Development)
27 How we Conduct and Use Research at CAPS (Sokolowski) (Research and Knowledge)
October
4 Supervision I (Nolan) (Professional Development)
11 Diversity Seminar (Banks & Cardom) (Clinical Practice)
17 Case Conference: Focus in Brief Treatment (Heslin Pokat) (Clinical Practice)
18 Integrating Research and Practice (Freidenberg) (Research and Knowledge)
25 Navigating the Job Search I (Nolan & DelTosta) (Professional Development)

November
1 STEPS Follow-Up (Sokolowski & Monserrat) (Clinical Practice)
2 Student Affairs Fall Insights Meeting (Systems-Based Practice)
8 Diversity Seminar (Cardom & Banks) (Clinical Practice)
14 Working with Trans* and GNC Clients (Nolan & Cardom) (Clinical Practice)
15 Introduction to Groups (Heslin Pokat) (Clinical Practice)
29 Multicultural Seminar (Nolan & Banks & Cardom) (Clinical Practice)

December
6 Groups Part II (DelTosta) (Clinical Practice)
13 Multicultural Seminar (Nolan & Banks & Cardom) (Clinical Practice)
20 The Transition of Professional Identity I (Professional Development)

Spring Semester 2019

January
3 Consultation I: Models and Theory (Systems-Based Practice)
10 Americans with Disabilities Act as Amended (Professional Development)
17 Treatment with Couples (Clinical Practice)
24 Multicultural Seminar (Clinical Practice)
31 Navigating the Job Search II (Professional Development)

February
7 Consultation II: Campus Consultation (Systems-Based Practice)
14 Psychopharmacology (Clinical Practice)
21 Multicultural Seminar (Clinical Practice)
28 Supervision II (Professional Development)

March
7 Career Paths and Options I: Academia, Grants, and Research (Research and Knowledge)
14 Diversity Series (Banks & Cardom) (Clinical Practice)
21 Supervision III (Professional Development)
28 Navigating our Roles as Advocates (Professional Development)

April
4 Diversity Series (Banks & Cardom) (Clinical Practice)
11 Career Paths and Options II: Private Practice (Professional Development)
<table>
<thead>
<tr>
<th>May</th>
<th>Event</th>
<th>Details</th>
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<tr>
<td>2</td>
<td>Critical Reads II (Research and Knowledge)</td>
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<td>9</td>
<td>The Transition of Professional Identity II (Professional Development)</td>
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<td>16</td>
<td>Diversity Series (Banks &amp; Cardom) (Clinical Practice)</td>
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| Summer 2019 |

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<th>May</th>
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<td>Career Paths and Options II: Leadership and Administration (Professional Development)</td>
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<td>Consultation III: Use of Consultation Beyond Internship (Systems-Based Practice)</td>
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<td>Multicultural Seminar (Clinical Practice)</td>
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<td>Entering the World as an ECP (Professional Development)</td>
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