

## DOCTORAL INTERNSHIP IN HEALTH SERVICE PSYCHOLOGY

### SOUTHERN ILLINOIS UNIVERSITY AT CARBONDALE

Table of Contents	Pages
Chapter 1 : Mission Statement	2 – 5
Chapter 2 : Competency Areas	6 – 48
Chapter 3 : Areas of Concentration	49 – 63
Chapter 4 : Evaluations and Competency Ratings	<u>64 – 103</u>
Competency Evaluation Descriptors	64-66
I. Research	66-68
II. Ethical and Legal Standards	69-71
III. Individual and Cultural Diversity	72-74
IV. Professional Values and Attitudes	75-77
V. Communication and Interpersonal Skills	78-80
VI. Assessment	81-83
VII. Intervention – Group Therapy	84-86
VII. Intervention – Individual Counseling and Clinical Consultation	87-90
VIII. Supervision	91-93
IX. Consultation and Interprofessional/Interdisciplinary Skills	94-95
Area of Concentration : Alcohol/Other Drugs (AOD)	96
Area of Concentration : Relationship/Couples Therapy	97
Area of Concentration : Dialectical Behavior Therapy (DBT)	98-99
Area of Concentration : Eating Disorder Outpatient Program (EDOP)	100-101
Area of Concentration : Integrated Health Care (IHC)	102-103
Chapter 5 : Evaluation Policy	104 - 105
Chapter 6 : Evaluation Procedure	106
Chapter 7 : Due Process and Appeal	107 – 120
Chapter 8 : Intern Weekly Schedule and Seminar Timeframes	121 – 124
Chapter 9 : Agency Policies and Procedures	125 - 131

## MISSION STATEMENT

Southern Illinois University Carbondale (SIUC) has a long and firm commitment to training doctoral interns. The SIUC internship was initially accredited by the American Psychological Association (APA) in 1974, becoming the sixth Counseling Center training program in the country to receive accreditation. The primary goal of the doctoral internship in health service psychology is to provide generalist training to interns in preparation for practice in an applied setting. The internship year serves as a capstone to training in the scientist-practitioner model, which is embraced by the majority of academic programs from which interns are recruited. The internship year is also an opportunity for interns to immerse themselves fully in the practitioner role. The training program is founded on a practitioner-scholar model that prepares interns to practice as generalist psychologists based on the following philosophical principles.

The training staff have a **core belief** that psychologists are distinguished from other mental health practitioners by the large body of knowledge derived from scholarly research regarding human behavior and psychological functioning. Additionally, this knowledge is integrated into the interns' academic training and clinical practices. The internship year is the best time for this integration to be accomplished. Providing the interns with supervision during these combined learning experiences, while managing large and diverse caseloads, provides them with both a forum for discussion as well as integrating clinical practice and scholarly writing.

The **second principle** is the belief that broad exposure to the multiple roles of the psychologist prepares interns to be generalist practitioners, able to respond to the quickly changing marketplace within the field of professional psychology. The program provides training in a broad range of basic competency skills, including research, ethical and legal standards, individual and cultural diversity, professional values and attitudes, communication and interpersonal skills, assessment, intervention, supervision, consultation and interprofessional/interdisciplinary skills. The training curriculum provides both didactic and experiential training opportunities in all of these areas during the internship year.

Valuing multicultural understanding, social justice advocacy, and ethical behavior in all aspects of psychological practice is the **third principle** of the training program. The training staff at CAPS embrace multicultural awareness in all aspects of their work. The Counseling and

Psychological Services' (CAPS) administration is committed to maintaining a staff that is diverse in individual differences and in theoretical orientation. All staff members are expected to provide services and advocacy for students who are members of oppressed or minority groups.

Individuals from all groups (age, disability, gender/gender identity, race/ethnicity, religion/spiritual beliefs, sexual orientation, and socio-economic status) are needed to create an affirming campus environment for students, faculty, and staff. The CAPS training staff also believe that the integration of cultural context into every competency area is crucial and hope that interns will not only gain skills in working with multicultural populations and advocating for social justice, but will grow in their own awareness about multiculturalism. The training program addresses issues of diversity and social justice within didactic and experiential seminars, various supervision modalities, and the provision of role models. Similarly, training staff are committed to reviewing the ethical standards of the field of psychology with interns and assisting them in interpreting and integrating those standards into their daily work. Ethical issues are raised in a seminar series, supervision time is devoted to ethical issues, and staff members serve as role models to the interns.

The **fourth principle** is the importance of developing each intern's individual identity and interests within the field of professional psychology. By providing a caring and supportive environment for interns to explore and integrate more fully their personal and professional identities, our program provides a climate of mutual respect and compassion that is essential to an optimum learning environment. Interns are engaged in the same work activities as the senior staff, recognizing the skills and knowledge base that interns bring with them to the program. The Director of Training and all CAPS training staff make themselves readily available to interns and have an "open door policy" that encourages the interns to seek consultation, mentoring, and support. These interactions are in addition to the more formal supervisory relationships. Finally, the training program is designed to allow the interns to create individualized training components. This is accomplished through the Area of Concentration. Each semester, the interns meet with the Director of Training to create individualized training contracts based on their interests and the training opportunities within the Counseling and Psychological Services or the larger university community.

The **fifth and final principle** is that the training program acknowledges the changing environment in which psychologists are functioning. The training program is designed to assist interns in acquiring the skills and knowledge they need to be professional psychologists in a changing marketplace. The training curriculum prepare the interns to assume the responsibilities of an entry-level position within an outpatient mental health facility. This preparation occurs on three levels, two of which have already been addressed: training interns in a broad range of competencies, and assisting them in integrating multicultural context/ social justice advocacy, and ethical behavior into the development of these competencies. The third level is to heighten the interns' awareness of the current and possible future trends in the field of psychology. Through the various seminars and didactic training, interns are exposed to professional issues, present and future trends in psychology, and professional organizations to keep them current provide them with a forum to express their opinions.

The **practitioner-scholar model** is used in designing the curriculum and training experience. Interns engage in all the activities of a licensed psychologist employed in a university counseling

center setting, but to a lesser extent. Interns spend approximately twenty percent of their time in supervision and training as a means to support the learning process. Since the interns' growth during the internship year is a developmental process, interns are expected to operate with an increasing level of autonomy as the year progresses.

Interns' skills and knowledge are assessed in several competency areas upon entering the internship program. Interns are formally evaluated four times per year. At the first quarter evaluation meeting, each intern is given written evaluations for four competency areas (Ethical and Legal Standards, Professional Values and Attitudes, Communication and Interpersonal Skills, and Intervention). They are also given verbal feedback for the remaining competency areas. At midyear, written evaluations are provided to the intern on all nine competency areas. The Director of Training writes a summary of all evaluations, which is sent to each intern's home department. At the third quarter evaluation meeting, interns are again provided with verbal feedback in all of the competency areas. Written feedback is given only if there is an issue that may prevent an intern from passing the internship, or if some type of remediation is needed. At the fourth quarter evaluation, written feedback is provided for all competency areas. A summary of these evaluations and a letter documenting successful completion of the internship program is forwarded to the intern's home department. Interns are given additional informal/verbal feedback throughout the year regarding strengths, areas which need continued focus, and areas which need improvement.

**The Practitioner Role:** The internship year is seen as an opportunity for the interns to immerse themselves fully in the practitioner role. In keeping with this philosophy, sixty to seventy percent of the interns' time is spent in direct clinical service, community intervention and social justice advocacy, and providing supervision. All intern activities receive one-on-one supervision, group supervision, seminars, or apprenticeship with a Training Staff member. Interns are encouraged to use supervision, seminars, and mentoring relationships with the Training Staff to increase their knowledge of themselves and to integrate this self-knowledge into their identity as psychologists. The program values the cultural contexts from which our clients come and the importance of the intern's worldview. The Training Staff believes this worldview influences the structure of the intern's belief system about personal change, growth, and impairment. The Training Staff strive to create an intentionally nurturing and accepting environment where interns can explore their professional and personal belief systems and develop a professional identity that is congruent with their personal identities. Given these goals, the ability to self-reflect and self-supervise is also seen as essential for a successful intern and for a competent and ethical professional psychologist. It is hoped that interns will embrace the internship year as a time to challenge and push themselves to new levels of skill and knowledge, and use this time to solidify their professional identity. The internship year is a time for the interns to learn how to practice independently, with the security provided by the assistance of more seasoned professionals as they confront obstacles to effective and efficient practice.

**The Scholar Role:** Since the majority of the intern's time is spent in practitioner activities, the practitioner-scholar model is used to describe our training program. However, we view the practitioner's work as being informed by scholarly writings and research within the field of psychology. The scholarly component of the program is supported in four ways:

The first component is the provision of **training seminars**, which consist of didactic presentations by the Training Staff based on scholarly writings and research in specific areas of treatment. The information presented in these seminars is expected to be integrated into the current clinical work of the interns.

The second area of support is **supervision**. Clinical assessment, diagnosis, conceptualization, treatment planning, and interventions are based on knowledge gained from scholarly readings and discussions of those readings. Interns are encouraged in the use of the scientific method in their clinical work. Interns formulate clinical hypotheses, gather data, accept/reject the hypotheses, and develop treatment plans to inform interventions.

The third area of support is **dissertation release time**. Interns are given this time each semester to complete their dissertations or, if the dissertation is complete, to engage in a professional area of concentration. The Training Staff also provides support for data collection, data analysis and interpretation, and conceptual feedback as requested by interns.

Finally, interns gain additional research experience through **incorporating research into their internship responsibilities**. This includes case presentations, case conferences, and the Program Evaluation Project which is completed as part of their community intervention responsibilities.

## Competency Areas

This section contains descriptions of the nine competency areas for the SIUC Doctoral Internship in Health Service Psychology. These nine competency areas align with the Profession-Wide Competencies required by internship training programs to meet the Standards of Accreditation as specified by the Committee on Accreditation of the American Psychological Association. The elements, required training activities, descriptions of how outcomes are measured, and minimum levels of achievement are stated for each competency. Training methods to ensure close and adequate supervision are described, in addition to the criterion measures by which the competency areas are evaluated.

<u>Competency Area</u>	<u>Pages</u>
I. Research	6 - 10
II. Ethical and Legal Standards	11 - 14
III. Individual and Cultural Diversity	15 - 19
IV. Professional Values and Attitudes	20 - 23
V. Communication and Interpersonal Skills	24 - 27
VI. Assessment	28 - 32
VII. Intervention	33- 40
VIII. Supervision	41 - 44
IX. Consultation and Interprofessional/Interdisciplinary Skills	45 - 47

**Intern Expectations for All Competency Areas**

- The intern must seek an approved absence if the intern is unable to attend any seminar. It is the intern's responsibility to contact the seminar facilitator(s) to receive assignments for all missed material.
- The intern must seek an approved absence if the intern is unable to attend clinical supervision. It is the intern's responsibility to contact their supervisor to reschedule the supervision session.
- The intern should consult with seminar leaders, clinical supervisors, or appropriate training staff to seek clarification if they are unclear about any aspect of these competencies.

