2019-2020
DOCTORAL INTERNSHIP
HANDBOOK

University of Washington Counseling Center
Doctoral Internship Program
in Health Service Psychology

An APA Accredited Training Program

Charisse Williams, Ph.D., Training Director
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SECTION I.

DOCTORAL INTERNSHIP PROGRAM

Program Description

The doctoral internship program’s aim is to prepare, train and develop interculturally responsive and multiculturally competent early-career/entry-level psychologists in health service psychology skilled in profession-wide competencies to serve a diverse public (especially within a university/college setting).

The doctoral internship program at the Counseling Center of the University of Washington (hereinafter referred to as “the Counseling Center” or UWCC) wants to support and train psychology doctoral interns’/students’ transition into competent, ethical, independently functioning psychologists who will contribute to the welfare of society and to the profession. The professional training model and educational philosophy of the internship program is to provide training grounded in the profession-wide competencies and the scientific principles of the profession, with an emphasis in the area of applied practice in counseling centers. The training staff is committed to providing flexible, challenging, supportive, and respectful supervision and mentorship. UWCC has a developmental training model that encourages trainees to engage in graduated “learning by doing” that is enhanced and deepened with seminars and consultations.

The Counseling Center also offers a variety of specialized training and clinical experience in specific half-year and full-year emphasis areas for which interns receive specialized supervision (e.g., Emotion-Focused Couples Therapy; Interpersonal Process Therapy; Men’s Issues; Working with Survivors of Sexual Trauma; Training and Administration, etc.).

Applicants must be currently enrolled in an APA-accredited doctoral program in counseling or clinical psychology and their comprehensive exams and dissertation proposal must have been passed by the application deadline of November 1st. Applicants must have counseling and psychotherapy experience and appropriate supervision. A minimum of 500 hours of intervention and assessment hours are required as well as a minimum number of three years of graduate training. Although not a requirement, preference is given to applicants that have practicum experience in a university or college counseling center. Preference is also given to those that have intake experience and have seen over 15 clients for individual treatment.

Seattle is the largest city in the Pacific Northwest with a population of over 700,000. University of Washington, which consists of three campuses (Seattle, Bothell, and Tacoma), is a public research university that has an ethnically and culturally diverse student body of over 52,000 (approximately 11,600 grad students, 41,000 undergrads) in just the Seattle Campus.

The internship is a 12-month, full-time program. It is expected that doctoral interns will accrue 2,000 total hours of supervised professional experience by the completion of this year (with 25% or 500 hours, being direct contact hours). The stipend is $31,200 with university benefits including health insurance, dental insurance, disability insurance, vacation and sick leave, and professional development time. Other fringe benefits include vision insurance included in the health plan, access to e-mail and internet, and access to University recreational facilities and libraries.
ABOUT THE UW COUNSELING CENTER

Overview

The Counseling Center is a department within the Division of Student Life. Other departments within the division are: LiveWell, the Career Center, the Office of Student Fiscal Services, Housing and Food Services, Admissions and Records, Student Publications, Disability Resources for Students, Student Activities, Community Standards and Student Conduct, and Recreational Sports. Departments that are naturally aligned are formed into “pods” within Student Life; for example, The Counseling Center, along with the Career Center, Community Standards and Student Conduct, Disability Resources for Students, and LiveWell are a pod and report directly to Glenna Chang, Assistant Vice President for Student Life. The purpose of this intern handbook is to outline the structure and process of the internship program including on requirements for successful completion of the program. Furthermore, it also serves as an overview of the Counseling Center. Interns are encouraged to ask their supervisor or other training staff regarding additional questions regarding Counseling Center procedures or information about the University of Washington or Seattle.

Counseling Center Mission Statement

The University of Washington Counseling Center, acting in support of the academic and student development missions of the University of Washington and the Division of Student Life, provides a safer environment to help students explore the challenges of life and learning through counseling, outreach, preventive programming, advocacy, and consultation. The Counseling Center strives to create a diverse, inclusive, and multicultural learning community. As both a service and training site, the staff is committed to excellence within the college mental health profession. The staff at the Counseling Center affirm the right of all students to receive services that are welcoming, respectful, and competent. Therefore, staff are steadfast in the goal of meeting the needs of a variety of people, including but not limited to, students of diverse racial, ethnic and national backgrounds, sexual/affectional orientations, gender identities, physical and mental abilities, languages, ages, religious/spiritual beliefs, and socioeconomic backgrounds.

Counseling Center Training Staff

Leadership Team

Natacha Foo Kune, Ph.D. (2005), Ohio State University, Columbus. Director and Counseling Psychologist, License #PY60634517 (WA). Types of counseling: individual and group. Areas of interest: Multicultural issues and intersections of identity, diasporic Asian issues (including Asian American and Pacific Islander issues), training issues, LGBTQIA issues, couples, trauma, international students and social justice issues. Techniques: multicultural, interpersonal and cognitive behavioral frameworks.


Charisse Williams, Ph.D. (2007), University of Florida. Assistant Director/Training Director and Counseling Psychologist, License #PY60059524 (WA). Types of counseling: individual, couple, and group. Areas of interest: personal growth/existential issues, eating disorders/body image, interpersonal/relationship issues, development and identity,
LGBTQ issues, substance abuse/harm reduction, and multicultural concerns. 

**Techniques**: integrative, drawing heavily from dynamic (interpersonal), multicultural, humanistic, cognitive-behavioral and ACT frameworks.

**Kayleen McGinley, B.A.** (1998), Seattle University. Administrator. Manages the departmental budgets, human resources, and technology. Contact/liaison for trainees’ questions, and is able to assist trainees in navigating our department and the University system.

**Clinical Staff**


**Amy Collins, Ph.D.** (2009), Texas A&M University. Prevention Services Coordinator, Residential Life Liaison and Counseling Psychologist, License #PY60321662 (WA). 

*Types of counseling*: individual, couple and group. 

*Areas of interest*: crisis intervention, trauma, self-growth, all aspects of diversity, family of origin concerns, world view and belief systems, and interpersonal concerns. 

*Techniques*: integrative approach drawing primarily from interpersonal, developmental, and cognitive-behavioral theories, and often incorporating mindfulness, always with an overarching focus on collaborative, individualized interventions.


*Types of counseling*: individual, couple and group. 

*Areas of interest*: women’s issues, eating disorders, body image, depression, and relationship/identity exploration. 

*Techniques*: integrative with a multicultural, interpersonal emphasis.

**Tomomi Ito, M.A.** (2016), Bastyr University. Case Manager and Mental Health Therapist, License #LH60914208 (WA).


*Types of counseling*: individual, couple, and group. 

*Areas of interest*: depression, anxiety, cultural concerns, relationship/interpersonal/social skills concerns, family of origin issues, first-generation college students, identity exploration, trauma, spirituality and religion, addictive behaviors, masculinity and men’s issues, sexuality, LGBTQ issues. 

*Techniques*: integrative drawing primarily from cognitive-behavioral, psychodynamic, family systems, mindfulness, and multicultural counseling approaches within a developmental and feminist framework.

**Andrea Salazar-Nuñez, Ph.D.** (2017), University of Wisconsin-Madison. Mental Health Therapist. 

*Types of counseling*: individual and group. 

*Areas of interest*: multicultural issues, non-traditional and underrepresented student issues (including undocumented students), students of color, first-generation college students, women’s issues, intersectionality, LGBTQ+, Chicana/o and Latinx student issues, identity development, values/motivation, grief/loss, and anxiety and depression. 

*Techniques*: multicultural grounded ACT therapy approach with an emphasis on interpersonal (dynamic) processing.

**Scott Shiebler, Ph.D.** (2003), Seattle Pacific University; M.S.W. (1989). Counseling Psychologist, License #PY00003187 (WA); Licensed Independent Clinical Social Worker, License #LW0004691 (WA). 

*Types of counseling*: individual, couple, and group. 

*Areas of interest*: development and identity concerns, men’s issues, trauma, grief and loss, lesbian, gay, bisexual, and transgender issues. 

*Techniques*: Integrative with emphasis on interpersonal, psychodynamic, and developmental approaches.

**David Slagle, M.S.** (1985), Seattle Pacific University. Licensed Marriage and Family Therapist, License #LF1108 (WA). 

*Types of counseling*: individual, couple, and group. 

*Areas of interest*: identity development, depression and anxiety, relationship difficulty, cultural adjustment, life transitions, LGBTQ issues, grief and loss, trauma, family and
bicultural concerns, and wellness. **Techniques**: Integrative approach drawing from Interpersonal, Systems, Emotion-Focused, and Cognitive-Behavioral Therapies.


**Caitlin Stanaway, Psy.D.** (2013), The Chicago School of Professional Psychology. Clinical Psychologist, License #PY60531204 (WA). **Types of counseling**: individual, couple, and group. **Areas of interest**: women’s issues, trauma, anxiety, depression, relationship/identity exploration. **Techniques**: humanistic, interpersonal, and psychodynamic with a cultural and developmental emphasis, utilizing mindfulness and ACT frameworks.

**Anne Swenson, Ph.D.** (2007), Case Western Reserve University. Assessment Coordinator and Clinical Psychologist, License #PY00003692 (WA). **Types of counseling**: individual and group. **Areas of interest**: anxiety, life transitions, stress management, depression, eating concerns, psychological assessment, and trauma. **Techniques**: integrative, drawing heavily from cognitive-behavioral, interpersonal, and developmental frameworks.

**Support Staff**

**Kevin Mason, B.S.** (2013), California Lutheran University. Program Coordinator. Assists Training Director with coordination of the training program and other center activities.


**Lena Scott.** Program Assistant.

**Doctoral Psychology Interns 2019-2020**

**Gianna Galindo, M.A.** Doctoral candidate at Alliant International University, California School of Professional Psychology.

**Nicole Montes, M.A.** Doctoral candidate at the Illinois School of Professional Psychology, Argosy.

**Alexander Shappie, B.A.** Doctoral candidate at the Virginia Consortium Program in Clinical Psychology.

**Support Staff**

**Kevin Mason, Emma Cheriel and Lena Scott** are the support staff members who share responsibility for providing a welcoming and efficient first point of contact for students seeking services, and for the general public. They schedule intakes, gather necessary client information, check-in clients, and receive and forward messages, including requests for rescheduling. They enter demographic data into the clinical record in Titanium, and scan and attach all client-signed documents, such as releases of information, as well as any other documents that clinicians feel need to be included in the record.

At least one support staff person is typically in the desk area by 7:45am all weekdays except Tuesday to make necessary preparations and open the Counseling Center to the public by 8:00am. The Counseling Center opens at 9:30am on
Tuesdays due to staff meeting each week from 8:30 to 9:30 a.m. In similar fashion, a support staff person closes the Counseling Center at 5:00pm, and then remains briefly to secure access to all files and doors.

In addition to these shared responsibilities, Kevin, Emma or Lena may have either on-going or project-based individual responsibilities. Kevin is also very involved in the training program, and assists the Training Director with many projects related to training.

Leadership Team

The Counseling Center Leadership Team consists of the Director (Natacha Foo Kune), the Associate Director (Linda Anderson), the Assistant Director (Charisse Williams) and the Administrative Specialist (Kayleen McGinley). The leadership team members oversee the administrative, clinical, training, and overall general operations of the Counseling Center. Members of the leadership team are also members of the training staff, and clinicians who are available for consultations as well as other clinically or training relevant needs. Kayleen is also available for all non-clinical consultations.

Resources

Each intern has their own office. Basic furniture (chairs, sit-stand desk) are provided and there is a variety of technological support available. All interns are provided with webcams connected to their computer to record sessions, as well as two external hard drives or flash drives upon which they will save their recorded sessions. Each intern has a telephone, monitor, computer, and keyboard in their office with e-mail and internet access. The Counseling Center also has a small resource library. Interns have access to the University of Washington libraries and interlibrary services, one of the largest library systems in Washington. Intern “personnel” files are located in a locked cabinet in the Training Director’s office.

Clientele

Approximately 35% of the student clients seeking counseling services at the Counseling Center are ethnic minority students. Students present at the Counseling Center with a variety of symptoms and syndromes including affective disorders, relationship problems, eating disorders, anxiety disorders, career concerns, and more long-standing psychological disturbances. Additionally, many students seeking services at the UWCC present with developmental problems typical of a traditional college student population. The most frequent presenting complaints are anxiety, depression, stress, relationship problems, family of origin issues, career/vocational concerns, grief and loss, and academic difficulties.

Accreditation

The internship program received accreditation by the American Psychological Association (APA) on November 18, 2011. The internship program is also a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and the Association of Counseling Center Training Agencies (ACCTA).

THE TRAINING PROGRAM

Educational Model

The doctoral internship training program at the Counseling Center is based on a developmental model of training. The professional training model and educational philosophy of the internship program is to provide training
grounded in the profession-wide competencies and the scientific principles of the profession, with an emphasis in
the area of applied practice in counseling centers. The internship training program has, at its foundation, a belief
that interns learn best in a supportive, challenging, experiential, and didactic training environment in which the
relationship between the trainees and the trainers is paramount. Training staff affirm that interns are engaged in a
developmental process, and offer a variety of graduated and sequential training experiences including strong
supervisory and mentoring relationships. Training staff are committed to encouraging the interns’ professional
growth by honoring the multidimensional aspects of each person and valuing their perspectives and growth
experiences within a framework of awareness of diversity in the world, themselves, colleagues, and clients – as well
as how diversity/difference, power and privilege, oppression and social justice issues affect not only the individual
and the campus community, but the larger community as well.

The doctoral internship program’s aim is to prepare, train and develop interculturally responsive and multiculturally
competent early-career/entry-level psychologists in health service psychology skilled in profession-wide
competencies to serve a diverse public (especially within a university/college setting). UWCC wants to support and
train doctoral psychology interns’ transition into competent, ethical, independently functioning psychologists who
will contribute to the welfare of society and to the profession. The developmental training model encourages interns
to engage in graduated “learning by doing” that is enhanced and deepened with seminars and consultations.

**Training Goals**

1) **Commitment to mentoring and the developmental model.** The Counseling Center training staff believes that
mentor relationships with interns are essential to the transmission of knowledge and appropriate professional,
ethical behavior. Thus, training staff emphasize the development of supportive, challenging, collegial
relationships with interns and recognize that these relationships vary across the training year due to the
developmental perspective of the training program.

2) **Commitment to a broad range of skill proficiency.** The internship is designed to offer supervised experiences to
interns who wish to develop and enhance skills in providing the varied services offered through a university
counseling center. These services include intake, therapeutic assessment, individual, group and (limited) couple
therapy, crisis intervention, consultation, outreach programming, and career assessment and counseling.

3) **Commitment to training in providing culturally sensitive services to a diverse clientele.** Integral to the
functioning of a psychologist is the ability to understand and competently provide a breadth of psychological
services to a diverse clientele. Training seminars, weekly supervision and the richness of a diverse client
population provide opportunities for interns to examine their own reactions to differences as well as the impact
of their own background on their attitudes, biases, and behaviors when providing service to clients. Due to the
changing demographics of the United States, and the resulting increase in the cultural diversity of the student
population, the internship emphasizes training and experiences in providing services to a culturally diverse
group of students/persons. The goals of diversity training emphasize, but are not limited to, improving cultural
sensitivity, increasing awareness of cultural similarities and differences, increasing intercultural humility and
responsiveness and developing multicultural competence as psychologists.

4) **Commitment to facilitating self-awareness and professionalism.** The internship is viewed as a period of
integration of academic learning and applied experiences. This is a time for each intern to transition from
student to emerging psychologist. Emphasis is placed on facilitating personal growth and the development of
professional ideas through increased self-awareness and professionalism. This process incorporates gaining self-
knowledge, having confidence in the ability to make sound, ethical, clinical, culturally sensitive judgments, being
comfortable with multicultural settings, and experiencing a sense of responsibility to oneself, one’s colleagues,
the profession, and society. The training team facilitates this process through mentoring, supervision,
consultation, modeling and professional interaction. The developmental aspect of professional identity is also recognized, and as such, over the course of the training year, interns will experience a shift in their roles, relationships and responsibilities from that of trainee to more of a colleague.

5) **Commitment to the developmental frame and flexibility in developing each trainee’s training program.** The internship program provides a series of structured activities that take into account the needs, interests and backgrounds of each individual intern. Interns select their objectives and specialty/emphasis areas experiences to meet their own unique training goals. Individualized contracts are established in consultation with the Training Director and are reviewed and revised as necessary.

**Profession-Wide Competencies**

The table below shows the learning elements for each competency. It also shows the educational activities that provide support and structure for interns to achieve, learn and develop the competencies. Most educational activities are experiential and under direct observation. The training follows a sequential, cumulative and graded in complexity approach to all educational activities. There is also information within the table on how outcomes will be measured. **Successful completion of internship requires a minimum of Level 3 (Competent) across all learning elements of the profession-wide competencies during the last evaluation period occurring at the end of internship.** The 9 profession-wide competencies are the foundation of the training program and evaluations:

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<tr>
<th>Competency: (i) Research</th>
<th>Elements associated with this competency from APA</th>
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<tr>
<td>UWCC-defined elements associated with this competency</td>
<td>• Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.</td>
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<tr>
<td>Required training/experiential activities to meet each element.</td>
<td>• Demonstrates ability to select appropriate treatment interventions based upon scholarly knowledge and current research.</td>
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<td>• Ability to use scholarly knowledge to evaluate treatment efficacy.</td>
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<td>• Demonstrates ability to conduct research/evaluation/special projects relevant to clinical practice and services at a university counseling center (if applicable).</td>
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<td>How outcomes are measured for each training/experiential activity listed above.</td>
<td>• Case presentations</td>
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<td>• Dissertation Exploration and Support seminar</td>
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<td>• Dissertation presentation</td>
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<td>• CCAPS training</td>
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<td>• Therapeutic assessment</td>
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<td>• Discussions in seminars and with supervisors</td>
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<td>• Clinical work</td>
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<td>How outcomes are measured:</td>
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<td>• Case Presentation and Group Supervision Evaluation (given during the 6- and 12-month evaluation periods)</td>
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<td>• Feedback received from clinical team</td>
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<td>Competency: (ii) Ethical and legal standards</td>
<td>Level 3—Competent (for all)</td>
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| **Elements associated with this competency from APA** | • Be knowledgeable of and act in accordance with each of the following:  
  o the current version of the APA Ethical Principles of Psychologists and Code of Conduct;  
  o Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and  
  o Relevant professional standards and guidelines.  
• Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.  
• Conduct self in an ethical manner in all professional activities. |

| UWCC-defined elements associated with this competency | • Demonstrates knowledge and ability to practice in accordance with APA Ethical Principles of Psychologists and Code of Conduct and relevant professional standards and guidelines (of Washington state and beyond).  
• Demonstrates ability to identify and think through complicated ethical dilemmas as they arise and seek appropriate consultation.  
• Demonstrates awareness and ability to respond to conflict of interests and understands limitations of own practice. |

| Required training/experiential activities to meet elements | • Case presentations  
• Ethics and Legal Standards seminar  
• Supervision  
• Clinical team  
• Consultation  
• Clinical work /interventions |

| How outcomes are measured for each training/experiential activity listed above. | How outcomes are measured:  
• Case Presentation and Group Supervision Evaluation (given at the 6- and 12-month evaluation periods) |

- Research evaluation (within the primary evaluation, 6- and 12-month evaluations)  
- Therapeutic Assessment evaluation (within the primary evaluation, 6- and 12-month evaluations)
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<th><strong>Minimum levels of achievement (MLAs)</strong> for each outcome measure/evaluation tool listed above.</th>
<th>Level 3 — Competent (for all)</th>
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**Competency:** *(iii) Individual and cultural diversity*

**Elements associated with this competency from APA**

- Has an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves
- Has knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service
- Has the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.
- Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.

**UWCC-defined elements associated with this competency**

- Demonstrates knowledge regarding one’s own cultural/diverse background, values, world view, privileges/power and biases and how they may interact or impact therapy and other areas of professional functioning.
- Critically evaluates the influences and contributions of individual and cultural issues and adapts interventions in a culturally sensitive manner in all psychological and professional responsibilities and duties included but not limited to assessment, case conceptualization, therapy, treatment planning and service.
- Demonstrates knowledge and awareness of how of oppression, white supremacy, power and privilege impact systems, individuals, psychological and therapeutic processes, context and the global society.
| Required training/experiential activities to meet elements | • Orientation and End of Orientation retreat  
• Multicultural and Social Justice seminar  
• Supervision  
• Clinical work/Interventions  
• In-services and trainings  
• Multicultural and Advocacy Committee (optional)  
• Case presentations |
| --- | --- |
| How outcomes are measured for each training/experiential activity listed above. | How outcomes are measured:  
• Case Presentation and Group Supervision Evaluation (given during the 6- and 12-month evaluation periods)  
• Individual and Cultural Diversity evaluation(within the primary evaluation, 6- and 12-month evaluations) |
| Minimum levels of achievement (MLAs) for each outcome measure/evaluation tool listed above. | Level 3—Competent (for all) |
| Competency: | (iv) Professional values, attitudes, and behaviors |
| Elements associated with this competency from APA | • Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.  
• Engage in self-reflection regarding one’s personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.  
• Actively seek and demonstrate openness and responsiveness to feedback and supervision.  
• Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training. |
| UWCC-defined elements associated with this competency | • Demonstrates appropriate professional demeanor in appearance and behavior.  
• Demonstrates integrity, accountability and concern for client welfare.  
• Demonstrates self-evaluation and ability to integrate learning and recognize professional strengths and areas of growth. |
- Initiates self-direction and demonstrates motivation for professional growth.
- Engages in activities to maintain and improve performance, well-being and professional effectiveness.
- Actively engages and demonstrates openness to feedback and suggestions in supervision and training seminars.
- Demonstrates capacity to self-reflect along with a willingness to explore personal reactions/values as they affect the therapeutic relationship/process and other aspects of professional functioning.
- Demonstrates ability to effectively manage workload (e.g. time management, deadlines, projects, etc.).

| Required training/experiential activities to meet elements | Orientation  
| Case presentations  
| Ethics and Legal Standards seminar  
| Professional development activities  
| Serving on a UWCC committee |

| How outcomes are measured for each training/experiential activity listed above. | How outcomes are measured:  
| Case Presentation and Group Supervision Evaluation (given during the 6- and 12-month evaluation periods)  
| Professional values, attitudes and behaviors evaluation (within the primary evaluation, 6- and 12-month evaluations) |

| Minimum levels of achievement (MLAs) for each outcome measure/evaluation tool listed above. | Level 3—Competent (for all) |

| Competency: (v) Communications and interpersonal skills |
| Elements associated with this competency from APA | - Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.  
- Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.  
- Demonstrate effective interpersonal skills and the ability to manage difficult communication well. |

| UWCC-defined elements associated with this competency | - Establishes respectful, productive and culturally sensitive relationships with peers, supervisors, center staff and the campus community. |
- Demonstrates effective interpersonal skills and the ability to manage difficult communications well.
- Communicates clearly, effectively and non-defensively.
- Written and verbal communication are professional, understandable and timely.

**Required training/experiential activities to meet elements**
- Case presentations
- Consultation
- Seminars
- Serving on a UWCC committee
- Supervision

**How outcomes are measured** for each training/experiential activity listed above.

How outcomes are measured:
- Case Presentation and Group Supervision Evaluation (given at the 6- and 12-month evaluation periods)
- Communications and Interpersonal Skills evaluation (within the primary evaluation, 6- and 12-month evaluations)

**Minimum levels of achievement (MLAs)** for each outcome measure/evaluation tool listed above.

Level 3 — Competent (for all)

**Competency:**

*(vi) Assessment*

**Elements associated with this competency from APA**
- Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
- Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
- Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

**UWCC-defined elements associated with this competency**
- Demonstrates understanding of human behavior within context (e.g. family, societal, cultural, etc.) and can apply knowledge of identity intersectionality to diagnosis, assess, conceptualize and treatment plan.
| **Required training/experiential activities to meet elements** | **Case Presentations**  
|**|**CCAPS training**  
|**|**Use of the CCAPS**  
|**|**Supervision**  
|**|**Clinical work/interventions**  
|**|**Career assessment** |

| **How outcomes are measured for each training/experiential activity listed above.** | **How outcomes are measured:**  
|**|**Case Presentation and Group Supervision Evaluation**  
|**|**Assessment evaluation (within the primary evaluation, 6- and 12-month evaluations)**  
|**|**Career (counseling) and assessment evaluation (within the primary evaluation, 6- and 12-month evaluations)** |

| **Minimum levels of achievement (MLAs) for each outcome measure/evaluation tool listed above.** | **Level 3—Competent (for all)** |

| **Competency:** | **(vii) Intervention** |

| **Elements associated with this competency from APA** | **Establish and maintain effective relationships with the recipients of psychological services.**  
|**|**Develop evidence-based intervention plans specific to the service delivery goals.**  
|**|**Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.**  
|**|**Demonstrate the ability to apply the relevant research literature to clinical decision making.**  
|**|**Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.**  
|**|**Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.** |

| **UWCC-defined elements associated with this competency (if applicable)** | **Intake Assessment, Diagnosis, and Case Conceptualization**  
|**|**Takes relevant history and identities biological, familial, psychological,** |
social, developmental, multicultural, 
environmental and substance use 
factors to best understand the 
context(s) of the presenting concern(s).
b) Conducts meaningful, effective and 
appropriate risk assessments.
c) Utilizes systematic approaches to 
gather data to form theoretically 
grounded, multi-dimensional, 
developmentally appropriate and 
culturally informed diagnoses, case 
conceptualizations and treatment 
plans.

- Individual therapy
  a) Develops effective therapeutic 
alliances with a variety of clients.
b) Uses core therapeutic skills 
appropriately (e.g. use of open and 
closed ended questions, summarizing 
and reflecting, making empathic 
statements, etc).
c) Uses theory and clinical judgment to 
conceptualize cases and develop, 
implement and evaluate treatment and 
treatment planning considering 
cultural factors, client goals, resources 
(both internal and external), level of 
development and appropriateness for 
short-term therapy.
d) Uses a range of evidence-based 
psychotherapeutic techniques and 
interventions appropriate based upon 
presenting issues, cultural factors and 
individual client dynamics.
e) Manages the interpersonal dimensions 
of therapy (e.g. managing ruptures, 
transference and countertransference, 
use of empathy, use of self-disclosure, 
exploring emotion, responding to 
verbal and non-verbal behavior, 
addressing incongruities, etc.).
f) Manages the therapeutic process 
effectively (e.g. setting the frame for 
therapy, managing the time of session, 
monitoring progress, pacing of
<table>
<thead>
<tr>
<th>Interventions, managing uncertainty and ambiguity, crisis, termination, etc.).</th>
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<tbody>
<tr>
<td><strong>Crisis Intervention</strong></td>
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<tr>
<td>a) Demonstrates ability to appropriately assess and respond to crisis situations.</td>
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<td>b) Demonstrates ability to conduct, treat and document risk/risk assessments.</td>
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<td>c) Demonstrates ability to consult as needed.</td>
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<td>d) Demonstrates ability to collaborate, communicate and work with others that may be responding to the crisis situation as well.</td>
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<tr>
<td><strong>Career Counseling</strong></td>
</tr>
<tr>
<td>a) Demonstrates ability to utilize appropriate career assessments and instruments.</td>
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<td>b) Demonstrates ability to facilitate career exploration and decision-making.</td>
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<tr>
<td>c) Demonstrates the ability to recognize the contributions of individual, familial, societal and cultural issues as they impact career decision-making and implementation.</td>
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<tr>
<td>d) Understands the foundations and application of theories of career and career development.</td>
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<tr>
<td><strong>Group Therapy</strong></td>
</tr>
<tr>
<td>a) Demonstrates ability to recognize group process dynamics and issues.</td>
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<td>b) Demonstrates ability to recognize the contributions of individual and cultural issues and they impact and interact with group processes.</td>
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<tr>
<td>c) Demonstrates ability to facilitate and co-facilitate therapy groups and group therapy interventions.</td>
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<tr>
<td>d) Understands the foundations and applications of group therapy.</td>
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<tr>
<td><strong>Couples Therapy</strong></td>
</tr>
<tr>
<td>a) Understands the differences between individual, group, couples and family therapy.</td>
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| Required training/experiential activities to meet elements | • Case presentations  
• All clinical work/interventions/activities  
• Supervision  
• Clinical team |
|---|---|
| How outcomes are measured for each training/experiential activity listed above. | How outcomes are measured:  
• Case Presentation and Group Supervision Evaluation  
• Primary supervision evaluation (inclusive of intake, diagnosis, case conceptualization; individual and couples therapy; crisis intervention; career counseling and assessment, 6- and 12-month evaluations)  
• Group therapy evaluation (every quarter of group)  
• Outreach evaluation (within the primary evaluation, 12-month evaluation)  
• Emphasis Area evaluation (6- and 12-month evaluations) |
| Minimum levels of achievement (MLAs) for each outcome measure/evaluation tool listed above. | Level 3—Competent (for all) |

### Competency: (viii) Supervision

#### Elements associated with this competency from APA
- Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.

#### UWCC-defined elements associated with this competency
- Demonstrates ability to facilitate supervisee development.  
- Understands the diverse and multiple roles, dynamics and processes within supervision.
- Demonstrates the ability to develop rapport and an effective working relationship with supervisee.
- Demonstrates ability to evaluate and communicate a supervisee’s strengths and areas of growth.
- Effectively and timely completes all tasks involved in the supervisory process.

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<tr>
<th>Required training/experiential activities to meet elements</th>
<th>Supervision seminar</th>
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<tr>
<th>How outcomes are measured for each training/experiential activity listed above.</th>
<th>How outcomes are measured:</th>
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<tr>
<td>how outcomes are measured:</td>
<td>supervision evaluation within the primary evaluation, 12-month evaluation</td>
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<tr>
<th>Competency: (ix) Consultation and interprofessional/interdisciplinary skills</th>
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| Elements associated with this competency from APA | • Demonstrate knowledge and respect for the roles and perspectives of other professions.  
  • Apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior. |

| UWCC-defined elements associated with this competency | • Demonstrates knowledge and respect for the roles and perspectives of other healthcare professions.  
  • Demonstrates ability to work collaboratively with the campus community.  
  • Demonstrates ability to consult with campus partners and community providers as needed to provide quality treatment, referrals and continuity of care.  
  • Demonstrates ability to provide consultation regarding mental health issues.  
  • Demonstrates knowledge about the multiple roles/functions, a counseling center may have within the campus community (e.g. therapist, presenter, consultant, committee member, trainer, etc.).  
  • Demonstrates ability to take a broader systems perspective in considering issues and services. |

| Required training/experiential activities to meet elements | Orientation  
  Counselor-on-Duty training and mentorship  
  Counselor-on-Duty shift (weekly, three hours) |

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<th>How outcomes are measured for</th>
<th>How outcomes are measured:</th>
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<tr>
<td>How outcomes are measured:</td>
<td>supervision evaluation within the primary evaluation, 12-month evaluation</td>
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<tr>
<td>Minimum levels of achievement (MLAs) for each outcome measure/evaluation tool listed above.</td>
<td>Level 3—Competent (for both evaluations)</td>
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| each training/experiential activity listed above. |  • Consultation and Interprofessional/interdisciplinary skills evaluation (within the primary evaluation, 6- and 12-month evaluations)  
• Case Presentation and Group Supervision Evaluation (given at the 6- and 12-month evaluation periods) |
UW COUNSELING CENTER TRAINING VALUES STATEMENT ADDRESSING DIVERSITY

Background - Respect for diversity and for values different from one’s own is a central value of counseling psychology training programs. The valuing of diversity is also consistent with the profession of psychology as mandated by the APA’s Ethical Principles and Code of Conduct (2002) and as discussed in the Guidelines and Principles of Programs in Professional Psychology (APA, 2005). More recently there has been a call for psychologists to actively work and advocate for social justice and prevent further oppression in society. UWCC ascribes to APA’s position statement “Preparing Professional Psychologists to Serve a Diverse Public: A Core Requirement in Doctoral Education and Training” which can be found at: http://www.apa.org/pi/lgbt/resources/policy/diversity-preparation.aspx.