## **I. Research**

### **Element #1 /Alpha Item A:**

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.

### **Objective #1:**

During case presentations, intern integrates scientific research addressing evidence-based approaches and best practices throughout their case conceptualization and interventions.

### **Criterion Measures:**

- Compile and disseminate scientific research to illustrate best practices during intern case presentations.
- Demonstrate a complex understanding of clinical research related to theoretical approaches and therapeutic interventions.
- Integrate research in case conceptualization and intervention implementation during intern case presentation.
- Discuss relevant theoretical and evidence-based approaches during intern case presentations.

### **Objective #2:**

Critically evaluates and uses current research to provide evidence-based outreach, consultation, and program evaluation.

### **Criterion Measures:**

- Independently integrates conceptual models and other community intervention seminar information when conducting community intervention (e.g., consultation, outreach, program evaluation project).
- Critically evaluates and uses current research to provide evidence-based outreach, consultation, and program evaluation project.
- Participates in agency outreach, consultation, and/or liaison activities for a minimum of 50 hours over the course of internship.

### **Minimum level of achievement:**

The intern must receive a rating of 5 (Mid-Year Intern Level Trainee Intermediate Competence) or greater on alpha item A of the Research Competency Evaluation at the mid-year evaluation.

The intern must receive a rating of 7 (End of Year Intern Level Trainee Achieved Competence) or greater on alpha item A of the Research Competency Evaluation at the end of year evaluation.

### **Element #2/ Alpha Item B:**

Demonstrates the substantially independent ability to formulate research or other scholarly activities (e.g., critical literature reviews, dissertation, efficacy studies, clinical case studies, theoretical papers, program evaluation projects, program development projects) that are of sufficient quality and rigor to have the potential to contribute to the scientific, psychological, or professional knowledge base.



**Objective #1:**

Synthesize, present, and utilize scholarly research of best practices related to intern's program evaluation project to a professional group/organization (e.g., CAPS, SHS, etc.)

**Criterion Measures:**

- Completes a program evaluation project.
- Demonstrates their knowledge of the process of consultation, community intervention, social justice advocacy and evaluation.
- Synthesizes and presents scholarly research of best practices related to intern's program evaluation project to a professional group/organization (e.g., CAPS, SHS, etc.).

**Objective #2:**

Demonstrates ability to independently design research based consultation and community intervention services/activities with appropriate and measurable learning objectives utilizing a needs assessment with a designated population.

**Criterion Measures:**

- Demonstrates ability to independently design research based consultation and community intervention services/activities.
- Identifies and develops appropriate and measurable learning objectives utilizing a needs assessment with a designed population.
- Develops appropriate evaluations that accurately assess effectiveness of a consultation or community intervention program activity and use results to guide future consultation or community intervention.

**Minimum level of achievement:**

The intern must receive a rating of 5 (Mid-Year Intern Level Trainee Intermediate Competence) or greater on alpha item B of the Research Competency Evaluation during the mid-year evaluation period. The intern must receive a rating of 7 (End of Year Intern Level Trainee Achieved Competence) or greater on alpha item B of the Research Competency Evaluation during the end of year evaluation period.

**Element #3 / Alpha Item C:**

Demonstrates the ability to incorporate research to inform clinical and supervisory expertise and practices.

**Objective #1:**

Discusses relevant theoretical and evidence-based approaches with clinical supervisors and recommends and incorporates scholarly literature and research to supervisees to inform clinical treatment.

**Criterion Measures:**

- Demonstrates the ability to incorporate relevant theoretical and evidence-based approaches with clinical supervisors and supervisees.
- Recommends and incorporates scholarly literature and research to supervisees to inform clinical treatment.

- Integrates appropriate research and utilizes research supported tools and techniques to inform crisis intervention, risk assessment, and safety planning.
- Discuss assessment, diagnosis, conceptualization, treatment planning, intervention, and clinical decision-making during seminars.
- Discusses and incorporates theory and evidence-based research with their supervisees in case presentations and case conference.

**Objective #2:**

Integrates data from multiple sources and clinical research to inform clinical treatment.

**Criterion Measures:**

- Actively participates in all training seminars and engages in discussions regarding assessment, diagnosis, conceptualization, treatment planning, intervention, and clinical decision-making.
- Integrates data from CCAPS, SDS, and clinical interview during intake assessment to identify initial treatment goals.
- Integrate data from CCAPS in their individual therapy work.
- Interpret and integrate information from the CCAPS and SDS in conceptualization and treatment.
- Integrates data from multiple sources (e.g., SDS, objective assessment, CCAPS, etc.) to inform treatment planning.
- Integrates clinical research to inform case conceptualization, treatment planning, and treatment goals.

**Minimum level of achievement:**

The intern must receive a rating of 5 (Mid Year Intern Level Trainee Intermediate Competence) or greater on alpha item C of the Research Competency Evaluation during the mid-year evaluation period. The intern must receive a rating of 7 (End of Year Intern Level Trainee Achieved Competence) or greater on alpha item C of the Research Competency Evaluation during the end of year evaluation period.

**Method:**

Therapy Services Orientation seminar facilitators provide didactic training and case examples. The focus of seminar discussions are on assessment, conceptualization, and treatment planning using models of time-limited individual therapy. CAPS Chief Psychologist reviews agency clinical assessment tools, such as the CCAPS and SDS, which reflect the CAPS' current assessment protocol.

Common Factors Orientation involves both didactic instruction and participation through discussion on the research related to common factors specific to effectiveness in psychological treatment. The intern learns how to incorporate common factors perspectives in clinical decision-making.

Clinical and Professional Issues seminar allows for group discussions and ongoing feedback provided by intern peers and seminar facilitators. In the fall semester, seminar leaders discuss current literature, models, and theory. Interns discuss case examples relevant to the seminar

topic. During the spring semester, the intern presents cases and incorporates current literature into their case presentations. The seminar focuses on assessment, diagnosis, conceptualization, treatment planning, and intervention.

The intern's clinical supervisors provide readings and facilitate discussions related to integrating data and scientific research into the provision of clinical work. Clinical supervisors provide additional didactic training, journal articles, and scholarly research.

Supervision of supervision seminar provides interns with didactic and experiential training to facilitate development and competency as clinical supervisors. Didactic instruction and discussions of supervisory models and constructs based on research and theoretical literature occur. Readings from professional supervision literature relevant to roles as practicum supervisors are assigned and discussed.

Training Staff will attend a formal case conference by the intern between January and April. The Training Staff will provide written and verbal feedback to the intern regarding all aspects of their case conference.

The Community Intervention seminar provides didactic material including journal articles, book chapters, and other materials to develop their knowledge and skills on the process of providing outreach, consultation, and community intervention as they pertain to issues of mental health, diversity and social justice/advocacy. The intern is provided scientific research specific to best practices related to program development. Coordinators work with the intern to incorporate scholarly research in the creation of a program evaluation project.

## **II. Ethical and Legal Standards**

### **Element #1/ Alpha Item A:**

Be knowledgeable of and act in accordance with the current version of the APA Ethical Principles of Psychologists Code of Conduct, relevant laws, regulations, rules and policies governing healthy services psychology at the organizational, local, state, regional and federal levels and relevant professional standards and guidelines.

### **Objective 1:**

Demonstrate knowledge and behavior that is consistent with professional legal and ethical standards. The intern will behave in an ethical manner in accordance with professional standards and guidelines.

### **Criterion Measures:**

- Demonstrates ethical behavior in all internship roles and responsibilities.
- Demonstrates behavior that is consistent with APA Ethical Principles of Psychologists and Code of Conduct.
- Demonstrates behavior that is consistent with General Guidelines for Providers of Psychological Services.

### **Objective 2:**

Demonstrate knowledge and behavior that is consistent with professional standards relevant to the practice of psychology in Illinois. The intern will behave in accordance with professional laws and statutes for the state of Illinois throughout the internship.

### **Criterion Measures:**

- Demonstrates ethical behavior in all internship roles and responsibilities.
- Demonstrates behavior that is consistent with Illinois' mental health statutes.
- Demonstrate knowledge of relevant legal issues, including child and elder abuse reporting, the Illinois Domestic Violence Act, confidentiality, and informed consent.

### **Objective 3:**

Demonstrate knowledge and behavior that is consistent with laws and regulations related to involuntary hospitalization, Title IX, and clinical documentation and record keeping.

### **Criterion Measures:**

- Demonstrates ethical behavior in all internship roles and responsibilities.
- Participates in group discussions of the assigned readings and didactic presentations.
- Demonstrates ethical behavior and an understanding of criteria related to involuntary hospitalization in all clinical roles and responsibilities.
- Actively consults with their clinical supervisors on all ethical and legal issues related to involuntary hospitalization.
- Understands the criteria for involuntary hospitalization and consults with supervisors on pertinent ethical/legal issues.
- Demonstrates working knowledge of agency, state, and federal guidelines and recommendations concerning Title IX.

- Maintains documentation and record keeping that are consistent with agency, state, federal and professional guidelines.

**Minimum level of achievement:**

The intern must receive a rating of 3 (Beginning Intern Level Trainee Emerging Competence) or greater on alpha item A of the Ethical and Legal Standards Competency Evaluation during the first quarter evaluation period. The intern must receive a rating of 5 (Mid-Year Intern Level Trainee Intermediate Competence) or greater on alpha item A of the Ethical and Legal Standards Competency Evaluation during the mid-year evaluation period. The intern must receive a rating of 7 (End of Year Intern Level Trainee Achieved Competence) or greater on alpha item A of the Ethical and Legal Standards Competency Evaluation during the end of year evaluation period.

**Element #2 / Alpha Item B:**

Recognize ethical dilemmas as they arise, and apply ethical decision-making process in order to resolve dilemmas.

**Objective 1:**

Identify and discuss potential ethical implications/dilemmas within clinical work (including Tarasoff decision, issues related to exploitation and authority, and awareness of how personal issues could negatively influence clinical work).

**Criterion Measures:**

- Demonstrates ethical behavior in all internship roles and responsibilities.
- Actively participates in the Therapy Services Orientation seminar addressing ethical decision-making models.
- Demonstrates knowledge of the implications of the Tarasoff decision on duty to warn.
- Demonstrates awareness of how personal issues could negatively influence clinical work.
- Demonstrate ethical behavior and not exploit persons over whom they have supervisory, evaluative, or other authority such as clients, students, supervisees, or research participants.

**Objective 2:**

Discusses and utilizes ethical decision-making models in supervision, staff meetings, and/or presentations to resolve ethical conflicts/dilemmas and consults when handling crises in urgent clinical situations or situations requiring additional expertise or knowledge.