UW Counseling Center – The internship program exists within a multicultural community that contains people of diverse racial, ethnic, and class backgrounds; national origins; religious, spiritual and political beliefs; physical abilities; ages; genders; gender identities, sexual orientations, and physical appearance. It is believed that the training community is enriched by members’ openness to learning about others who are different from them as well as acceptance of others. It is recognized that no individual is completely free from all forms of bias and prejudice and acknowledge that the Counseling Center will evidence a range of attitudes, beliefs, and behaviors—however, none of which will be discriminatory or enact harm onto others.

Expectations of Trainers and Trainees

- Agree to work together to create a training environment that is characterized by respect, safety, and trust and support of all individuals.
- Committed to the social values of respect for diversity, inclusion, humility and equity.
- Committed to critical thinking and the process of self-examination so that prejudices or biases (and the assumptions on which they are based) may be evaluated.
- Demonstrate a willingness to examine their personal values, and to acquire and utilize professionally relevant knowledge and skills regardless of their beliefs, attitudes, and values.
- Acquire and utilize professionally relevant knowledge and skills regardless of their beliefs, attitudes, and values.

Expectations Specific to Trainers

- Engage trainees in a manner inclusive and respectful of their multiple cultural identities.
- Examine own biases and prejudices in the course of their interactions with trainees so as to model and facilitate this process for their trainees (this can include discussions about personal life experiences, attitudes, beliefs, opinions, feelings, and personal histories).
- Assuming no one is free from biases and prejudices, trainers will remain open to appropriate challenges from trainees (or other trainers) to their held biases and prejudices.
- Committed to educating each other on the existence and impact of power and privilege and their relationship to oppression such as racism, sexism, ageism, heterosexism, homophobia, religious intolerance, and other forms of prejudice.
- Examine and engage in exploration of multiple intersecting identities as they relate to nuances of power and privilege within the supervisory relationship.
- Committed to lifelong learning relative to multicultural competence.

Expectations Specific to Trainees

- Engage in ongoing self-reflection and introspection of attitudes, beliefs, opinions, feelings, and personal history.
- Examine and attempt to understand any of the above to eliminate potential negative impact on their ability to perform the functions of a psychologist, including but not limited to providing effective services to individuals from cultures and with beliefs different from their own.
All clinical staff at the Counseling Center are involved in training. Members of the training community are committed to educating one another on the existence and effects of racism, sexism, ageism, heterosexism, homophobia, ableism, religious intolerance, and other forms of prejudice. Evidence of bias, stereotyped thinking, and prejudicial beliefs and attitudes will not go unchallenged, even when such behavior is rationalized as being a function of ignorance, joking, cultural differences, substance abuse, etc.

Trainers will engage trainees in a manner inclusive and respectful of their multiple cultural identities. Trainers will examine their own biases and prejudices in the course of their interactions with trainees so as to model and facilitate this process for their trainees. Trainers will provide equal access, opportunity, and encouragement for trainees inclusive of their multiple cultural identities. Where appropriate, trainers will also model the processes of personal introspection in which they desire trainees to engage. As such, trainers will engage in and model appropriate self-disclosure and introspection with their trainees. This can include discussions about personal life experiences, attitudes, beliefs, opinions, feelings, and personal histories. Assuming no one is free from biases and prejudices, trainers will remain open to appropriate challenges from trainees to their held biases and prejudices. Trainers are committed to lifelong learning relative to multicultural competence.

In summary, all staff members of the Counseling Center are committed to a training process that facilitates the development of professionally relevant knowledge, awareness and skills focused on working effectively with all individuals inclusive of demographics, beliefs, attitudes, and values. Staff members agree to engage in a mutually supportive process that examines the effects of one’s beliefs, attitudes, and values on one’s work with all clients.

The UW Training Values Statement Addressing Diversity is an adaptation of the original Training Values Statement Addressing Diversity that was endorsed by the American Counseling Center Training Agencies (ACCTA), the Council of Counseling Psychology Training Programs (CCPTP), and the Society for Counseling Psychology (SCP) in August of 2006. The joint writing team for this document consisted of members from ACCTA, CCPTP, and SCP, including Kathleen J. Bieschke, Ph.D., Chair, (SCP), Arnie Abels, Ph. D., (ACCTA), Eve Adams, Ph.D., (CCPTP), Marie Miville, Ph.D., (CCPTP), and Barry Schreier, Ph.D., (ACCTA). The original document is intended to serve as a model statement for counseling psychology training communities and we encourage sites to adapt the CPMTVSD to reflect their particular environment. The writing team for this document would like to acknowledge Laurie Mintz, Ph.D. and her colleagues at the University of Missouri-Columbia; the values statement for their program served as the starting point for the current document. Correspondence regarding this document should be directed to Kathleen J. Bieschke, Ph.D., 306 CEDAR Building, University Park, PA, 16802 or to kbieschke@psu.edu

Self-Disclosure

Given the training program's dedication to multicultural training and training ethical, competent psychologists who are capable of functioning independently, opportunities for personal exploration and self-reflection occur throughout the year. Although interns are not required to disclose personal information, they are strongly encouraged to explore historical and personal influences and information that lead to increased self-awareness across different competencies. When the refusal for self-disclosure may impact interns’ professional practice, this refusal will likely negatively impact trainees’ performance evaluation(s). The training staff use a consultative model of supervision and supervisors may consult with one another about trainees when relevant.

The guidelines outlined above are consistent with the American Psychological Association's 2002 Ethical Standard 7.04 (Student Disclosure of Personal Information) as contained in the Revised Ethical Principles of Psychologists and Code of Conduct (APA 2002, including 2010 Amendments):

7.04 Student Disclosure of Personal Information
Psychologists do not require students or supervisees to disclose personal information in course- or program-related
activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

COMPONENTS AND SEQUENCE OF TRAINING EXPERIENCES

Overview – The internship training program contains the following elements: 1) supervision experiences, 2) didactic/educational experiences, 3) consultative experiences, and 4) professional interactions. Each aspect has been scheduled and planned in such a way that is intended to follow a developmental arc and to maximize the professional development of the interns over the course of the training year. Furthermore, the course, components and sequence of training are designed to provide the scaffolding and guidance to assist interns with successfully completing the internship program by obtaining a Level 3 (competent) on all of these training activities. All interns participate in certain training activities and supervision; however, the internship program also takes an individualized approach to each intern’s training experience. The elements below form the aspects of the internship program that are standard for every intern:

Orientation - The orientation to the Counseling Center will be concentrated in the first three to five weeks. The few weeks of orientation are designed to familiarize interns with the operation of the Counseling Center and to facilitate their transition to the University of Washington and the Seattle community. During this time, interns meet with Counseling Center staff including training staff and support staff. Interns attend a variety of training seminars, learn about the policies and procedures of the Counseling Center, and visit and learn about other campus departments. A service contract and schedule for each intern is developed in consultation with the Training Director. Overall, orientation is a time for the interns and other staff to get to know each other and to prepare for the start of the year.

Intern Retreats - The interns go on a half or full day retreat with the Training Director at the end of the orientation period and attend another half or full day retreat at the end of the year. The goals of the first retreat are team building, goal setting, and exploration of the multidimensional identities each intern brings to the doctoral internship experience at the Counseling Center. The major goal for the end of the year retreat is to review the contributions the internship has made to each intern’s personal and professional development. (Please note that interns attend an all-staff, full day planning retreat during September as well.)

Consultation - There are numerous opportunities for Counseling Center trainees to consult with training staff and fellow trainees about cases and administrative functions. One of the particular strengths of the internship is the availability of training staff members for consultation. Training staff members are available as needed for consultation about particularly difficult cases/crisis situations when the intern’s clinical and secondary supervisors, Training Director and Director are not available. Interns are encouraged to seek out training staff members who have expertise in treating particular disorders/problems that are relevant to the interns' caseloads. The essence of staff collaboration is evident in the collegial interactions and mentorship provided by the training staff.

Experiences for All Interns

Individual Short-Term Therapy - Interns primarily provide short-term, individual (personal) therapy. Interns carry approximately 14 to 16 clients and conduct approximately three to four initial assessment/intake interviews per week, depending on their individual contracts (approximately 35-40% of their contract). Clients are seen on a short-term basis, with 4 to 6 being the average number of sessions that clients are seen. One client can be seen on a longer-term basis and this process is discussed with an intern’s supervisor. Each intern's clinical caseload is culturally
diverse. Interns are prepared for individual therapy through seminars in orientation, seminars held throughout the year, individual and group supervision, and weekly case consultation team meetings. It is expected that interns come mostly prepared for this experience due to their academic coursework and practicum experiences.

**Career Counseling and Assessment** – Interns will be provided training in several areas of career development, including: career assessments, values identification, career and life transitions, and multicultural aspects of career and life planning. Interns will learn to administer, interpret, and provide individual interpretations of the MBTI (Myers-Briggs Type Indicator) and the SII (Strong Interest Inventory).

**Initial Assessment (Intake) and Crisis Intervention (COD – Counselor on Duty)** – The Counseling Center’s first contact systems provide interns the opportunity to perform initial assessments, consultation, and crisis intervention. Interns identify client concerns, assess level of functioning, diagnose disorders, and determine the appropriateness of agency services. Interns are prepared for initial assessments and crisis intervention services early in the year through orientation and training seminars. After the initial period of training, interns provide intake and crisis services (COD). Interns provide three to four hours per week of intake (pre-scheduled or same-day appointments) and three hours per week of COD (except during summer months, when these numbers vary).

**Therapeutic Assessment** - Interns’ skills in the administration and interpretation of psychological assessments relevant to the work of a university counseling center psychologist are enhanced during the internship year. Interns will use the therapeutic assessment model to interpret the Counseling Center Assessment of Psychological Symptoms (CCAPS) and provide feedback to clients throughout the year. Interns are provided a seminar and ongoing individual supervision on therapeutic assessment.

**Consultation** – Counseling Center training staff provide professional consultation services to the campus and general community and to the parents of students. While serving as the Counselor on Duty (COD), interns will often consult with faculty, staff, students, community providers and parents about psychological issues.

**Outreach Programming** – Counseling Center training staff provides programming and outreach services to the University community. Interns are required to do at least two outreach programs per quarter (a total of eight per year). There are a number of campus units that welcome training from Counseling Center staff. Interns may establish liaison relationships with other campus offices, depending on the intern’s interests, and these liaison relationships become the foundation for outreach programs with students. Interns are prepared for programming activities during an orientation seminar.

**Supervised Clinical Team Meetings** - Clinical team meetings provides an opportunity for interns and training staff to meet and interact in a small and informal group in order to assign and present cases and receive feedback. Interns are actively involved in these weekly clinical team meetings and are evaluated on their participation. These meetings are 1.5 hours a week and the membership within the clinical teams is consistent throughout the training year. Participation in clinical teams is counted as group supervision activity for interns. At the end of each quarter, the team lead (a licensed psychologist post-two years) gathers feedback from clinical team members and subsequently completes the Case Presentation and Group Supervision evaluation.

In spring quarter, each intern will serve as the clinical team lead for their respective clinical team. We designed this experience for interns for the following reasons:

1) The team lead role is related to general managing, coordinating, and leadership skills, being responsible for the clinical team’s list of which clients need to still be assigned, ensuring that the list is up to date and that clients are well-cared for;
2) The team lead’s tasks are related to leadership skills in the following ways:

a. The team lead will facilitate the clinical team meetings. After first checking in with team members at the beginning of the quarter about how they would like the clinical team to function this quarter, and coming to some consensus about this, the team lead will then continue to facilitate all of the meetings spring quarter (group facilitation, management, leadership professional development).

b. The team lead will communicate with team members in advance (if possible) if they cannot be present at a particular team meeting, and make sure that the team is aware of how they will handle case assignment and who is responsible for the team meeting the Team Lead will need to miss (professional development).

c. The team lead will check in with team members each meeting to ascertain if there are any clients to be assigned and/or which members of the team would like some of the time that day to consult about a case or discuss a topic of concern or interest (group facilitation, management, professional development).

d. The team lead will may need to communicate with team members in person or via email about case assignment and any other tasks related to client care, and may need to ask team members to stretch a little bit to meet client need for services, while being sensitive to the individual and group needs of members of the team (management, professional development).

Case Presentations - Interns are required to prepare and present two case presentations in a more structured format. The first one will be presented during their weekly clinical team meeting at some point during the first two quarters of the training year. The second presentation will be presented to the whole staff in spring or summer quarter. The case presentation requirement is a chance for interns to practice their skills in preparing and presenting a case, which is often required for postdoctoral or job interviews. Furthermore, it provides opportunity for interns to demonstrate the ability to critically evaluate and disseminate research. The format for the case presentation is flexible although an outline will be provided to help organize each intern’s presentation (See Appendix A for Case Presentation Outline). Interns will be evaluated on a numbered scale for both presentations via the Case Presentation Feedback Sheet (see Appendix B for the Case Presentation and Group Supervision evaluation).

The case presentations will look very different in the presentations to clinical teams (fall or winter quarters) and in the presentations to the training staff (spring or summer quarters). Interns may use the time presenting in their clinical teams as an opportunity to gain consultation about the case they are presenting so that they can later utilize this feedback in preparing for their second case presentation to the Counseling Center staff or to prepare for an upcoming interview.

The first case presentation involves interns providing a brief outline of their presentation to each member on their clinical team by noon of the day preceding the date they will present in team (for clinical teams meeting on Monday, the outline should be provided by noon of the preceding Friday). Electronic recordings of interns in session will not be utilized during these presentations, unless the intern desires to do so. Interns will be given verbal and written feedback/suggestions about their case presentations from members of their Clinical Teams via the Case Presentation Feedback Form (see below):

The second case presentation for all training staff has the purpose of offering an opportunity for interns to practice their skills in preparing and presenting a case to a counseling center staff, which is often required for postdoctoral or job interviews as well as providing an opportunity to demonstrate skill in the application of research and other scholarly activities to applied practice. The format for the case presentation is flexible although the Case
Presentation Outline will be provided to help organize each intern’s presentation (See Appendix in Intern Handbook for Case Presentation Outline). This more detailed outline will be presented to each member of the staff who will be attending the presentation by noon of the day preceding the date the intern will present (for presentations scheduled on Monday, the outline should be provided by noon of the preceding Friday). Electronic recordings of interns in session will not be utilized during these presentations, unless the intern desires to do so. Interns will be given verbal and written feedback/suggestions about their case presentations from members of the staff utilizing the Case Presentation Feedback form.

**Dissertation Presentation** – Interns will present their dissertation research to the Dissertation and Research Exploration and Support seminar leader and fellow interns at the beginning of the academic year, right after orientation is completed. They will again present their dissertation research to all clinical staff later during the year – typically during spring or summer quarters. However, if an intern chooses to use this dissertation presentation time to practice presenting their research before they defend their dissertation, they may schedule the presentation at a time that is more advantageous for them. A time will be found where most of the staff will be able to be present. This also provides interns with the opportunity to demonstrate skill in utilizing research in applied practice.

**Supervision**

**Primary Clinical Supervision** - Intense individual supervision is viewed as central to the internship experience. Interns receive two hours of primary clinical supervision per week and are assigned to a primary clinical supervisor for approximately six months. The initial clinical supervisor is assigned by the Training Director based on the match of needs and interests of interns and supervisors. In making the match, the Training Director considers the intern's skill level, theoretical preferences, training needs, interests and personal characteristics, as well as the supervisory style and preferences of the supervisors. Intern - clinical supervisor pairs change at mid-year: both interns and supervisors may have input into the decisions about the new matches that begin during the second half of the year. The functions of the supervisory relationship include monitoring client welfare, enhancing intern skills, promoting personal and professional growth and evaluating the intern’s skills and professional development on a continuous basis.

**Emphasis Area Supervision** - Most senior staff at the Counseling Center provide 6-month or 12-month supervision in one or two topical emphasis areas. These emphasis areas will shift from year to year depending on staff availability and resources. Interns will be provided an outline of each of these emphasis areas during orientation and be asked to choose either one full-year emphasis area or two half-year emphasis areas (if a half-year emphasis area is chosen at the outset, the second half would be chosen towards the latter half of the year). Specific training goals for each emphasis area are developed at the beginning of the training period. Interns may spend between 1 – 3 hours per week in activities specifically related to the specialty area, as clinical caseloads permit. Frequently offered emphasis areas are outlined below (and some are described in detail in Appendix N, at the end of this training handbook):

- **Sexual Trauma** – Linda Anderson, Ph.D. (half year or full year)
- **Training and Administration** – Charisse Williams, Ph.D. (first half year or full year)
- **Outreach and Consultation** – Andrea Salazar-Nunoz, Ph.D. (half year or full year)
- **Services for Male Clients: Appropriate Adaptations** – Scott Shiebler, Ph.D. (half year only, either half)
- **Interpersonal Process Emotion Focused Therapy** – David Slagle, M.S. (half year or full year) or Scott Shiebler, Ph.D. (half year only, either half)
- **Emotion-Focused Couples Therapy** – David Slagle, M.S. (half year or full year)
- **Multicultural and Social-Justice-Informed Therapy and Advocacy** – Andrea Salazar-Nunoz, Ph.D. or Charisse Williams, Ph.D. (half year or full year)
- **Disordered Eating and Body Image Issues** – Charisse Williams, Ph.D. (half year or full year)
Consultation/Liaison and Working with Students of Concern – Amy Collins, Ph.D. (half year or full year)  
Latinx Mental Health – Andrea Salazar-Nunoz, Ph.D. (half year or full year)

**Supervision of Group Therapy** - When co-facilitating a group with a staff member, interns receive 1/2-hour weekly individual supervision from their training staff group co-facilitator (or up to an hour or more if needed). Each intern has an opportunity for in-depth discussion and training in the elements of group therapy with their co-facilitator. In addition, interns will attend a monthly one-hour consultation meeting for all co-facilitators of groups when scheduling permits. This provides group facilitators a space to discuss general group concerns, issues, and themes that are emerging throughout the year.

**Supervised Clinical Team Meetings** – As discussed earlier, interns participate in weekly case consultation and case disposition team in one of three groups of training staff and trainees. During this weekly 1.5 hour meeting, all clinicians are encouraged to bring to the team intakes that would be appropriate for the training needs of the trainees and interns have the opportunity to bring to the team intakes they would like another clinician to take on. In this way, the clinical team insures that interns are getting their unique training goals met. This is also an opportunity for interns to consult about their clients and other professional issues. This supervised clinical team meeting serves as a group supervision experience for interns and it is expected that interns will actively utilize the opportunity to consult with others.

**Seminars** - These didactic training experiences provide a forum for training staff members and other professionals to present relevant topics to the interns. The majority of training occurs in module formats over a period of five to ten weeks, which provides the opportunity for in-depth exploration of the topics under discussion. In fall quarter, interns participate in the Multicultural and Social Justice Seminar (MCSJ), the Ethics and Legal Standards seminar, the Dissertation Exploration and Support seminar and the Post-Doc Support seminar. In winter quarter, MCSJ continues and the Suicide seminar starts and is held for 5-6 weeks. The remainder of the quarter focuses on topical seminars on various topics usually suggested by interns. In spring quarter, MCSJ continues and interns begin the Supervision seminar. During the summer quarter, topical seminars continue and MCSJ transitions to Multicultural Case Conference.

**Administrative Activities**

**Case Management** – Approximately four to six hours each week are reserved for paperwork, preparing for outreach programs, performing administrative tasks, etc.

**Committee and Work Groups** – Interns are encouraged to participate on administrative or programmatic committees for at least two academic quarters in the year. Additional committee participation may be optional with approval from their supervisor and/or Training Director. Interns have the option of choosing one committee they would like to participate in during the first half of the year, and then will switch committees during the second half of the year – OR – to stay on the same committee throughout the year if another trainee does not wish to participate in that particular committee. Counseling Center committees that interns may participate on are Clinical Services Committee, Staff Well-Being Committee, the Training Committee and the Multicultural Advocacy Committee (MAC). Interns will discuss their preferences (as one intern will serve on each committee) and committee assignments typically change during the mid-year point (for spring and summer quarters). Interns may also select to join the other ad-hoc committees that may form during the year (e.g., a search committee), as their clinical load permits.
i. **Experiences Interns May Participate In**

Depending on an intern’s areas of interest, previous experiences, training goals, the Counseling Center’s needs, and the availability of staff and resources, it is possible an intern may be able to have some level of involvement in the following activities and services:

**Intern Selection**—Interns have themselves just recently and successfully completed the intern selection process as applicants. As such, they are invaluable in offering feedback during the intern selection process for the next year. Interns will be allowed to participate in as much or as little of the intern selection process as they desire, prioritizing their clinical and professional development needs first. All interns help the center provide feedback to interns that may have additional or specific questions about the internship experience.

**Couple Counseling/Psychotherapy** – Interns may have the opportunity to see a small number of couples throughout the year. Interns with no or limited experience working with couples are expected initially to do co-therapy with a clinical staff member. Interns receive supervision about their couples work with their staff co-facilitator/therapist or their clinical supervisor. An intern who chooses to work with David Slagle, M.S. for the emphasis area in Emotion-Focused Couple Therapy will have first pick at the small amount of couples that are eligible for couple treatment at the center when that emphasis area is being offered.

UWCC offers counseling for couples when one or both individuals is an enrolled UW student. In the case where only one individual in the couple is a student, we may provide couples counseling when it has been determined by the intake counselor that: 1) the couples issue has an impact upon the student’s ability to succeed at the university, and that it is instrumental to the well-being of the student to have couples therapy, and 2) that the couples treatment needed is appropriate to our short-term therapy model, and there is current availability to provide this service. Due to shifts in demand and availability in couples therapy, as well as an uneven distribution of couples among therapists and those providing couples therapy, the following guidelines are in place:

- Couples therapy is framed as a limited service which to be provided per therapist availability; this is explained on the website and verbally when students inquire.
- Each year, the clinical director will inquire about staff interest in providing couples therapy, and have support staff update the couples therapist list annually. If staff members wish to be removed from this list at any time, they may let the clinical director and support staff know.
- When students request a couples therapy appointment, support staff will record the contact information for the student, and inform them that a couples therapist will be in contact to schedule. Then, the first counselor on the couples list will receive the message. Once matched with a couple, the second therapist on the list will receive the next request, and so on. Once the list has been gone through at that time, future couples requesting therapy will be informed that couples therapy is full, but they can be placed on a waiting list, or receive referrals. Once another opening for couples therapy occurs, that therapist will contact the first couple on the waiting list, and will continue on through the list if the couple is no longer interested until they are matched with a couple. The waiting list will be capped to only the number that couples therapists at the center can manage.
- If a therapist would like to see more than one couple at a time, they may inform the clinical director and support staff so that a notation can be made on the list. They will be assigned another couple once all therapists on the list have a couple.
- Clinicians may schedule the intake for 50, 75, or 90 minutes, per their discretion and as scheduling allows.

An evaluation of the appropriateness of couples counseling will be conducted by a UWCC counselor at intake. If it is determined at intake that individual treatment is indicated as a higher priority, referrals will be offered and couples treatment will not be provided. If couples treatment is offered, and it is later determined that one or both individuals is in need of individual counseling, referrals will be provided, and couples counseling may be discontinued as indicated.
Furthermore, couples treatment will not be provided if one of the individuals is already seeking individual services through UWCC, to avoid duplication of services.

**Intern Training Items Relative to Provision of Couple Counseling**

1. Couples work (whether co-counseling or solo) will include trainees whenever possible according to staff and interns’ schedules.

2. UWCC cannot guarantee an experience in couple counseling. Therefore, couple counseling will not be a requirement for interns, but an option. If an intern wants to opt out of the experience of working with couples, they may do so without penalty of any kind.

3. All interns will receive training in working with couples during intern orientation, whether or not they choose to pursue experiences conducting couple counseling during the internship.

4. Interns who choose to participate in this unique opportunity will co-facilitate couple counseling with a clinical/training staff member. Interns may choose to begin seeing couples in therapy without a staff co-counselor if they have adequate previous experience and competence in working with couples. However, even if experienced in this modality, an intern may choose to work with a staff member to learn additional skills in couple counseling. “Adequate” prior experience may consist of the following combination of training and experience:
   - One class in an intern’s training program in couple counseling or a professional development seminar of at least two days duration; in addition to at least 10 sessions of working with a couple (or more than one couple; e.g. 5 sessions with one couple, 5 with another couple).

5. When an intern is ready to see a couple, they will need to let the Training Director of their readiness to do so, after they have consulted with their primary clinical supervisor. The intern will also let the T.D. know which staff they would like to co-counsel with. It is not to be assumed that interns’ individual clinical supervisors will conduct couple co-therapy with the intern they are supervising. In fact, each intern will be encouraged to work with a staff member they might not otherwise have an opportunity to work with. However, an intern and their primary clinical supervisor may work together with a couple if they both choose to do so, and as their schedules permit.

6. After an intern has had one experience (of 5+ or more sessions) working with a staff member, the intern may then begin to work with couples independently (if a couple is available and if desired). If all three interns have completed a round of treatment of couple co-therapy with a staff member, the intern who has chosen an emphasis area with David Slagle in Emotion-Focused Couple Therapy (if an intern has chosen this emphasis area and/or is being offered) will then have the opportunity to participate in one more couple counseling experience, specifically conducting co-therapy with David Slagle, M.S. (if a couple is available).

7. Clinical/training staff will conduct all intakes with couples. Interns may complete their own couple intakes when they feel competent to begin to see couples independently and to conduct couple intakes: competence assessed by their own report as well as the report of the co-counselor the intern worked in couple counseling with and the intern’s primary clinical supervisor.

8. Supervisors who are co-counseling with an intern for couples therapy will meet with their intern co-counselor for 30 minutes each week they are conducting co-counseling. They may choose to meet 30 minutes before they see the couple, 30 minutes after they co-counsel with the couple, or 15 minutes before and 15 minutes afterwards (or some combination, although these would be difficult to schedule).

- **Group Counseling and Psychotherapy** – The Counseling Center offers a variety of psychotherapy, psychoeducational and support groups including psychotherapy groups for undergraduate and graduate/professional students and specific population/topical groups such as: women, men, and survivors of sexual abuse/assault. Interns will likely have the opportunity of co-facilitating one of the groups with a training staff member for one or more quarters, depending on how many groups actually run based on staff resources.
and student enrollment in the groups. Interns co-facilitating a group will receive supervision from the staff supervisor and may attend a monthly group consultation meeting with all staff and trainees who are co-facilitating groups.

If an intern is going to co-facilitate a group, supervisors/co-facilitators should consider doing screenings only with the intern present if it works schedule-wise. Interns are unable to hold time in their schedules that may not be filled due to needing to accrue clinical hours.

**TRAINING YEAR PLANNING**

In general, interns contract for about 60% of their 40-hour work week providing direct service (clinical, consultative and supervisory), 20% receiving training and supervision, and 20% in case management or center administrative activities. In order to ensure that interns are eligible for licensure in any state, there is an expectation that interns accrue 2,000 hours by the completion of the internship year with at least 25% of those hours being in direct contact with clients (500 hours). In order to successfully complete internship, interns must accrue 2000 hours with a quarter being direct service. Supervisors and the TD discuss accruing hours as often as needed to provide support in achieving this goal. The total number of hours signed off on at the conclusion of the doctoral internship year comes directly from the number of hours specifically logged in Titanium. At the end of every quarter, the Training Director will have an individual meeting with each intern to plan for the following quarter so that the goals can be uniquely tailored to each intern’s training needs and preferences in conjunction with the needs of the center. The goals of these meetings are to ensure that interns are on track to successfully complete internship by obtaining Level 3 (competence) for all training elements of the internship program.
EVALUATION PROCEDURES

Overview - Evaluation procedures at the UWCC are based on current, professional models for competency-based evaluation (Rodolfa, Bent, Eisman, Nelson, Rehm, & Ritchie, 2005: Spruill, Rozensky, Stigall, Vasquez, Bingham, Olvey, 2004).

Clinical, emphasis area, group, and outreach supervisors provide interns with formal verbal and written evaluative feedback. Seminar leaders also contribute to evaluations by providing feedback regarding interns’ participation and development (for on-going seminars). The evaluation process consists of a review of the intern's objectives and goals and feedback in areas that reflect current domains of profession-wide competence. These areas included in the clinical evaluation are:

1. Research
2. Ethical and Legal Standards
3. Individual and Cultural Diversity
4. Professional Values, Attitudes, and Behaviors
5. Communication and Interpersonal Skills
6. Assessment
7. Intervention
8. Supervision
9. Consultation and Interprofessional/Interdisciplinary Skills

There are two evaluation periods and at the end of the first evaluation session, new goals and priorities can be set to facilitate the future supervisory contacts and training in general. This process is to ensure that interns receive the support and guidance needed to successfully pass internship. Throughout the supervision process, it is expected that feedback and discussion are continuous; thus if goals are not being sufficiently met, such feedback would be given prior to the formal evaluation. The Training Director receives copies of all evaluation forms and monitors each intern's progress.

Formal clinical evaluations are provided in written and oral formats and provided by the interns’ supervisors at approximately 6 and 12 months (i.e. January 31st and at the conclusion of internship at some point during summer quarter). Supervisors also consult with other training staff who have been involved in the intern's training (e.g., seminar leaders, outreach co-presenters) to gain a broad picture of the intern's participation, involvement, interests, skill level, professionalism, etc.. Emphasis area evaluations will be completed by the emphasis area supervisor; group evaluations will completed by the interns’ staff co-facilitators; and outreach experiences will be evaluated by the Coordinator of Prevention Services/Outreach Coordinator. Other forms of evaluations will be completed by the Training Director in consultation with training staff, especially an intern’s supervisors and others that have had consistent engagement with the intern. For successful completion of the internship program, all learning elements must be passed with a minimum of Level 3 (competence).

Graduate schools for each intern are contacted early in the year with an e-mail or phone call from the Training Director. Upon completion of each evaluation period at 6 months and 12 months, the intern's home program receives copies of the completed primary evaluation completed by the primary clinical supervisor. The home program is invited to comment on and ask questions about the intern's evaluation and progress throughout internship. The goal is to keep open the channels of communication between the academic departments and UWCC.

Recognizing that evaluation is a two-way street, interns evaluate their supervisory relationships during each evaluation
period (See Appendix for the Supervisee Evaluation of Supervisors). They complete most evaluations on their internship program experiences on a quarterly basis (See Appendix for the End-of Quarter Evaluation) and an evaluation of the entire program at the end of the year (See Appendix for the End-Of-Year Evaluation). All evaluation materials are reviewed by the Training Director and training staff supervisors to assist in the development of each intern’s program and in the development of the internship program overall. The internship program seeks feedback and asks for honest and authentic evaluations so that interns can be provided with a program responsive to their training needs.

References for Competency-Based Evaluations


APPONITMENT & STIPEND

Appointment - The internship officially begins on August 16th of the current year and concludes August 15th of the following year. This is a full time, 40+ hour per week appointment. All leave approval will be based on clinic needs and satisfactory progress toward the accrual of direct clinical service hours required to complete the internship and general progression through the internship. The Training Director will provide more information about this during orientation.

Stipend - The stipend for internship is $31,200 for living expenses.

- **10 State Holidays:** The following days the Counseling Center will be closed:
  - Labor Day
  - Veterans’ Day
  - Thanksgiving Day
  - Day After Thanksgiving
  - Christmas Day
  - New Year’s Day
  - Martin Luther King, Jr.’s Birthday
  - Presidents’ Day
  - Memorial Day
  - Independence Day

Interns are in training at University of Washington and are considered doctoral psychology interns. This means that interns must meet the center’s requirements and they also must accrue the hours needed for successful completion of the internship. This will be discussed extensively during orientation, and it is strongly recommended that interns maintain monthly logs to document their hours accrued.

Insurance – Medical insurance is provided at a reasonable cost, which varies depending on the plan selected. Full medical, dental, and vision benefits are available for interns and their families.
Location – The Counseling Center is located on the 4th Floor of Schmitz Hall on UW’s Seattle campus. Students from others campuses are not eligible for UWCC’s services but do have access to their own counseling centers on both the Bothell and Tacoma campuses. Schmitz Hall is right on “the Ave”, which is the nickname for University Avenue. The Ave is the commercial heart of the University District and has been described as the “eight-block-long global food court.”

Other – Interns have library privileges, access to university recreational facilities and access to the U-PASS, which is a discounted public transportation pass.
Professional Development, Leave and End Date Policies

UWCC is committed to providing guidance and support to trainees in navigating the integration of professional identity and time for self-care, travel, post-doctoral employment obtainment, dissertation defense and other professional and personal activities. However, it is not the intent of these policies to provide all of the time for the aforementioned activities. Interns hold both trainee (student) and professional (intern, counselor) roles within the center which are unique positions. Given the challenges that may arise from these dual roles, these policies provide the requirements on navigating time away from the center to assist interns with meeting their personal and professional goals without negative impact to the center, the training program or their professional development. This policy could also be considered “safety to port” as interns who follow these guidelines often report being less stressed when accruing hours.

Given that the rendering of and provision of services is a significant and paramount mission of UWCC, it is necessary that as many clinical staff, including interns, are available and prepared to be on duty to fulfill these obligations in providing services.

Professional Development:
Interns receive four hours of professional development (PD) time from 5-6pm, Monday-Thursday through the academic year. This time is allocated for use for professional development activities (post-doc/job search, dissertation work, publishing research, case notes, etc.) and may be used outside of the center if an intern does not have overdue items on their task list. An intern may request a maximum of 5 professional development leave days to be utilized for dissertation defense, post-doc/job interviews, graduation, conferences, etc. PD leave is only granted when negotiated with the TD in advance and if it meets the requirements for general leave requests (please see below).

Leave:
Sick Time Off:

Sick time off can be used for:

- Own illness, injury, health condition, or disability
- Preventive care such as a medical, dental, or optical appointment(s)
- A family member’s illness, injury, health condition, or disability, and/or preventive care such as medical, dental, or optical appointment
- Own or a family member’s medical and dental appointments
- Closure of the UW or child’s school/place of care by order of a public official for any health-related reasons
- Domestic violence, sexual assault, or stalking

Family member definition: “Family member” is defined as a child or parent (including biological, adopted, foster, step, or legal guardian, or de facto parent), a spouse, registered domestic partner, spouse’s parent, grandparent, grandchild, or sibling.
Vacation Time Off:
Sick time off covers the above and vacation time off covers everything else (e.g. sick pet, car breaking down, flooded basement, etc.). Interns must meet the following requirements when requesting time away from the office:

- The leave request is no greater than 5 consecutive days.
- The intern has begun consultation about leave during the planning stages AND with at least three weeks advance notice.
- The intern has accrued enough leave to cover the length of absence.
- The intern has created a clinical plan for group, clients (especially those at-risk), COD, intakes, outreach and other clinical activities that will be missed during the length of absence. This plan will also be created in consultation with supervisors and the TD.
- The intern has created a training plan for seminars, supervision and other training activities that will be missed during the length of absence. This plan will also be created in consultation with seminar leaders, supervisors and the TD.
- The absence will not cause undue interruption and/or disruption to center operations and provision of clinical service or accrual of hours.
- The requested leave will occur during a low-rate use period of the center (i.e. break weeks and/or summer quarter).

Personal Holiday:
Personal holidays function similarly to vacation time off and are subject to the same requirements. Interns accrue two personal holidays: one personal holiday to be used the last two weeks of December and one that can be used during the months of January-August.

End Date:
Internship ends on August 15th. However, interns that have or can predict early completion of 2000 hours (25% of which is direct service), all other training and internship requirements and is in good standing with the center may be eligible to negotiate an earlier end date. End dates are usually formalized by the end of spring quarter. Negotiations for an earlier end date must be discussed with the TD prior to acceptance of post-doctoral positions. It is the intern’s responsibility to discuss an earlier end date with the TD as soon as feasible. Interns assume all liabilities and consequences for loss if these procedures are not followed.

Please note that it is the intern’s responsibility to discuss all leave requests (prescheduled sick leave, vacation, professional development release time, earlier end date, etc.) with the TD BEFORE plans have been finalized. INTERNS ASSUME ALL RESPONSIBILITY, LIABILITY, CONSEQUENCE AND LOSS for not following these policies. Please discuss any concerns or issues with the TD if they arise.
SECTION II.

SPECIFIC TRAINING RELATED POLICIES & PROCEDURES

A. Agency Expectations of Doctoral Interns

While a primary function of the Counseling Center is to provide psychological services to the students at the University of Washington, the center maintains a strong commitment to facilitating each intern’s transition from trainee to professional psychologist. The entire staff is committed to, and participates in, the training program.

The Counseling Center strives to provide an atmosphere that is conducive to all trainees’ professional growth. In this regard, interns will experience themselves being treated with respect and collegiality. Training staff understand that interns are still in training, and interns are not expected to perform at a level of a licensed psychologist. The requirement/expectation is that interns will be at the entry-level psychologist stage by the end of the internship year.

While the training program has structure, it still maintains enough flexibility to be customized to the needs of individual interns. Each intern will be asked to develop a list of goals that the intern would like to accomplish during each quarter. The intern’s supervisor will give feedback as to the practicability of the goals, and will help monitor the progress toward accomplishing the goals.

The following are the training program’s expectations of doctoral psychology interns:

Status
Interns are seen as professional trainees, which is moderated by their own level of experience/skill, and have a temporary, time-limited appointment at the Counseling Center. Their status in the center is as “trainees” but they are also considered “clinical staff.” Mindfulness regarding appropriate interaction with peers, colleagues, and staff should be displayed throughout the year with an attention to monitoring boundaries.

Issues of Training
A certain percentage of the interns’ time will be spent strictly in training activities. Interns will demonstrate initiative and collaboration in articulating their needs and seeking out training experiences that fit with their individual goals. Interns will also demonstrate openness to learning and growth, and this will be manifested within the context of their particular needs, interests, and foci. Training needs and wanted experiences should be shared with the Training Director as they occur so that there is a possibility of incorporating it into the goals of the year. Each intern is responsible for communicating their own needs.

Guidelines Regarding Professional Attire
Trainees may struggle with defining "professional attire" for themselves. An intern’s attention to their own appearance will convey a strong message to the client about the interest that they are able and willing to pay to their concerns. Research has shown that clients perceive therapists as more credible and more positive therapy outcomes result when a professional image is conveyed to the client. The question the Counseling Center encourages interns to ask themselves is, “What do I wish to communicate to my client(s), based on my apparel?” Obviously, attire is subject to particular clients’ and the clinician’s own interpretation, but the training staff wants to be as clear as possible. The goal is to have all trainees send congruent messages that the work they do with clients is serious, important, and non-sexual.

The issue is not so much about the specifics but rather, about the overall level of professionalism and intentionality. However, some minimum criteria include not being too casual (e.g., shorts, worn out jeans, T-
shirts with inappropriate writing, etc.) or too provocative (e.g., cropped shirts, showing too much skin). If an intern is uncertain about how appropriate an outfit they are wearing is, the intern is encouraged to consult with the Training Director or their supervisor. If there is concern about a trainee’s attire, the Training Director or their supervisor will discuss these concerns with the trainee. It is also important to note that interns are in a final period of transition from student to professional. What was acceptable at one point may not be acceptable in this work environment. The training program’s goal is to help interns successfully move through this transition from student to professional in a way that also respects individuality, creativity and cultural values.

Use of Supervision

Interns will be provided many opportunities for direct supervision throughout their year at UWCC. Interns are expected to use supervision appropriately, which includes being on time for supervision, providing digital or audio tape recordings as requested, taking full advantage of learning opportunities, maintaining an openness to learning, and being able to accept and use constructive feedback.

Summary of Expectations of UWCC Interns:

1. Take advantage and responsibility of the opportunities provided for professional growth;
2. Be open-minded enough to consider differing perspectives which may lead to discomfort;
3. Take risks (show and learn from both strengths and growth edges);
4. Seek consultation when in doubt;
5. Be a team-player;
6. Fulfill professional, legal and ethical obligations as a member of the Counseling Center staff;
7. Be professionally appropriate to all staff, larger university and general community, and clientele.

“Experience is the name everyone gives to their mistakes.” ~Oscar Wilde

Since the concept of evaluation tends to be linked to the concept of expectations, it is important to elaborate on the training program’s view of intern evaluations. Evaluations are a part of any training program. Sometimes the thought of being evaluated can elicit so much anxiety that the performance of trainees is inhibited. Some interns choose to “play it safe” in order to avoid “screwing up.” Please consider evaluations to be a form of constructive, formative feedback, not as a determination of a trainee’s worth as a counselor or person. The only way to never fail is to never try. However, by never trying, trainees will stifle their own professional growth. Thus, it is expected that everyone makes mistakes, and then they learn from those mistakes. The internship year is a good time to experiment, while still under supervision. The Counseling Center training staff is present to provide the support necessary for professional growth. It is encouraged that all trainees consult with anyone on staff. The internship year can be one of the most memorable experiences for an intern and the training program’s hopes are that interns can make the most of this year, and to even enjoy it. More information regarding specific evaluation procedures is outlined in the chapter on Supervision and Evaluation.
Doctoral Interns Rights and Responsibilities

1. Rights
   a. The right to a clear statement of general rights and responsibilities upon entry into the doctoral internship, including a clear outline of goals and parameters of this training experience, provided in the form of a handbook.
   b. The right to be trained by professionals who behave in accordance with the APA ethical guidelines.
   c. The right and privilege of being treated with professional respect, recognizing the training and experience Interns bring with them.
   d. The right to ongoing evaluation that is specific, respectful and pertinent to clinical and professional growth.
   e. The right to engage in ongoing evaluation of the training experience and specifically evaluate supervision experiences through written feedback.
   f. The right to initiate an informal resolution of problems that might arise in the training experience (supervision, assignments, etc.) through request to the individual concerned and/or the Training Director.
   g. The right to Due Process to deal with problems after informal resolution has failed (either with the supervisor or Training Director) or to determine when rights have been infringed upon.
   h. The right to privacy and respect of one’s own personal life as long as said personal life is not in violation of APA ethical guidelines or warrants additional concern for the intern’s well-being.

2. Responsibilities
   a. The responsibility to read, understand and clarify, if necessary, the statement of rights and responsibilities. It is assumed that implementations of these responsibilities is a function of competence and will be exercised.
   b. The responsibility to maintain personal and professional behavior within the scope of APA ethical guidelines.
   c. The responsibility to behave within the bounds set forth by the laws and regulations of the State of Washington and the University of Washington.
   d. The responsibility to be open to professionally appropriate feedback from immediate supervisors, professional staff and agency personnel.
   e. The responsibility to behave in a manner that promotes professional interaction within UW Counseling Center and is in accordance with the standards and expectations of the Center.
   f. The responsibility to give professionally appropriate feedback regarding the training experience or Counseling Center experience.
   g. The responsibility to conduct oneself in a professionally-appropriate manner at all times, and including if due process is initiated.
   h. The responsibility to actively participate in the training, service and overall activities of the UW Counseling Center.
   i. The responsibility to meet training expectations by developing competency as follows: 1) broad range of professional skill proficiency based in intercultural responsiveness and humility; 2) skill in providing services to a diverse clientele; 3) personal and professional growth; 4) assessment and crisis skills; 5) counseling and therapy skills refinement; 6) consultation skills; 7) increased competence in emphasis area; 8) other areas as appropriate and defined.
   j. The responsibility to meet the “Expectations of Doctoral Interns” as previously stated in this handbook.
   k. The responsibility to complete core competencies of the internship year through demonstrated proficiency or satisfactory evaluations from supervisors.
B. **Training Staff Responsibilities**

1. **Issues of Professionalism**
   a. Trainers will demonstrate the same respect for interns that they grant other colleagues.

2. **Individual Differences**
   a. Trainers will respect individual differences among staff members, particularly in regard to prior experience/training and articulation of current training needs.

3. **Issues of Training**
   a. Trainers will provide models for ethical, professional, and culturally-sensitive behavior.
   b. Training staff will provide models for honoring organizational parameters.
   c. Within the context of their own interests, staff will be available for consultation, supervision, co-therapy experiences and direct teaching.
   d. Trainers will provide clear expectations of interns, explicit guidelines for involvement in training activities and vehicles for tapping and utilizing interns' ideas, perspectives, experiences, and energy.
   e. Trainers will provide professionally appropriate feedback to the interns regarding their performance during their training experiences. Because training is a process that entails both teaching and evaluations, it is essential for trainers to provide continuous feedback. With ongoing feedback, final/formal evaluations are neither a surprise nor a hindrance, but a cumulative experience.
   f. Trainers will consult with other members of the professional staff who have contact with their supervisee to develop a broad picture of the interns' competencies and areas where further attention are needed.
   g. Trainers will discuss with the Training Director their questions and problems that arise in the supervision.
   h. Primary clinical supervisors will attend regular supervisor meetings to discuss the experience, organizational problems and to develop effective interventions to resolve difficulties within the training program.
   i. When trainers encounter problems with a doctoral intern, trainers will follow the due process procedures that have been developed.
   j. Trainers, on a regular basis, will evaluate the doctoral internship program. Feedback for the training program is a necessity, which will allow it to provide more effective experiences for the present and future fellows.
   k. Trainers will adhere to the “UW Counseling Center Model Training Values Statement Addressing Diversity” as outlined earlier in this document.
Statement Regarding Trainee-Staff Relationships
(Trainee-Staff Relationships Statement 05 21 12.doc)

The Counseling Center’s training mission is to promote the personal and professional development of all trainees. This process of development is fostered by respect for each trainee as an individual and an atmosphere of openness and honesty in communication. The goal of the program is to create an environment conducive to learning where trainees feel safe and respected.

Definitions
“Staff” includes members of the leadership team, training staff, and support staff. “Trainees” include doctoral interns.

“Sexual Acting Out” is defined, in part, by the impact that one’s actions has on the person(s) toward which the behaviors are directed as well as those of colleagues and peers, which is consistent with the University of Washington sexual harassment policies, found on these sites: http://www.washington.edu/admin/rules/policies/PO/EO31.html and http://depts.washington.edu/livewell/sexual-harassment/. Regardless of impact, however, there are certain behaviors outlined in these documents that constitute sexual harassment by nature of the evaluative authority that staff have over trainees.

Romantic and Sexual Relationships
The training environment can be an emotionally charged atmosphere that provides a catalyst for trainees or staff members to experience a variety of feelings, including sexual attraction towards each other. Each staff member provides a model of ethical and professional behavior and it is incumbent on staff members to honor the boundaries of the professional relationships that are formed with trainees. There is no such thing as a consensual sexual relationship between trainee and staff due to the power imbalance and authority that a staff member has over the trainee. Due to the consultative model that the Counseling Center holds, all staff members in this agency have evaluative authority over the trainees in the Counseling Center.

Research has been conducted into the negative effects of romantic and/or sexual relationships with clients, students and supervisees. Relationships of this nature impair the supervisor's ability to engage effectively in the supervision process and to provide objective feedback to the trainee or to staff colleagues about the supervisee's development. The trainee is vulnerable and may experience many negative feelings including exploitation, anger, and confusion. Additionally, this type of relationship can have a negative impact on the experiences of the other trainees, by isolating one trainee who must carry the burden of a secret. The sense of group trust in the agency is seriously diminished as the trainees question the ability of agency staff members to honor professional boundaries. A dual relationship will also have a negative impact on the Counseling Center as an organization. The sense of secrecy, the violation of an ethical code, and the need for administrative action will have a harmful effect on the morale of all staff members. Clearly dual romantic/sexual relationships have a negative impact on everyone involved. Therefore, as indicated in the APA Ethical Principles, it is the Counseling Center’s policy that sexual/romantic relationships between trainees and staff are prohibited.

There is a need to distinguish sexual attraction from sexual acting out. Staff members whose sense of attraction to a trainee may be interfering with that staff member’s sense of objectivity or ability to provide service should consult with another staff member, the Training Director or the Director. Staff members are encouraged to discuss any romantic or sexual feelings they have about the trainees. This will provide staff an opportunity to assess their current needs and the implications of any possible courses of action.

Trainees who find themselves attracted to staff should talk about their feelings with colleagues, trainers, or the Training Director to assess their current needs and possible future behaviors.
Personal Relationships / Friendships

Personal friendships established between staff and trainees can have the same impact as those associated with romantic and sexual relationships between staff and trainees discussed above. Other potential consequences of personal friendships that go beyond a working relationship between staff and trainees include perceived favoritism or exclusion, leading to a decreased sense of safety and trust between staff and trainees. The types of personal friendships that extend beyond a friendly professional relationship include, but are not limited to, meeting up socially outside of work and work-sanctioned activities, having social networking relationships (to be discussed in more detail below), communicating socially outside of work and work-sanctioned activities, having on-line gaming relationships with each other, and so forth.

It is important to note here that “friendly” is not the same as a “friendship.” Colleagues can have professional relationships with each other and be friendly but not necessarily establish a personal friendship. Staff members are encouraged to discuss any questions or clarifications they may need regarding the boundaries of friendships versus professional relationships with the Training Director or Director.

If a staff member’s behavior crosses the boundaries of a professional relationship with a trainee, an administrative review of the situation will be conducted. The staff member may be subject to disciplinary action by the Director according to the relevant University of Washington policies and procedures.

Statement Regarding Media Social Networking Relationships between Staff Members and Trainees

As media social networking (e.g., Facebook, Instagram, Twitter) becomes an increasingly important part of the social fabric of culture, it is important for trainees and staff members to be aware of boundaries, power dynamics, and possible role conflicts that may arise in these contexts.

Given the personal nature of many social networking sites and the multiple relationships that can occur through many individuals’ large networks of “friends,” the UWCC urges staff members and trainees to be thoughtful about the on-line contact they have with one another.

Staff members should refrain from being social media “friends” with trainees or supervisees who are currently placed in the Counseling Center. Once the trainee or supervisee has left the Counseling Center, whether or not to become social media “friends” (or friends in general) is at the discretion of the staff member and past trainee.

- At the conclusion of the training year, staff members are encouraged to have a conversation with trainees about the implications of establishing a social media relationship once trainees leave the center.
- It should be noted that, although a supervisor no longer has evaluative authority over a trainee once the trainee leaves the Counseling Center, the supervisor may still hold power in the relationship due to the possibility of being asked to serve as a reference for the trainee in the future.
- Supervisors are encouraged to consider this power dynamic in making decisions about when and how to engage in social networking relationships with former trainees.
Relevant Sections from the APA Ethics Code Pertaining to Trainee-Staff Relationships

7. EDUCATION AND TRAINING

7.01 Design of Education and Training Programs
Psychologists responsible for education and training programs take reasonable steps to ensure that the programs are designed to provide the appropriate knowledge and proper experiences, and to meet the requirements for licensure, certification, or other goals for which claims are made by the program. (See also Standard 5.03, Descriptions of Workshops and Non-Degree-Granting Educational Programs.)

7.02 Descriptions of Education and Training Programs
Psychologists responsible for education and training programs take reasonable steps to ensure that there is a current and accurate description of the program content (including participation in required course- or program-related counseling, psychotherapy, experiential groups, consulting projects, or community service), training goals and objectives, stipends and benefits, and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties.

7.03 Accuracy in Teaching
(a) Psychologists take reasonable steps to ensure that course syllabi are accurate regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. This standard does not preclude an instructor from modifying course content or requirements when the instructor considers it pedagogically necessary or desirable, so long as students are made aware of these modifications in a manner that enables them to fulfill course requirements. (See also Standard 5.01, Avoidance of False or Deceptive Statements.)
(b) When engaged in teaching or training, psychologists present psychological information accurately. (See also Standard 2.03, Maintaining Competence.)

7.04 Student Disclosure of Personal Information
Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

7.05 Mandatory Individual or Group Therapy
(a) When individual or group therapy is a program or course requirement, psychologists responsible for that program allow students in undergraduate and graduate programs the option of selecting such therapy from practitioners unaffiliated with the program. (See also Standard 7.02, Descriptions of Education and Training Programs.)
(b) Faculty who are or are likely to be responsible for evaluating students’ academic performance do not themselves provide that therapy. (See also Standard 3.05, Multiple Relationships.)

7.06 Assessing Student and Supervisee Performance
(a) In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision.
(b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.

7.07 Sexual Relationships with Students and Supervisees
Psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom psychologists have or are likely to have evaluative authority. (See also Standard 3.05, Multiple Relationships.)

3. HUMAN RELATIONS

3.02 Sexual Harassment
Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist’s activities or roles as a psychologist, and that either (1) is unwelcome, is offensive, or creates a hostile workplace or educational environment, and the psychologist knows or is told this or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts. (See also Standard 1.08, Unfair Discrimination against Complainants and Respondents.)

3.03 Other Harassment
Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons’ age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status.

3.04 Avoiding Harm
Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

3.05 Multiple Relationships
(a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist’s objectivity, competence, or effectiveness in performing their functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

(b) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.

(c) When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur. (See also Standards 3.04, Avoiding Harm, and 3.07, Third-Party Requests for Services.)

3.06 Conflict of Interest
Psychologists refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to (1) impair their objectivity, competence, or effectiveness in performing their functions as psychologists or (2) expose the person or organization with whom the professional relationship exists to harm or exploitation.
3.08 Exploitative Relationships
Psychologists do not exploit persons over whom they have supervisory, evaluative, or other authority such as clients/patients, students, supervisees, research participants, and employees. (See also Standards 3.05, Multiple Relationships; 6.04, Fees and Financial Arrangements; 6.05, Barter with Clients/Patients; 7.07, Sexual Relationships with Students and Supervisees; 10.05, Sexual Intimacies with Current Therapy Clients/Patients; 10.06, Sexual Intimacies with Relatives or Significant Others of Current Therapy Clients/Patients; 10.07, Therapy with Former Sexual Partners; and 10.08, Sexual Intimacies with Former Therapy Clients/Patients.)
SECTION III

SUPERVISION AND EVALUATION

A. Supervision

In the interest of thorough and diverse training, the American Psychological Association recommends that doctoral psychology interns receive supervision from different eligible licensed staff professionals with a variety of competencies and backgrounds. To that end this training program will provide each intern with the opportunity to work with at least two different primary supervisors.

Supervision is meant to provide a supportive and challenging environment in which interns can share their goals, strengths, and growth areas. The training program aims to help each trainee make the most of the intern’s training experience, to facilitate personal and professional development, and to ensure client welfare.

1. Consultative Model of Supervision

The Counseling Center follows a consultative model of supervision. Each member of an intern’s training team (e.g., Training Director, clinical supervisor, emphasis area supervisor, group supervisor, etc.) may and are encouraged to consult with each other about the progress of the supervisee in order to provide the highest quality training to the supervisee. Supervisors meet formally with each other and the Training Director to discuss and review trainees’ progress in the training program. These meetings also allow supervisors to share their own supervisory work and style with each other to enhance growth as supervisors. There are three important factors to keep in mind about supervision:

   1. Supervision is not therapy and as such is not a “confidential” relationship.
   2. Supervisors respect what trainees disclose in supervision and share information judiciously.
   3. If a supervisor feels the need to discuss sensitive information that a trainee has disclosed during supervision, the supervisor will inform the trainee and discuss the limits of the disclosure.

These requirements will vary depending on each supervisor’s style and preferences. At the start of supervision, the supervisor and supervisee should review these preferences (framework of supervision) and prepare goals for the supervision experiences. This discussion should include such details as the frequency of recording/review of recordings, process for locking notes, and evaluation procedures.

2. Assignment of Supervisors

Before the training year begins, the Training Director will e-mail each incoming intern to set up a time when they will be able to talk on the phone for ½ hour or so to provide the Training Director opportunity to gain additional information about the trainee’s training goals, strengths, growth edges, supervisory style that best works for them, interest areas, etc. The purpose of these phone conversations is to collect information that will assist the Training Director in assigning supervisors to interns. The Training Director matches supervisees with the most appropriate supervisors who are available to serve as primary clinical supervisors for the first half of the year. The available pool of supervisors is composed of eligible training staff who express an interest in supervising interns and who are two-years post-licensure (a requirement in the state of Washington).

In January, the Training Director may talk with staff and compile a list of available intern supervisors and discuss with interns their supervisor preferences for the second half of the year. At times, matches are made at the discretion of the Training Director, who may be holding additional information that cannot be shared but facilitate the matching process.
Matches will be made according to assessed training needs. Interns will meet with the Training Director to discuss their training needs on a quarterly basis in order to facilitate matches and understanding of upcoming goals and needs.

3. Scheduling of Supervision

Interns will be asked to arrange two hours of individual supervision per week with their assigned clinical supervisor. These are scheduled times; however, interns may also seek out their supervisor at unscheduled times. Additionally, interns are encouraged to consult with other staff members who might be of assistance. **When in doubt, interns are encouraged to consult.** Any time an intern consults with their supervisor or another licensed clinical staff member, they should count this as “1:1 supervision” in Titanium and may need to complete an internal consultation note.

4. Disagreements

Hopefully the internship year will be free of conflict. However, should an intern have problems or disagreements with their supervisor or others, the Training Director is available to help resolve the issue. Interns should also consider working out any disagreements directly with the other person involved—however, cultural values, individual differences on conflict management/resolution and power differentials may complicate this, so interns are encouraged to consult with Training Director if uncertain of next steps. The Training Director is always available to consult and assist a trainee working through a conflict and interns should consult immediately before issues become compounded or exaggerated. If the conflict is with the Training Director, interns can consult with the Director. Please note that these consultations are to provide feedback and guidance regarding conflict management/resolution and triangulation or splitting will not be tolerated or permitted.

5. Evaluations

Evaluations are intended to provide interns and their home departments with feedback about the intern’s progress and to provide guidelines on how to successfully complete internship. They are also intended to provide the training program with feedback about each intern’s training experience. The evaluation process works both ways, and is intended to be a supportive growth experience. The system has several components:

a) Setting of goals at the beginning of each term and reviewing the Supervision Contract together (see Appendix for Supervision Contract);

b) Informal feedback from primary supervisor to intern in the middle of each quarter;

c) Formal, written evaluations at the end of 6 and 12 months, for both supervisor and intern;

d) Intern cohort group meetings with the Training Director.

In the context of the supervisory relationship, interns receive on-going feedback regarding their professional strengths and areas/skills in need of improvement, particularly in individual therapy. In addition, each clinical supervisor provides written evaluation of each of their intern supervisees at the 6- and 12-month marks. (Group evaluations will occur quarterly given groups may not continue beyond a quarter or an intern may only have a quarter of group experience.) These evaluations encompass three major areas: 1) knowledge and acquisition of relevant professional standards and the profession-wide competencies; 2) appropriate professional skills and abilities; and 3) their appropriate management of personal concerns and issues as they relate to professional functioning. It is important that interns review the evaluation form with their supervisors at the start of each quarter -- as well as during it -- in order to clarify what they will be evaluated on. Additionally, competency benchmarks are reviewed with training staff annually and are made available for both interns and training staff to review year-round.
At the end of each quarter or evaluation period, the intern supervisor will review and discuss the evaluation with their supervisee. This process is designed to provide both evaluative feedback and recommendation(s) for improvement. This session may also be used to provide verbal or written feedback to the supervisor regarding their role, and the intern’s perception of supervision. This also helps interns have a better understanding of how they are completing internship and if they are on a trajectory that will lead to successful completion of the internship. Perceptual and/or factual differences between the supervisor’s evaluation and that of the intern’s are expected to be resolved during this evaluation meeting. (Procedures for addressing unresolved differences are elaborated under Grievance Procedures in this chapter.)

Assuming that there is no aspect of the intern’s performance that has been rated below the expected level of development for interns in training, both the intern and the supervisor sign the evaluation indicating that it has been reviewed. A copy of the evaluation is then forwarded to the Training Director to review and place in each intern’s file.

Thus, the Training Director receives information from the supervisor and from others who have had significant contact with the intern. The Training Director meets with each intern at the end of each quarter to provide integrative feedback regarding the collective experience of others who have had significant interaction(s) with the intern as well as their own perceptions of how the intern is progressing and what areas may need to receive additional or greater focus. Both parties discuss how the internship experience is progressing, and the intern is provided with the opportunity to give their reactions to, and critiques of, supervisors and other aspects of the training experience. It may be in the context of this meeting that the Training Director and the intern may arrange for a modification of the intern’s training program to address their training needs and/or the needs of the training program. Any and/or all modifications of the intern's training program are done in consultation with the intern's primary supervisor. This is all done to provide support to interns in completing internship successfully.

It is important that in the course of the internship, the sponsoring university or department is kept apprised of the intern’s training experience. The Training Director submits a report of the intern’s training activities and progress to the intern’s sponsoring university at the end of winter quarter (after the first full clinical evaluation) and at the end of the internship.

Through these mechanisms the identification of, and responses to, perceived intern needs and deficits is a continuous process. Additionally, every training site wishing to comply with American Psychological Association guidelines must provide trainees with Guidelines for Due Process Regarding Insufficient Competence of Trainees and Grievance Procedures (see Appendix J), which outlines procedures for addressing instances in which an intern, for whatever reason(s), is not meeting basic training requirements or has a concern about the training program.

Intern Evaluation and Review: Rationale and Procedures

This document has been developed to delineate the procedures used by the Counseling Center internship program to a) evaluate intern performance, and b) ensure that due process is accorded all parties during the evaluation and review process. This section will cover the Rationale and Overview, and the Training Staff. The Guidelines for Due Process Regarding Insufficient Competence of Trainees and Grievance Procedures, which includes the definition of Insufficient Competence, General Guidelines for Due Process, Policy on Insufficient Competence of Trainees, Due Process Procedures, Grievance Procedures, and Remediation Considerations will be included in Appendix J.

1. Rationale and Overview

Rights and Responsibilities of Interns
Training is an important learning and socialization process by which trainees develop the skills to become psychologists. Psychologists-in-training are expected to learn therapy skills and the ethics of practice, as well as to examine their own interpersonal processes. At all stages of training, it is the primary responsibility of the trainers to provide students with on-going feedback on all aspects of their performance in order to improve skills and remediate problem areas. In addition to the responsibility for providing feedback to students, trainers have a monitoring responsibility to the profession and the public. The laws of the state of Washington require that all therapists and counselors who seek licensure or certification will have graduated from an appropriate training program and demonstrated a minimal level of skills in dealing with clients.

The Committee on Accreditation for the American Psychological Association has stated that all programs "have special responsibility to assess continually the progress of each student" (1989, p. 14). Furthermore, it states that "students who exhibit continued serious difficulties and do not function effectively in academic and/or interpersonal situations would be counseled early, made aware of career alternatives, and, if necessary, dropped from the program" (1989, p. 14). Similar expectations are clearly spelled out in other training programs as well (i.e. the National Association of Social Work Code of Ethics Principle J10, 11).

This process of assessment and remediation is particularly important during the internship. The internship year can be a time of great stress for the trainee. Sources of stress may be purely developmental, inherent in the transition from graduate student to professional, or may be more directly a result of demands of the internship (e.g., the responsibilities of full-time clinical work) or intense self-examination (Lamb et al., 1985). Stress during the training year tends to highlight certain problem areas that can serve to stimulate new growth for the trainee. In certain cases, however, stress may uncover a pre-existing or developing concern that results in insufficient professional competence that may be somewhat resistant to remediation. It becomes particularly important to maintain a rigorous program of evaluation and feedback during the internship year, as it is the last opportunity where problems/insufficient competencies may be dealt with before the trainee becomes a more independent professional.

The American Psychological Association mandates that training programs should have clearly articulated policies and mechanisms to handle academic problems, conflict situations, and problems related to expectations, interpersonal relations, and other areas.

Interns will have the opportunity to work in a setting conducive to the acquisition of the knowledge and skills necessary for competent professional practice. They will have the opportunity to achieve the goals of the program and to promote the welfare of the clients, the Counseling Center, the public, and the profession.

The training program will respond sensitively to trainees and protect their rights:

A. Interns have access to clear statements of the standards and expectations upon which they will be evaluated at midterm and internship end.
   1. Skills, competencies and expectations of time commitments are described in this document in evaluation forms, and in training and agency contact forms.
   2. Professional standards of ethical practice will be discussed in the Legal and Ethical Issues seminar during fall quarter. Counseling Center statements of policies and procedures will be provided in electronic form, and such policies and procedures will be discussed with trainees throughout the internship.