**Criterion Measures:**

- Demonstrates ethical behavior in all internship roles and responsibilities.
- Discusses and utilizes ethical decision-making models in supervision, staff meetings, and/or presentations to resolve ethical conflicts/dilemmas.
- Consults according to agency policy and procedures when handling crises in urgent clinical situations and in situations requiring additional expertise or knowledge.
- Actively consults with their clinical supervisors and training staff when facing ethical dilemmas.

**Minimum level of achievement:**

The intern must receive a rating of 3 (Beginning Intern Level Trainee Emerging Competence) or greater on alpha item B of the Ethical and Legal Standards Competency Evaluation during the first quarter evaluation period. The intern must receive a rating of 5 (Mid-Year Intern Level Trainee Intermediate Competence) or greater on alpha item B of the Ethical and Legal Standards Competency Evaluation during the mid-year evaluation period. The intern must receive a rating of 7 (End of Year Intern Level Trainee Achieved Competence) or greater on alpha item B of the Ethical and Legal Standards Competency Evaluation during the end of year evaluation period.

**Element #3 / Alpha Item C:**

Conduct self in an ethical manner in all professional activities.

**Objective 1:**

Demonstrates ethical behavior when representing SIU and/or CAPS in internship responsibilities.

**Criterion Measures:**

- Demonstrates ethical behavior when conducting consultation and interprofessional/interdisciplinary skills.
- Demonstrates ethical behavior when representing SIU and/or CAPS.
- Demonstrates an understanding of how personal conduct outside of the agency could impact professional and agency reputation.

**Objective 2:**

Demonstrates awareness of how ethical and legal issues are impacted by cultural, individual, and role differences (e.g., age, gender, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status).

**Criterion Measures:**

- Demonstrate awareness of how ethical and legal issues are impacted by cultural, individual, and role differences (e.g., age, gender, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status).
- Actively participates in the Individual and Cultural Diversity seminar addressing diversity as it pertains to ethical and legal issues.

**Minimum level of achievement:**

The intern must receive a rating of 3 (Beginning Intern Level Trainee Emerging Competence) or greater on alpha item C of the Ethical and Legal Standards Competency Evaluation during the first quarter evaluation period. The intern must receive a rating of 5 (Mid-Year Intern Level Trainee Intermediate Competence) or greater on alpha item C of the Ethical and Legal Standards Competency Evaluation during the mid-year evaluation period. The intern must receive a rating of 7 (End of Year Intern Level Trainee Achieved Competence) or greater on alpha item C of the Ethical and Legal Standards Competency Evaluation during the end of year evaluation period.

**Method:**

During Therapy Services Orientation, review of the APA Ethical Principles of Psychologists Code of Conduct occurs. The Chief Psychologist reviews and discusses the General Guidelines for Providers of Psychological Services and provides specific training related to the ethical and legal issues related to the Tarasoff decision, and use of authority and power by the intern over clients, students, supervisees, or research participants. Seminar training focuses on legal issues in the practice of psychology in the State of Illinois such as child and elder abuse reporting, the Illinois Domestic Violence Act, confidentiality, and informed consent.

During the August orientation, training staff lead didactic training on Title IX rules, policies, and guidelines as it relates to providing psychological services. This includes both agency/university policies and procedures, community resources, state and federal law, and Title IX rules and guidelines.

The APA Ethical Principles of Psychologists Code of Conduct is referred to throughout individual supervision and in other training seminars.

The Community Intervention seminar provides training on ethical considerations when representing SIUC and/or CAPS while conducting outreach, consultation, and community intervention. Potential ethical situations and how to utilize ethical decision-making models to ensure ethical behavior are discussed. Coordinators provide training on how personal conduct outside of the agency could impact professional and agency reputation.

The Individual and Cultural Diversity Seminar provides research and didactic training on multicultural considerations in ethical and legal issues. Training staff facilitate discussions on how to utilize and incorporate a multicultural lens when considering ethical and legal issues as part of internship responsibilities.

### **III. Individual and Cultural Diversity**

#### **Element #1 / Alpha Item A:**

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

#### **Objective 1:**

Actively engage in activities that facilitate self-exploration and demonstrate an understanding of how their own worldview and cultural identity influences clinical treatment.

#### **Criterion Measures:**

- Actively engages in activities that facilitate self-exploration (e.g., individual and cultural diversity seminar, consultation, and community intervention).
- Demonstrates an understanding of the impact of worldview and cultural identity on clinical treatment.
- Provides a case presentation specific to diversity and multicultural considerations.
- Identify and address professional and personal growth related to personal/cultural history, attitudes, and biases within the self-assessment narrative and supervision.
- Demonstrates an understanding of the impact of worldview and cultural identity on client treatment and care.
- Demonstrates respect for the beliefs and values of those who are different from oneself.
- Actively engages in activities that facilitate self-exploration (e.g., individual and cultural diversity seminar, consultation, and community intervention).
- Engages in self-examination around diversity and social justice issues when working on the program evaluation project.
- Completes a Self Assessment Narrative during the August Orientation addressing professional and personal growth and areas of growth for the internship year specific to individual and cultural diversity.

#### **Minimum level of achievement:**

The intern must receive a rating of 5 (Mid-Year Intern Level Trainee Intermediate Competence) or greater on alpha item A of the Individual and Cultural Diversity Competency Evaluation during the mid-year evaluation period. The intern must receive a rating of 7 (End of Year Intern Level Trainee Achieved Competence) or greater on alpha item A of the Individual and Cultural Diversity Competency Evaluation during the end of year evaluation period.

#### **Element #2 / Alpha Item B:**

Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and services.

#### **Objective 1:**

References and utilizes current literature in clinical work, outreach, consultation, community intervention, and providing supervision.

#### **Criterion Measures:**



- Completes all assignments and tasks in Individual and Cultural Diversity Seminar.
- Provides a case presentation specific to diversity and multicultural considerations in their clinical work.
- References and utilizes current literature as it relates to diversity and multicultural issues in clinical treatment.
- References and utilizes current multicultural literature as it relates to outreach, consultation, and community intervention.
- Demonstrates knowledge of the process of consultation, community intervention, social justice advocacy and evaluation through their participation in the program evaluation project.
- References and utilizes current diversity and multicultural literature as it relates to the provision of supervision.

**Minimum level of achievement:**

The intern must receive a rating of 5 (Mid-Year Intern Level Trainee Intermediate Competence) or greater on alpha item B of the Individual and Cultural Diversity Competency Evaluation during the mid-year evaluation period. The intern must receive a rating of 7 (End of Year Intern Level Trainee Achieved Competence) or greater on alpha item B of the Individual and Cultural Diversity Competency Evaluation during the end of year evaluation period.

**Element #3 / Alpha Item C:**

Demonstrates 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 individual whose group membership, demographic characteristics, or worldviews create conflict with their own.

**Objective 1:**

Applies a framework for working effectively with individual and cultural diversity across professional roles and functions.

**Criterion Measures:**

- Applies a framework for working effectively with individual and cultural diversity across professional roles.
- Demonstrates the ability to work effectively with individuals whose group memberships, demographic characteristics, and/or worldviews differ from their own.
- Use inclusive language to appropriately acknowledge cultural aspects of communication.

**Minimum level of achievement:**

The intern must receive a rating of 5 (Mid-Year Intern Level Trainee Intermediate Competence) or greater on alpha item C of the Individual and Cultural Diversity Competency Evaluation during the mid-year evaluation period. The intern must receive a rating of 7 (End of Year Intern Level Trainee Achieved Competence) or greater on alpha item C of the Individual and Cultural Diversity Competency Evaluation during the end of year evaluation period.

**Element #4 / Alpha Item D:**

Demonstrate the requisite knowledge base, ability to articulate an approach to work effectively with diverse individual and groups, and apply this approach effectively in their professional work.

**Objective 1:**

Accurately identifies and applies models of multicultural competence to consultation, outreach, community intervention, clinical work, providing supervision, and assessment.

**Criterion Measures:**

- Completes all assignments and tasks in Individual and Cultural Diversity Seminar.
- Provides a case presentation specific to diversity and multicultural considerations in their clinical work.
- References and utilizes current literature as it relates to diversity and multicultural issues in clinical treatment.
- Accurately identifies and applies models of multicultural competence to consultation, outreach, and community intervention.
- Demonstrates knowledge of the process of consultation, community intervention, social justice advocacy and evaluation through the program evaluation project.
- Accurately identifies and applies models of multicultural competence to the provision of supervision.
- Accurately identifies and applies models of multicultural competence to assessment.
- Integrates scientific research as it relates to diversity and multiculturalism.

**Minimum level of achievement:**

The intern must receive a rating of 5 (Mid-Year Intern Level Trainee Intermediate Competence) or greater on alpha item D of the Individual and Cultural Diversity Competency Evaluation during the mid-year evaluation period. The intern must receive a rating of 7 (End of Year Intern Level Trainee Achieved Competence) or greater on alpha item D of the Individual and Cultural Diversity Competency Evaluation during the end of year evaluation period.

**Element #5 / Alpha Item E:**

Demonstrate the requisite knowledge base, ability to articulate an approach to work effectively with diverse individual and groups, and apply this approach effectively in their professional work.

**Objective 1:**

Apply knowledge and approaches for working effectively with a range of diverse individuals and groups in internship roles, responsibilities, and activities related to all competency areas.

**Criterion Measures:**

- Applies knowledge and approaches for working effectively with a range of diverse individuals and groups during all internship roles, responsibilities, and activities related to research, legal and ethical standards, professional values and attitudes, communication and interpersonal skills, assessment, intervention, supervision, and consultation and interprofessional/interdisciplinary skills.

- Provides a case presentation specific to diversity and multicultural considerations in their clinical work.

**Minimum level of achievement:**

The intern must receive a rating of 5 (Mid-Year Intern Level Trainee Intermediate Competence) or greater on alpha item E of the Individual and Cultural Diversity Competency Evaluation during the mid-year evaluation period. The intern must receive a rating of 7 (End of Year Intern Level Trainee Achieved Competence) or greater on alpha item E of the Individual and Cultural Diversity Competency Evaluation during the end of year evaluation period.

**Method:**

The Individual and Cultural Diversity Seminar provides didactic and experiential training to enhance self-awareness and explore values, attitudes, biases, and worldviews. Seminar leaders provide experiential activities to facilitate the intern engaging in self-exploration and develop awareness of how salient identity variables impact clinical work. Seminar leaders facilitate discussions to allow the intern to understand how their own personal/cultural history, attitudes, and biases impact their world view and how this may intersect when providing clinical services with individuals who are different from themselves. Seminar leaders role model self-awareness of how life experience has shaped worldview and identities, provide examples of the impact their worldview and identities have had on direct service (therapy, supervision, assessment, community intervention, etc.), and share how they addressed these issues personally and professionally.

All topics addressed in the Clinical and Professional Issues Seminar incorporate diversity, social justice advocacy, and multicultural considerations in psychotherapy. Seminar facilitator(s) provide resources and didactic training regarding theories, models, and the professional literature relevant in working with clients using a multicultural framework. Seminar leaders facilitate dialogue and encourage interns to share examples from their clinical work.