B. Interns have two hours weekly of individual primary, clinical supervision where they will be given informal verbal feedback about their performance throughout the year. They will have the opportunity to
ameliorate deficits or misconduct prior to formal evaluations and/or special review, unless continuation of service delivery would be to the detriment of clients.

C. Interns meet individually with the Training Director before the onset of each quarter to plan a schedule of appropriate service and training activities. Regular meetings between interns and the Training Director enable both to raise concerns and suggest modifications of the program and to maintain awareness of any problems.

D. Interns have the right to give feedback to, and receive feedback from, any staff member.

E. Interns have the right to know the due process and remediation procedures of the Center.

F. Interns have the right to activate a formal review if they believe their rights have been infringed upon. A review may be activated if an intern experiences sexual harassment, exploitative behavior or other behaviors that infringe upon intern rights or denial of due process granted in the evaluation procedure.

G. Interns will be given assistance in the job search and application process through serving as references and providing letters of recommendation when requested and appropriate.

Training Staff

All Counseling Center staff members have some involvement in intern training. This involvement includes, but is not limited to, serving as individual, emphasis couple or group supervisors, consulting with interns, and making formal and informal presentations. Additionally, staff members may share responsibilities with interns in such areas as teaching, administration, outreach and clinical service delivery. Thus, all staff members having contact with interns are considered members of the training team.

Supervision:
2 hours of primary supervision weekly
1 hour of emphasis area supervision per week
30 minutes of group supervision per week
1.5 hours of group supervision (clinical team) per week
Total of 5 hours per week
SECTION IV

RELEVANT COUNSELING CENTER POLICIES & PROCEDURES

This section will cover only the UW Counseling Center Policies and Procedures that are most relevant to interns. However, all trainees are expected to access and read UWCC’s Policy and Procedures manual on the shared drive.

A. Reception and Administrative Procedures

1. Scheduling
For scheduling purposes, the Counseling Center has two basic types of individual client appointments: intakes and ongoing sessions. Both types of appointments use client slots, of which an intern’s schedule will include a certain number each quarter. Intakes are typically scheduled during each clinician’s designated intake slots on their schedule(s). However, during peak times, it may be necessary to schedule intakes during client slots that are not being utilized that week.

As trainees begin to see on-going clients, they may find it necessary at times to change the client’s regular appointment time for a week, or even permanently. When a holiday falls on a client’s appointment day, interns may be tempted to switch all clients on that day to other days that week, rather than simply having them skip a week. This may be appropriate for some clients, while others will be agreeable with waiting an additional week.

2. Rescheduling Clients
If clinicians are rescheduling their clients for another appointment, the Counseling Center asks that each clinician enter their appointments into the Titanium scheduling system, and give clients an appointment card if they would like one. Interns are expected to utilize individual therapy placeholders in their schedules to facilitate scheduling/rescheduling.

If the student is not sure when they can return, make sure the student understands that the Counseling Center cannot hold a slot for more than 24 hours. Similarly, if the student will be calling for an appointment on an “as need” basis, it is important to explain that the Counseling Center cannot guarantee the same time slot or immediacy in being seen.

When clients end their treatment at the Counseling Center, every clinician is expected to close the file and write an electronic termination summary when relevant (see Shared Folder for more specific policies and procedures).

3. Communications

Message Carousel and Mailbox
Clinicians are required to check the message carousel frequently to ensure that they do not have any messages and to check their mailboxes to ensure they do not have any mail or documents. If there are conflicts between what the receptionist may have scheduled into a clinician’s schedule that conflicts with the clinician’s schedule, the Counseling Center encourages the clinician to let the front desk staff know immediately.

Telephone
If clinicians are available and a telephone call comes in for a clinician, the front desk staff person will transfer the telephone call to the clinician’s office. When the clinician picks up the phone, the front desk person will announce who is calling. If the clinician agrees to take the call, the front desk person will transfer the call to the clinician. All clinicians are encouraged to keep the front desk informed of their whereabouts so they know whether to transfer calls and in the case of an emergency or urgent situation, they know where to locate each clinical staff.
4. Scheduled Absences
In the case of scheduled absences, all staff members are required to submit a leave request in WorkDay (for vacation time off or preplanned sick time off). **All leave needs to be approved by the Training Director.** Once approved, ensure that the scheduled absence is accurately reflected in Titanium and the “out-of-office” message in e-mail has been turned on for the duration of the absence.

5. Long Distance Phone Calls
When making long-distance phone calls, all staff members dial “9” first followed by the number.

6. Paper Shredder
The Counseling Center has a container to place confidential material to be shredded in the file room. As of now, all confidential information (e.g., any material that has client information on it) to be put into the “To Be Shredded” container, until further notice. (Please remove paper clips or staples first.)

B. Relevant Clinical Procedures

1. Intakes
Doctoral interns will spend a significant portion of their time counseling individual clients. All interns will conduct intakes in addition to seeing individual clients. The Counseling Center’s full intake procedures and write-ups will be covered during orientation.

All University of Washington students seeking most services at the Counseling Center first go through an intake interview. When a student calls to request counseling, they are scheduled for a 45-50 minute intake session. When a student comes for the appointment, they will fill out an intake questionnaire that is called the Student Data Survey (SDS). Additionally, the student will be asked to read a brochure entitled “Welcome to the Counseling Center,” which contains a description of the Counseling Center as well as a description of the limits of confidentiality. When a student is meeting with a trainee, the consent to video record for the purposes of training and consultation form is reviewed and signed at the on-set of the intake. All intakes provided by trainees will be recorded by webcams unless a student does not consent to record.

If clinicians ever schedule an intake themselves, it is important to let the client know that they need to come in 20 minutes early to fill out intake forms. When a client returns after a significant absence (~6 months), they will be asked to fill out the SDS again.

The intake is a 45-50-minute interview that covers the presenting problem, history of treatment, and related information. The purpose of the intake interview is to determine whether the student’s presenting issue(s) is/are appropriate to be seen at the Counseling Center or best to refer to other resources on campus or in the community. The disposition will then be noted in the client’s electronic file on the intake form.

2. Case Disposition / Supervised Clinical Teams
One valuable aspect of being a counselor at the Counseling Center is the opportunity to attend a weekly clinical team meeting as group supervision. The purpose of these meetings is to listen and talk with other staff about any difficulties or concerns that the intern or other staff may be experiencing with a client, and to disposition cases to members of the clinical team. The clinical team meeting is actually a brainstorming session in which a group of staff members help each other re-think issues pertaining to work with clients, consult about the best possible assignment for a client, or discuss other relevant professional issues. Clinical team meetings provide trainees with an opportunity to hear other clinical
perspectives from other professionals at the center. It also is a time that interns can consult and receive supervision with training staff other than their clinical supervisor. Interns count this weekly case consultation with their clinical team(s) as “group supervision” in Titanium. If feasible, interns and supervisors will be placed on separate teams. However, given that supervisors change February 1st, there is a possibility that at some point during the internship year, primary supervisors and interns will be on the same team. Usually this is not problematic and in some cases, even preferred. However, if issues do arise, interns and supervisors are encouraged (and even expected if there is a problem) to process and discuss it immediately as to not cause disruption or rupture to the supervisory relationship and/or clinical teams and their processes.

Each intern will be assigned to a weekly clinical team comprised of other staff. Rather than assigning a client to the intaker’s caseload immediately after an intake, an intern may choose to take the case to their clinical team for case disposition. If this is the case, all clinicians are required to mark that in Titanium, and to be prepared to discuss the client in clinical team. Interns may choose to take clients to clinical team if (1) the intern’s caseload is significantly impacted; (2) the client did not give permission to record; (3) the client’s presenting issues feel beyond the bounds or scope of the intern’s (or the intern’s supervisor’s) competence; or (4) a referral to a fellow team member is clinically indicated. Other reasons for taking clients to clinical team may arise; if interns have any questions regarding when and whether to bring a client to clinical team, they are encouraged to consult with their supervisor.

In order to accommodate trainees’ training goals, trainees are encouraged to discuss their interests with their supervisors and their clinical teams if they have a particular clinical interest or interest in a particular client population—this ensures that appropriate clients may be assigned to their caseload.

3. Session Limit and Referrals

The Counseling Center operates with a brief therapy/short-term treatment model guided by the mission of helping as many students succeed academically and personally as possible. Students who need longer-term or more specialized treatment than the Counseling Center can provide are referred to other community resources. Additionally, since many students have medical insurance, those with the resources to pay for therapy in the community (included Hall Health Mental Health Center) are frequently referred to those resources.

There is not a specified session limit for UW students seeking counseling at the Counseling Center. However, the average number of sessions is ~5 and the majority (about 90%) are seen for 15 or fewer sessions. For training purposes, each intern is encouraged and permitted to choose one client with whom to work on a longer-term basis. This is unlikely to mean weekly therapy for the entire year, but may mean weekly therapy for a couple of quarters with a shift to less frequent contact for the remainder of the year. Interns are encouraged to talk with their supervisors early in fall quarter to develop a plan for this longer-term client.

Managing one’s caseload often represents the steepest learning curve for interns. Thinking outside the "weekly 50-minute sessions" box is a skill interns need to start enhancing early in the year. Interns and their supervisors should be discussing the need to think flexibly about therapy -- that it sometimes can occur in less than 50 minutes and that it frequently can occur with less than weekly contact, especially after the first few sessions. Learning to identify what clients need and structuring therapy contacts accordingly will be an important skill to develop while working within a system without specific session limits but with limited resources and a commitment to see as many students as possible.

Given the nature of the services offered by the Counseling Center, it is often necessary to refer students to services outside of the Center. Some of the reasons for referring students include the following:

* Student needs longer-term or specialized treatment.
* Length of the wait for services makes immediate care unlikely.
* Student needs services not offered at the Counseling Center.
* Student may prefer private practitioner.

Note: If interns are unsure of whether a student is an appropriate client for the Counseling Center, it is possible to schedule an extended intake with the student and to consult with a supervisor or their clinical teams.

i. Internal University Referrals

The University of Washington offers a variety of mental health services. The following agencies are most commonly used as referral resources by professional staff.

Hall Health, Student Health Center
Hall Health is the student health center of the University. Hall Health has psychiatry services, counselors, social workers, and a psychologist in the clinic. Referrals to the Mental Health Clinic are often made when a medical evaluation is warranted, or when specific services are offered which can be beneficial to students. Referrals are frequently made to Hall Health for medication needs even when the client continues to see a therapist at the Counseling Center. Policies about referring to Hall Health Mental Health Clinic are discussed during orientation and with supervisors. Also, there is a psychiatric resident at the Counseling Center one day per week and it is possible to refer a client to this person for a medical/medicine referral (if the client’s schedule matches the hours offered by the psychiatric resident). Please note that due to the psychiatric residents’ limited availability, this service is usually reserved for students with no other resources. Interns are required to consult with their supervisor prior to making a medication evaluation referral.

Psychological Services and Training Center–Guthrie Annex
The Psychology Department offers services to students and members of the larger community. Under supervision, graduate students in clinical psychology provide individual, couples, and family counseling. They have a sliding fee scale that ranges from $15 to $60 per session.

University of Washington Medical Center
Referrals to the University of Washington Medical Center Emergency Room are occasionally made in cases of extreme emergency. An administrator or supervisor should be consulted with prior to this type of referral. Usually, in these cases, the student will be displaying more serious pathology (i.e. acting out behavior, imminent suicide ideation and/or psychotic behavior). Such a student should be referred to the University of Washington Medical Center Emergency Room. The University Medical Center has a psychiatric unit for clients who are assessed as appropriate for hospitalization (see the UWCC Policies and Procedures manual for referral procedures).

ii. Outside University Referrals

The Center has developed its own internal referral directory. This referral list can be accessed on-line. The referral directory includes community resources as well as Seattle area therapists in private practice. As this referral list requires updating, the Counseling Center encourages all trainees to double-check referrals with their supervisor, the case manager or other staff.

If a client is in crisis, they will need to have the number of the King County Crisis Line, at: (206) 46l-3222 (this is a 24-hour crisis line) as UWCC does not provide after-hours or emergency coverage.

4. Recording Counseling Sessions
Because the Counseling Center is a training facility, all interns must record their intake interviews and on-going therapy sessions with clients (if clients sign an agreement that they are willing to be recorded). Most of the time, clients are willing to be recorded, and will automatically sign the consent form at intake. Occasionally, a student will have a problem with it, so a discussion with the intake counselor can be helpful. Of course, the Counseling Center does not force a client to be recorded. If, after discussing it with the intake counselor, the client remains opposed to recording, the client may be assigned to a training staff member. Agreement to record is NOT a condition for receiving service at the Counseling Center; however, trainees may NOT see clients who do not agree to do so. (If recommending assignment of a client to another trainee, be sure the client has provided written consent to be recorded.) The UWCC tries as best they can to accommodate client preferences—however, in order to honor preferences, clients may need to wait longer, prioritize their preferences or in order to be seen, may have to forgo preferences. This should be discussed with clients in order to set realistic expectations.

5. **Agency Confidentiality**

Counselors at the Counseling Center adhere strictly to confidentiality. This means that any discussion that training staff and trainees have with each other about their clients is confidential and stays within the agency at all times.

Other issues related to confidentiality include; a) avoiding discussion of clients in the reception area, lunch room or in other areas of the center where confidentiality may be compromised; b) disposing of all written confidential information properly (this includes any phone messages, or correspondence which might identify a client) and c) **ensuring that all client information or video recordings, external hard drives, and electronic files of written or visual information NEVER leave the Counseling Center**. Once recordings have been reviewed and discussed with their supervisor they **must** be deleted or erased. During the first week of orientation, interns will be asked to sign a form indicating agreement to maintain confidentiality at all times (both now and in the future) and adhere to all other APA ethical standards.

**Group Psychotherapy**

Groups are an integral part of the Counseling Center’s training program and service delivery to students. The Counseling Center may offer both structured and unstructured groups, as indicated below. The Counseling Center staff offer personal growth and therapy groups depending on student interest.

For interpersonal, Yalom-style process groups, there is typically at least one training staff member who is the group co-facilitator.

**Selection of groups**: Interns are encouraged to discuss their group interest with the Training Director during the pre-internship telephone call and during the first week of orientation. The Training Director will try to accommodate these preferences whenever possible, and when it is in the best interest of the center.

**Procedure**: Interns will meet with their co-leader or group leaders prior to the beginning of group. At the initial meeting interns will discuss the group format and agenda, discuss facilitation styles, and review the evaluation. The leader may also offer appropriate reading references. Together, the intern and group facilitator(s) will decide on their particular individual roles in the group and formulate a plan for marketing, screening, and running of the group.

**Group Screening**: Clients are first seen for an initial group screening or informational interview. This meeting enables the client and leaders to evaluate expectations and goals of the client, and explain the purpose of the group. This exchange of information will provide basic information that will be essential to determine if the group is a good fit for the client, or, if necessary, to make a referral. An intake will be completed prior to the group screening.
Acceptance or Referral: When the client and co-leaders agree that the group will be suitable for the client, the next step is to be sure the client knows where and when the group will meet. The client will be directed to check in at the front desk prior to each group. If the group is not appropriate for the client, the student may be offered another group, individual counseling, or an appropriate outside referral.

Outreach

The mission of the Counseling Center’s outreach program is to deliver preventative and developmental interventions to the campus community, thereby creating change and increased awareness on an institutional level, as well as a personal one. Becoming proficient in outreach design and delivery is a core competency of the internship, and interns are provided with training, support, and mentorship around outreach throughout the year. One of the central values of the Counseling Center’s outreach program is the importance of connecting with students from diverse backgrounds who might not otherwise make contact with the center. Accordingly, efforts are made to partner with communities across campus and share expertise and resources in a way that promotes increased self-awareness, coping skills, and overall wellness.

During orientation at the beginning of the training year, interns will be introduced to the theory and practice of delivering developmental and preventative outreach services on a large, multicultural university campus. In keeping with the developmental model of the internship, interns will have opportunities to observe and co-facilitate outreach interventions with training staff members throughout fall quarter, and will then begin to make independent contributions to the center’s outreach efforts later in the year (with appropriate supervision). Interns will receive ongoing, summative feedback from the Coordinator of Prevention Services and other training staff members about their program development and delivery skills throughout the year, and a more formal evaluation will occur at the end of the internship year. Interns will be responsible for providing the Outreach Trainee Feedback form to co-facilitators, which then will be discussed with the trainee before being submitted to the Coordinator of Prevention Services. At the end of the year, the Coordinator of Prevention Services will summarize the feedback the intern has received during the training year and provide a written summative evaluation.

Interns are expected to present at least five outreaches over the academic year and interns may engage in additional outreach programming as center needs or personal interests dictate. Interns will be given opportunities to participate in several types of outreach activities: workshops, panel discussions, guest lectures in classroom settings, tabling events, and website content development. Interns are also encouraged to develop a new program that reflects their interests or expertise during the slower summer months.

Outreach requests and programming opportunities are typically presented to the entire staff during weekly staff meetings or via e-mail, at which time interns will have the opportunity to volunteer to present or co-present the program. The Coordinator of Prevention Services may also approach an intern directly if an outreach request seems particularly well-suited to an intern’s interests, expertise, or training goals. The Coordinator of Prevention Services and other training staff members are available for consultation as the intern designs an outreach program, and are again available for consultation/review following the outreach event. Interns will document their outreach activities both in Titanium (for scheduling and data tracking purposes) and on the Quarterly Outreach Logs (see Appendix K). Interns are encouraged to meet with their supervisor, the Training Director, or the Coordinator of Prevention Services if any concerns regarding outreach arise.
SECTION V

THE FINAL MONTHS

The final quarter begins in mid-June and continues through the first two weeks of August. Many interns will be either interviewing for new jobs or preparing for the move to a new job that they have already accepted. It is common for interns to feel sadness related to leaving behind close friends, and to feel an awareness of transition as they plan to leave the internship. Whereas interns are also looking ahead to next steps (and may even feel excitement about them) it is common to have mixed or a range of emotional experiences. As training staff begin to anticipate the arrival of new interns, current interns may feel forgotten and easily replaced. Quite the opposite is true—saying good-bye each year is very difficult and undesirable.

Looking For Positions

By winter quarter, interns will likely have started looking for their new position. Places where interns typically find positions in the counseling field include the ACA Guidepost, the APA Monitor, the Chronicle of Higher Education, CC Counseling Village, the Counseling Centers job posting website, and at job fairs or job boards at various national conferences such as ACPA, ACA, and APA. The training staff members have a variety of networks and may know one or more individuals at a site where interns are applying for a position. The Counseling Center encourages all interns to seek support from training staff, whether it is to review their letters, job talk, or for them to access their networks.

Transitions

Leaving on a positive note with the Counseling Center staff is a healthy and positive way to finish internship. This means finishing up with clients/charts, paperwork, intern assignments and projects. Leaving unfinished items behind can result in a poor evaluation and/or a non-completion of an intern’s internship. Interns will be provided with a checklist of end-of-year tasks to assist in ensuring everything that needs to happen before you leave has been accomplished.

This is a difficult time for everyone. All trainees are asked to provide the Training Director with a forwarding address and contact information so the Counseling Center can send out periodic follow-up evaluations.

Evaluations and Feedback

Out-going interns are a wealth of information for the training program and UWCC as a whole. The Counseling Center strongly values the feedback of trainees and take feedback seriously. The trainees’ feedback will be reviewed and when appropriate, changes will be made to improve the experience for future trainees. It is asked that all trainees set aside time to provide the Counseling Center with their thoughts, suggestions, and feedback to improve the training program during internship and afterward, as continual assessment of alumni interns is necessary for APA and the center. Please note that all intern personnel records are kept in a locked file cabinet in the Training Director’s office.
OUTLINE FOR CASE PRESENTATION

University of Washington Counseling Center
OUTLINE FOR CASE PRESENTATION

The purpose of the case presentation is to hone your case conceptualization, peer consultation, and case presentation skills. You will be presenting one case to your clinical team members during fall or winter quarter, and one case to all training staff during spring or summer quarter. Each case presentation will take ~1 hour. Please be prepared to present for ~20-25 minutes. We will spend the remainder of the time (25-40 minutes) discussing the case and the questions/issues you pose for the group.

I. IDENTIFYING DATA
   Include relevant demographic information: age, gender, race, relationship status, living situation, year in school, major, general self-presentation.

II. PRESENTING CONCERN(S)
   Reasons for seeking counseling now, precipitating events, duration of the problem, predominant feelings, circumstances influencing the problem, client’s goals for treatment.

III. RELEVANT HISTORY
   History of presenting concern, family background, prior therapy experience, medical history, alcohol/drug usage, relationships with significant others, etc.

IV. CURRENT FUNCTIONING
   Alcohol/drug usage, eating concerns, social support, coping, etc.

V. CULTURAL CONSIDERATIONS
   Defining ‘cultural’ broadly, what are the cultural similarities and differences between you and your client and how has it/does it impact your work?

VI. COURSE OF COUNSELING
   Number of sessions, major issues focused upon, client’s response to counseling process, counselor’s subjective experience of the sessions, nature of therapeutic interventions.

VII. CONCEPTUALIZATION & DIAGNOSTIC IMPRESSION
   Summarize your view of the client's problem. With what issues does the client need help? How did the client become the way they are today? Diagnostic Impressions? Treatment goals?

VIII. CONSIDERATIONS FOR EVIDENCE-BASED TREATMENT (in Clinical Team Presentation)
   Please include in your write-up your considerations for using Evidence-Based Treatment with this client. Specifically, please address the following two questions:
   a) What, if any, EBT would you consider for this client?
   b) If you would not consider using an EBT for this client, why not? And if there is an EBT that would be appropriate, why?

IX. QUESTIONS/ISSUES FOR CASE CONFERENCE (in Clinical Team Presentation)
   What issues do you want feedback on from the group? What types of personal reactions are you having to the client?
EVALUATIONS FOR SUPERVISION OF RESEARCH; ETHICAL AND LEGAL STANDARDS; INDIVIDUAL AND CULTURAL DIVERSITY; PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS; COMMUNICATION AND INTERPERSONAL SKILLS; ASSESSMENT; INTERVENTION, SUPERVISION; CONSULTATION AND INTERPERSONAL/INTERDISCIPLINARY SKILLS AND EMPHASIS AREA

1. All evaluations are based upon co-therapy and/or live and direct observation.

2. Supervisors and supervisees, please set up an evaluation time with one another for the week prior or during the week that the evaluations are due.

3. Please complete the evaluation form that is relevant to your supervisory and/or supervisee role. Please delete the irrelevant sections or mark N/A.

4. During the evaluation discussion meeting, supervisors will provide supervisees with written feedback and evaluation and supervisees will also be providing feedback and evaluation or their supervisors. Please allow enough time so that mutual feedback can be provided within the one meeting.

5. At the completion of the evaluation meeting, please sign the evaluations and have your supervisee make copies of the evaluation for the Training Director for interns’ individual end-of-quarter meetings and to retain in the interns’ files. Supervisees may want to make a copy for their own records also.
COUNSELING CENTER
UNIVERSITY OF WASHINGTON
6 MONTH TRAINEE CLINICAL EVALUATION REPORT

Trainee Name: ________________________________ Quarter/Year: ____________

Supervisor Name: ____________________________ Date of Evaluation: ____________

This evaluation is consistent with the training model at the Counseling Center in that it uses a developmental, profession-wide competency-based model. The following areas of competency have been discussed in literature and by APA as critical areas of knowledge, awareness, and skills for a licensed psychologist. Trainees should be rated based on where they are in relation to a professional level of competency, and not relative to peers.

*In order to successfully complete internship, interns must acquire Level 3 (Competent) on all learning elements for the profession-wide competencies on the 12-month evaluation.*

If relevant, please note areas of **Advanced Proficiency** at the end of the evaluation for those areas that you feel a trainee is at a postdoctoral or licensure level. Areas of Advanced Proficiency would presume that a trainee could teach or mentor others in those areas due to their level of expertise.

Please use the following scale to rate your supervisee on the items below the scale:

<table>
<thead>
<tr>
<th>N/A</th>
<th>Highly Competent</th>
<th>Advanced Competence</th>
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<tbody>
<tr>
<td>5</td>
<td>The intern has a strongly established competence in the knowledge, awareness or skill being evaluated. The intern functions in this competency area at a level that could allow for independent work. The use of knowledge, awareness or skill is consistently incorporated into the intern’s understanding of the work as an emerging psychologist and is evident in daily practice.</td>
<td>The intern has advanced developed competence in the knowledge, awareness or skill being evaluated. The level of competence is characterized by the intern’s ability to utilize the knowledge, awareness or skill with minimum structured assistance. The intern is aware of the competence, seeks greater learning about and understanding of the competence area as a form of ongoing development and frequently applies the knowledge, awareness or skill to the practice of the intern’s work as an emerging psychologist.</td>
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<tr>
<td>Level</td>
<td>Competency Level</td>
<td>Description</td>
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<tr>
<td>3</td>
<td>Competent</td>
<td>The intern has achieved an intermediate level of competence appropriate to an entry-level health service psychology practice and is actively working to further enhance competence in the knowledge, awareness or skill being evaluated. The intern is aware of the competency area and can utilize this awareness to inform the work in the internship setting. The intern may still need moderate assistance from didactics, supervision, training, etc. in order to better implement into the intern's work. <strong>This is the minimal level of competence needed for successful completion of the internship program.</strong></td>
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<tr>
<td>2</td>
<td>Emerging Competence</td>
<td>The intern has a basic foundation in the knowledge, awareness or skill being evaluated and is progressing toward greater competence in this competency area. This is likely an area for continued supervision and development.</td>
</tr>
<tr>
<td>1</td>
<td>Slight Competence</td>
<td>The intern does not have basic understanding of the knowledge, awareness or skill needed for this competency area. An intern evaluated at this level will need to be placed on a remediation plan and unsuccessful completion may lead to dismissal from internship.</td>
</tr>
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### I. Research

<table>
<thead>
<tr>
<th>Rating</th>
<th>1. Demonstrates ability to select appropriate treatment interventions based upon scholarly knowledge and current research.</th>
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<tbody>
<tr>
<td></td>
<td>2. Ability to use scholarly knowledge to evaluate treatment efficacy.</td>
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<td></td>
<td>3. Demonstrates ability to conduct research/evaluation/special projects relevant to clinical practice and services at a university counseling center (if applicable).</td>
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<td></td>
<td>4. Demonstrates the substantially independent ability to evaluate and disseminate research or other scholarly activities (e.g. case conference, presentation, publications) at the local (inclusive of UW), regional or national level.</td>
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**SUPERVISORS’ OVERALL IMPRESSION OF THIS COMPETENCY**

**Comments:**

Direct and/or live observation? Yes _____    No _____

### II. Ethical and Legal Standards

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<thead>
<tr>
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<tbody>
<tr>
<td></td>
<td>2. Knowledgeable of and acts in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct.</td>
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<tr>
<td></td>
<td>3. Knowledgeable of and acts in accordance with relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels.</td>
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<tr>
<td></td>
<td>4. Knowledgeable of and acts in accordance with relevant professional standards and guidelines (especially of Washington).</td>
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<td></td>
<td>5. Recognizes ethical dilemmas as they arise, and applies ethical decision-making processes in order to resolve the dilemmas.</td>
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<td></td>
<td>6. Conducts self in an ethical manner in all professional activities.</td>
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<tr>
<td></td>
<td>7. Demonstrates knowledge and ability to practice in accordance with APA Ethical Principles of Psychologists and Code of Conduct and relevant professional standards and guidelines (of Washington state and beyond).</td>
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<tr>
<td></td>
<td>8. Demonstrates ability to identify and think through complicated ethical dilemmas as they arise and seeks appropriate consultation.</td>
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<tr>
<td></td>
<td>9. Demonstrates awareness and ability to respond to conflict of interests and understands limitations of own practice. Recognizes ethical dilemmas.</td>
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**SUPERVISORS’ OVERALL IMPRESSION OF THIS COMPETENCY**

**Comments:**

Direct and/or live observation? Yes _____    No _____
<table>
<thead>
<tr>
<th></th>
<th>III. Individual and Cultural Diversity</th>
<th>Rating</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Has an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves</td>
<td></td>
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<tr>
<td>2</td>
<td>Has knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service</td>
<td></td>
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<tr>
<td>3</td>
<td>Has the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers.</td>
<td></td>
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<tr>
<td>4</td>
<td>Demonstrates the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Critically evaluates the influences and contributions of individual and cultural issues and adapts interventions in a culturally sensitive manner in all psychological and professional responsibilities and duties included but not limited to assessment, case conceptualization, therapy, treatment planning and service.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Demonstrates knowledge and awareness of how of oppression, white supremacy, power and privilege impact systems, individuals, psychological and therapeutic processes, context and the global society.</td>
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<tr>
<td>7</td>
<td>Demonstrates knowledge regarding one’s own cultural/diverse background, values, world view, privileges/power and biases and how they may interact or impact therapy and other areas of professional functioning.</td>
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<tr>
<td>8</td>
<td>Recognizes own biases and stereotypes, personal limitations, and areas for future growth, including the recognition of what is not known.</td>
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<tr>
<td>9</td>
<td>Willing and open to tolerate and work through strong personal emotional and affective responses regarding cultural diversity.</td>
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<tr>
<td>10</td>
<td>Willing and open to engage in self-reflection about cultural and individual diversity.</td>
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<tr>
<td>11</td>
<td>Open to exploring one’s feelings and reactions to power and diversity issues.</td>
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<tr>
<td>12</td>
<td>Ability to translate self-reflection and self-awareness about one’s worldview, biases and assumptions into effective clinical practice.</td>
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</table>
13. Demonstrates knowledge about the nature and impact of diversity and intersectionality in different clinical situations.

14. Demonstrates knowledge about the different dimensions of diversity including intersection of identities and the impact of culture.

15. Ability to work effectively with diverse people in assessment, treatment, and consultation.

16. Demonstrates an awareness of and responsiveness to clients’ multiple and intersecting identities and contexts.

17. Takes action to reduce the tendency to be biased and to respond with stereotypes, with result of increased understanding and empathy.

18. Has ability to effectively start and engage in conversations about cultural differences and similarities between self and clients when appropriate.

19. Demonstrates an awareness of sociopolitical contexts in conducting evaluations and providing interventions which include a sensitivity to issues of oppression including but not limited to sexism, classism, sizeism, homophobia, ableism, and racism as well as the intersection of related cultural identities.

20. Facilitates discourse and acts as an ally when oppression or poor treatment is imposed on stigmatized and underserved groups.

21. Advocates for positive change in the system through clinical work, outreach, personal and professional choices and action.

22. Infuses culture and diversity into all aspects of professional work.

23. Demonstrates the professional and personal value of continued learning of multiculturalism by participating in ongoing training and education regarding diversity issues.

24. Demonstrates respect for and values differing worldviews in all domains of professional practice and professional interactions.

**SUPERVISORS’ OVERALL IMPRESSION OF THIS COMPETENCY**

**Comments:**

Direct and/or live observation? Yes _____ No _____

**IV. Professional values, attitudes and behaviors**

<table>
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<tr>
<th>Rating</th>
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</table>

1. Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.