The intern's primary and secondary individual therapy supervisors provide readings and facilitate discussions of relevant theories, models, professional literature, and encourage self-reflection regarding the provision of clinical services with the range of diverse individuals and groups.

The intern's group therapy supervisors will address multiculturalism, diversity, and social justice as it pertains to diagnosis, conceptualization, interventions, and transference/countertransference issues within group dynamics.

Supervisors of the Community Intervention seminar will address issues of worldview, power and privilege as it relates to the intern's outreach, consultation, and community intervention activities and the intern's program evaluation project.

Supervision of Supervision seminar leaders provide didactic training and facilitate discussions of supervisory models and constructs based on research and theoretical literature. Current literature related to diversity and multiculturalism in supervision is incorporated into training in the provision of supervision.

Assessment seminar increases the intern's skills in assessment, evaluation, and diagnostics. Seminar leaders provide training on how to demonstrate consideration of multicultural issues with assessment and become familiar with alternative measures and approaches to ensure an ethical and culturally sensitive evaluation.

## **IV. Professional Values and Attitudes**

### **Element #1 / Alpha Item A:**

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.

#### **Objective 1:**

Demonstrate behavior that reflects values of integrity, accountability, lifelong learning, and concern for the welfare of others as well as demonstrates respect for the individual rights, personal dignity, and worth of all clients.

#### **Criterion Measures:**

- Demonstrates behavior that reflects values of integrity, accountability, lifelong learning, and concern for the welfare of others.
- Demonstrates respect for the individual rights, personal dignity, and worth of all clients.
- Complete a Self Assessment Narrative during the August Orientation that addresses professional and personal growth during graduate school and growth areas for the internship year specific to professional identity.

#### **Objective 2:**

Follows CAPS, Student Health Services (SHS), and university policies and procedures; accepts responsibility for personal actions; and demonstrates professional demeanor, deportment and communication with clients, university staff, and students.

#### **Criterion Measures:**

- Completes clinical paperwork in accordance with QAUR standards. The intern follows CAPS, Student Health Services (SHS), and university policies and procedures.
- Demonstrates professional demeanor, deportment, and communication with clients, university staff, and students.

#### **Minimum level of achievement:**

The intern must receive a rating of 3 (Beginning Intern Level Trainee Emerging Competence) or greater on alpha item A of the Professional Values and Attitudes Evaluation during the first quarter evaluation period. The intern must receive a rating of 5 (Mid-Year Intern Level Trainee Intermediate Competence) or greater on alpha item A of the Professional Values and Attitudes Competency Evaluation during the mid-year evaluation period. The intern must receive a rating of 7 (End of Year Intern Level Trainee Achieved Competence) or greater on alpha item A of the Professional Values and Attitudes Competency Evaluation during the end of year evaluation period.

### **Element #2 / Alpha Item B:**

Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.

#### **Objective 1:**

Demonstrates ability to engage in self-exploration in order to identify strengths and areas of growth.

**Criterion Measures:**

- Recognizes, acknowledges, and communicates with supervisors areas of strength, limitation, and inexperience as a therapist and psychologist-in-training.
- Recognizes, acknowledges, and communicates with supervisors about personal issues that may interfere with and/or facilitate their clinical work.
- Formulates, discusses, and works towards goals in supervision based on an accurate assessment of current developmental needs and communicates these clearly to supervisors.
- Demonstrates the ability to engage in self-exploration in order to identify strengths and areas of growth.
- Uses self-supervision to independently select relevant clinical samples that are reflective of strengths and areas of growth.

**Minimum level of achievement:**

The intern must receive a rating of 3 (Beginning Intern Level Trainee Emerging Competence) or greater on alpha item B of the Professional Values and Attitudes Evaluation during the first quarter evaluation period. The intern must receive a rating of 5 (Mid-Year Intern Level Trainee Intermediate Competence) or greater on alpha item B of the Professional Values and Attitudes Competency Evaluation during the mid-year evaluation period. The intern must receive a rating of 7 (End of Year Intern Level Trainee Achieved Competence) or greater on alpha item B of the Professional Values and Attitudes Competency Evaluation during the end of year evaluation period.

**Element #3 / Alpha Item C:**

Actively seek and demonstrate openness and responsiveness to feedback and supervision.

**Objective 1:**

Demonstrates openness and responsiveness to feedback from supervisors and peers in a non-defensive manner.

**Criterion Measures:**

- Engages in setting goals for supervision.
- Actively participates in structuring the activities and determining the content of supervision.
- Listens to and incorporates supervisor feedback about conceptualization and treatment plans.
- Demonstrates openness and responsiveness to feedback from supervision.
- Actively participates in Intern Lunch and other professional development activities.

**Objective 2:**

Actively participates and contributes in training experiences, fostering growth in professional identity and behavior.

**Criterion Measures:**

- Engages in setting goals for supervision.

- Actively participates in structuring activities and determining the content of supervision.
- Incorporates and implements appropriate changes in professional behavior and clinical work.
- Is receptive to feedback on clinical work and on self as a therapist.
- Demonstrates openness and responsiveness to feedback from supervision.
- Demonstrates maturity, respect, and sensitivity to potential areas of conflict in intra-agency and interagency relationships.
- Demonstrates the ability to balance agency needs with personal needs.
- Demonstrates alertness to adjustment problems or emotional responses that may interfere with professional functioning.
- Arrives on time and is prepared for appointments and meetings (e.g., clients, supervision, seminars etc).
- Actively participates and contributes in training experiences, fostering growth in professional identity and behavior.
- Effectively and independently manages a caseload of clients and community intervention opportunities sufficient to meet direct service contact requirements.

**Minimum level of achievement:**

The intern must receive a rating of 3 (Beginning Intern Level Trainee Emerging Competence) or greater on alpha item C of the Professional Values and Attitudes Evaluation during the first quarter evaluation period. The intern must receive a rating of 5 (Mid-Year Intern Level Trainee Intermediate Competence) or greater on alpha item C of the Professional Values and Attitudes Competency Evaluation during the mid-year evaluation period. The intern must receive a rating of 7 (End of Year Intern Level Trainee Achieved Competence) or greater on alpha item C of the Professional Values and Attitudes Competency Evaluation during the end of year evaluation period.

**Element #4 / Alpha Item D:**

Respond professionally in increasingly complex situations with greater degree of independence as they progress across levels of training.

**Objective 1:**

Cooperates effectively with staff and demonstrates willingness to assume additional responsibility in response to agency and professional training needs.

**Criterion Measures:**

- Actively participates in Intern Lunch and other professional development activities.
- Demonstrates the ability to manage and negotiate complex multiple roles.
- Cooperates effectively with staff and demonstrate willingness to assume additional responsibility in response to agency and professional training needs.
- Demonstrates increasing autonomy in management of crisis interventions and other higher-risk clinical situations.

**Minimum level of achievement:**

The intern must receive a rating of 3 (Beginning Intern Level Trainee Emerging Competence) or greater on alpha item D of the Professional Values and Attitudes Evaluation during the first quarter evaluation period. The intern must receive a rating of 5 (Mid-Year Intern Level Trainee

Intermediate Competence) or greater on alpha item D of the Professional Values and Attitudes Competency Evaluation during the mid-year evaluation period. The intern must receive a rating of 7 (End of Year Intern Level Trainee Achieved Competence) or greater on alpha item D of the Professional Values and Attitudes Competency Evaluation during the end of year evaluation period.

**Method:**

Clinical and Professional Issues seminar reflects current professional issues related to being a psychologist. The seminar allows for group discussions and ongoing feedback to be provided by intern peers and seminar facilitators.

Therapy Services Orientation seminar provides training on Point and Click (the electronic record keeping software utilized by CAPS). During seminar, interns learn the use of Point and Click and the Quality Assurance/Utilization Review program. The QAUR Team and the CAPS Director monitor timeliness and accuracy in completing this paperwork.

The Director of Training discusses intern roles and responsibilities over the course of internship including the intern weekly schedule for the fall, spring, and summer semesters. The Director of Training discusses the internship expectation of increased autonomy and taking on additional responsibilities in response to agency and professional training needs. The Director of Training facilitates weekly Intern Lunch and other professional development activities. During intern lunch, the Director of Training assesses and monitors intern progress and provide ongoing feedback to training staff. Training staff may make modifications to increase independence as the intern progresses through internship training.



## **V. Communication and Interpersonal Skills**

### **Element #1 / Alpha Item A:**

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

#### **Objective 1:**

Establish and sustain open and collaborative relationships with clients, supervisors, and supervisees.

#### **Criterion Measures:**

- Conveys respect for the individual rights, personal dignity, and worth of all clients.
- Forms effective therapeutic working alliances with clients.
- Demonstrates the ability to be open and collaborative in the supervisory relationship when in the supervisee role.
- Openly receives feedback about their clinical work, and professional behavior, and demonstrates changes based on feedback.
- Demonstrates awareness and sensitivity to multicultural aspects of communication.
- Submits a written Supervision Case Conference Protocol based on their supervisory work with a practicum student.
- Demonstrates awareness and sensitivity to multicultural aspects of communication.

#### **Objective 2:**

Develops and maintains collegial and professional relationships with CAPS senior staff, CAPS support staff, other interns in their cohort, and Student Health Services' staff.

#### **Criterion Measures:**

- Develops and maintains collegial relationships with CAPS senior staff, CAPS support staff, other interns in their cohort, and Student Health Services staff.
- Actively participates in continuing education seminars offered to SHS staff and integrates knowledge into clinical practice.

#### **Minimum level of achievement:**

The intern must receive a rating of 3 (Beginning Intern Level Trainee Emerging Competence) or greater on alpha item A of the Communication and Interpersonal Skills Evaluation during the first quarter evaluation period. The intern must receive a rating of 5 (Mid-Year Intern Level Trainee Intermediate Competence) or greater on alpha item A of the Communication and Interpersonal Skills Competency Evaluation during the mid-year evaluation period. The intern must receive a rating of 7 (End of Year Intern Level Trainee Achieved Competence) or greater on alpha item A of the Professional Values and Attitudes Competency Evaluation during the end of year evaluation period.

### **Element #2 / Alpha Item B:**

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

**Objective 1:**

Provides clinical documentation that is clearly written and without chronic or significant errors.

**Criterion Measures:**

- Responds to feedback from the Chief Psychologist and the QAUR Review Team concerning the content, quality, and timeliness of all clinical documentation.
- Completes clinical paperwork in accordance with QAUR standards.
- Forwards work products to the Director of Training for the Intern's Electronic Portfolio.
- Provides written reports that are clear and meaningful while addressing the referral question.
- Conveys test results and recommendations to the client in an understandable manner while adequately addressing client questions.
- Provides support for diagnostic formulations, implications, and recommendations during case conceptualizations and presentations.

In all clinical documentation, the intern:

- Uses a level of vocabulary and language appropriate for the client.
- Appropriately and clearly uses professional terms and concepts during case consultation, clinical reports, and case presentations.
- Demonstrates competent interviewing skills as reflected by clear and useful intake and other relevant documentation.
- Communicates clear and accurate conclusions based on intake data, including diagnostic impressions, and suggestions for treatment.
- Draws reasonable conclusions regarding conceptualization based on contextual issues such as culture, diversity, and life experiences.
- Produces clinical documentation that is clearly written and without chronic or significant errors.
- Communicates clearly and effectively with Chief Psychologist and supervisors regarding any clients of special urgency or concern.
- Recognizes, monitors, and takes responsibility for appropriate and inclusive written and verbal communication.

**Minimum level of achievement:**

The intern must receive a rating of 3 (Beginning Intern Level Trainee Emerging Competence) or greater on alpha item B of the Communication and Interpersonal Skills Evaluation during the first quarter evaluation period. The intern must receive a rating of 5 (Mid-Year Intern Level Trainee Intermediate Competence) or greater on alpha item B of the Communication and Interpersonal Skills Competency Evaluation during the mid-year evaluation period. The intern must receive a rating of 7 (End of Year Intern Level Trainee Achieved Competence) or greater on alpha item B of the Professional Values and Attitudes Competency Evaluation during the end of year evaluation period.

**Element #3 / Alpha Item C:**

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

**Objective 1:**

Demonstrates ability to provide feedback and initiate difficult dialogue with clients, supervisees, and supervisors.

**Criterion Measures:**

- Accurately assesses and openly communicates with supervisor about limitations, areas of inexperience, and difficult/challenging aspects of clinical practice.
- Demonstrates the ability to provide feedback and initiate difficult dialogues with clients and clinical supervisors.
- Demonstrates the ability to provide feedback and initiate difficult dialogue with supervisees.

**Objective 2:**

Acknowledges own role in difficult interactions and demonstrates active problem solving skills.

**Criterion Measures:**

- Demonstrates a willingness and ability to discuss biases, prejudices, and stereotypes within training activities.
- Accepts, evaluates, and implements feedback from others nondefensively.
- Acknowledges own role in difficult interactions and demonstrates active problem solving skills.
- Demonstrates the ability to effectively resolve disagreements with peers, colleagues, supervisors, or other professionals.

**Minimum level of achievement:**

The intern must receive a rating of 3 (Beginning Intern Level Trainee Emerging Competence) or greater on alpha item C of the Communication and Interpersonal Skills Evaluation during the first quarter evaluation period. The intern must receive a rating of 5 (Mid-Year Intern Level Trainee Intermediate Competence) or greater on alpha item C of the Communication and Interpersonal Skills Competency Evaluation during the mid-year evaluation period. The intern must receive a rating of 7 (End of Year Intern Level Trainee Achieved Competence) or greater on alpha item C of the Professional Values and Attitudes Competency Evaluation during the end of year evaluation period.

**Method:**

Intern's clinical individual and group supervisors assess and monitor intern progress in forming effective therapeutic working alliances with clients, and monitor how open and collaborative the intern is to feedback about their clinical work, professional behavior, and the supervisory relationship. Clinical supervisors facilitate conversations and provide additional didactic training, journal articles, and scholarly research.

Supervision of Supervision seminar provides didactic training and facilitate discussions pertaining to developing open and collaborative supervisory relationships when in the supervisor role. Seminar leaders assess and monitor intern progress in forming an open and collaborative relationship with their supervisee.

The Director of Training facilitates Intern Lunch and other professional development activities. Interns participate in meetings and activities introducing them to other professionals to help facilitate relationship building with CAPS senior staff, CAPS support staff, other interns in their cohort, as well as Student Health Services staff.

Clinical supervisors and seminar leaders monitor and address issues related to developing and maintaining collegial and professional relationships. Clinical supervisors and seminar leaders provide additional didactic training or facilitate conversations to improve any professional relationship issues or concerns.

The intern actively participates in the biweekly staff meeting with senior staff and staff psychiatrists to review DSM-5 diagnoses and medications. They also collaborate to coordinate care of their clients and consults with nurses/physicians as needed. This provides them with an opportunity to engage and consult with professionals from our Wellness and Health Promotion Services for health related programming, new initiatives, and community intervention activities.

Therapy Services Orientation provides the intern with instructions in the use of intake procedures and forms consistent with the QAUR program. The seminar provides training on Point and Click, QAUR, record keeping, clinical documentation, mental health law in Illinois, and campus and community resources. The Chief Psychologist provides examples of competently completed intakes. The Chief Psychologist and the QAUR Review Team provides feedback on the quality of their intake reports and make specific suggestions for improvement.

Clinical supervisors monitor intern's completion of clinical paperwork and provide ongoing feedback. Clinical supervisors review and sign all clinical paperwork. Clinical supervisors provide additional didactic training and provide ongoing feedback about the intern's clinical documentation skills. Clinical supervisors serve as role models, provide feedback to the intern, and initiate difficult dialogues.

Supervision of Supervision seminar leaders review and sign all clinical paperwork of the intern's supervisee after the intern has reviewed and signed the document. Seminar leaders monitor the completion of clinical paperwork and provide ongoing feedback. Difficult dialogues in supervision are discussed in seminar.

Assessment seminar increases the intern's skills in assessment, evaluation, and diagnostics. The intern reviews and receives training in administering, scoring, interpreting, integrating, and communicating the results of commonly used psychological assessment instruments. Seminar leaders provide training and practice using assessment tools, interpretation and integration of test data, writing integrated reports, and giving meaningful feedback and recommendations to the client. The intern receives didactic training and supervision in learning how to interpret and integrate assessment findings into a written report that is clear, organized, and well written.

The Chief Psychologist instructs interns on the use of the SIUC CAPS' intake procedures and forms consistent with the QAUR program and provides examples of competently completed intakes. The intern provides a DSM-5 diagnosis on all clinical documentation.

## **VI. Assessment**

### **Element #1 / Alpha Item A:**

Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.

#### **Objective 1:**

Demonstrates working knowledge of DSM-5 classification system and supports diagnostic impressions with symptoms as evidenced by relevant sources of information.

#### **Criterion Measures:**

- Demonstrates a working knowledge of the DSM-5 classification system.
- Assesses for critical and high risk clinical concerns among college students (e.g., suicide risk, psychosis, trauma, substance use).
- Demonstrates the ability to conduct an effective clinical interview to inform diagnostic impressions.
- Supports diagnostic impressions with symptoms as evidenced by client report, assessment data, observation, and other relevant sources of information.
- Provides DSM-5 diagnosis for all individual clinical encounters.
- Forwards required clinical documentation to Director of Training for intern's electronic portfolio.
- Presents a case conference that integrates scientific research into a written summary that provides DSM-5 diagnosis, conceptualization, and treatment goals and a verbal presentation reviewing all aspects of clinical conceptualization and treatment.

#### **Minimum level of achievement:**

The intern must receive a rating of 5 (Mid-Year Intern Level Trainee Intermediate Competence) or greater on alpha item A of the Assessment Competency Evaluation during the mid-year evaluation period. The intern must receive a rating of 7 (End of Year Intern Level Trainee Achieved Competence) or greater on alpha item A of the Assessment Competency Evaluation during the end of year evaluation period.

### **Element #2 / Alpha Item B:**

Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).

#### **Objective 1:**

Demonstrates evidence of family of origin, cultural identities and multicultural variables, and contextual factors in diagnostic formulation and treatment planning.

#### **Criterion Measures:**

- Completes a minimum of one comprehensive psychological evaluation.
- Demonstrates evidence of family of origin factors in diagnostic formulations and treatment planning.
- Demonstrates evidence of cultural identities and multicultural variables in diagnostic formulations and treatment planning.

- Demonstrates evidence of contextual factors (e.g., social, societal, political, academic, legal, socioeconomic status, and employment) in diagnostic formulations and treatment planning.
- Provides case presentations in Clinical and Professional Issues Seminar that incorporates family of origin, multicultural considerations, and contextual factors.
- Presents a case conference that integrates scientific research into a written summary that provides DSM-5 diagnosis, conceptualization, and treatment goals, as well as a verbal presentation reviewing all aspects of clinical conceptualization and treatment.

**Minimum level of achievement:**

The intern must receive a rating of 5 (Mid-Year Intern Level Trainee Intermediate Competence) or greater on alpha item B of the Assessment Competency Evaluation during the mid-year evaluation period. The intern must receive a rating of 7 (End of Year Intern Level Trainee Achieved Competence) or greater on alpha item B of the Assessment Competency Evaluation during the end of year evaluation period.

**Element #3 / Alpha Item C:**

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

**Objective 1:**

Integrates diagnostic impressions, functional/dysfunctional behaviors, and social and cultural context into assessment and diagnosis.

**Criterion Measures:**

- Completes a minimum of one comprehensive psychological evaluation.
- Demonstrates evidence of family of origin factors in diagnostic formulations and treatment planning.
- Demonstrates evidence of cultural identities and multicultural variables in diagnostic formulations and treatment planning.
- Demonstrates evidence of contextual factors (i.e., social, societal, political, academic, legal, socioeconomic status, and employment) in diagnostic formulations and treatment planning.
- Incorporates family of origin, multicultural considerations, and contextual factors into case presentations.

**Minimum level of achievement:**

The intern must receive a rating of 5 (Mid-Year Intern Level Trainee Intermediate Competence) or greater on alpha item C of the Assessment Competency Evaluation during the mid-year evaluation period. The intern must receive a rating of 7 (End of Year Intern Level Trainee Achieved Competence) or greater on alpha item C of the Assessment Competency Evaluation during the end of year evaluation period.

**Element #4 / Alpha Item D:**

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.

**Objective 1:**

Accurately selects, administers, and scores assessment measures.

**Criterion Measures:**

- Completes a minimum of one comprehensive psychological evaluation that includes a thorough social history, assessment testing results, interpretations and recommendations.
- Effectively selects and applies available and relevant assessment measures to address reasons for referral.
- Accurately administers and scores assessment measures.
- Selects assessments most appropriate to account for relevant multicultural variables (e.g., race/ethnicity, language, and ability status).
- Integrates findings in a written report and present findings in seminar, communicate results to the client, and makes appropriate recommendations.
- Collects and applies data from CCAPS, SDS, and clinical interview during intake assessment to identify initial treatment goals.
- Demonstrates knowledge of CCAPS clinical scales.
- Interprets and integrates information from the CCAPS and SDS in conceptualization and treatment.
- Reviews the results of the CCAPS with their clients to aid in collaborative goal setting.

**Minimum level of achievement:**

The intern must receive a rating of 5 (Mid-Year Intern Level Trainee Intermediate Competence) or greater on alpha item D of the Assessment Competency Evaluation during the mid-year evaluation period. The intern must receive a rating of 7 (End of Year Intern Level Trainee Achieved Competence) or greater on alpha item D of the Assessment Competency Evaluation during the end of year evaluation period.