2. Engage in self-reflection regarding one’s personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>3.</td>
<td>Actively seek and demonstrate openness and responsiveness to feedback and supervision.</td>
</tr>
<tr>
<td>4.</td>
<td>Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.</td>
</tr>
<tr>
<td>5.</td>
<td>Demonstrates integrity, accountability and concern for client welfare.</td>
</tr>
<tr>
<td>6.</td>
<td>Demonstrates self-evaluation and ability to integrate learning and recognize professional strengths and areas of growth.</td>
</tr>
<tr>
<td>7.</td>
<td>Initiates self-direction and demonstrates motivation for professional growth.</td>
</tr>
<tr>
<td>8.</td>
<td>Engages in activities to maintain and improve performance, well-being and professional effectiveness.</td>
</tr>
<tr>
<td>9.</td>
<td>Actively engages and demonstrates openness to feedback and suggestions in supervision and training seminars.</td>
</tr>
<tr>
<td>10.</td>
<td>Demonstrates capacity to self-reflect along with a willingness to explore personal reactions/values as they affect the therapeutic relationship/process and other aspects of professional functioning.</td>
</tr>
<tr>
<td>11.</td>
<td>Demonstrates ability to effectively manage workload (e.g. time management, deadlines, projects, etc.).</td>
</tr>
<tr>
<td>12.</td>
<td>Demonstrates appropriate professional demeanor in appearance and behavior.</td>
</tr>
<tr>
<td>13.</td>
<td>Empathizes with thoughts, feelings, and needs of others (i.e., empathy).</td>
</tr>
<tr>
<td>14.</td>
<td>Possesses self-confidence across the different roles and functions of a psychologist.</td>
</tr>
<tr>
<td>15.</td>
<td>Demonstrates ability to identify and manage personal distress.</td>
</tr>
<tr>
<td>16.</td>
<td>Seeks out and uses resources that support healthy functioning when experiencing personal distress (i.e., self-care).</td>
</tr>
<tr>
<td>17.</td>
<td>Demonstrates awareness of one’s own feelings toward clients and understands client’s impact on self.</td>
</tr>
<tr>
<td>18.</td>
<td>Understands and articulates impact of self on others including colleagues and clients.</td>
</tr>
<tr>
<td>19.</td>
<td>Demonstrates consistent attendance of meetings and seminars and if there are absences, takes the initiative to plan ahead and/or to follow-up after the absence(s) to be caught up.</td>
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<tr>
<td>20.</td>
<td>Demonstrates active and professional participation in seminars and meetings.</td>
</tr>
<tr>
<td>21.</td>
<td>Demonstrates professionalism in the workplace (e.g., dress, work ethic, timeliness)</td>
</tr>
<tr>
<td>22.</td>
<td>Demonstrates an awareness of the agency’s limitations and assets.</td>
</tr>
<tr>
<td>23.</td>
<td>Works collaboratively with peers and colleagues.</td>
</tr>
<tr>
<td>24.</td>
<td>Provides constructive feedback and support to peers.</td>
</tr>
<tr>
<td>25.</td>
<td>Willing to take risks and be transparent with peers.</td>
</tr>
<tr>
<td>26.</td>
<td>Receives feedback non-defensively from peers.</td>
</tr>
<tr>
<td>27.</td>
<td>Respects support staff roles and persons.</td>
</tr>
<tr>
<td>28.</td>
<td>Willing to acknowledge and correct interpersonal conflict with colleagues if applicable.</td>
</tr>
<tr>
<td>29.</td>
<td>Open and non-defensive to supervisory evaluation and feedback.</td>
</tr>
<tr>
<td>30.</td>
<td>Self-reflects and self-evaluates regarding clinical work with clients.</td>
</tr>
<tr>
<td>31.</td>
<td>Willing to voice own opinion and does not inappropriately defer to supervisor. Demonstrates good judgment as to when supervisory input is necessary.</td>
</tr>
<tr>
<td>32.</td>
<td>Communicates self to the supervisor when appropriate (i.e., transparency)</td>
</tr>
<tr>
<td>33.</td>
<td>Willing to take risks and acknowledge troublesome areas and make mistakes.</td>
</tr>
<tr>
<td>34.</td>
<td>Assumes responsibility for elements of the supervisory relationship by preparing for supervision, exhibiting effective use of supervisory time by taking initiative, actively participating, and bringing in areas of struggle and/or exploration.</td>
</tr>
<tr>
<td>35.</td>
<td>Applies what is discussed in supervision to interactions with clients.</td>
</tr>
<tr>
<td>36.</td>
<td>Completes delegated and administrative tasks in a timely manner.</td>
</tr>
<tr>
<td>37.</td>
<td>Follows agency’s policies and operating procedures.</td>
</tr>
<tr>
<td>38.</td>
<td>Documents crisis assessments appropriately.</td>
</tr>
<tr>
<td>39.</td>
<td>Maintains organized and timely notes and client records. Notes are completed within the week and prior to any significant leave; documents are up-to-date and logged appropriately.</td>
</tr>
<tr>
<td>40.</td>
<td>Written documentation is clear, concise, and legible.</td>
</tr>
</tbody>
</table>

**SUPERVISORS’ OVERALL IMPRESSION OF THIS COMPETENCY**

**Comments:**
- Direct and/or live observation? Yes _____ No _____
### V. Communication and Interpersonal Skills

<table>
<thead>
<tr>
<th>Rating</th>
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</thead>
<tbody>
<tr>
<td>1. Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.</td>
</tr>
<tr>
<td>2. Establishes respectful, productive and culturally sensitive relationships with peers, supervisors, center staff and the campus community.</td>
</tr>
<tr>
<td>3. Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.</td>
</tr>
<tr>
<td>4. Demonstrate effective interpersonal skills and the ability to manage difficult communication well.</td>
</tr>
<tr>
<td>5. Communicates clearly, effectively and non-defensively.</td>
</tr>
<tr>
<td>6. Written and verbal communication are professional, understandable and timely.</td>
</tr>
<tr>
<td>7. Provides appropriate feedback regarding experiences, satisfactions and concerns regarding the training program and/or center functioning.</td>
</tr>
<tr>
<td>8. Demonstrates ability to oversee administrative projects and appropriately manage ambiguity.</td>
</tr>
</tbody>
</table>

**SUPERVISORS’ OVERALL IMPRESSION OF THIS COMPETENCY**

**Comments:**

Direct and/or live observation? Yes _____ No _____

### VI. Assessment

<table>
<thead>
<tr>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Selects and applies assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.</td>
</tr>
<tr>
<td>2. Demonstrates understanding of human behavior within context (e.g. family, societal, cultural, etc.) and can apply knowledge of identity intersectionality to diagnosis, assess, conceptualize and treatment plan.</td>
</tr>
<tr>
<td>3. Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.</td>
</tr>
</tbody>
</table>
4. Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

5. Demonstrates ability to provide appropriate DSM diagnoses, taking into account cultural/diversity and individual factors

6. Demonstrates ability to utilize the CCAPS effectively in therapeutic activities.

7. Demonstrates ability to integrate and communicate findings and recommendations from the assessment process.

8. Incorporates cultural considerations into assessment, diagnosis, treatment planning and case conceptualization.

9. Incorporates CCAPS results into therapy in a collaborative, therapeutic manner.

**SUPERVISORS’ OVERALL IMPRESSION OF THIS COMPETENCY**

| Comments: |
| Direct and/or live observation? Yes _____ No _____ |

**VII. Intervention (plus Intake Assessment, Diagnosis & Case Conceptualization; Individual Therapy; Crisis Intervention; Career Counseling; Couples Therapy; Group Therapy (separate))**

<table>
<thead>
<tr>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Establishes and maintains effective relationships with the recipients of psychological services.</td>
</tr>
<tr>
<td>2. Evaluates intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.</td>
</tr>
<tr>
<td>3. Develops evidence-based intervention plans specific to the service delivery goals.</td>
</tr>
<tr>
<td>4. Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.</td>
</tr>
<tr>
<td>5. Demonstrates the ability to apply the relevant research literature to clinical decision making.</td>
</tr>
<tr>
<td>6. Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking.</td>
</tr>
</tbody>
</table>

**Intake Assessment, Diagnosis and Case Conceptualization**

| 1. Takes relevant history and identifies biological, familial, psychological, social, developmental, multicultural, environmental, etc. factors that may be contributing, causing, or exacerbating client’s difficulties. |
2. Utilizes systematic approaches to gathering data to form theoretically grounded, multi-dimensional, developmentally appropriate, and culturally informed diagnoses and case conceptualizations.

3. Establishes rapport with client.

4. Assesses and distinguishes between clients that are appropriate for short-term therapy versus those that are more appropriate for longer-term therapy.

5. Knowledgeable about when to seek further information to conceptualize the client or when to consult with a supervisor when needed.

6. Effectively gathers information relating to the client’s current and history of presenting concerns so that a diagnostic and clinical impression can be ascertained.

7. Provides an appropriate and comprehensive risk assessment (e.g., SI/HI, Child/Vulnerable Adult Abuse/Neglect) and follows up with high-risk factors indicated on the CCAPS and SDS.

8. Develops treatment goals that are appropriate to the short-term model.

9. Presents the treatment and case disposition plan clearly and appropriately to client (i.e., with confidence, takes into consideration timing, explaining in a way that client understands).

10. Intake write-ups are timely written in a way that accurately reflects the presenting concerns, risk assessments, next steps, and clinical impressions.

Individual Therapy

1. Able to form a working alliance and establish rapport with a wide variety of clients.

2. Works with emotions therapeutically and is able to reflect feelings meaningfully. Explores clients’ feelings.

3. Explores clients’ emotions openly and empathically.

4. Takes a respectful, non-judgmental, empathic and helpful professional approach to clients.

5. Responds effectively and sensitively to clients’ mistrust and hesitation to self-disclose from a cultural context.

6. Deals with ruptures effectively and negotiates differences with clients.

7. Knowledgeable about different interventions, demonstrates flexibility and knowledge about when to change interventions, and selects interventions based on client needs and presenting problems within the client’s context.

8. Adapts and tailors interventions and mainstream treatment methods to be culturally relevant and developmental appropriate to clients.

9. Appropriately challenges clients in an authentic, direct manner when appropriate.

10. Uses silence in a therapeutic manner.
11. Refers clients to appropriate on-campus and off-campus resources when appropriate (e.g., psychiatry, group, community therapists, agencies).

12. Considers empirically supported treatments or evidence-based treatments.

13. Follows-up with client needs and provides case management when appropriate.

14. Prepares clients for termination of treatment appropriately and sensitively.


16. Engages in self-assessment of personal cultural factors and biases in order to strengthen the therapeutic process.

17. Reflectively attends to and makes use of transference and countertransference in the therapeutic process.

18. Evaluates treatment process and modifies treatment planning as needed.

**Crisis Intervention**

1. Identifies and assesses crisis situations accurately.

2. Intervenes during crisis situations appropriately.

3. Conducts suicidal assessments thoroughly, effectively and appropriately.

4. Assesses for potential child and elder abuse and/or neglect thoroughly, effectively, and appropriately.

5. Makes necessary reports as mandated by state law within the 48 hour time frame (or based within the time frame provided during consultation).

6. Assesses for potential for violence and homicidality thoroughly, effectively, and appropriately.

7. Seeks appropriate consultation or supervision when encountering crisis situations.

8. Follows-up with client needs related to the crisis and provides case management when appropriate.

9. Demonstrates ability to remain calm during a crisis situation.

10. Elicits all relevant information needed for risk assessments.

**Career Counseling**

1. Demonstrates ability to utilize appropriate career assessment and instruments.

2. Demonstrates ability to facilitate career exploration and decision-making.

3. Demonstrates the ability to recognize the contributions of individual, familial, societal and cultural issues as they impact career decision-making and implementation.
4. Understands the foundation and application of theories of career and career development.

**Couples Therapy (if applicable)**

1. Able to accurately assess fit and appropriateness of couples therapy during the couples intake.

2. Elicits relevant information regarding relationship history, family of origin and culture.

3. Able to join, empathize and attune to each client’s experience individually and collectively.

4. Able to identify, conceptualize and understand dynamics and processes involved in couples therapy including negative interaction cycles.

5. Able to facilitate deepening of each client’s emotional expression.

6. Demonstrates effectiveness and skill in providing couples therapy.

**SUPERVISORS’ OVERALL IMPRESSION OF THIS COMPETENCY**

Comments:

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**Outreach (12-month evaluation only)**

1. Demonstrates an understanding of how a counseling center clinician is part of a larger campus community and has an important role in providing preventative and developmental interventions.

2. Demonstrates skill in a variety of techniques and approaches to program delivery, and is effective in engaging the audience during outreach presentations.

3. Presents self professionally while representing the Counseling Center.

4. Tailors outreach programs in ways that are culturally sensitive for various audiences.

5. Demonstrates an understanding of one’s own biases and the impact of cultural context in responding to diversity issues in outreach.

6. Delivers outreach services in a way that reflects knowledge of ethical and legal issues.

7. Serves appropriately as part of the response team in the event of campus crises or critical incidents.

8. Collaborates effectively and professionally with colleagues and other campus departments.

9. Conducts evaluations of outreach programs presented promptly and consistently.

10. Demonstrates the ability to flexibly respond to the needs of different audiences when delivering outreach presentations.

11. Demonstrates knowledge of the outreach topic and is able to appropriately respond to a wide range of questions from audience members.

**SUPERVISORS OVERALL IMPRESSION OF THIS COMPETENCY**

Comments:

Direct and/or live observation? Yes _____  No _____
UNIVERSITY OF WASHINGTON
GROUP PSYCHOTHERAPY EVALUATION

Trainee Name: _____________________ Date of Evaluation: ________________________
Supervisor Name: __________________ Supervision Dates: From ________ to________
Name of Group: _______________________________

Please use the following scale to rate your supervisee on the items below:

<table>
<thead>
<tr>
<th>N/A</th>
<th>Description</th>
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<tbody>
<tr>
<td>5</td>
<td>Highly Competent: The intern has a strongly established competence in the knowledge, awareness or skill being evaluated. The intern functions in this competency area at a level that could allow for independent work. The use of knowledge, awareness or skill is consistently incorporated into the intern’s understanding of the work as an emerging psychologist and is evident in daily practice.</td>
</tr>
<tr>
<td>4</td>
<td>Advanced Competence: The intern has advanced developed competence in the knowledge, awareness or skill being evaluated. The level of competence is characterized by the intern’s ability to utilize the knowledge, awareness or skill with minimum structured assistance. The intern is aware of the competence, seeks greater learning about and understanding of the competence area as a form of on-going development and frequently applies the knowledge, awareness or skill to the practice of the intern’s work as an emerging psychologist.</td>
</tr>
<tr>
<td>3</td>
<td>Competent: The intern has achieved an intermediate level of competence appropriate to an entry-level health service psychology practice and is actively working to further enhance competence in the knowledge, awareness or skill being evaluated. The intern is aware of the competency area and can utilize this awareness to inform the work in the internship setting. The intern may still need moderate assistance from didactics, supervision, training, etc. in order to better implement into the intern’s work. <strong>This is the minimal level of competence needed for successful completion of the internship program.</strong></td>
</tr>
<tr>
<td>2</td>
<td>Emerging Competence: The intern has a basic foundation in the knowledge, awareness or skill being evaluated and is progressing toward greater competence in this competency area.</td>
</tr>
</tbody>
</table>
This is likely an area for continued supervision and development.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Competence</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Slight Competence</td>
<td>The intern does not have basic understanding of the knowledge, awareness or skill needed for this competency area. An intern evaluated at this level will need to be placed on a remediation plan and unsuccessful completion may lead to dismissal from internship.</td>
</tr>
</tbody>
</table>

If relevant, please note areas of **Advanced Proficiency** at the end of the evaluation for those areas that you feel a trainee is at a postdoctoral or licensure level. Areas of Advanced Proficiency would presume that a trainee could teach or mentor others in those areas due to their level of expertise.

<table>
<thead>
<tr>
<th><strong>Group Psychotherapy Knowledge, Awareness, and Skills</strong></th>
<th><strong>Rating</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Knowledgeable about the stages of group development.</td>
<td></td>
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<tr>
<td>2. Knowledgeable about the therapeutic factors of group and intervenes in ways that enhance the therapeutic factors.</td>
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<tr>
<td>3. Screens potential group members effectively and demonstrates ability to discern which clients are and are not a good fit for the group.</td>
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<tr>
<td>4. Intervenes with the group in ways that are congruent with the stage of development that the group is in.</td>
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<tr>
<td>5. Conveys care for group members directly and models caring for the group members.</td>
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<tr>
<td>6. Activates emotions in the group appropriately.</td>
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</tr>
<tr>
<td>7. Demonstrates ability to conceptualize and interpret group dynamics from a group-as-a-whole perspective.</td>
<td></td>
</tr>
<tr>
<td>8. Demonstrates awareness of own feelings and reactions in group.</td>
<td></td>
</tr>
<tr>
<td>9. Demonstrates ability to clinically use own feelings and reactions elicited by group members appropriately and effectively.</td>
<td></td>
</tr>
<tr>
<td>10. Tolerates silence in group.</td>
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<tr>
<td>11. Tolerates uncomfortable emotions that come up for group members and intervenes appropriately.</td>
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</tr>
<tr>
<td>12. Demonstrates ability to both challenge and support group members as needed.</td>
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<tr>
<td>13. Aware of the different roles that emerge in the group and intervenes from a group-as-a-whole perspective.</td>
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</tr>
<tr>
<td>14. Knowledgeable about the process of termination in a group and prepares the group appropriately for termination.</td>
<td></td>
</tr>
<tr>
<td>15. Takes cultural considerations into account throughout the process of starting, running, and ending a group (e.g., advertising, naming, screening, terminating)</td>
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<tr>
<td>16. Acknowledges and addresses interpersonal conflict or difficult feelings with co-leader when applicable.</td>
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<tr>
<td><strong>17.</strong> Aware of and appropriately addresses ethical and legal concerns and issues related to group therapy.</td>
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</tr>
<tr>
<td><strong>18.</strong> Demonstrates reliability, timeliness and thoroughness with administrative tasks related to effectively running a group (e.g., advertising, starting/ending group, writing group notes).</td>
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<tr>
<td><strong>19.</strong> Uses supervision effectively</td>
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<tr>
<td><strong>20.</strong> Sets appropriate goals regarding group training experience.</td>
<td></td>
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</table>

**SUPERVISORS’ OVERALL IMPRESSION OF THIS COMPETENCY**

<table>
<thead>
<tr>
<th>Comments:</th>
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<tbody>
<tr>
<td>Direct and/or live observation? Yes _____  No _____</td>
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## VIII. Supervision (12-month evaluation only)

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<thead>
<tr>
<th></th>
<th>Rating</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Applies supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.</td>
</tr>
<tr>
<td>2.</td>
<td>Demonstrates ability to facilitate supervisee development.</td>
</tr>
<tr>
<td>3.</td>
<td>Understands the diverse and multiple roles, dynamics and processes within supervision.</td>
</tr>
<tr>
<td>4.</td>
<td>Demonstrates the ability to develop rapport and an effective working relationship with a supervisee.</td>
</tr>
<tr>
<td>5.</td>
<td>Demonstrates ability to evaluate and communicate a supervisee’s strengths and areas of growth.</td>
</tr>
<tr>
<td>6.</td>
<td>Effectively and timely completes all tasks involved in the supervisory process.</td>
</tr>
<tr>
<td>7.</td>
<td>Demonstrates ability to understand, conceptualize and evaluate the supervisory process.</td>
</tr>
<tr>
<td>8.</td>
<td>Demonstrates ability to evaluate and effectively communicate a supervisee’s strengths and areas of growth.</td>
</tr>
<tr>
<td>9.</td>
<td>Demonstrates ability to facilitate a supervisee's development, especially in regard to multicultural competency.</td>
</tr>
<tr>
<td>10.</td>
<td>Demonstrates the ability to develop a supportive and trusting supervisory relationship that fosters open exchange of ideas and feedback.</td>
</tr>
<tr>
<td>11.</td>
<td>Understands the overlap and differences between supervision, teaching, therapy, etc. and has developed a theoretical approach to supervision.</td>
</tr>
<tr>
<td>12.</td>
<td>Knows when to consult and/or seek support as needed.</td>
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<tr>
<td>13.</td>
<td>Able to explore treatment course and/or outcomes in supervision non-defensively and openly.</td>
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</tbody>
</table>

**SUPERVISORS’ OVERALL IMPRESSION OF THIS COMPETENCY**

**Comments:**

Direct and/or live observation? Yes _____ No _____
<table>
<thead>
<tr>
<th>IV. Consultation and Interprofessional/Interdisciplinary Skills</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrates knowledge and respect for the roles and perspectives of other professions.</td>
<td></td>
</tr>
<tr>
<td>2. Demonstrates knowledge and respect for the roles and perspectives of other healthcare professions.</td>
<td></td>
</tr>
<tr>
<td>3. Applies this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.</td>
<td></td>
</tr>
<tr>
<td>4. Demonstrates ability to work collaboratively with the campus community.</td>
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<tr>
<td>5. Demonstrates ability to consult with campus partners and community providers as needed to provide quality treatment, referrals and continuity of care.</td>
<td></td>
</tr>
<tr>
<td>6. Demonstrates ability to provide consultation regarding mental health issues.</td>
<td></td>
</tr>
<tr>
<td>7. Demonstrates knowledge about the multiple roles/functions, a counseling center may have within the campus community (e.g. therapist, presenter, consultant, committee member, trainer, etc.).</td>
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</tr>
<tr>
<td>8. Demonstrates ability to take a broader systems perspective in considering issues and services.</td>
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</tr>
<tr>
<td>9. Maintains rapport with colleagues and is aware of other disciplines’ contributions.</td>
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</tr>
<tr>
<td>10. Knowledgeable about when to consult with other professionals or supervisors.</td>
<td></td>
</tr>
<tr>
<td>11. Provides consultation to staff and faculty ethically, professionally, and effectively.</td>
<td></td>
</tr>
<tr>
<td>12. Collaborates effectively and professionally with colleagues and other campus departments.</td>
<td></td>
</tr>
<tr>
<td>13. Demonstrates clear and effective communication skills while consulting.</td>
<td></td>
</tr>
<tr>
<td>14. Demonstrates ability to consult with professional staff and community providers as needed to provide quality treatment, make appropriate referrals and facilitate continuity of care.</td>
<td></td>
</tr>
<tr>
<td>15. Exhibits knowledge about the multiple roles/functions a counseling center may have within the university community (e.g. therapist, committee member, trainer, consultant, presenter, etc.).</td>
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</table>

**SUPERVISORS’ OVERALL IMPRESSION OF THIS COMPETENCY**

Comments:

Direct and/or live observation? Yes _____ No _____
UNIVERSITY OF WASHINGTON
COUNSELING CENTER
EMPHASIS AREA EVALUATION

Trainee Name: _____________________ Date of Evaluation: _____________________

Supervisor Name: __________________ Supervision Dates: From ________ to ________

Emphasis Area: ____________________________________________________________

1. Summarize the intern’s participation in the Emphasis Area activities.

2. Please evaluate the salient developmental issues (e.g., competence, emotional awareness, autonomy, identity, relationship) in terms of strengths and weaknesses for the Intern in this emphasis area.

Please use the following scale to rate your supervisee on the items below:

<table>
<thead>
<tr>
<th>N/A</th>
<th>5 Highly Competent</th>
<th>4 Advanced Competence</th>
<th>3 Competent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The intern has a strongly established competence in the knowledge, awareness or skill being evaluated. The intern functions in this competency area at a level that could allow for independent work. The use of knowledge, awareness or skill is consistently incorporated into the intern’s understanding of the work as an emerging psychologist and is evident in daily practice.</td>
<td>The intern has advanced developed competence in the knowledge, awareness or skill being evaluated. The level of competence is characterized by the intern’s ability to utilize the knowledge, awareness or skill with minimum structured assistance. The intern is aware of the competence, seeks greater learning about and understanding of the competence area as a form of on-going development and frequently applies the knowledge, awareness or skill to the practice of the intern’s work as an emerging psychologist.</td>
<td>The intern has achieved an intermediate level of competence appropriate to an entry-level health service psychology practice and is actively working to further enhance competence in the knowledge, awareness or skill being evaluated. The intern is aware of the competency area and can utilize this awareness to inform the work in the internship setting. The</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Slight Competence</td>
</tr>
<tr>
<td>2</td>
<td>Emerging Competence</td>
</tr>
</tbody>
</table>

The intern may still need moderate assistance from didactics, supervision, training, etc. in order to better implement into the intern’s work. This is the **minimal level of competence needed for successful completion of the internship program**.

The intern has a basic foundation in the knowledge, awareness or skill being evaluated and is progressing toward greater competence in this competency area. This is likely an area for continued supervision and development.

The intern does not have basic understanding of the knowledge, awareness or skill needed for this competency area. An intern evaluated at this level will need to be placed on a remediation plan and unsuccessful completion may lead to dismissal from internship.

If relevant, please note areas of **Advanced Proficiency** at the end of the evaluation for those areas that you feel a trainee is at a postdoctoral or licensure level. Areas of Advanced Proficiency would presume that a trainee could teach or mentor others in those areas due to their level of expertise.

<table>
<thead>
<tr>
<th>Emphasis Area Supervision</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Openness to evaluation and feedback.</td>
<td></td>
</tr>
<tr>
<td>2. Actively participates and takes initiative in supervision.</td>
<td></td>
</tr>
<tr>
<td>3. Assumes responsibility for elements of emphasis area supervision.</td>
<td></td>
</tr>
<tr>
<td>4. Is aware of and sensitive to issues of diversity as they affect the topical areas of study.</td>
<td></td>
</tr>
</tbody>
</table>

**SUPERVISORS’ OVERALL IMPRESSION OF THIS COMPETENCY**

Comments:
Direct and/or live observation? Yes _____ No _____
# CASE PRESENTATION AND GROUP SUPERVISION EVALUATION

**University of Washington Counseling Center**  
**Doctoral Internship**

<table>
<thead>
<tr>
<th>Staff Name: _______________________________</th>
<th>Clinical Team Number: ________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Presenter __________________________</td>
<td>Date of Presentation: ________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Highly Competent</td>
</tr>
<tr>
<td></td>
<td>The intern has a strongly established competence in the knowledge, awareness or skill being evaluated. The intern functions in this competency area at a level that could allow for independent work. The use of knowledge, awareness or skill is consistently incorporated into the intern’s understanding of the work as an emerging psychologist and is evident in daily practice.</td>
</tr>
<tr>
<td>4</td>
<td>Advanced Competence</td>
</tr>
<tr>
<td></td>
<td>The intern has advanced developed competence in the knowledge, awareness or skill being evaluated. The level of competence is characterized by the intern’s ability to utilize the knowledge, awareness or skill with minimum structured assistance. The intern is aware of the competence, seeks greater learning about and understanding of the competence area as a form of on-going development and frequently applies the knowledge, awareness or skill to the practice of the intern’s work as an emerging psychologist.</td>
</tr>
<tr>
<td>3</td>
<td>Competent</td>
</tr>
<tr>
<td></td>
<td>The intern has achieved an intermediate level of competence appropriate to an entry-level health service psychology practice and is actively working to further enhance competence in the knowledge, awareness or skill being evaluated. The intern is aware of the competency area and can utilize this awareness to inform the work in the internship setting. The intern may still need moderate assistance from didactics, supervision, training, etc. in order to better implement into the intern’s work. This is the minimal level of competence needed for successful completion of the internship program.</td>
</tr>
<tr>
<td>2</td>
<td>Emerging Competence</td>
</tr>
<tr>
<td></td>
<td>The intern has a basic foundation in the knowledge, awareness or skill being evaluated and is progressing toward greater competence in this competency area.</td>
</tr>
<tr>
<td>1</td>
<td>Slight Competence</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Comments</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Appropriateness of the treatment goals to the short-term model:</td>
<td></td>
</tr>
<tr>
<td>2. Case Conceptualization and diagnostic skills of the case being presented:</td>
<td></td>
</tr>
<tr>
<td>3. Appropriateness of interventions (e.g., use of silence, toleration of difficult emotions, use of appropriate challenge, relationship building skills, etc.)</td>
<td></td>
</tr>
<tr>
<td>4. Multicultural awareness, skills, and knowledge of the case being presented:</td>
<td></td>
</tr>
<tr>
<td>5. Evidence-Based Treatment considerations (i.e., how clear and sound was the reasoning for using or not using EBT?):</td>
<td></td>
</tr>
</tbody>
</table>
6. Awareness of professional role in therapy: 

7. Awareness and knowledge of ethical and legal issues: 

8. Exploration of treatment course and/or outcome with client (e.g. with the client, supervisor, etc.)

9. Overall presentation skills (i.e., organization, professionalism, clarity, etc.)

Direct and/or live observation? Yes ____  No ____

**Group Supervision (Clinical Team)**

<table>
<thead>
<tr>
<th>Areas to Evaluate</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Open and non-defensive to feedback:</td>
<td></td>
</tr>
<tr>
<td>Additional Comments:</td>
<td></td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>11. Conceptualizes cases based upon theoretical orientation, clinical judgment, and multicultural awareness:</td>
<td></td>
</tr>
<tr>
<td>Additional Comments:</td>
<td></td>
</tr>
</tbody>
</table>
12. Appropriateness of interventions (e.g., use of silence, toleration of difficult emotions, use of appropriate challenge, relationship building skills, etc.)

Additional Comments:

13. Multicultural awareness, skills, and knowledge:

Additional Comments:

14. Listens attentively and remains engaged and participatory:

Additional Comments:

15. Self-evaluative—aware of strengths and growing edges:

Additional Comments:

16. Provides appropriate feedback to peers:

Additional Comments:

17. Consistently prepared; presents cases thoroughly and effectively:

Additional Comments:

<table>
<thead>
<tr>
<th>Direct and/or live observation?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Please respond to the following questions in terms of your current supervisor, adding any comments and examples that may be helpful.

1 ------------------------2--------------------------3---------------------------4---------------------------5
Not at all            Greatest Degree
Possible

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

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

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

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

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

N/A Not applicable for this supervision format or training experience.
<table>
<thead>
<tr>
<th>Supervisory Skill</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My supervisor helps me to define clear, realistic and appropriate clinical and professional goals.</td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
</tr>
<tr>
<td>2. My supervisor helps me to reach my clinical and professional goals.</td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
</tr>
<tr>
<td>3. My supervisor is clear about their expectations for supervision and for me as a trainee.</td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
</tr>
<tr>
<td>4. My supervisor helps me improve my ability to conceptualize and understand my cases and/or group dynamics.</td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
</tr>
<tr>
<td>5. My supervisor helps me recognize and articulate my personal feelings and reactions when it was relevant.</td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
</tr>
<tr>
<td>6. My supervisor helps me to broaden and deepen my clinical / supervision / group therapy skills.</td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
</tr>
<tr>
<td>7. My supervisor helps and encourages me to explore theoretical orientation(s) that are a good fit for me and to find my clinical style.</td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
</tr>
<tr>
<td>8. My supervisor considers multicultural/diversity issues for both work with client/group and work within supervision.</td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
</tr>
<tr>
<td>9. My supervisor explores and acknowledges cultural similarities and differences within supervision and their impact on our work together.</td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
</tr>
<tr>
<td>10. My supervisor discusses, acknowledges, and considers the power differential within the supervisory relationship and encouraged discussion about its impact and implications.</td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
</tr>
<tr>
<td>11. My supervisor offers me a safe atmosphere where I could feel free to make mistakes and explore my weaker areas.</td>
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<tr>
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</tr>
<tr>
<td>12.</td>
<td>My supervisor provides me with a good balance of support and challenge.</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>My supervisor provides me with constructive and helpful feedback throughout the course of supervision.</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>My supervisor uses electronic recordings effectively to help me hone my clinical skills and to better understand myself as a clinician.</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>The self-disclosure by my supervisor helps me learn more about therapy.</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>My supervisor helps me feel strengthened and affirmed in my efforts to become a professional.</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>My supervisor is available for emergencies and on-the-spot consultation.</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>My supervisor provides consistent supervision and provides the appropriate amount of structure in supervision.</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>The relationship I have with my supervisor is characterized by acceptance, trust, and respect.</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>My supervisor assisted me in maintaining self-care and balance.</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>My supervisor maintained clear and professional boundaries (e.g., not a friend, not a therapist).</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>My supervisor is knowledgeable about ethical guidelines and legal mandates. They help me recognize and analyze potential ethical concerns and dilemmas.</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>My supervisor is knowledgeable about the policies and procedures of the agency and helps me better understand these policies and procedures.</td>
</tr>
</tbody>
</table>
24. My supervisor is prompt and timely with reviewing my clinical notes and other administrative work.

Comments:

Please answer the following questions:

1. Describe an experience in supervision during this last evaluation period that had a great deal of positive impact upon you in supervision.

2. Describe an experience in supervision during this last evaluation period that could have been more helpful.

3. Additional Comments:

Trainee: ______________________________ Date: ________________

Supervisor: ____________________________ Date: ________________
Please respond to the following questions in terms of your current supervisor, adding any comments and examples that may be helpful.

1 ------------------------2--------------------------3---------------------------4---------------------------5
Not at all             Greatest Degree
Possible

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

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

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

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

N/A Not applicable for this supervision format or training experience.
<table>
<thead>
<tr>
<th>Group Therapy Supervisory Skill</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My supervisor helps me to define clear, realistic and appropriate group therapy and professional goals.</td>
<td></td>
</tr>
<tr>
<td>2. My supervisor helps me to reach my group therapy and professional goals.</td>
<td></td>
</tr>
<tr>
<td>3. My supervisor is clear about their expectations for supervision and for me as a trainee.</td>
<td></td>
</tr>
<tr>
<td>4. My supervisor helps me improve my ability to conceptualize and understand therapeutic factors of group, stages of group development, group process, and group dynamics.</td>
<td></td>
</tr>
<tr>
<td>5. My supervisor helps me recognize and articulate my personal feelings and reactions when it was relevant.</td>
<td></td>
</tr>
<tr>
<td>6. My supervisor helps me to broaden and deepen my group therapy skills.</td>
<td></td>
</tr>
<tr>
<td>7. My supervisor considers multicultural/diversity issues for both work with group and work within supervision.</td>
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<td>8. My supervisor explores and acknowledges cultural similarities and differences within supervision and their impact on our work together.</td>
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<td>9. My supervisor discusses, acknowledges, and considers the power differential within the supervisory relationship and encouraged discussion about its impact and implications.</td>
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<tr>
<td>10. My supervisor offers me a safe atmosphere where I could feel free to make mistakes and explore my weaker areas.</td>
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<td>11. My supervisor provides me with a good balance of support and challenge.</td>
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<tr>
<td>12. My supervisor provides me with constructive and helpful feedback throughout the course of supervision.</td>
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</tr>
<tr>
<td>13. The self-disclosure by my supervisor helps me learn more about group therapy.</td>
<td></td>
</tr>
</tbody>
</table>
14. My supervisor helps me feel strengthened and affirmed in my efforts to become a professional and group therapist.

15. My supervisor provides consistent supervision and provides the appropriate amount of structure in supervision.

16. The relationship I have with my supervisor is characterized by acceptance, trust, and respect.

17. My supervisor maintains clear and professional boundaries (e.g., not a friend, not a therapist).

18. My supervisor is knowledgeable about ethical guidelines and legal mandates regarding group therapy. They help me recognize and analyze potential ethical concerns and dilemmas.

19. My supervisor is knowledgeable about the policies and procedures of the agency and helps me better understand these policies and procedures.

20. My supervisor is prompt and timely with reviewing my group notes and other administrative work.

Please answer the following questions:

1. Describe an experience in supervision during this last evaluation period that had a great deal of positive impact upon you in supervision.

2. Describe an experience in supervision during this last evaluation period that could have been more helpful.

3. Additional Comments:

Trainee: ___________________________________________ Date: ______________

Group Supervisor: _______________________________ Date: ______________
Please respond to the following questions in terms of your current supervisor, adding any comments and examples that may be helpful.

<table>
<thead>
<tr>
<th>Not at all</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Greatest Degree Possible</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Supervisor consistently demonstrated this supervisory skill and is a clear strength for this supervisor. Supervisor implemented this skill in a very impactful, effective, and helpful manner.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Supervisor consistently demonstrated this supervisory skill. Supervisor implemented this skill in an effective and helpful manner.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Supervisor occasionally demonstrated this supervisory skill. Supervisor implemented this skill in a somewhat effective and helpful manner.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Supervisor infrequently demonstrated this supervisory skill. Supervisor implemented this skill in a slightly effective and helpful manner.</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>5</td>
<td>Supervisor did not demonstrate this supervisory skill OR supervisor was ineffective or unhelpful in implementing it.</td>
<td></td>
<td></td>
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</table>

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<tr>
<th>Emphasis Area Supervisory Skill</th>
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<td>4. My supervisor helps me improve my ability to conceptualize and understand my cases, group dynamics, and/or area of emphasis.</td>
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<td>6. My supervisor helps me to broaden and deepen my clinical skills and/or skills related to my area of emphasis.</td>
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<tr>
<td>7. My supervisor helps and encourages me to explore theoretical orientation(s) and/or other foundational skills that are related to my area of emphasis.</td>
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<tr>
<td>8. My supervisor considers multicultural/diversity issues for both work with my area of emphasis and within supervision.</td>
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<td>14.</td>
<td>My supervisor uses video recordings effectively to help me hone my clinical skills and or professional skills to better understand myself as a clinician and/or professional.</td>
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<td>15.</td>
<td>The self-disclosure by my supervisor helps me learn more about therapy and/or my area of emphasis.</td>
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Please answer the following questions:

1. Describe an experience in supervision during this last evaluation period that had a great deal of positive impact upon you in supervision.

2. Describe an experience in supervision during this last evaluation period that could have been more helpful.

3. Additional Comments:

Trainee: _____________________________ Date: ____________________

Emphasis Area

Supervisor: ___________________________ Date: ____________________
INTERNSHIP EVALUATION
END OF QUARTER EVALUATION BY TRAINEE

Trainee Name: ______________________________ Date: ____________________________

Using the following scale, please rate the GENERAL usefulness of each of the following training activities:

Not Useful  1  2  3  4  5  Very Useful

USEFULNESS RATING

THIS QUARTER'S SEMINARS

____1. Multicultural / Social Justice Seminar
   Comments:

____2. Legal and Ethical Issues
   Comments:

____3. Dissertation and Research Exploration and Support
   Comments:

____4. Post-Doc Support
   Comments:

____5. Intern Cohort Meeting
   Comments:

____6. Intern Check-in with Training Director
   Comments:

____7. Other:
   Comments:

GENERAL COMMENTS ABOUT THIS QUARTER'S SEMINARS:
Using the following scale, please rate the GENERAL usefulness of each of the following training activities:

Not Useful 1 2 3 4 5 Very Useful

**THIS QUARTER'S SUPERVISION AND CONSULTATION**

___1. *Emphasis Area - Who:*
   Comments:

___2. *Primary Clinical Supervisor - Who:*
   Comments:

___3. *Clinical Team Experience:*
   Comments:

___4. *Counselor-On-Duty (COD) Experience*
   Comments:

___5. *Consultation with staff members*
   Comments:

___6. *Consultation with other interns*
   Comments:

___8. *Consultation with the Training Director*
   Comments:

GENERAL COMMENTS ABOUT THE SUPERVISION YOU RECEIVED THIS QUARTER:
Using the following scale, please rate the GENERAL usefulness of each of the following training activities:

<table>
<thead>
<tr>
<th>Not Useful</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Very Useful</th>
</tr>
</thead>
</table>

**SERVICES PROVIDED THIS QUARTER**

___1. Experience providing individual therapy  
Comments:

___2. Co-therapy experiences (group and couples):  
Co-therapist(s):  
Comments:

___3. Experience providing presentation, consultation or outreach activities  
Comments:

___4. Experience providing intakes  
Comments:

___5. Experience providing COD services  
Comments:

___6. Experience providing services specific to your emphasis area  
Comments:

___7. Experience participating in a work committee  
Comments:

___8. Experience providing other services (specify):  
Comments:

GENERAL COMMENTS ABOUT THE SERVICES YOU PROVIDED THIS QUARTER:

GENERAL COMMENTS ABOUT YOUR INTERNSHIP EXPERIENCES:
Using the following scale, please rate the GENERAL usefulness of each of the following training activities:

Not Useful 1 2 3 4 5 Very Useful

1. General Usefulness of the Internship to Date

Comment:

Outreach Presentations
(please list)
WINTER END-OF-QUARTER EVALUATION

INTERNSHIP EVALUATION
END OF QUARTER EVALUATION BY TRAINEE

Trainee Name: ______________________________ Date: ____________________________

Using the following scale, please rate the GENERAL usefulness of each of the following training activities:

Not Useful    1                2                3                4                5    Very Useful

USEFULNESS RATING

THIS QUARTER'S SEMINARS

___1. Multicultural / Social Justice Seminar
   Comments:

___2. Suicide Seminar
   Comments:

___3. Other:
   Comments:

___4. Other:
   Comments:

___5. Intern Cohort Meeting
   Comments:

___6. Intern Check-in with Training Director
   Comments:

___7. Other:
   Comments:

GENERAL COMMENTS ABOUT THIS QUARTER'S SEMINARS:
Using the following scale, please rate the GENERAL usefulness of each of the following training activities:

<table>
<thead>
<tr>
<th>Not Useful</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Very Useful</th>
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**THIS QUARTER'S SUPERVISION AND CONSULTATION**

<table>
<thead>
<tr>
<th>1.</th>
<th>Emphasis Area - Who:</th>
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<td>Comments:</td>
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<th>2.</th>
<th>Primary Clinical Supervisor - Who:</th>
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<td>Comments:</td>
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<th>3.</th>
<th>Clinical Team Experience:</th>
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<td>Comments:</td>
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<th>4.</th>
<th>Counselor-On-Duty (COD) Experience</th>
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<td>Comments:</td>
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<th>5.</th>
<th>Consultation with staff members</th>
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<td>Comments:</td>
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<th>6.</th>
<th>Consultation with other interns</th>
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<td>Comments:</td>
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<th>8.</th>
<th>Consultation with the Training Director</th>
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<td></td>
<td>Comments:</td>
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</tbody>
</table>

**GENERAL COMMENTS ABOUT THE SUPERVISION YOU RECEIVED THIS QUARTER:**
Using the following scale, please rate the GENERAL usefulness of each of the following training activities:

Not Useful  1  2  3  4  5  Very Useful

**SERVICES PROVIDED THIS QUARTER**

___1. Experience providing individual therapy  
Comments:

___2. Co-therapy experiences (group and couples):  
Co-therapist(s):  
Comments:

___3. Experience providing presentation, consultation or outreach activities  
Comments:

___4. Experience providing intakes  
Comments:

___5. Experience providing COD services  
Comments:

___6. Experience providing services specific to your emphasis area  
Comments:

___7. Experience participating in a work committee  
Comments:

___8. Experience providing other services (specify):  
Comments:

GENERAL COMMENTS ABOUT THE SERVICES YOU PROVIDED THIS QUARTER:

GENERAL COMMENTS ABOUT YOUR INTERNSHIP EXPERIENCES:
Using the following scale, please rate the GENERAL usefulness of each of the following training activities:

Not Useful  1   2   3   4   5  Very Useful

1. General Usefulness of the Internship to Date
   Comment:

Outreach Presentations
   (please list)
SPRING END-OF-QUARTER EVALUATION

INTERNSHIP EVALUATION
END OF QUARTER EVALUATION BY TRAINEE

Trainee Name: ______________________________ Date: ____________________________

Using the following scale, please rate the GENERAL usefulness of each of the following training activities:

<table>
<thead>
<tr>
<th>Rating</th>
<th>Very Useful</th>
<th>5</th>
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<td>1</td>
<td>Not Useful</td>
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</tbody>
</table>

USEFULNESS RATING

THIS QUARTER'S SEMINARS

1. Multicultural / Social Justice Seminar
   Comments:

2. Supervision Seminar
   Comments:

3. Other:
   Comments:

4. Other:
   Comments:

5. Intern Cohort Meeting
   Comments:

6. Intern Check-in with Training Director
   Comments:

7. Other:
   Comments:

GENERAL COMMENTS ABOUT THIS QUARTER'S SEMINARS:
Using the following scale, please rate the GENERAL usefulness of each of the following training activities:

Not Useful  1  2  3  4  5  Very Useful

**THIS QUARTER’S SUPERVISION AND CONSULTATION**

___1.  *Emphasis Area - Who:*
    Comments:

___2.  *Primary Clinical Supervisor - Who:*
    Comments:

___3.  *Clinical Team Experience:*
    Comments:

___4.  *Counselor-On-Duty (COD) Experience*
    Comments:

___5.  *Consultation with staff members*
    Comments:

___6.  *Consultation with other interns*
    Comments:

___8.  *Consultation with the Training Director*
    Comments:

**GENERAL COMMENTS ABOUT THE SUPERVISION YOU RECEIVED THIS QUARTER:**
Using the following scale, please rate the GENERAL usefulness of each of the following training activities:

<table>
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<th>4</th>
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</table>

**SERVICES PROVIDED THIS QUARTER**

---

1. Experience providing individual therapy
   Comments:

2. Co-therapy experiences (group and couples):
   Co-therapist(s):
   Comments:

3. Experience providing presentation, consultation or outreach activities
   Comments:

4. Experience providing intakes
   Comments:

5. Experience providing COD services
   Comments:

6. Experience providing services specific to your emphasis area
   Comments:

7. Experience participating in a work committee
   Comments:

8. Experience providing other services (specify):
   Comments:

**GENERAL COMMENTS ABOUT THE SERVICES YOU PROVIDED THIS QUARTER:**

**GENERAL COMMENTS ABOUT YOUR INTERNSHIP EXPERIENCES:**
Using the following scale, please rate the GENERAL usefulness of each of the following training activities:

Not Useful  1      2      3      4      5  Very Useful

1. General Usefulness of the Internship to Date
   Comment:

   Outreach Presentations
   (please list)
END-OF-YEAR EVALUATION

End of Year Internship Program Evaluation
University of Washington
Counseling Center

Trainee Name: ____________________________ Date: _____________________________
Year: ___________________  

Note from the Training Director: Please use the scale below to evaluate the following areas. Your feedback is very important to UWCC and the continued development and refinement of the internship program. Evaluation is a collaborative process designed to facilitate growth, to pinpoint areas of strength and difficulty, and to refine goals. It is a tool for evaluating performance and also a vehicle for change. This applies both to your supervisor’s evaluation of your performance and your evaluation of the internship program. Thanks for your comments.

Scale for rating program areas:
  5 = Outstanding
  4 = Very good, above average
  3 = Average, accepted and typical level
  2 = Below expected level
  1 = Very poor
  N/A = Not Applicable

1. **Clinical/Therapy Opportunities**
   ____ First contact assessment (COD/intake)
   ____ Crisis intervention/emergency services
   ____ Individual therapy
   ____ Group therapy
   ____ Brief therapy
   ____ Longer-term therapy
   ____ Career counseling and assessment
   ____ Academic/educational counseling

   Comments:

2. **Opportunities to work with types of clients**
   ____ Multicultural clients
   ____ Gay/lesbian/bisexual clients/transgender/queer clients
   ____ Variety of diagnostic disorders
   ____ International students
   ____ Male clients
   ____ Female clients
First generation students

Comments:

Scale for rating program areas:
5 = Outstanding
4 = Very good, above average
3 = Average, accepted and typical level
2 = Below expected level
1 = Very poor
N/A = Not Applicable

3. Opportunities for outreach and consultation
   ___ Prevention opportunities
   ___ Outreach opportunities
   ___ Consultation opportunities
   ___ Program development/presentations
   ___ Amount of presentations required

Comments:

4. Training experiences
   ___ Individual supervision with licensed staff for first six months. Who:
   ___ Emphasis area supervision. Who:
   ___ Group supervision. Who:
   ___ Outreach supervision
   ___ Couples supervision (if applicable)
   ___ Group supervision
   ___ Clinical Team
   ___ Staff development programs (CEU’s)
   ___ Intern Cohort meeting
   ___ Intern retreats
   ___ Quality of training overall
   ___ Quantity of training overall
   ___ Breadth of training overall
   ___ Depth of training

Comments:

5. Multicultural/Cross-cultural Experiences
   ___ Training / discussions attended
   ___ Comfort level of training staff
Intern Handbook

___ Competence of training staff
___ Commitment of training staff

Comments:

Scale for rating program areas:
5 = Outstanding
4 = Very good, above average
3 = Average, accepted and typical level
2 = Below expected level
1 = Very poor
N/A = Not Applicable

6. Administration
___ Paperwork/charting/report writing
___ Staff meetings
___ Workload balance between direct service and administrative time

Comments:

7. Professional atmosphere
___ Balance between service and training
___ Ethics/legal issues
___ Opportunities for personal/professional development/growth
___ Understanding practice in college setting
___ Commitment to clients
___ Quality control issues - client satisfaction
___ Scholarly/Practice Balance
___ Understanding/respect for individual differences
___ Commitment to UWCC’s mission and purpose
___ Clear policies/procedures
___ Process of assigning cases
___ Adequacy of referral sources
___ Post-doc or job search assistance

Comments:

8. Training atmosphere
___ Responsiveness to intern training needs
___ Intellectual/professional/personal stimulation and challenge
___ Support from training staff
___ Support of support staff

Comments:
Support for dissertation
Interns’ ability to influence their training opportunities
Realistic time demands
Clear expectations
Respect for interns
Concern for personal/professional development
Assignment of supervisors
General learning environment
Accessibility of staff

Comments:

9. Interpersonal interactions/relationships
With training staff
With support staff
With other units/departments on campus
With community agencies
With other professionals. List:

Comments:

Scale for rating program areas:
5 = Outstanding
4 = Very good, above average
3 = Average, accepted and typical level
2 = Below expected level
1 = Very poor
N/A = Not Applicable

10. Facilities
Office space
Library
Audio/Video equipment
Group rooms
Computers
Internet/www/e-mail
Fax machines
Security
Testing materials
Professional development materials
Research materials

Comments:
11. Evaluation process
   ___ Fairness
   ___ Timeliness
   ___ Opportunity to give and receive feedback

   Comments:

12. Other areas
   ___ Stipend
   ___ Benefits
   ___ Leave time (vacation, professional development, etc.)
   ___ Ability to maintain your own schedule
   ___ Misc. (what:__________________________)

   Comments:

13. Please rate the training program overall in assisting your professional development as a psychologist:
   Excellent  Above Average  Average  Below Average  Poor

14. Please rate how the intern program met your expectations for training:
   Excellent  Above Average  Average  Below Average  Poor

15. What would you like to see included in future internship training activities/experiences?

16. What are the strengths of this internship training program?

17. What are the limitations of this internship training program?

18. What recommendations do you have to improve the internship training program?

19. Additional comments:
goals of supervision
Supervision is a vital component of every clinician’s training. In supervision, the trainee should feel free to discuss weaknesses as well as strengths. The broad goals of supervision are to enhance clinical skill and knowledge, promote self-awareness/emotional competence, ensure the welfare of clients, and evaluate the suitability of the trainee to enter the profession.

Supervisee’s Unique Goals of Supervision
Each supervisee will have unique goals in supervision based on their past experience as well as areas of growth and strengths. It is important that these unique goals are also discussed and agreed upon in the early phase of supervision. Below is space for the supervisee to write down their unique goals for this supervisory relationship.

_________________________________________________________
_________________________________________________________
_________________________________________________________
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Supervisor’s Role and Responsibilities
• Abide by and keep up-to-date on ethical guidelines, as outlined by the American Psychological Association and statutes of the State of Washington (see below).
• Establish parameters and structure of supervisory role (e.g., style, issues covered, video recordings reviewing, supervision time, etc.).
• Negotiate appropriate training goals with trainee.
• Work towards and check-in periodically about training goals.
• Share own therapeutic and supervisory style.
• Acknowledge and process multiple roles if applicable (e.g., primary supervisor & group supervisor; primary supervisor & clinical team member).
• Acknowledge cultural similarities and differences and impact of power differentials. Discussion to be infused throughout supervision.
• Provide a balance of both support and challenge.
• Monitor trainee’s clinical cases.
Monitor the trainee’s record keeping in a timely manner (progress notes, intake reports and release forms).

- Facilitate trainee’s ability to conceptualize cases and develop treatment plans.
- Serve as consultant in crisis/emergency situations.
- Enhance trainee’s self-awareness.
- Provide ongoing feedback on trainee’s clinical skills, style, dynamics, etc., in a manner that is facilitative and constructive.
- Provide early feedback to the supervisee and the Training Director in the case of concern about the trainee’s progress, professionalism, or competence.
- Complete scheduled evaluations of the trainee and process the evaluations within supervision.
- Process, within supervision, trainee’s written evaluation of supervisor.
- Serve as a professional role model for trainee.
- Demonstrate respect for trainees, acknowledging diversity in values, culture, and experience.
- Take primary responsibility for the supervisory relationship and, when there are difficulties, take responsibility to address or resolve those difficulties either directly or through consultation.
- Assist the supervisee in balancing agency demands.
- Facilitate the professional growth of the supervisee by attending to professional issues, career issues, and transition issues concerning development.
- Assist supervisee in maintaining self-care and balance.
- Prepare for ending of relationship with supervisee appropriately and in a timely manner (e.g., administratively, helping supervisee terminate with clients, and discussing the supervisory relationship).
- When asked by trainee to serve as a reference, provide honest, straightforward information.

Supervisee’s Responsibilities
- Abide by all ethical guidelines, as outlined by the American Psychological Association and statutes of the State of Washington.
- Negotiate appropriate training goals with the supervisor.
- Inform each client of trainee status and name of supervisor.
- Keep supervisor informed of all cases.
- Keep timely records and make them available to the supervisor.
- Document all consultations with supervisor (or other senior staff including clinical team) about medium/moderate to high risk clients.
- Prepare for supervision by providing recordings of sessions, records needing to be reviewed, and questions or concerns about case management.
- Remain open and responsive to feedback and supervisory suggestions. Implement supervisor suggestions, if appropriate.
- Process, within supervision, supervisor’s written evaluations of the trainee’s work.
- Complete scheduled evaluations of the supervisor and process them within supervision.
- Participate actively in supervision, and take increasing responsibility for the working relationship as the year proceeds.
- Demonstrate respect for clients, the supervisor, and other staff members, acknowledging diversity in values, culture, and experience.
- Share responsibility for the supervisory relationship and, when there are difficulties, take responsibility to address or resolve those difficulties either directly or through consultation.
Trainee must notify supervisor (or another licensed staff member) *immediately* if any of the following should occur (adapted with minimal changes from Thomas, 2007):

- Disputes with clients or impasses in the therapy
- Allegations of unethical behavior by clients, colleagues, client’s friends or family members, or others
- Contact from a client’s family members, academic personnel, or others requesting information about a client
- Threats of a complaint or lawsuit
- Mental health emergencies requiring immediate action
- High risk situations; cases in which clients evidence suicidal thoughts, gestures, or attempts or a significant history of attempts; or cases in which clients present with a history of, propensity for, or threats of violence
- Contemplated departures from standards of practice or exceptions to general rules, standards, policies, or practices
- Suspected or known clinical or ethical errors and related counter-transference
- Contact with clients outside the context of treatment
- Legal issues, such as possible reporting obligations related to suspected abuse of a child or vulnerable adult, or ethical violations by other professionals

**Privacy**

The relationship between supervisor and supervisee does not fall under the ethical and legal mandates of confidentiality. Rather, privacy of supervisees is a value of this training site. However, training staff uses a consultative model of supervision and supervisors may consult with one another about trainees when relevant. For instance, the supervisor will regularly discuss the supervisee’s work and progress with other staff members as needed for training and evaluation purposes. However, the supervisor will keep private any personal material that is not relevant to those purposes.

The confidentiality of clients is of paramount importance. Any notes, recordings, or other client information must be treated as carefully and as sensitively as possible. The trainee will not discuss information about clients outside of the context of supervision, except to obtain consultation with another professional in the agency who has a reason to be involved with the case.

**Self-Disclosure**

Given the training program’s goal to train ethical competent psychologists who are capable of functioning independently, opportunities for personal exploration and self-reflection occur throughout the year. When appropriate and especially in supervision, trainees are encouraged to explore historical influences and personal data that may affect professional practice. The training program functions in a manner consistent with the American Psychological Association’s 2002 Ethical Standard 7.04 (Student Disclosure of Personal Information) as contained in the Revised Ethical Principles of Psychologists and Code of Conduct (APA, 2002).

**Dual-Role Relationships**

The supervisor will avoid any dual or multiple relationships with the supervisee, which could reasonably be expected to lead to exploitation or loss of objectivity. (Dual relationship means a situation where a supervisor and a supervisee have both a professional relationship and non-professional relationship such as a personal friendship, business or financial ties, mutual club or social group activities, family or marital ties, or a sexual relationship.) If a dual or multiple relationship does exist, the supervisor is responsible for explaining how said relationship does not hamper objectivity or exploit the supervisee, and the means developed to prevent/resolve any problems which may arise from the said relationship. (Please refer to Intern or Practicum Handbook for more information about intern-staff relationships.)

**Evaluation Procedures**

Supervisors are responsible for providing ongoing feedback to the trainee regarding their progress, including strengths and areas in need of improvement. In addition to ongoing feedback, trainees are provided written evaluations of their
clinical work regularly. These evaluations are discussed with the trainee and are forwarded to the Training Director to become part of the trainee's record. Trainees also provide supervisors with both written and verbal feedback of the supervision process at the evaluation periods. Narrative evaluations will also be provided to trainees’ home program after winter and summer quarters.

**Policy for Dealing with Issues of Competence**
In the event that there are concerns about trainee’s progress, ethics, professionalism or competence, the supervisor will consult with the Training Director and may develop a plan for addressing concerns, which may include remediation steps. Please refer to the Due Process section in the Intern or Practicum Handbook(s).

**Complaint Procedures and Due Process**
Ideally, any disagreement between supervisor and trainee can be resolved between them, or within the UW Counseling Center. In the event of a disagreement that is not resolvable at these levels, there are Center procedures outlined in the Intern or Practicum Handbook(s).

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

________________________________________  ________________
Supervisee Signature  
Date

________________________________________
Print Name

________________________________________  ________________
Primary Clinical Supervisor  
Date

________________________________________
Print Name and Degree
2.05 Delegation of Work to Others
Psychologists who delegate work to employees, supervisees, or research or teaching assistants or who use the services of others, such as interpreters, take reasonable steps to (1) avoid delegating such work to persons who have a multiple relationship with those being served that would likely lead to exploitation or loss of objectivity; (2) authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training, or experience, either independently or with the level of supervision being provided; and (3) see that such persons perform these services competently. (See also Standards 2.02, Providing Services in Emergencies; 3.05, Multiple Relationships; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.02, Use of Assessments; 9.03, Informed Consent in Assessments; and 9.07, Assessment by Unqualified Persons.)

3.02 Sexual Harassment
Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist’s activities or roles as a psychologist, and that either (1) is unwelcome, is offensive, or creates a hostile workplace or educational environment, and the psychologist knows or is told this or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts. (See also Standard 1.08, Unfair Discrimination Against Complainants and Respondents.)

3.03 Other Harassment
Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons’ age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status.

3.04 Avoiding Harm
Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

3.05 Multiple Relationships
(a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person. A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist’s objectivity, competence, or effectiveness in performing their functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists. Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

(b) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.

(c) When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur. (See also Standards 3.04, Avoiding Harm, and 3.07, Third-Party Requests for Services.)
3.06 Conflict of Interest
Psychologists refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to (1) impair their objectivity, competence, or effectiveness in performing their functions as psychologists or (2) expose the person or organization with whom the professional relationship exists to harm or exploitation.

3.08 Exploitative Relationships
Psychologists do not exploit persons over whom they have supervisory, evaluative, or other authority such as clients/patients, students, supervisees, research participants, and employees.

7.04 Student Disclosure of Personal Information
Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

7.06 Assessing Student and Supervisee Performance
(a) In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision.
(b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.

7.07 Sexual Relationships With Students and Supervisees
Psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom psychologists have or are likely to have evaluative authority. (See also Standard 3.05, Multiple Relationships.)
Relevant Washington Administrative Codes (WAC) (02/17/10 edition)

WAC 246-924-049 - Practicum
Applied experience: The doctoral degree program required in WAC 246-924-046 must include a practicum of at least two semesters or three quarters and at least 300 hours of direct experience, 100 hours of which must be in supervision. Supervision must include the following:

1. Discussion of services provided by the student;
2. Selection of service plan for and review of each case or work unit of the student;
3. Discussion of and instruction in theoretical concepts underlying the work;
4. Discussion of the management of professional practice and other administrative or business issues;
5. Evaluation of the supervisory process by the student and the supervisor;
6. Discussion of coordination of services among the professionals involved in the particular cases or work units;
7. Discussion of relevant state laws and rules;
8. Discussion of ethical principles including principles applicable to the work;
9. Review of standards for providers of psychological services; and
10. Discussion of reading materials relevant to cases, ethical issues and the supervisory process.

WAC 246-924-056 - Internship
Applicants must successfully complete an organized Internship as part of the doctoral degree program described in WAC 246-924-046.

1. The Internship must include at least 1500 hours of supervised experience and be completed within twenty-four months.
2. The Internship program must:
   (a) Be accredited by the American Psychological Association; or
   (b) Be a member program of the Association of Psychology Postdoctoral and Internship Centers; or
   (c) Meet the following requirements:
      (i) Organization of the Internship program.
         (A) The Internship must have a written statement or brochure describing the goals and content of the Internship, stating clear expectations and quality of student work, and made available to prospective Interns.
         (B) A psychologist licensed by the appropriate state or provincial licensing authority must be clearly designated as responsible for the integrity and quality of the Internship program.
         (C) Interns must use titles indicating their training status.
      (ii) Content of the Internship program.
         (A) The Internship must be designed to provide a planned sequence of training experiences focusing on breadth and quality of training. Supervision and training related to ethics must be ongoing.
         (B) At least twenty-five percent of the Internship experience must be in direct client contact providing assessment and intervention services.
         (C) For every 40 hours of Internship experience, the student must receive:
            (I) At least 2 hours of regularly scheduled, formal, face-to-face individual supervision that addresses the direct psychological services provided by the intern; and
            (II) At least 2 hours of other learning activities such as case conferences, seminars on
applied issues, conducting cotherapy with a staff person including discussion of the case, and group supervision.

(iii) Supervision of the Internship experience.

(A) The Internship setting must have two or more psychologists available as supervisors, at least one of whom is licensed as a psychologist.

(B) The Internship experience must be supervised by the person(s) responsible for the assigned casework.

(I) At least seventy-five percent of the supervision must be by a licensed psychologist with two years post-license experience.

(II) Up to twenty-five percent of the supervision may be completed by the following:

- A psychiatrist(s) with three years experience beyond residency;
- A licensed mental health counselor(s) with five years post-license experience;
- A licensed marriage and family therapist(s) with at least five years post-license experience;
- A licensed advanced social worker(s) or licensed independent clinical social worker(s) with five years post-license experience; or
- A doctoral level psychologist(s) with three years post-doctoral experience who is exempt from licensure under RCW 18.83.200 (see below) (1), (2), (3) or (4), if the supervision occurs in the exempt setting.

Note: RCW 18.83.200 – Exemptions (see previous section):

This chapter shall not apply to:

(1) Any person teaching, lecturing, consulting, or engaging in research in psychology but only insofar as such activities are performed as a part of or are dependent upon a position in a college or university in the state of Washington.

(2) Any person who holds a valid school psychologist credential from the Washington professional educator standards board but only when such a person is practicing psychology in the course of their employment.

(3) Any person employed by a local, state, or federal government agency whose psychologists must qualify for employment under federal or state certification or civil service regulations; but only at those times when that person is carrying out the functions of their employment.

(4) Any person who must qualify under the employment requirements of a business or industry and who is employed by a business or industry which is not engaged in offering psychological services to the public, but only when such person is carrying out the functions of their employment: PROVIDED, That no person exempt from licensure under this subsection shall engage in the clinical practice of psychology.

(5) Any person who is a student of psychology, psychological intern, or resident in psychology preparing for the profession of psychology under supervision in a training institution or facilities and who is designated by the title such as "psychological trainee," "psychology student," which thereby indicates their training status.