**Element #5 / Alpha Item E:**

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.

**Objective 1:**

Demonstrate the ability to interpret and integrate assessment results based on current research and professional standards.

**Criterion Measures:**

- Accurately interprets and integrates data from CCAPS, SDS, and clinical interview during initial assessment to provide appropriate clinical recommendations.
- Provides recommendations regarding treatment modalities, extensions, and referrals to supervisors and the treatment review committee.
- Demonstrates the ability to interpret and integrate assessment results based on current research and professional standards.

- Demonstrates the understanding of typical errors and biases that may distort test results and interpretation.
- Demonstrates an understanding of the proper applications and limitations of interpretive data.
- Accounts for and carefully considers relevant diversity variables when interpreting assessment results.
- Selects appropriate protocols and administers, scores, and interprets results.
- Integrates findings in a written report and present findings in seminar, communicate results to the client, and makes appropriate recommendations.
- Collects and applies data from CCAPS, SDS, and clinical interview during intake assessment to identify initial treatment goals.

**Minimum level of achievement:**

The intern must receive a rating of 5 (Mid-Year Intern Level Trainee Intermediate Competence) or greater on alpha item E of the Assessment Competency Evaluation during the mid-year evaluation period. The intern must receive a rating of 7 (End of Year Intern Level Trainee Achieved Competence) or greater on alpha item E of the Assessment Competency Evaluation during the end of year evaluation period.

**Element #6 / Alpha Item F:**

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.

**Objective 1:**

Provides written and verbal assessment reports that are clear and meaningful.

**Criterion Measures:**

- Accurately interprets and integrates data from CCAPS, SDS, and clinical interview during initial assessment to provide appropriate clinical recommendations.
- Provides written reports that are clear and meaningful while addressing the referral question.
- Conveys test results and recommendations to clients in a clear manner while adequately addressing client questions.
- Provides support for diagnostic formulations, implications, and recommendations during case conceptualizations and presentations.
- Completes a minimum of one comprehensive psychological evaluation that includes a thorough social history, assessment testing results, interpretations and recommendations.
- Effectively selects and applies available and relevant assessment measures to address reasons for referral.
- Accurately administers and scores assessment measures.
- Demonstrates knowledge of CCAPS clinical scales.
- Interprets and integrates information from the CCAPS and SDS in conceptualization and treatment.

**Minimum level of achievement:**

The intern must receive a rating of 5 (Mid-Year Intern Level Trainee Intermediate Competence) or greater on alpha item F of the Assessment Competency Evaluation during the mid-year evaluation period. The intern must receive a rating of 7 (End of Year Intern Level Trainee



Achieved Competence) or greater on alpha item F of the Assessment Competency Evaluation during the end of year evaluation period.

**Method:**

Assessment seminar provides training in administering, scoring, interpreting, integrating, and communicating the results of commonly used psychological assessment instruments. Seminar leaders provide training and practice using assessment tools, interpretation and integration of test data, writing integrated reports, and giving meaningful feedback and recommendations to clients. The intern receives didactic training on selecting and applying assessment tools based on referral and relying on current empirical literature. The intern learns to administer, score, and interpret a range of assessment instruments in accordance with current research and professional standards and guidelines to inform classification, case conceptualization, and recommendations. The intern demonstrates consideration of ethics and cultural issues and utilize alternative measures and approaches to ensure an ethical and culturally sensitive evaluation.

The Chief Psychologist instructs interns on the use of the SIUC CAPS' intake procedures and forms consistent with the QAUR program and provides examples of competently completed intakes. The intern provides a DSM-5 diagnosis on all clinical documentation.

The Chief Psychologist instructs interns on the use of the SIUC CAPS' intake procedures and forms consistent with the QAUR program and provides examples of competently completed intakes. The intern provides a DSM-5 diagnosis on all clinical documentation.

During the Therapy Orientation Seminar, the Chief Psychologist reviews agency clinical assessment tools, including the CCAPS and SDS and provides testing manual information (purpose, validity, reliability, norms, scale development, etc.) and clinical interpretation methods.

The intern's clinical supervisors monitor all clinical paperwork and provide ongoing feedback related to diagnosis. The intern presents any challenges with diagnosis to their supervisors for consultation and clinical supervisors provide additional didactic training and facilitate conversations related to DSM-5 diagnosis. Clinical supervisors include contextual factors when discussing diagnostic considerations and provide additional training related to contextual factors. Clinical supervisors discuss how to convey assessment results and recommendations verbally and in writing to clients. Clinical supervisors monitor and provide ongoing feedback on selecting and applying clinical assessments, interpreting assessment results, and providing feedback to clients. Clinical supervisors review and sign all clinical paperwork and provide additional didactic training and facilitate conversations related to clinical assessment

## **VII. Intervention**

**The intern is required to provide group therapy for one semester to successfully complete internship.**

### **Element #1 / Alpha Item A:**

Demonstrates the ability to establish and maintain effective relationships with the recipients of psychological services.

### **Objective 1:**

Establishes an effective therapeutic alliance with a wide variety of diverse individuals and group clients.

### **Criterion Measures:**

- Actively participates in experiential role-play activities during training seminars.
- Reviews assigned readings regarding assessment, diagnosis, conceptualization, treatment planning, intervention, and clinical decision-making
- Presents three case presentations during Clinical and Professional Issues seminar related to diversity and multicultural considerations in therapy, emotions in psychotherapy, and trauma work.
- Actively participates in clinical supervision, provides digital recordings of clinical work, and forwards all clinical documentation to supervisor.
- Demonstrates the ability to establish an effective therapeutic alliance with a wide variety of diverse clientele.
- Communicates effectively about confidentiality, informed consent, and other client concerns related to the parameters of the therapy process.
- Increases understanding of the client through the use of personal reactions to the client.
- Recognizes and appropriately addresses counter-therapeutic reactions in the therapeutic alliance.
- Demonstrates sensitivity to nonverbal communication.
- Demonstrates comfort and skill in working with diverse clients while understanding and accepting individual differences.
- Demonstrates willingness and ability to discuss client-therapist differences.
- Establishes effective therapeutic alliances with diverse group members.
- Communicates effectively using a level of vocabulary and language appropriate for the group.
- Recognizes and promotes appropriate group norms to build a climate of trust and safety.
- Recognizes and appropriately addresses counter-therapeutic reactions during group.
- Demonstrates an awareness of and attentiveness to nonverbal communication.
- Intervenes effectively to block counterproductive behavior in the group (e.g., scapegoating, verbal aggression, and over-intellectualizing).
- Models appropriate group behavior (e.g., constructive feedback, clear communication, and a balance of challenge and support).
- Forwards clinical documentation to Director of Training for intern's electronic portfolio.

**Minimum level of achievement:**

The intern must receive a rating of 3 (Beginning Intern Level Trainee Emerging Competence) or greater on alpha item A of the Intervention-Individual Counseling and Clinical Consultation Competency Evaluation during the first quarter evaluation period. The intern must receive a rating of 5 (Mid-Year Intern Level Trainee Intermediate Competence) or greater on alpha item A of the Intervention-Individual Counseling and Clinical Consultation Competency Evaluation. The intern must receive a rating of 7 (End of Year Intern Level Trainee Achieved Competence) or greater on alpha item A of the Intervention-Individual Counseling and Clinical Consultation Competency Evaluation

The intern must receive a rating of 5 (Mid-Year Intern Level Trainee Intermediate Competence) or greater on alpha item A of the Intervention-Group Competency Evaluation during the mid-year evaluation period. The intern must receive a rating of 7 (End of Year Intern Level Trainee Achieved Competence) or greater on alpha item A of the Intervention-Group Competency Evaluation during the final end of year evaluation period.

**Element #2 / Alpha Item B:**

Demonstrates the ability to develop evidence-based intervention plans specific to the service delivery goals.

**Objective 1:**

Conceptualizes and formulates treatment plans utilizing appropriate theoretical approaches and incorporating evidence-based practice within a cultural context.

**Criterion Measures:**

- Engages in discussions regarding assessment, diagnosis, conceptualization, treatment planning, intervention, and clinical decision-making.
- Provides three case presentations targeting diversity and multicultural considerations in therapy, emotions in psychotherapy, and trauma work.
- Provides digital recordings of client sessions to their supervisors.
- Forwards all clinical documentation to supervisor for feedback.
- Incorporates supervisor's feedback.
- Conceptualizes cases and formulate treatment plans utilizing consistent, appropriate theoretical approaches, and incorporating evidence-based practice with a cultural context.
- Utilizes theories and models to develop individualized treatment plans.
- Evaluates clients in early phases of therapy, and collaboratively establishes a treatment plan appropriate for the intended length of treatment.
- Reviews therapy goals and outcomes regularly and modify treatment plan as needed.
- Develops treatment plans and select appropriate interventions to achieve short-term therapy goals
- Develops treatment plans and selects appropriate interventions to achieve long-term therapy goals.
- Evaluates client motivation and determine appropriateness of group counseling.
- Demonstrates an appropriate theoretical orientation and rationale for clinical interventions.
- Establishes and effectively maintains clear group rules (e.g., session limits, absences, confidentiality, and scheduling).

- Presents a formal case conference integrating scientific research into DSM-5 diagnosis, conceptualization, treatment goals, and treatment plans.
- Forwards clinical documentation to Director of Training for intern's electronic portfolio.

**Minimum level of achievement:**

The intern must receive a rating of 3 (Beginning Intern Level Trainee Emerging Competence) or greater on alpha item B of the Intervention-Individual Counseling and Clinical Consultation Competency Evaluation during the first quarter evaluation period. The intern must receive a rating of 5 (Mid-Year Intern Level Trainee Intermediate Competence) or greater on alpha item B of the Intervention-Individual Counseling and Clinical Consultation Competency Evaluation. The intern must receive a rating of 7 (End of Year Intern Level Trainee Achieved Competence) or greater on alpha item B of the Intervention-Individual Counseling and Clinical Consultation Competency Evaluation.

The intern must receive a rating of 5 (Mid-Year Intern Level Trainee Intermediate Competence) or greater on alpha item B of the Intervention-Group Competency Evaluation during the mid-year evaluation period. The intern must receive a rating of 7 (End of Year Intern Level Trainee Achieved Competence) or greater on alpha item B of the Intervention-Group Competency Evaluation during the final end of year evaluation period.

**Element #3:**

Demonstrates the ability to implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.

**Objective 1:**

Selects and delivers appropriate interventions based on presenting concerns, empirical literature, multicultural considerations, and contextual factors.