(6) Any person who has received a doctoral degree from an accredited institution of higher learning with an adequate major in sociology or social psychology as determined by the board and who has passed comprehensive examinations in the field of social psychology as part of the requirements for the doctoral degree. Such persons may use the title "social psychologist" provided that they file a statement of their education with the board.
RCW 18.83.121 – Unprofessional Conduct
In addition to those acts defined in chapter 18.130 RCW, the board may take disciplinary action under RCW 18.130.160 for the following reasons:

(1) Failing to maintain the confidentiality of information under RCW 18.83.110;

(2) Violating the ethical code developed by the board under RCW 18.83.050;

(3) Failing to inform prospective research subjects or their authorized representatives of the possible serious effects of participation in research; and failing to undertake reasonable efforts to remove possible harmful effects of participation;

(4) Practicing in an area of psychology for which the person is clearly untrained or incompetent;

(5) Failing to exercise appropriate supervision over persons who practice under the supervision of a psychologist;

(6) Using fraud or deceit in the procurement of the psychology license, or knowingly assisting another in the procurement of such a license through fraud or deceit;

(7) Failing to maintain professional liability insurance when required by the board;

(8) Violating any state statute or administrative rule specifically governing the practice of psychology; or

(9) Gross, willful, or continued overcharging for professional services.
GUIDELINES FOR DUE PROCESS REGARDING INSUFFICIENT COMPETENCE OF TRAINEES AND GRIEVANCE PROCEDURES

University of Washington Counseling Center
Guidelines for Due Process Regarding Insufficient Competence of Trainees and Grievance Procedures
Due Process Guidelines editions for 2014 edited on 5 23 14 by ET and on 8 10 14 by CG

Introduction

This document provides University of Washington Counseling Center trainees and staff with an overview of the identification and management of trainee problems and concerns, a listing of possible sanctions and an explicit discussion of the due process procedures. Also included are important considerations in the remediation of problems. We encourage staff and trainees to discuss and resolve conflicts informally, however if this cannot occur, this document was created to provide a formal mechanism for the Counseling Center to respond to issues of concern. This Due Process Document is divided into the following sections:

i. **Definitions**: Provides basic or general definitions of terms and phrases used throughout the document.

ii. **Procedures for Responding to a Trainee’s Problematic Behavior**: Provides our basic procedures, notification process, and the possible remediation or sanction interventions. Also includes the steps for an appeal process.

iii. **Grievance Procedures**: Provides the guidelines through which a trainee can informally and formally raise concerns about any aspect of the training experience or work environment. This section also includes the steps involved in a formal review by the Counseling Center of the trainee.

i. **Definitions**

   **Trainee**
   Throughout this document, the term “trainee” is used to describe any person in training who is working in the agency.

   **Training Director (TD)**
   Throughout this document the term “training director” or “TD” is used to describe the staff member who oversees trainees’ activities. The training director will be consulted prior to consulting with the director of the Counseling Center.

   **Due Process**
   The basic meaning of due process is to inform and to provide a framework to respond to, act upon, or dispute. Due process ensures that decisions about trainees are not arbitrary or personally based. It requires that the training program identify specific procedures which are applied to all trainees’ complaints, concerns and appeals.

   **Due Process Guidelines**

   1. During the orientation period, trainees will receive in writing the Counseling Center’s expectations related to professional functioning. The TD will discuss these expectations in both group and individual settings.

   2. The procedures for evaluation, including when and how evaluations will be conducted will be described. Such evaluations will occur at meaningful intervals.
3. The various procedures and actions involved in decision-making regarding the problem behavior or trainee concerns will be described.

4. The training director will communicate early and often with the trainee and, when needed, the trainee’s home program, if any suspected difficulties that are significantly interfering with trainee performance are identified.

5. The TD will institute, when appropriate, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies.

6. If a trainee wants to institute an appeal process, this document describes the steps of how a trainee may officially appeal this program’s action.

7. The Counseling Center due process procedures will ensure that trainees have sufficient time (as described in this due process document) to respond to any action taken by the program before the programs implementation.

8. When evaluating or making decisions about a trainee’s performance, the Counseling Center staff will use input from multiple professional sources.

9. The TD will document in writing and provide to all relevant parties, the actions taken by the program and the rationale for all actions.

**Problematic Behavior or Insufficient Competence**

It is a professional judgment as to when a trainee’s behavior becomes problematic rather than just of concern. For purposes of this document, a problem is defined as a behavior, attitude, or other characteristic which, while of concern and requiring remediation, is not excessive or outside the domain of behaviors for professionals in training. A concern can normally be ameliorated with remediation. Insufficient competence or problematic behavior, however, is defined broadly as an interference in professional functioning, which is reflected in one or more of the following ways:

(a) a trainee exhibits an inability or unwillingness to acquire and integrate professional standards into their behavioral repertoire,

(b) an inability to acquire professional skills necessary for acceptable levels of competency,

(c) an inability to perform the duties required of their job. ***

*** If, at any given time, a trainee feels that their inability to perform their job responsibilities is due to a disability, the trainee should contact the Disability Services Office at (206) 543-6450, voice; at (206) 543-6452, TTY; or by email at dso@uw.edu. Employees can also contact their Human Resources Consultant or their supervisor to discuss their accommodation needs.

Evaluation criteria which link this definition of insufficient competence to particular professional behaviors are incorporated in the specific evaluation forms for clinical work which are completed by supervisors at the end of each quarter.
A problem typically becomes defined as an insufficient competence when it includes one or more of the following characteristics:

1. the trainee does not acknowledge or address the problem when it is identified;

2. the problem does not merely reflect a skill deficit which can be remediated through typical training procedures;

3. the quality of services delivered by the trainee or the interpersonal and professional relationships with other trainees or staff are negatively affected by the insufficient competence;

4. the insufficient competence results in the trainee needing a disproportionate amount of attention or additional training by training personnel;

5. the problem is not restricted to one area of professional development;

6. the trainee's behavior does not change as a result of feedback, remediation efforts, and/or time.

**ii. Procedures to Respond to Problematic Behavior**

**A. Basic Procedures**

If a trainee receives a rating of “Below the Expected Level of Development” from any of the evaluation sources in any of the following major categories of evaluation;

1. the trainee's knowledge and acquisition of relevant professional standards (e.g., ethical or legal violations, professional functioning/professionalism); or

2. the trainee’s acquisition of appropriate professional skills and abilities (i.e., professional incompetence)

The following procedures will be initiated:

1. In some cases, it may be appropriate to speak directly to the trainee about these concerns and in other cases a consultation with the TD will be warranted. This decision is made at the discretion of the staff or trainee who has concerns.

2. If the problematic behavior is not rectified by speaking with the trainee directly, the staff member will consult with the TD and with the primary supervisor (if the staff member who brings the concern is not the trainee’s primary supervisor).

3. Once the TD has been informed of the specific concerns, s/he will determine if and how to proceed with the concerns raised.

4. If the staff member who brings the concern to the TD is not the trainee's supervisor, the TD will discuss the concern with the supervisor(s).
5. If the TD and supervisor(s) determine that the alleged behavior in the complaint, if proven, would constitute a serious violation, the TD will inform the staff member who initially brought the complaint.

6. The TD will meet with the trainee’s supervisory team to discuss the concern.

7. The TD will meet with the Counseling Center director to discuss the concerns and possible courses of action to be taken to address the issues.

8. The TD, supervisor(s), and Counseling Center director may meet to discuss possible course of actions, (as listed in ii-B below).

9. When possible courses of action are decided upon, the TD and the primary supervisor will then meet with the trainee to review the concerns and the course of action that will be implemented. If the trainee accepts the decision, the implementation occurs and the trainee’s home department will be notified in by email or telephone contact (see Section ii-B below).

10. The trainee may choose to accept the conditions or may choose to challenge the action. The procedures for challenging the action are present in Section iii — Grievance Procedures.

B. Notification Procedures to Address Problematic Behavior or Insufficient Competence

It is important to have meaningful ways to address problematic behavior once identified. In implementing remediation or sanctions, the training staff must be mindful of balancing the needs of the problematic trainee, the clients involved, members of the trainee’s training group, the training staff, other agency personnel, and the campus community. All evaluative documentation will be maintained in the trainee’s file and the trainee’s home academic program may be notified of any of the actions listed below.

1. **Verbal Warning** emphasizes the nature of the problem and requests that the trainee discontinue the behavior under discussion.

   This verbal warning will be noted and retained in the trainee’s file, and the trainee’s Director of Clinical Training (DCT) at the trainee’s home program may be notified of the concern and the action taken, at the discretion of the TD.

2. **Written Notice** to the trainee which formally acknowledges:
   a. that the training director and the Counseling Center director are aware of the concern.
   b. that the concern has been brought to the attention of the trainee,
   c. that the training director and the trainee’s supervisors will work with the trainee to rectify the problem or skill deficits, and
   d. that the behaviors associated with the concern are not significant enough to warrant more serious action.

   This written notice will be retained in the trainee’s file, and the trainee’s Director of Clinical Training (DCT) at the trainee’s home program will be notified of the concern and the action taken.
3. Second Written Notice to the trainee that will identify possible sanction(s) is a written communication of warning to discontinue the inappropriate action or behavior. This letter will also describe a remediation plan and contain:

a. a description of the trainee’s unsatisfactory performance;

b. actions needed by the trainee to correct the unsatisfactory behavior;

c. the timeline for correcting the problem.

d. what sanction(s) may be implemented if the problem is not corrected (including dismissal from the agency); and notification that the trainee has the right to request an appeal of this action (see Appeal Procedures)

e. This second written notice and remediation plan will be retained in the trainee’s file, and the trainee’s Director of Clinical Training (DCT) at the trainee’s home program will be notified of the concern and the action taken.

C. Remediation and Sanctions

The implementation of a remediation plan with possible sanctions should occur only after careful deliberation and thoughtful consideration of the TD, relevant members of the training staff and the Counseling Center director. The remediation and sanctions listed below may not necessarily occur in that order and several courses of action may be implemented concurrently to address the insufficient competencies. The severity of the problematic behavior plays a role in the level of remediation or sanction. In implementing remediation or sanction intervention, the needs of the problematic trainee with insufficient competence, the client involved, member of the trainee’s training team, the training staff, and other agency personnel will be taken into consideration.

1. Schedule Modification is a time-limited, remediation-oriented, closely supervised training period for the trainee. The purpose of schedule modification is to specifically address the concern in a defined and concrete fashion. This period will include more closely scrutinized supervision conducted by the regular supervisor in consultation with the training director. The training director, in consultation with the trainee’s primary supervisor, the Counseling Center director, and the trainee will determine the final termination of the modified schedule period. The trainee's Director of Clinical Training (DCT) at her/his home program is notified of the concern and the steps taken to remedy the situation. Several possible and perhaps concurrent courses of action may be included in modifying a schedule. These include:

   a) increasing the amount of supervision, either with the same and/or additional supervisors;

   b) changing the format, emphasis, and/or focus of supervision;

   c) recommending personal therapy. This recommendation is made in a way that all parties involved have clarified the manner in which therapy contacts will be used in the trainee’s evaluation process;

   d) reducing the trainee's clinical or other workload;

   e) requiring specific academic coursework/readings, having the training review her/his own electronic recordings of clinical work in psychotherapy sessions, or
other activities to be determined by the trainee’s learning needs.

2. **Probation** is defined as a time-limited, remediation-oriented, training period during which the training director actively monitors the trainee’s performance and evaluates the degree to which the trainee rectifies behaviors responsible for the unacceptable evaluation. The trainee is informed of the probation in a written statement that includes:

   a) the identified skill deficit(s);

   b) recommended remediation;

   c) the time allotted for addressing the problem; and

   d) the procedure(s) for evaluating whether the problem has been rectified. The probation notice is issued to the trainee and to the Director of Clinical Training (DCT) at the trainee’s home university.

   If the TD determines that there has not been sufficient improvement in the trainee’s behavior to remove the probation or modified schedule, then the TD will discuss with the supervisor(s) and the Counseling Center director possible courses of action to be taken. The TD will communicate in writing to the trainee that the conditions for revoking the probation or modified schedule have not been met. This notice will include a revised remediation plan, which may include continuation of the current remediation efforts for a specified time period or implementation of additional recommendations. Additionally, the TD will communicate that if the trainee’s behavior does not change, the trainee will not successfully complete the training program. The Director of Training (DCT) at the trainee’s home program will be notified of this outcome and consequences.

3. **Suspension of Direct Service Activities** means that it has been determined that the trainee’s professional functioning has been significantly impacted by the trainee’s inability to perform their duties for any reason and/or insufficient competence, and that the welfare of the trainee’s client(s) or the campus community has been jeopardized. Therefore, direct service activities will be suspended for a specified period of time as determined by the training director in consultation with the trainee’s training team and the Counseling Center director. At the end of the suspension period, the trainee’s primary supervisor, in consultation with the training director, will assess the trainee’s capacity for effective functioning and determine if and/or when direct services can be resumed.

4. **Administrative Leave** involves the temporary withdrawal of all privileges in the agency. The training director or the director of the Counseling Center may initiate this suspension. The suspension will become effective immediately upon notice to the Trainee. Conditions will be imposed regarding amelioration of the violation, including remedial measures. A date will be set for a special review meeting with the director of the Counseling Center, training director, and the trainee to evaluate progress made. The training director will inform the trainee of the effects the administrative leave will have on the trainee’s stipend and accrual of benefits.

   If the probation period, limitation of direct service activities, or administrative leave interfere with the successful completion of the training hours needed for completion of the internship or practicum placement, this will be noted in the trainee’s file and the Director of Clinical Training at the trainee's academic program will be informed.
5a. **Dismissal from the Internship or Practicum Placement** involves the permanent withdrawal of all agency privileges. When specific interventions do not, after a reasonable time period, rectify the problem behavior or concerns and the trainee seems unable or unwilling to alter her/his behavior, the TD will discuss with the Counseling Center director the possibility of termination from the training program or dismissal from the agency. Either agency suspension or dismissal would be invoked in cases of violations of the APA Code of Ethics, when imminent harm to a client either physically or psychologically is a major factor, or when the trainee is unable to complete the internship or practicum placement due to their inability to perform their duties and/or insufficient competence that significantly negatively impacts their professional functioning.

5b. **Immediate Dismissal** involves the immediate permanent withdrawal of all agency responsibilities and privileges. Immediate dismissal would be invoked but is not limited to cases of severe violations of the APA Code of Ethics, when imminent physical or psychological harm to a client is a major factor, or when the trainee is unable to complete the training program due to their insufficient competence or other factors that significantly negatively impacts their professional functioning. In addition, in the event a trainee compromises the welfare of a client(s) or the campus community by an action(s) which generates grave concern from the TD, the supervisor(s), or the director of the Counseling Center may immediately dismiss the trainee from the Counseling Center. This dismissal may bypass steps identified in notification procedures and remediation and sanctions alternatives (see above). When a trainee has been dismissed, the training director will communicate to the trainee's Director of Training in her/his academic department that the trainee has not successfully completed the training program.

If at any time a trainee disagrees with the aforementioned sanctions, the trainee can implement **Appeal Procedures** (see below).

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**Guidelines for Implementing Decisions**

1. Once the final decisions have been made by the Counseling Center director, after the review panel findings, the training director and Center director meet with the trainee to review the decisions made and to specify remediation procedures.

2. Any formal action taken by the training program is communicated in writing to both the trainee and the trainee’s home program’s Director of Clinical Training. This notification indicates the nature of the problem, a rationale for the implementation of the remediation procedures and the specific steps that are to be taken.

3. When necessary the status of the trainee's remediation efforts are reviewed within a designated time period, but no later than the next formal evaluation period. This review is made by the training director and the trainee's primary supervisor. The Counseling Center director is informed of the trainee's status on a regular basis.

4. The outcome of the review is communicated in writing to the trainee, the trainee's home program’s DCT, and to the director of the Counseling Center.

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**D. Appeal Procedures**

In the event that a trainee does not agree with any of the aforementioned notifications, remediation or sanctions, or with the handling of a grievance – the following appeal procedures should be followed:
1. The trainee should file a formal appeal in writing with all supporting documents that refute the evidence regarding the evaluative decision made with the Counseling Center director. The trainee must submit this appeal within ten work days from her/his notification of any of the above (notification, remediation or sanctions, or handling of a grievance). During this ten day period, the trainee may also request a personal interview with the director of the Counseling Center.

2. Within three work days of receipt of a formal written appeal from a trainee, the Counseling Center director will then decide whether to implement a review panel or respond to the appeal without a panel being convened.

3. In the event that a trainee is filing a formal appeal in writing to disagree with a decision that has already been made by the review panel and supported by the Counseling Center director, then that appeal is reviewed again by the director. The director will determine if a new review panel should be formed to reexamine the case, or if the decision of the original Review Panel is upheld. At the point, the decision of the Director of the Counseling Center is final.

iii. Trainee Grievance Procedures

A. In the event a trainee encounters difficulties or problems other than evaluation related (e.g. poor supervision, unavailability of supervisor(s), workload issues, personality clashes, other staff conflicts) during their training program, a trainee can:

1. Discuss the issue with the staff member(s) involved;

2. If the issue cannot be resolved informally, the trainee should discuss the concern with the training director, other staff members, or the Counseling Center director if needed (if the concerns involve the TD, the trainee can consult directly with the Center director);

3. If the training director and/or Counseling Center director cannot resolve the issue of concern to the trainee, the trainee can file a formal grievance, in writing with all supporting documents, with the director of the Counseling Center. The formal grievance must be submitted within 5 days of receipt of the evaluation.

B. The CC director will implement review procedures as described below and inform the trainee of any action taken within three working days of receiving the formal grievance.

1. Review Procedures / Hearing

1) When needed, a review panel will be convened by the Counseling Center director to make a recommendation to the director about the appropriateness of a remediation plan/sanction for a trainee’s problematic behavior OR to review a grievance filed by the trainee.

   a. The panel will consist of three staff members selected by the CC director with recommendations from the TD and the trainee who filed the appeal or grievance. The director will appoint a chair of the review panel.

   b. In cases of an appeal, the trainee has the right to hear the expressed concerns of the training program and have an opportunity to dispute or explain the behavior of concern.
c. In response to a grievance, the trainee has a right to express concerns about the training program or Counseling Center staff member and the Counseling Center program or staff has the right and responsibility to respond.

2) Within five (5) work days, the panel will meet to review the appeal or grievance and to examine the relevant material presented.

3) Within three (3) work days after the completion of the review the panel will submit a written report to the director of the Counseling Center, including any recommendations for further action. Recommendations made by the review panel will be made by majority vote if a consensus cannot be reached.

4) Within three (3) work days of receipt of the recommendation, the CC director will either accept or reject the review panel's recommendations. If the director rejects the recommendation, the director may refer the matter back to the panel for further deliberation and revised recommendations or may make a final decision.

5) If referred back to the panel, a report will be presented to the CC director within five (5) work days of the receipt of the director's request of further deliberation. The director then makes a final decision regarding what action is to be taken and informs the training director.

6) The training director informs the trainee, staff members involved and necessary members of the training staff of the decision and any action taken or to be taken.

7) If the trainee disputes the Counseling Center director's final decision, the trainee has the right to appeal through following steps outlined in appeal procedures or by contacting the University of Washington Department of Human Resources.
# Intern Handbook

## INTERN WEEKLY/MONTHLY/YEARLY HOUR LOGS

**University of Washington Counseling Center Doctoral Internship Program**

**Internship SPE Monthly Log Cover Sheet**

<table>
<thead>
<tr>
<th>Supervisee:</th>
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</table>

**Setting:** (Exempt Setting) University of Washington Counseling Center  
Box 355830, 401 Schmitz Hall, Seattle, WA 98195-5830

**Primary Supervisor:** Charisse Williams, Ph.D.  
Assistant Director/Training Director  
License No: PY60059524  
License Type: Psychologist

**Primary Clinical Supervisor** (print name)  
License No: PY  
License Type: Psychologist

**Emphasis Area Supervisor** (print name):  
License No:  
License Type:

## Total Hours and Cumulative Hours-to-Date for Current Year

| **TOTAL DIRECT CONTACT HOURS FOR THIS MONTH:**  
(from clinical services, providing supervision, and outreach and consultation activities) |  |
<table>
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<tr>
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<tbody>
<tr>
<td><strong>TOTAL OF ALL HOURS FOR THIS MONTH (LESS LEAVE TIME):</strong></td>
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</tbody>
</table>
| **TOTAL DIRECT CONTACT HOURS FOR YEAR-TO-DATE:**  
(from clinical services, providing supervision, and outreach and consultation activities) |  |
| **RUNNING TOTAL HOURS FOR YEAR-TO-DATE (LESS LEAVE TIME):** |  |

## Statement of Accuracy

I, ________________ attest to the accuracy of the following SPE logs and certify that I have accrued the hours listed therein.

Signature and Degree:  
Date:

I, Charisse Williams, Ph.D., Director of Training, attest to the accuracy of the following SPE logs and certify that the supervisee has accrued the hours listed therein.

Signature and Degree:  
License No:  
Date:

*You MUST have Printouts of the Monthly Log Reports stapled to this form (see next two pages).*
<table>
<thead>
<tr>
<th>Internship SPE Monthly Log for Month of August</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Category</strong></td>
</tr>
<tr>
<td><strong>TRAINEE DIRECT CONTACT – CLIN. SERV. 03/'12</strong></td>
</tr>
<tr>
<td>CS4 Couple Intake</td>
</tr>
<tr>
<td>CS5 Extended Couple Intake</td>
</tr>
<tr>
<td>CS6 Couple Therapy</td>
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<tr>
<td>CS7 Group Screen</td>
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<tr>
<td>CS8 Group Therapy</td>
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<tr>
<td>CS1 Intake</td>
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<tr>
<td>CS2 Extended Intake</td>
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<tr>
<td>CS3 Individual Therapy</td>
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<tr>
<td>CS9 COD Intake</td>
</tr>
<tr>
<td>CS 11 Brief Contact with CLIENT already in Database</td>
</tr>
<tr>
<td>CS12 Suicide Intervention Program Session</td>
</tr>
<tr>
<td>CS18 Individual SII</td>
</tr>
<tr>
<td>CS19 Individual MBTI</td>
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<tr>
<td>CS31 Same-Day Intake</td>
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<tr>
<td>CS33 Consult Pursuant to R.O.I.</td>
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<tr>
<td>TR5 Lead Training Seminar</td>
</tr>
<tr>
<td><strong>TRAINEE DIRECT CONTACT – OUTREACH &amp; CONSULTATION 03/'12</strong></td>
</tr>
<tr>
<td>OT5 CC workshop other than SII/MBTI</td>
</tr>
<tr>
<td>OT6 Requested Outreach</td>
</tr>
<tr>
<td>OT7 Consult with NON-STUDENT</td>
</tr>
<tr>
<td>OT8 Brief Contact with STUDENT NOT in Database</td>
</tr>
<tr>
<td>OT11 University Committee Meeting (active participation)</td>
</tr>
<tr>
<td>OT12 University Liaison – Ongoing (active participation)</td>
</tr>
<tr>
<td>OT13 University Networking – Not Ongoing</td>
</tr>
<tr>
<td><strong>TOTAL HOURS OF ALL TRAINEE DIRECT CONTACT FOR THIS MONTH</strong></td>
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<table>
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<th>Category</th>
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<tr>
<td>TRAINEE PROF. DEV. O3/’12</td>
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<tr>
<td>----------------------------------------</td>
</tr>
<tr>
<td>TR3 Receive 1:1 Supervision</td>
</tr>
<tr>
<td>TR4 Attend Training Seminar</td>
</tr>
<tr>
<td>TR6 Training Prep</td>
</tr>
<tr>
<td>TR7 Represent UW at Meeting (Trainee)</td>
</tr>
<tr>
<td>TR8 PD Event (Trainee)</td>
</tr>
<tr>
<td>TR9 PD Activity (e.g., reading, etc.)</td>
</tr>
<tr>
<td>TR10 Trainee Search Activities (intern selection process)</td>
</tr>
<tr>
<td>TR13 Clinical Teams (Trainee; counts as group supervision for trainees)</td>
</tr>
<tr>
<td>PD4 In-Service Training (all-staff trainings)</td>
</tr>
</tbody>
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**TRAINEE PROF. DEV. O3/’12**

**Total Hours for this Category in this Month**

<table>
<thead>
<tr>
<th>TRAINEE RECORD KEEPING O3/’12</th>
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<tbody>
<tr>
<td>CS21 Clinical Record Keeping</td>
</tr>
<tr>
<td>CS22 Client Advocacy</td>
</tr>
<tr>
<td>CS23 Clinical Peer Consult</td>
</tr>
<tr>
<td>CS28 COD Coverage Time Credit</td>
</tr>
<tr>
<td>CS35 Case Management</td>
</tr>
<tr>
<td>PP3 Outreach Prep.</td>
</tr>
<tr>
<td>PP4 Group Prep.</td>
</tr>
<tr>
<td>PP5 Non-Clinical Record Keeping</td>
</tr>
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</table>

**TRAINEE RECORD KEEPING O3/’12**

**Total Hours for this Category in this Month**

<table>
<thead>
<tr>
<th>TRAINEE MGMT. &amp; ADMIN. O3/’12</th>
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<tbody>
<tr>
<td>MA1 Staff or Committee Mtg.</td>
</tr>
<tr>
<td>MA2 Program Area Development (see the T.D. if think you need to use this)</td>
</tr>
<tr>
<td>MA4 Permanent Staff Search Activities</td>
</tr>
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**TRAINEE MGMT. & ADMIN. O3/’12**

**Total Hours for this Category in this Month**

<table>
<thead>
<tr>
<th>TRAINEE LEAVE O3/’12</th>
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<tr>
<td>LV1 Vacation Time Off</td>
</tr>
<tr>
<td>LV2 Sick Time Off</td>
</tr>
<tr>
<td>LV3 University Holiday</td>
</tr>
<tr>
<td>LV4 Miscellaneous (e.g., personal holiday, 1X/year)</td>
</tr>
</tbody>
</table>

**TRAINEE LEAVE O3/’12**

**Total of ALL Hours for this Month**
| TOTAL HOURS OF ALL INTERN TIME LESS ALL LEAVE TIME FOR THIS MONTH |
University of Washington Counseling Center

TRAINEE DEPARTURE CHECKLIST

TRAINEE NAME: ___________________________ OFFICE #: _______ DATE: ________________

Materials to be left in your office

- Webcam
- Computer (including mouse, speakers, printer, etc.)
- DSM-5
- Name Badge
- Anything else that was in your office when you arrived (e.g., desk & chair, phone, bookshelves, tables, stapler, etc.)

Turn into the TD (and initial the spaces below for each item turned in)

- External hard and/or flash drive(s)
- A list of any activities you have been involved in this year that your TD would not typically be aware of (e.g., you assisted in an outreach presentation, presented at a conference, etc.).
- DSM-5
- Send an email to the TD and Administrator or Program Coordinator describing any current problems with equipment in your office (e.g., webcam, computer, printer, etc.).

Turn in all five keys to TD

- Counseling Center Key, office key, key to file drawer, file room key and key to Schmitz Hall

Miscellaneous/Other (check off as each of the following required tasks are completed)

- Complete all electronic files and close and sign all cases
  
  *** Your supervisors need to have time before you leave to review the files and sign them off. You may not leave the Center until all files have been reviewed and signed off, so you should accomplish this the week before you leave. This will be checked during the exit interview with Charisse.

- Delete all the data off both of your external hard and/or flash drives
  
  Computer clean up:
  - Delete all confidential material, case notes, etc.
  - Clear your search history, your email messages, any personal folders, etc.
  - Uninstall any programs you installed for your own use
  - Clear all appointments or appointment placements on your Titanium calendar after August 15th
  - Set up auto-reply on your email account, so all email senders will know that you have left the UWCC

- Remove personal belongings from office and clean office from top to bottom so that a new staff or trainee can simply move in (e.g., surfaces wiped off, nails taken out and holes patched, stickers off of walls, touch-up paint if available; tidy). Please return any left-over forms to their original areas in office, and really clean out your desk and your office thoroughly. Cleaning supplies can be found in the cabinets in the lunch room area.

- Return excess office supplies to appropriate location.

TD must check in with you in your office before you leave. Please invite TD to do so when you are completely ready to be signed out on the last day that you are here at the Center.

Please Provide:

Forwarding Address: ____________________________________________________________

Phone Number(s): _____________________________________________________________

Email Address: _______________________________________________________________
EMPHASIS AREA OUTLINES FOR TOPICS OFFERED

This list includes potential emphasis area—the ones with asterisks are the offerings for this year:

- Sexual Trauma — Linda Anderson, Ph.D. (half year or full year)
- Training and Administration — Charisse Williams, Ph.D. (first half year or full year)*
- Services for Male Clients: Appropriate Adaptations — Scott Shiebler, Ph.D. (half year only, either half)*
- Emotion-Focused Couples Therapy — David Slagle, M.S. (half year or full year)*
- Interpersonal Process Emotion Focused Therapy — David Slagle, M.S. (half year or full year) or Scott Shiebler, Ph.D. (half year only, either half)*
- Consultation/Liaison and Working with Students of Concern — Amy Collins, Ph.D. (half year or full year)
- Multicultural and Social-Justice-Informed Therapy and Advocacy — Andrea Salazar-Nunoz, Ph.D. or Charisse Williams, Ph.D. (half year or full year)*
- Outreach and Consultation (with marginalized populations) — Andrea Salazar-Nunoz, Ph.D. (half year or full year)*

Please see next few pages for syllabi of some of these topics. And, in meeting these staff members, ask them about their area of interest!
Name of Area of Focus/Specialization:
Working with Survivors of Sexual Trauma
- Intern will develop specialized competency and expertise in working with survivors of sexual trauma within a college counseling center setting.

Approximate Time Commitment:
- The time commitment is 1-2 hours per week
- This specialization can be half year or full year

What will the Intern Learn in the specialization? / What are the expectations of the Intern in this specialization?
- Intern will develop an understanding of the core concepts of trauma therapy
- Intern will be able to conduct a thorough assessment of sexual trauma
- Intern will develop knowledge of which clients struggling with sexual trauma are appropriate within a short-term model and which should be referred out for more extensive care
- Intern will be able to work effectively in individual therapy with survivors of sexual trauma who are appropriate for a college counseling center.
- Intern will be able to assess for risk and to intervene appropriately.
- Intern will develop knowledge of common concerns that arise for survivors of sexual trauma
- Intern will develop awareness of their own reactions, biases, and assumptions regarding different aspects of sexual trauma.

What Skills Will They Develop? (list all competencies this area of focus is related to)
The competencies that this specialization will address are as follows:
(I) Research; (II) Ethics and Legal Standards; (III) Individual and Cultural Diversity; (IV) Professional Values, Attitudes and Behaviors; (V) Communication and Interpersonal Skills; (VI) Assessment; (VII) Supervision; (IX) Consultation and Interprofessional/Interdisciplinary Skills

Process:
The intern who selects this specialization will work with Dr. Linda Anderson who will be responsible for supervising the intern’s competency in working with survivors of sexual trauma within a college counseling center. One hour of direct supervision in this area will be provided for individual clinical work with sexual trauma survivors. Dr. Anderson will be available for consultation and additional supervision as needed.

Clinical Work:
The intern will attempt to receive at least three active clients (at any one time) who are struggling with issues related to sexual trauma.

Outreach/Consultation:
- Some contact with SARI (the campus Sexual Assault Referral and Information Service) may be established

Professional Involvement:
Developmental Nature of the Specialty:

The developmental nature of this specialty relates to the severity of clients that the intern will be working with throughout the year.

Evaluation:

The individual psychotherapy component will be evaluated at the 6- and 12-month mark for a full year term. It will be evaluated at the 3- and 6-month mark for a half-year term.

Bibliography

Exact Readings to be determined but intern can expect to be provided readings from:

- *Principles of Trauma Therapy* by John Briere and Catherine Scott
- *Trauma and Recovery* by Judith Herman
- Other select articles related to sexual trauma and clinical work
Name of Area of Focus/Specialization:

Training and Administration in a University Counseling Center

Intern will develop specialized competency, expertise, and multifaceted understanding of an internship training program at a UCC, and have both an overall frame of how the training program fit into the general mission of the Center while developing specific skills in prioritizing projects. Intern will learn about organization and strategies for our Center’s internship selection process, and participate in this throughout the process. Intern will also learn about supervision, supervisory models, and the evaluative process as well as other administrative duties.

Approximate Time Commitment:

The time commitment for this focus area is approximately 2 hours per week which includes a 1 hour of meeting with the Training Director (Charisse Williams) and approximately 1 hour of reading and/or working on projects related to training.

This emphasis supervision focus area will run for at least one half year, to allow time for the intern to become familiar with the areas of training programming / organization, and supervision in our internship program.

What will the Intern learn in the specialization? Expectations of Intern in this Emphasis Area

Knowledge

- Knowledge of the overall structure and specific dimensions of a training program in a UCC.
- Knowledge about APA accreditation and what that means.
- Knowledge of how to incorporate diversity into a training program.
- Knowledge of the APPIC Intern Selection Match process.
- Knowledge about how power and privilege affect the supervisory relationship.
- Knowledge about how multidimensional identities and diversity and identity affect a training program and the supervisory relationship.
- Knowledge about how to administrate an internship.
- Knowledge about ethical and legal issues involved in operating a training program and in supervision.
- Knowledge about how to give effective feedback to trainees and supervisees.

Awareness

- Awareness of own attitudes, biases, and assumptions around structured learning programs and supervisor or mentoring relationships.
- Awareness of how an internship prepares (or does not prepare) interns to enter the field as a psychologist.

Skills

- Intern will be able to describe the overall structure and specific dimensions of a developmental training program in a UCC.
- Intern will be able to describe and be a participating member of the internship search.
- Intern will develop the ability to manage and prioritize multiple tasks and different roles.

What skills will the intern develop? (list all competencies this area of focus related to)
The areas of competencies this area of focus will address are:

(I) Research; (II) Ethics and Legal Standards; (III) Individual and Cultural Diversity; (IV) Professional Values, Attitudes and Behaviors; (V) Communication and Interpersonal Skills; (VI) Assessment; (VII) Supervision; (IX) Consultation and Interprofessional/Interdisciplinary Skills

Tasks:
- Serving on the Training Committee
- Participating on the internship search committee
- Assisting with other training related tasks as needed

Clinical Work:
- There is no clinical work involved in this focus area / emphasis supervision.

Outreach/Consultation:
- The intern who opts for this specialization is expected to be able to consult with trainees and staff around training and supervision issues and to take an active role in participating on the Internship selection committee for fall and winter quarters.

Professional Involvement:
- The intern will be exposed to the journal Training and Education in Professional Psychology, the Journal of Counseling and Development, and the Journal of Counseling Psychology. The intern will read relevant articles from these journals chosen by the trainee and agreed upon by the supervisor.

Developmental Nature of the Specialty:
- In all aspects of this focus area, the intern is expected to become more independent and autonomous during the course of the year when completing work tasks, when reading relevant articles, and when organizing and completing a project.

Supervision and Evaluation:
- The intern who elects this area of focus will be supervised by the Training Director (Charisse), and will meet with the T.D. for one hour every week. The Training Director will be responsible for coordinating the intern’s intellectual and professional development in the area of training and providing additional individual supervision in this focus area.
- Trainee will be evaluated at 3 month, 6 month, and 12 month marks (if a full year; if half year, after fall and winter quarters). The evaluation will be comprised of written and oral feedback from the T.D.
- The evaluations will consist of brief Emphasis Area Evaluations and will be evaluated will be along the dimensions of the Knowledge, Awareness, and Skills described in previous sections.

Bibliography
- Which books and articles will be read by trainee will be decided upon when the supervisors and supervisee collaboratively agree on which readings would be most valuable to increase trainee skills in specific areas they are hoping to gain specialized training in. This is a broad topical area, and trainee will have the option of delineating which area(s) of interest within this broader area she/he is most interested in.
- Trainee will be exposed to the journal of Training and Education in Professional Psychology, the Journal of Counseling and Development, and the Journal of Counseling Psychology.
Name of Area of Focus/Specialization:
The intern will develop specialized competency and expertise in the area of serving male clients using information about best practices and most suitable approaches in men’s psychology to inform clinical service provision to this population.

Approximate Time Commitment:
Two hours Per week: (one hour for supervision meetings and one hour for professional development)
Emphasis area for One-Half Year or Full Year

What will the intern learn in the specialization? Expectations of intern in this specialty area
The intern will be exposed to the origins of current men’s psychology theory and the impact of constricted view of gender strain’s men’s capacity to experience their full human potential. The intern will also learn about the concept of “male relational dread” and how this might impact the therapy process. Interns will be expected to reflect on how their own unique demographic make-up may interact with serving male clients.

Skills the intern will develop
(I) Research
(II) Ethics and Legal Standards; The intern will apply ethical principles and the APA Code of Conduct to the provision of psychology services for males. In addition, the supervisory relationship will serve as a resource for the intern to sort through their own values when ethical dilemmas arise in clinical work.
(III) Individual and Cultural Diversity; The intern will learn how applying a multicultural lens to male clients seeking therapy may facilitate a greater understanding of how constraining definitions of masculinity have historically inhibited men’s development and their capacity to form meaningful relationships. Additionally the intern will be exposed to how men’s experience of gender role strain may have contributed to the oppression of other groups of people, especially women, gays, lesbians and people of color
(IV) Professional Values, Attitudes and Behaviors; The intern will be encouraged to participate in APA Division 51 activities (Society for the Psychological Study of Men and Masculinity) such as conferences or list serve discussions
(V) Communication and Interpersonal Skills
(VI) Assessment; The intern may apply concepts about male psychology to clients involved in therapeutic assessment
(VII) Intervention; The intern will learn how to adapt initial services and treatment planning to include a strengths orientation and a greater emphasis on collaborative problem solving; The intern will learn how to expand the range of encouraged client and therapist behavior to include safe physical processing of feelings, increased use of metaphors, and other modes of expression which are less emotionally and relationally explicit; The intern may apply concepts about male psychology to clients participating in formal or informal outreach programs, such as Counseling Center sponsored tabling events or workshops. The intern may also be involved in developing outreach programs or materials targeted to male clients and may work to improve the user-friendliness of the Counseling Center’s services for this population

Process:
The intern who elects this area of focus will work with a staff supervisor who will be responsible for coordinating the intern’s intellectual and professional development through weekly meetings and review of male mental health issues arising with clients. Supervision in this area will include case conceptualization exercises, tape review of important clinical interactions, reflection activities on the intern’s own personal reactions, and the use
of the supervisory relationship as a tool to understand relationship dynamics through the lens of gender and to review supervisor / supervisee interactions keeping an eye out for any possible parallel process aspects to them.

**Clinical Work:**
- The intern is expected to make a concerted effort to be serving a few male clients at any particular time during this supervision process and is expected to bring portions of this work to emphasis area conversations.

**Outreach/Consultation:**
- The intern will be asked to note the ways men participate in and benefit from the various planned outreach programming the intern provides during the course of the internship year.

**Professional Involvement:**
- The intern is expected to work collaboratively with the staff supervisor in developing a specialty project dealing with outreach materials, including web-based information, targeted to male clients or males who might be considering counseling services.

**Developmental Nature of the Specialty:**
- In all aspects of this focus area, the intern is expected to become more independent and autonomous during the course of the year. This will include reading and becoming familiar with the literature around men’s psychology, then increasingly applying this to the clinical work with males seeking treatment at the Counseling Center, and then contributing ideas as to how services at the UW Counseling Center may be adjusted to better meet the needs of this population.

**Evaluation:**
Throughout the time the intern participates in this emphasis area regular feedback will be offered as to progress on agreed upon goals. Using a brief evaluation form the secondary supervisor will provide structured feedback as to how the intern appears to be integrating information about men’s psychology into clinical practice. The intern’s progress in this area will be evaluated as she /he brings cases and issues to supervision meetings and provides evidence of his/ her thinking in how best to adapt typical service provision for this population.

**Bibliography**


University of Washington
Counseling Center
Emphasis Area - Emotion Focused Couples Therapy
Supervisor: David Slagle M.S., LMFT

Emphasis Area
Emotional Focused Couples Therapy
   Intern will develop specialized competency and expertise providing couples therapy from an emotional focused therapy perspective.

Approximate Time Commitment:
   The time commitment is an average of one to two hours per week. This includes meeting to discuss aspects of the EFT model, weekly supervision, and the opportunity to work jointly with a couple.

What will the Intern Learn in the specialization? / What are the expectations of the Intern in this specialization?
   • Knowledge
     o Knowledge of what to consider providing an EFT assessment including process goal of how each partner constructs his/her experience? Identifying and delineating the negative interactive cycle. Assessing attachment styles.
     o Knowledge of key therapeutic tasks to deescalate couples interaction pattern.
     o Knowledge about how to promote each person’s awareness of unformulated or disowned attachment emotions—needs and fears—and to express these emotions to each other.
     o Knowledge about facilitating acceptance, where each person is able to acknowledge the experience of the other. Seeing the other in a different light.
     o Knowledge of therapeutic interventions working with highly conflicted or poorly differentiated couples.
     o Knowledge of multiple identities each person brings into a primary relationship from family and cultural background. Sexual orientation. Racial backgrounds. Socio-economic status.
     o Knowledge of the ethical implications working with couples
   • Awareness
     o Awareness of own biases and stereotypes, personal limitations, and growing edges working with couples
     o Awareness of when supervisory input is indicated
   • Skills
     o Maintain flexible, empathetic stance for each person’s experience.
     o Ability to recognize and facilitate underlying attachment fears and needs.
     o Acknowledge and explore a person’s ‘multiple identities’ and its impact on the couple.

What Skills Will They Develop? (list all competencies this area of focus is related to)
The competencies that this specialization will address are as follows:
   (I) Research; (II) Ethics and Legal Standards; (III) Individual and Cultural Diversity; (IV) Professional Values, Attitudes and Behaviors; (V) Communication and Interpersonal Skills; (VI) Assessment; (IX) Consultation and Interprofessional/Interdisciplinary Skills

Clinical Training Process:
   The intern will have one hour of weekly supervision where we will discuss aspects of the EFT model. Supervisor will present case material incorporating professional reading and learning objectives. We will work together with a couple doing EFT. We will discuss our roles working jointly, supervisor will be mindful of interns comfort and readiness to apply interventions. Debrief active cases (one half hour after joint session if schedules allow). Intern will take couple on caseload and receive supervision.
Outreach/Consultation:
- No outreach or consultation involved with this emphasis area

Professional Involvement:
- We will discuss professional interests and identify current readings in journals or list serves. Intern will be encouraged to become familiar with Division 43 of the APA as well as the journal *The Family Psychologist*. The objective is to cultivate professional affiliation in the specialty of couples work.

Developmental Nature of the Specialty:
- We will discuss your learning objectives over the course of each quarter. We will identify progress and readiness to see couples together. We will discuss growing edges where you want to develop as a couple’s therapist. Supervisor will support intern to become increasingly autonomous while holding the developmental perspective of supporting and nurturing clinical competency.

Evaluation:
- Trainee will be evaluated at 3-month, 6-month and 12-month mark.
- We will discuss your knowledge, awareness, and learned skills identified in the above learning objectives.
- We will identify clinical areas you wish to focus on in the coming quarter including any specific supervision needs.

Bibliography
- While the focus and my expertise is in EFT, intern may suggest additional readings to complement their learning
  - *Becoming an Emotionally focused Couple Therapist-The Workbook* by Susan M. Johnson
  - *Hold Me Tight –Seven Conversations for a Lifetime of Love* by Susan M. Johnson
  - *The Practice of Emotionally Focused Couple Therapy- Creating Connection* by Susan M, Johnson
  - *Attachment in Psychotherapy* by David J. Wallin
University of Washington
Counseling Center

Emphasis Area – Interpersonal Process /Emotion Focused Therapy-
Approaches to support clients leading authentic lives

Supervisor: David Slagle, M.S., LMFT or Scott Shiebler, Ph.D.

Name of Area of Focus/Specialization:
The intern will focus attention on the interpersonal dynamics of certain clients. Incorporating opportunities to process interpersonal experiences between client and therapist.

Approximate Time Commitment:
One/Two hours per week: (one hour for supervision meetings, then related reading Emphasis Area Supervision for One-Half Year

What will the intern learn in the specialization? Expectations of intern in this Specialty Area
The intern will gain awareness of interpersonal dynamics with certain clients. In supervision we will review video and explore client interpersonal style and their relationship with emotions. The intern will be asked to identify interfering interpersonal patterns. In addition the intern will take opportunities to explore with client interpersonal patterns and emotional defenses. The intern will be encouraged to use immediacy to process transference experiences with select clients. The intern will also have opportunity to co-lead interpersonal process group. We will debrief interpersonal dynamics in group as well as our own emotional experiences in group.

Skills the intern will develop?

Intervention --
The intern will dedicate time and attention to the interpersonal dynamics expressed by client from the earliest moments of interacting with the client, through intake, diagnosis, and treatment planning.

Intervention (individual, couple, and group therapy)--
The intern will practice exploring client interpersonal patterns and emotions individually and in a group context.

Assessment--
The intern may apply concepts about interpersonal process to clients involved in psychological assessment.

Professional Values, Attitudes and Behaviors--
The intern will be encouraged to read literature related to the topic of providing brief dynamic psychotherapy as well as emotion focused therapy and will be encouraged to articulate their clinical rationale for using these approaches versus other modalities.

Individual and Cultural Diversity--
The intern will learn how applying a multicultural lens to the clinical relationships in which she/ he is involved, keeping in mind dynamics of power and privilege and historical oppression.

Ethical and Legal Standards--
The intern will apply ethical principles and the APA Code of Conduct to the provision of brief dynamic psychotherapy services. In addition, the supervisory relationship will serve as a resource for the intern to sort through their own values when ethical dilemmas arise in clinical work.
Process:

The intern who elects this area of focus will identify a certain limited number of clients who would be appropriate for interpersonal process and emotion focused interventions. Therapeutic approach matches client treatment objectives. In addition to reviewing video and exploring interpersonal dynamics and emotional defenses, the intern will be encouraged to do reading to support conceptual understanding. If intern chooses to co-lead process group, intern and supervisor will take opportunities to explore individuals in group and their interpersonal dynamics as well as dynamics for group as a whole. Also opportunity to discuss strengths and challenges with our respective interpersonal styles in supervision and in group context.

Clinical Work:

The intern is expected to identify a few cases appropriate for short term interpersonal process work and should be willing to engage in this type of treatment with these clients when appropriate.

Outreach/Consultation:

The intern will not be expected to engage in outreach in this area.

Professional Involvement:

The intern is expected to work collaboratively with the staff supervisor in identifying ways this type of work can work in a short term college counseling center. The intern may choose to develop training materials for future intern or practicum student groups including the essential elements of time limited dynamic psychotherapy.

Developmental Nature of the Specialty:

In all aspects of this area, the intern is expected to become more independent and autonomous during the course of the year. The intern will be expected to show how they are conceptualizing their clinical work and how they include issues of transference and countertransference into this process. During the course of this supervisory relationship, the intern will be asked to offer insights into how the client’s presentation, client’s actions and reactions toward the intern, and the intern’s own reactions to client may reflect valuable information about the client’s core clinical concerns.

Evaluation:

Through the use of a brief evaluation form, the intern will be evaluated on their readiness and ability to reflect on the use of interpersonal process and time-limited dynamic psychotherapy with clients when this service seems to be a good fit.

Bibliography


University of Washington
Doctoral Internship Program

Emphasis Area:
Consultation and Liaison Roles, and Working with Students of Concern
Supervisor, Amy Collins, Ph.D.
(half year or full year)

Name of Area of Focus/Specialization:
Consultation and Liaison Roles (focused on Residential Life) and Outreach Coordination (more general)

- The intern will develop specialized competency and expertise in consulting with professional Residential Life staff regarding how they can best support and follow up with students of concern (i.e., students with serious mental health concerns who are often at risk of suicide). Intern will gain knowledge about liaison work in general and about balancing multiple roles within a university setting. Intern will gain skills and experience with outreach coordination in general and with providing (probably co-presenting) a training/informative presentation to professional Residential Life staff. Intern preferences and interests will help determine how much focus will be placed on liaison/consultation/training work with Residential Life and how much focus will be placed on outreach coordination in general. The intern is also welcome to propose any specific projects or experiences with which they would like to gain experience.

Approximate Time Commitment:
- Average of 1.5 to 2 hours per week, possibly 2.5 hours when preparing the presentation for Residential Life. Interns are welcome to select this emphasis area for the full year or for half of the year.

What will the intern learn in the specialization? Expectations of intern in this Specialty Area
- The intern will learn about liaison work related to consulting with and supporting another department as they work with students who have mental health concerns.
- The intern will be asked to consult with professional Residential Life staff via phone and e-mail.
- The intern may be asked to debrief or consult via phone or in person with RAs (student staff) who have had stressful or intense interactions with students of concern.
- The intern will be introduced to the process of coordinating outreach for a university counseling center and to the evolving collaborative outreach coordination that the UWCC will begin to do with campus partners (Hall Health; Health and Wellness).
- The intern will take the lead on coordinating some outreaches.
- The intern will be asked to co-prepare and co-present a training/informative presentation for professional Residential Life staff.
- The intern will be expected to interact in a professional manner with and communicate clearly with Residential Life and other campus partners.

Skills the intern will develop (as relevant to competency areas):
- Consultation – primarily with Residential Life, also with other departments as needed to coordinate outreach
- Professionalism – professional interactions with CC colleagues and campus partners
- Use of Supervision – scheduled in-person supervision; phone and e-mail communication with supervisor as needed
- Individual and Cultural Diversity – relevant to interactions with staff and to consultations about students
- Outreach – coordination of outreach and doing outreaches
• Ethical and Legal Standards Related to Psychology – appropriate ethical and legal behavior in the context of this emphasis area

Process:
• The staff supervisor will be responsible for coordinating the intern’s professional development and providing supervision. Some of the specific tasks and the degree of focus on different parts of this emphasis area will be determined collaboratively by the intern and supervisor depending on the intern’s interests and the needs of the center and campus as the year progresses. The supervisor will take the lead on introducing the intern to relevant campus partners and facilitating those connections, with the intern taking more initiative and autonomy as the (half) year progresses.

Clinical Work:
• This emphasis area does not include clinical work. It does include the intern NOT doing clinical work with any RAs due to the potential dual relationship that could arise if an RA who is a client is also involved in an SOC case that the intern is consulted about.

Outreach/Consultation:
• See above :)

Professional Involvement:
• The intern and supervisor will collaborate to build the intern’s experience in connecting with and supporting Residential Life and the campus community through consultation, training, and outreach coordination.

Developmental Nature of the Specialty:
• In all aspects of this emphasis area, the intern is expected to begin by becoming familiar with the tasks involved through information and training provided by the supervisor and by shadowing/observing, and then to become increasingly autonomous as the (half) year progresses. The intern is welcome to contribute ideas as to how services related to this emphasis area could be enhanced or improved.

Evaluation:
• Regular feedback will be provided regarding progress toward goals. An evaluation form will provide structured feedback regarding the intern’s progress.
Emphasis Area -- Training Specialization/Areas of Focus
Multicultural and Social Justice-Informed Therapy and Advocacy
Supervisor: Charisse Williams, Ph.D. or Andrea Salazar-Nunoz

Name of Area of Focus/Specialization:
Multicultural Counseling and Advocacy within a Social Justice Framework

Intern will develop specialized competency and expertise in the areas of multicultural counseling, community building, outreach, and psychoeducational programming. Intern will also gain knowledge and experience in infusing social justice and advocacy principles in these different areas of services provided to students and the campus community. Intern will also gain knowledge and skills about advocating at multiple levels (micro-, meso-, exo-, macro-levels) for underserved students.

Approximate Time Commitment:
The time commitment is an average of two hours per week plus time for relationship building in Fall Quarter and one outreach or psychoeducational programming per quarter for Winter and Spring. This is a full year specialization as establishing and developing relationships with the community can be a time-intensive process and most communities desire a sense of continuity from people who want to collaborate.

What will the Intern learn in the specialization? / What are the expectations of the intern in this specialization?

- Knowledge
  - Knowledge of one’s worldview and self in the context of diversity (one’s own beliefs, values, attitudes, assumptions).
  - Knowledge about the nature and impact of diversity across different professional situations (e.g., clinical, outreach, psychoeducational programming, consultation, etc.).
  - Knowledge about the different dimensions of diversity and the intersections of identity and how these intersections impact students and the clinical work.
  - Knowledge about the impact and role of power and privilege on role as psychologists and the relationship between power, privilege and oppression
  - Knowledge about multicultural counseling principles and competencies.
  - Knowledge about social justice and advocacy principles and competences.
  - Knowledge of the ethical and legal implications related to multicultural counseling and social justice advocacy.

- Awareness
  - Awareness of own biases and stereotypes, personal limitations, and areas for future growth, including the recognition of what is not known.
  - Awareness of and responsiveness to clients’ multiple and intersecting identities and contexts.
  - Demonstrates an awareness of sociopolitical contexts in conducting evaluations and providing interventions which include a sensitivity to issues of oppression including but not limited to sexism, classism, sizeism, homophobia, ableism, and racism.
  - Dedication to becoming aware of personal privilege and its impact and implications.

- Skills
  - Willing and open to tolerate and work through strong personal emotional and affective responses regarding cultural diversity.
  - Ability to work effectively with diverse people in assessment, treatment, and consultation.
  - Explores cultural differences and similarities in counseling.
Facilitates discourse and acts as an ally when oppression or poor treatment is imposed on stigmatized and underserved groups.

Builds effective relationships with the underserved communities appropriately and professionally.

Develops and provides culturally sensitive outreach programming.

Advocates for positive change in the system through clinical work, outreach, personal and professional choices and action.

What Skills Will They Develop? (list all competencies this area of focus is related to)
The competencies that this specialization will address are as follows:

1. Intake Assessment, Diagnosis & Case Conceptualization
2. Intervention
3. Consultation
4. Outreach
5. Professionalism
6. Use of Supervision
7. Management and Administration
8. Individual and Cultural Diversity
9. Ethical and Legal Standards Related to Psychology

Process:
The intern who selects this specialization will work with Dr. Charisse Williams who will be responsible for supervising the intern’s clinical and professional development in Multicultural Counseling and Advocacy within a Social Justice framework. One hour of direct supervision in this area will be provided. Dr. Williams will be available for consultation and additional supervision as needed. Dr. Williams will also assist and supervise the intern(s) in the community building, development of outreach programming, and broadening of the intern’s advocacy role within the local context (i.e., Seattle) within which UW resides.

Clinical Work:
The intern who selects this specialization will identify up to 5 clients who meet the unique training goals (e.g., working with clients struggling with intersecting identities / cultural adjustment / bicultural stress / oppression / etc.), which will be set collaboratively at the beginning of the year by both trainee and supervisor.

Outreach/Consultation:
The intern who selects this specialization is expected to take an active role in developing and participating in at least one outreach programming during winter and spring focused on an underserved community. Fall quarter will be focused on relationship building. The intern will identify the underserved community(ies) s/he would like to work with and establish relationships with community leaders, which is an integral part of advocacy and social-justice oriented work.

Professional Involvement:
The intern will learn about other ways in which s/he can intervene at a macro-level by being an advocate at the local, state or national level. The intern will consider participating in the projects, meetings, and/or trainings hosted by the Therapeutic Justice Project, multidisciplinary collective of healers, and advocates and activists in Seattle dedicated to social justice. The intern will contribute a piece (of any size) to the Therapeutic Justice Project blog.

Developmental Nature of the Specialty:
There will be a developmental arc in this specialization: The first phase of work will include collaborating on training goals and deciding on the critical readings based on these goals. The second phase will include trust and relationship building with the communities that intern would like to serve. Third phase will include advocacy and serving through outreach programming. Throughout these phases, both intern and supervisor will also be exploring multicultural competence and social justice principles within clinical work via clinical supervision. In this work, “the personal is political” so during supervision, there will be a focus on and expectation of self-
exploration through the use of a cultural genogram, exploration of personal privilege and oppression, and a continued exploration of the intern’s worldview, personal biases and assumptions.

Evaluation:
- Trainee will be evaluated at 3-month, 6-month and 12-month mark.
- The areas in which trainee will be evaluated on will be closely tied to the expectations listed above under Knowledge, Awareness and Skills expected.

Bibliography
(Exact Readings will be determined by trainee’s unique training goals within this specialization but intern can expect to be reading select chapters from the following books:
- *The Complexity of Connection* by Jordan, Walker, Hartling
- *Microaggressions in Everyday Life* by Sue
- *White Like Me* by Wise
- *Understanding White Privilege: Creating Pathways to Authentic Relationships Across Race* by Kendall
Description
The purpose of the Outreach and Consultation Emphasis Area Seminar is to provide interns with an introduction to mental health and wellness outreach and consultation in a university setting. Experiential learning will be highlighted, emphasizing the design and implementation of outreach and consultation interventions targeted at various aspects of the non-client student population. Interns will be encouraged to identify areas of interest and target populations from a social justice perspective. Interns “niche” or areas of interests will be a focus as the seminar progresses and as interns prepare for post-doc and career positions. The overarching goal of this seminar is to help interns integrate their person, professional, and clinical interests into their outreach and consultation work and to strengthen their professional identities.

Outreach Objectives
- Effectively communicate with campus community members with respect to outreach requests.
- Develop and plan outreach interventions appropriate for the target audience.
- Demonstrate understanding of diversity variables and multicultural competence in creating outreach presentations and understanding your target audience.
- Demonstrate skills in workshop presentation and group facilitation.
- Effectively utilize evaluation feedback.

Outreach Expectations
A. Prepare and deliver a minimum of 3-5 outreach presentations per quarter during the academic year. Interns may work in pairs with staff or each other if desired, but are encouraged to do one outreach solo by the end of the year. One tabling event per quarter may count toward the minimum of 3-5 presentations per semester.
B. For each presentation (except tabling), collect Workshop Evaluations.
C. For each outreach, complete the Outreach Outline and Reflection Worksheet and enter the appropriate data into Titanium.
D. Maintain your Outreach & Consultation Log.
E. At the beginning of summer quarter, submit a single spaced, 1-2 page, self-reflection paper on your experience with campus outreach. What did you learn? Were there any unexpected challenges? What did you enjoy and not enjoy? What topics, areas of interests or target populations did you find yourself drawn to? How did your experiences influence your view of the role of a counseling center psychologist? Has your understanding of diversity variables (for yourself and/or your target population) shifted or expanded over the year regarding
outreach creation and implementation? How have you been able to incorporate evaluation feedback to enhance the overall quality and impact of your outreach work?

**Consultation Project Overview**
The purpose of the consultation project is to provide interns with an opportunity to gain experience in planning, designing, and implementing a consultation or collaboration project. Interns will also learn to apply theories of consultation and collaboration to practice.

**Consultation Project Expectations**

A. Identify a target population and/or collaborative department (e.g. ECC, Q Center, OMAD) on campus.
B. Understand the various types of consultation.
C. Understand the consultation processes.
D. Assess the consultation needs of the group or organization.
E. Integrate your personal and professional style into your consultation project.
F. Demonstrate an understanding and sensitivity to sociopolitical influences, cultural context, and the impact of your own identities and beliefs that you bring to the project.
G. Design, implement, and evaluate, a consultation or collaboration project.
H. Present your consultation experiences to UWCC staff at an informal meeting at the beginning of summer quarter (date is TBD).

**Learning portfolio**
Items to include in your learning portfolio:
- Outreach and Consultation Log
- Summary of your workshop evaluations
- A selection of outreach workshops you developed
- End of the year reflection paper (not your outreach outline and reflection papers)
- Copy or summary of your consultation project presentation

**FALL 2019 SCHEDULE:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Topics</th>
<th>Readings/Handouts</th>
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</thead>
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| **Orientation**  
Thursday, August 22nd  
11am-12pm | Introductions Experience and areas of interest  
Syllabus | **Handouts:**  
* Assessment of interests worksheet  
* Vision Statement  
Think about your areas of interest for outreach and/or consultation. |
| Thursday, September 19th  
3:30pm – 5pm | **Set fall quarter goals**  
Handouts & resources | **Handouts:**  
* Division of Student Affairs - chart  
* Key elements in workshop design  
* Things to know before you go  
* Tabling: What to expect  
* UWCC FAQs (internal doc)  
* Outreach & tabling checklists |
### Matching your outreach style with your outreach plans worksheet

**Resources:**
Counseling Center Pamphlets

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**Monday, December 9th**
3:30pm – 5pm

- Outreach requests/experiences
- Discuss consultation projects
- Fall quarter wrap-up/debrief

**Individual Evaluation/Feedback**

- **30 minute sessions**
- **Scheduled individually**
- **Bring outline and reflection worksheets**

- *Review your goals for the quarter and your outline and reflection worksheets in preparation for the individual evaluations sessions.*

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### WINTER/SPRING 2020 SCHEDULE:

<table>
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<tr>
<th>Date</th>
<th>Topics</th>
<th>Readings/Handouts</th>
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</table>
| Monday, January | Outreach requests/experiences  
Discuss Dougherty reading  
Discuss stages of consultation  
Set winter and spring semester goals  
Outreach/Consultation check-in | **Handout:**  
* Stages of consultation worksheet  
Reading:  
*Refer back to Dougherty textbook as needed for consultation project* |
| TBD             | **Handout:**  
* Guidelines for consultation / collaboration presentations  
*Revisit stages of consultation worksheet, complete as many sections as you can* |
| Monday, March   | Outreach/Consultation check-in  
Preparing for disengagement  
Expectations for consultation presentations (April 24th) | **Handout:**  
* Guidelines for consultation / collaboration presentations  
*Revisit stages of consultation worksheet, complete as many sections as you can* |
| TBD             | **Handout:**  
* Guidelines for consultation / collaboration presentations  
*Revisit stages of consultation worksheet, complete as many sections as you can* |
| Monday, May     | Outreach/Consultation check-in  
Identify questions for feedback | **Handout:**  
* Guidelines for consultation / collaboration presentations  
*Revisit stages of consultation worksheet, complete as many sections as you can* |
| TBD             | **Handout:**  
* Guidelines for consultation / collaboration presentations  
*Revisit stages of consultation worksheet, complete as many sections as you can* |
| Monday, June 15th | Outreach/Consultation check-in  
Preparation for presentations | **Handout:**  
* Guidelines for consultation / collaboration presentations  
*Revisit stages of consultation worksheet, complete as many sections as you can* |
| TBD             | **Handout:**  
* Guidelines for consultation / collaboration presentations  
*Revisit stages of consultation worksheet, complete as many sections as you can* |
| Thursday June 30th | Consultation/ Collaboration Project Presentations  
Location: UWCC Conference Room | **Handout:**  
* Guidelines for consultation / collaboration presentations  
*Revisit stages of consultation worksheet, complete as many sections as you can* |
| 9am             | **Handout:**  
* Guidelines for consultation / collaboration presentations  
*Revisit stages of consultation worksheet, complete as many sections as you can* |
| Monday, July    | Debrief Consultation Presentations  
End of the year reflection | **Self-Reflection Paper Due** |
| TBD             | **Self-Reflection Paper Due** |

**Note:**
- Self-Reflection Paper Due
- Self-Reflection Paper Due
Monday, July TBD

<table>
<thead>
<tr>
<th>Individual Evaluation/Feedback</th>
<th>30 minute sessions</th>
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</thead>
<tbody>
<tr>
<td>* Scheduled individually</td>
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**Required Text & Reading**


**Recommended Readings:**


CONSENT FOR SUPERVISION

University of Washington Counseling Center
Doctoral Internship Program

Supervision Informed Consent

The Counseling Center provides a broad range of professional counseling services to University of Washington students. As part of the Counseling Center mission, Doctoral Psychology interns provide some of the direct counseling services for our students. We ask that you read and sign the following in order that you may receive the best possible services. Should you have any questions about this document and/or the training program, you may contact: Charisse Williams, Ph.D., Training Director, or Linda Anderson, Clinical Director at (206) 543-1240.

******************************************************************************************

Name of Doctoral Psychology Intern     Name of Direct Supervisor

I understand that my clinician is an unlicensed Doctoral Psychology intern under the direct supervision of a licensed psychologist. I agree to treatment by this Doctoral Psychology intern, with the understanding that the work will be supervised using electronic recording equipment and/or audio recording. These electronic recordings will be treated with the same strict confidentiality as other records. Only the supervisor of a trainee, or occasionally other staff consulting with your therapist's supervisor, will review recordings. Recordings are deleted regularly. I understand that consent to record is not a requirement to receive counseling, and that I may change my mind at any time by informing my counselor. By signing below, I consent to being treated by this Doctoral Psychology intern, with the understanding that their work will be supervised by the cited above direct and licensed supervisor and to have our sessions electronically recorded.

Printed Student Name      Student ID Number

Student Signature as Authorized Consent    Date Signed

Supervision and Recording Informed Consent Intern- 2015-2016.doc
Revised: 7/16/15 C
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Supervision and Recording Informed Consent Intern-without consent to record- 2015-2016.doc
Revised: 7/16/15 CG