**Criterion Measures:**

- Engages in discussions and experiential exercises regarding assessment, diagnosis, conceptualization, treatment planning, intervention, and clinical decision-making.
- Provides three case presentations targeting diversity and multicultural considerations in therapy, emotions in psychotherapy, and trauma work.
- Provides digital recordings of client sessions to their supervisors.
- Forwards all clinical documentation to supervisor for feedback.
- Incorporates supervisor's feedback.
- Selects and implements evidence-based treatment interventions accounting for diversity and multicultural considerations and contextual factors.
- Competently manages a caseload of individual clients who present with varying levels of severity, presenting concerns, and symptoms.
- Communicates effectively and clearly to maintain ground rules around session limits, absences, and scheduling.
- Implements time-limited approaches to therapy by setting appropriate goals, maintaining the focal issue, and using time as a therapeutic tool.
- Manages intense client affect effectively.
- Identifies and focuses on critical incidents in therapy.

- Demonstrates an awareness of how multicultural considerations may impact therapy.
- Demonstrates an awareness of how multicultural considerations might interact with other life problems.
- Demonstrates openness to discussing how multicultural considerations relate to clinical work.
- Uses the following interventions effectively:
  - facilitates exploration of client thought process/belief systems
  - facilitates affective exploration/expression and probing/gathering of information
  - silent listening
  - education
  - confrontation
  - immediacy/process comments
  - interpretation
  - summarization
- Works cooperatively and effectively with group co-leader.
- Demonstrates appropriate process and/or skill based group interventions.
- Demonstrates awareness of sensitivity to cultural dynamics in group process.
- Uses the following interventions effectively in process groups:
  - facilitates group cohesion
  - works in the here-and-now
  - confrontation
  - facilitates interaction among group members
  - maintains appropriate boundaries among group members
- Uses the following interventions effectively in skills groups:
  - conveys skills in multiple ways
  - uses appropriate examples to highlight use of skills
  - reviews homework effectively
  - effectively manages client disclosures
- Presents a formal case conference integrating scientific research into DSM-5 diagnosis, conceptualization, treatment goals, and treatment plans.
- Forwards clinical documentation to Director of Training for intern's electronic portfolio.

**Minimum level of achievement:**

The intern must receive a rating of 3 (Beginning Intern Level Trainee Emerging Competence) or greater on alpha item C of the Intervention-Individual Counseling and Clinical Consultation Competency Evaluation during the first quarter evaluation period. The intern must receive a rating of 5 (Mid-Year Intern Level Trainee Intermediate Competence) or greater on alpha item C of the Intervention-Individual Counseling and Clinical Consultation Competency Evaluation. The intern must receive a rating of 7 (End of Year Intern Level Trainee Achieved Competence) or greater on alpha item C of the Intervention-Individual Counseling and Clinical Consultation Competency Evaluation.

The intern must receive a rating of 5 (Mid-Year Intern Level Trainee Intermediate Competence) or greater on alpha item C of the Intervention-Group Competency Evaluation during the mid-year evaluation period. The intern must receive a rating of 7 (End of Year Intern Level Trainee

Achieved Competence) or greater on alpha item C of the Intervention-Group Competency Evaluation during the final end of year evaluation period.

**Element #4 / Alpha Item D:**

Demonstrate the ability to apply the relevant research literature to clinical decision making.

**Objective 1:**

Applies relevant research literature to conceptualize clinical work and demonstrates case management skills.

**Criterion Measures:**

- Engages in discussions regarding assessment, diagnosis, conceptualization, treatment planning, intervention, and clinical decision-making.
- Reviews current literature and completes experiential activities.
- Presents three case presentations related to diversity and multicultural considerations in therapy, emotions in psychotherapy, and trauma work.
- Provides digital recordings of client sessions to their supervisors.
- Forwards all clinical documentation to their supervisor.
- Incorporates supervisor's feedback in therapy sessions.
- Participates and contributes during seminars and supervision.
- Identifies and utilizes theories and professional literature relevant to individual therapy.
- Applies relevant research literature to conceptualize clinical work.
- Applies relevant research literature to determine appropriate intervention strategies.
- Demonstrates case management skills (e.g., making appropriate medical and psychiatric referrals, making appropriate decisions about hospitalization, demonstrating knowledge about psychiatric medication).
- Demonstrates a working knowledge of relevant group theories (e.g., Yalom and Linehan).
- Uses theory-informed interventions in group.
- Presents a formal case conference integrating scientific research into DSM-5 diagnosis, conceptualization, treatment goals, and treatment plans.
- Forwards clinical documentation to Director of Training for intern's electronic portfolio.

**Minimum level of achievement:**

The intern must receive a rating of 3 (Beginning Intern Level Trainee Emerging Competence) or greater on alpha item D of the Intervention-Individual Counseling and Clinical Consultation Competency Evaluation during the first quarter evaluation period. The intern must receive a rating of 5 (Mid-Year Intern Level Trainee Intermediate Competence) or greater on alpha item D of the Intervention-Individual Counseling and Clinical Consultation Competency Evaluation. The intern must receive a rating of 7 (End of Year Intern Level Trainee Achieved Competence) or greater on alpha item D of the Intervention-Individual Counseling and Clinical Consultation Competency Evaluation

The intern must receive a rating of 5 (Mid-Year Intern Level Trainee Intermediate Competence) or greater on alpha item D of the Intervention-Group Competency Evaluation during the mid-year evaluation period. The intern must receive a rating of 7 (End of Year Intern Level Trainee

Achieved Competence) or greater on alpha item D of the Intervention-Group Competency Evaluation during the final end of year evaluation period.

**Element #5 / Alpha Item E:**

Demonstrate the ability to modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.

**Objective 1:**

Demonstrates flexibility in adapting individual and group interventions.

**Criterion Measures:**

- Engages in discussions regarding assessment, diagnosis, conceptualization, treatment planning, intervention, and clinical decision-making.
- Reviews current literature and completes experiential activities.
- Presents three case presentations related to diversity and multicultural considerations in therapy, emotions in psychotherapy, and trauma work.
- Forwards all clinical documentation to their supervisor.
- Incorporates supervisor's feedback in therapy sessions.
- Participates and contributes during seminars and supervision to identify and utilize theories, and professional literature relevant to individual therapy.
- Demonstrates knowledge of CCAPS clinical scales.
- Interprets and integrates information from the CCAPS and SDS in conceptualization and treatment.
- Responds appropriately to challenges and conflict during group.
- Demonstrates flexibility in provision of group interventions.
- Presents a formal case conference integrating scientific research into DSM-5 diagnosis, conceptualization, treatment goals, and treatment plans.
- Forwards clinical documentation to Director of Training for intern's electronic portfolio.

**Minimum level of achievement:**

The intern must receive a rating of 3 (Beginning Intern Level Trainee Emerging Competence) or greater on alpha item E of the Intervention-Individual Counseling and Clinical Consultation Competency Evaluation during the first quarter evaluation period. The intern must receive a rating of 5 (Mid-Year Intern Level Trainee Intermediate Competence) or greater on alpha item E of the Intervention-Individual Counseling and Clinical Consultation Competency Evaluation. The intern must receive a rating of 7 (End of Year Intern Level Trainee Achieved Competence) or greater on alpha item E of the Intervention-Individual Counseling and Clinical Consultation Competency Evaluation

The intern must receive a rating of 5 (Mid-Year Intern Level Trainee Intermediate Competence) or greater on alpha item E of the Intervention-Group Competency Evaluation during the mid-year evaluation period. The intern must receive a rating of 7 (End of Year Intern Level Trainee Achieved Competence) or greater on alpha item E of the Intervention-Group Competency Evaluation during the end of year evaluation period.

**Element #6 / Alpha Item F:**

Demonstrate the ability to evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.

**Objective 1:**

Critically evaluates performance and adjusts interventions based on client response.

**Criterion Measures:**

- Engages in discussions regarding assessment, diagnosis, conceptualization, treatment planning, intervention, and clinical decision-making.
- Reviews current literature and completes experiential activities.
- Presents three case presentations related to diversity and multicultural considerations in therapy, emotions in psychotherapy, and trauma work.
- Forwards all clinical documentation to their supervisor.
- Incorporates supervisor's feedback in therapy sessions.
- Participates and contributes during seminars and supervision to identify and utilize theories, and professional literature relevant to individual therapy. Presents a formal case conference integrating scientific research into DSM-5 diagnosis, conceptualization, treatment goals, and treatment plans.
- Forwards clinical documentation to Director of Training for intern's electronic portfolio.

**Minimum level of achievement:**

The intern must receive a rating of 3 (Beginning Intern Level Trainee Emerging Competence) or greater on alpha item F of the Intervention-Individual Counseling and Clinical Consultation Competency Evaluation during the first quarter evaluation period. The intern must receive a rating of 5 (Mid-Year Intern Level Trainee Intermediate Competence) or greater on alpha item F of the Intervention-Individual Counseling and Clinical Consultation Competency Evaluation. The intern must receive a rating of 7 (End of Year Intern Level Trainee Achieved Competence) or greater on alpha item F of the Intervention-Individual Counseling and Clinical Consultation Competency Evaluation

The intern must receive a rating of 5 (Mid-Year Intern Level Trainee Intermediate Competence) or greater on alpha item F of the Intervention-Group Competency Evaluation during the mid-year evaluation period. The intern must receive a rating of 7 (End of Year Intern Level Trainee Achieved Competence) or greater on alpha item F of the Intervention-Group Competency Evaluation during the final end of year evaluation period.

**Method:**

Therapy Services Orientation provides didactic training and case examples. Seminar includes discussion and review of case examples that focus on assessment, conceptualization, and treatment planning using models of time-limited individual therapy. The seminar examines ways to demonstrate flexibility while providing evidence-based individual and group interventions.

Common Factors Orientation provides both didactic instruction and discussion on relevant literature of common factors. Emphasis is on effectiveness in psychological treatment and the intern incorporates common factors perspectives into other evidence-based interventions and during clinical decision-making.



Group therapy seminar provides case examples and facilitates discussions focusing on assessment, conceptualization, induction into group therapy, treatment planning, interventions, and clinical decision-making. Additionally, the first three weeks of Clinical and Professional Issues seminar focuses on didactic training and experiential activities to develop competence in group therapy. This includes an orientation to the center's group program, assessing the intern's current group skills, experience and goals, reviewing group therapy practice and relevant research, and preparing the intern for developing group co-facilitator relationships. Interns engage roleplays of group psychotherapy.

Clinical and Professional Issues seminar focuses on didactic training of aspects of clinical treatment and on application of the specific clinical treatment areas through the use of case presentations. The seminar allows for group discussions and ongoing feedback from intern peers and seminar facilitators. Discussions of current literature, models, and theory occur. Case examples relevant to the seminar topic, from facilitator and intern's caseloads, are presented and discussed. Focus is on assessment, diagnosis, conceptualization, treatment planning, intervention, and clinical decision-making.

The intern's primary and secondary individual therapy supervisors review digital recordings of the intern's individual therapy, provide feedback, and respond to intern's questions/observations of their own work. Supervisors review and sign all clinical paperwork. Supervision includes didactic training and feedback related to establishing therapeutic relationships. Supervisors also provide ongoing verbal feedback related to the intern's conceptualization, treatment planning, interventions, and clinical decision-making for each individual client.

The intern's group therapy supervisor reviews digital recordings or observes the group live, reviews all clinical paperwork and provides feedback on the intern's ability to establish therapeutic relationships with group members. Group supervisors provide ongoing verbal feedback on the intern's conceptualization, treatment planning, interventions, and clinical decision-making within group therapy.

## **VIII. Supervision**

**Interns are required to provide one semester of supervision in order to successfully complete internship.**

### **Element #1 / Alpha Item A:**

Demonstrate knowledge of supervision and practices.

#### **Objective 1:**

Demonstrates knowledge of scholarly literature of supervision theories, research, and methods.

#### **Criterion Measures:**

- Provides clinical supervision to a practicum student during the fall and spring semesters.
- Completes supervision case conferences.
- Provides digital recordings of supervisory sessions and trainee's client sessions.
- Demonstrates knowledge of scholarly literature of supervision theories, research, and methods.
- Conceptualizes supervisory work based on knowledge of supervision theories and professional literature.
- Articulates an accurate self-assessment of supervision competency, identifying both strengths and growth areas.
- Demonstrates knowledge of professional literature relevant to multiculturalism and diversity in clinical supervision.
- Demonstrates knowledge of professional literature relevant to the ethical and legal practice of supervision.

#### **Minimum level of achievement:**

The intern must receive a rating of 5 (Mid-Year Intern Level Trainee Intermediate Competence) or greater on alpha item A of the Supervision Competency Evaluation during the mid-year evaluation period. The intern must receive a rating of 7 (End of Year Intern Level Trainee Achieved Competence) or greater on alpha item A of the Supervision Competency Evaluation during the end of year evaluation period.

### **Element #2 / Alpha Item B:**

Applies knowledge of supervision models and practices in direct or simulated practice with psychology trainees or other health professionals.

#### **Objective 1:**

Develops a strong supervisory relationship that promotes supervisee's clinical development and client welfare.

#### **Criterion Measures:**

- Provides clinical supervision to a practicum student during the fall and spring semesters.
- Completes supervision case conferences.
- Provides digital recordings of supervisory sessions and trainee's client sessions.

- Applies research-informed supervision models and professional literature to understand and enhance the supervisee's clinical development.
- Develops a strong supervisory relationship that promotes supervisee's clinical development and client welfare.
- Selects and presents video that illustrate moments of challenge and success within the supervisory relationship.
- Assumes and navigates the appropriate use of power and authority in the supervisory relationship.

**Minimum level of achievement:**

The intern must receive a rating of 5 (Mid-Year Intern Level Trainee Intermediate Competence) or greater on alpha item B of the Supervision Competency Evaluation during the mid-year evaluation period. The intern must receive a rating of 7 (End of Year Intern Level Trainee Achieved Competence) or greater on alpha item B of the Supervision Competency Evaluation during the end of year evaluation period.

**Objective 2:**

Provides ongoing constructive, accurate, and specific feedback regarding supervisee's performance to supervisee, faculty, and other necessary parties.

**Criterion Measures:**

- Provides clinical supervision to a practicum student during the fall and spring semesters.
- Completes supervision case conferences.
- Completes a written mid-semester and end of the semester evaluation for their supervisee.
- Participates in a departmental meeting with faculty from their supervisee's academic department and provides verbal feedback to faculty members reviewing their supervisee's growth and development.
- Provides feedback on counter-therapeutic supervisee reactions and/or behaviors that influences client's treatment progress.
- Demonstrates a willingness to discuss issues relevant to supervisee's professional development beyond their clinical caseload.
- Provides constructive, accurate, and specific feedback regarding supervisee's performance to both supervisee, faculty, and other needed groups.

**Minimum level of achievement:**

The intern must receive a rating of 5 (Mid-Year Intern Level Trainee Intermediate Competence) or greater on alpha item B of the Supervision Competency Evaluation during the mid-year evaluation period. The intern must receive a rating of 7 (End of Year Intern Level Trainee Achieved Competence) or greater on alpha item B of the Supervision Competency Evaluation during the end of year evaluation period.

**Element #3 / Alpha Item C:**

Applies an understanding of ethical, legal, and contextual aspects of the supervisory relationship.

**Objective 1:**

Identifies and communicates roles and responsibilities of supervisor and supervisee related to training, accountability/liability, and client care.

**Criterion Measures:**

- Provides clinical supervision to a practicum student during the fall and spring semesters.
- Completes supervision case conferences.
- Provides digital recordings of supervisory sessions and trainee's client sessions.
- Develops collaborative goals for supervisee's development and addresses concerns related to clinical competencies in a timely manner.
- Completes supervisory responsibilities in a timely, accurate, and thorough manner (e.g., signing case notes, reviewing video, and provides formative and summative evaluation).
- Identifies and communicates roles and responsibilities of supervisor and supervisee related to training, accountability/liability, and client care.
- Provides emergency consultation or direct assistance to supervisee as needed.
- Provides accurate and specific oral and written feedback to the supervisee in a constructive manner.
- Demonstrates receptivity to feedback from the supervisee and adapt supervisory behavior in a manner that is sensitive and appropriate to feedback received and the unique needs of the supervisee.

**Minimum level of achievement:**

The intern must receive a rating of 5 (Mid-Year Intern Level Trainee Intermediate Competence) or greater on alpha item C of the Supervision Competency Evaluation during the mid-year evaluation period. The intern must receive a rating of 7 (End of Year Intern Level Trainee Achieved Competence) or greater on alpha item C of the Supervision Competency Evaluation during the end of year evaluation period.

**Method:**

Supervision of Supervision seminar provides didactic training and reading assignments related to supervision models and practices to facilitate development and competency of the intern as a clinical supervisor. Topics include definitions and models of supervision, supervisory roles, tape review, evaluation, ethical and legal considerations, diversity and multicultural considerations, and various supervisory examples interns may encounter. Seminar leaders facilitate discussions related to supervisory models and constructs based on research and theory. Seminar leaders provide training to incorporate scholarly literature into the practice of supervision. Seminar facilitators provide on-going feedback during discussions and specific feedback regarding case conceptualizations.

The seminar transitions from theoretical to applied learning and provides a forum for interns to present supervision tapes through case presentations, discuss the supervisory relationship, address concerns related to the supervisory process, and receive feedback from seminar leaders and peers. This seminar focuses on how to promote discussion, give guidance, and provide constructive feedback to supervisees. The intern learns from their own experiences, the experiences of their peers, and by providing and receiving ongoing feedback. Seminar facilitators lead discussions of the intern's supervision, reviewing digital recordings of supervisory sessions,

review the trainee's client sessions, and review the intern's written evaluations of their supervisee. Facilitators provide ongoing feedback and provide additional readings.

During seminar, the intern provides case presentations and regularly shows video. Seminar includes ongoing discussions of all facets of the intern's supervisory process, including review of digital recordings of supervisory sessions and of the trainee's clinical work. Consultation occurs during every seminar and interns are expected to voice any ethical and legal issues. The intern completes supervisory responsibilities in a timely, accurate, and thorough manner that is reflective of the ethical and legal obligations expected of the profession. Supervision facilitators provide ongoing feedback on ethical, legal, and contextual issues related to the supervisory relationship and provide additional readings.

## **IX. Consultation and Interprofessional/Interdisciplinary Skills**

### **Element #1 / Alpha Item A:**

Demonstrate knowledge and respect for the roles and perspectives of other professions.

#### **Objective 1:**

Demonstrates awareness of the distinct professional cultures and other professions involved in client care.

#### **Criterion Measures:**

- Participates in staff meetings with staff psychiatrists to coordinate care.
- Participates in continuing education seminars and integrates knowledge into clinical practice.
- Consults with medical providers when engaging in MED COD services.
- Identifies, reflects upon, and responds to issues of power, privilege, diversity, and oppression when providing consultation and outreach activities.
- Demonstrates awareness of the various levels of education and training as well as the distinct professional cultures or other professions involved in client care.
- Accounts for cultural factors in consultation interventions.
- Completes a program evaluation project with a campus organization.
- Demonstrates knowledge of the process of outreach, consultation, community intervention, social justice advocacy and evaluation through their participation in the program evaluation project.
- Forwards self assessment narrative to Director of Training for intern's electronic portfolio.

#### **Minimum level of achievement:**

The intern must receive a rating of 5 (Mid-Year Intern Level Trainee Intermediate Competence) or greater on alpha item A of the Consultation and Interprofessional/Interdisciplinary Skills Competency Evaluation during the mid-year evaluation period. The intern must receive a rating of 7 (End of Year Intern Level Trainee Achieved Competence) or greater on alpha item A of the Consultation and Interprofessional/Interdisciplinary Skills Competency Evaluation during the end of year evaluation period.

### **Element #2 / Alpha Item B:**

Demonstrate knowledge of consultation models and practices.

#### **Objective 1:**

Demonstrates knowledge of consultation models and practices in an interdisciplinary setting within a university community.

#### **Criterion Measures:**

- Demonstrates knowledge of consultation models and practices in both an interdisciplinary health setting and within a university community.
- Demonstrates knowledge of how to work effectively with diverse individuals and groups as related to consultation and interprofessional/interdisciplinary skills.
- Completes a program evaluation project with a campus organization.

- Demonstrates their knowledge of the process of outreach, consultation, community intervention, social justice advocacy and evaluation through their participation in the program evaluation project.
- Forwards self assessment narrative to Director of Training for intern's electronic portfolio.

**Minimum level of achievement:**

The intern must receive a rating of 5 (Mid-Year Intern Level Trainee Intermediate Competence) or greater on alpha item B of the Consultation and Interprofessional/Interdisciplinary Skills Competency Evaluation during the mid-year evaluation period. The intern must receive a rating of 7 (End of Year Intern Level Trainee Achieved Competence) or greater on alpha item B of the Consultation and Interprofessional/Interdisciplinary Skills Competency Evaluation during the end of year evaluation period.

**Element #3 / Alpha Item C:**

Apply this knowledge in direct or simulated consultation with individuals and their families, other healthcare professionals, interprofessional groups, or systems.

**Objective 1:**

Consult and collaborate appropriately with other professionals regarding client care, decision-making, and treatment planning.

**Criterion Measures:**

- Consults appropriately with medical, psychiatric, and other healthcare professionals regarding client care.
- Collaborates with other professionals in clinical decision-making and treatment planning.
- Documents clear and useful written summaries of consultation and clinical interactions in a timely manner.
- Understands the roles of other professionals by making appropriate referrals (e.g., psychiatric care, disability support services, medical care, registered dietitian, advocates, other university support services).
- Provides effective consultation and outreach to University Housing staff.
- Recognizes and responds to legal and ethical considerations of consultation and outreach.
- Forwards self assessment narrative and any sample materials from community intervention (e.g., RA training materials, educational materials, workshop outlines, handouts, power point, and website updates) to Director of Training for intern's electronic portfolio.

**Minimum level of achievement:**

The intern must receive a rating of 5 (Mid-Year Intern Level Trainee Intermediate Competence) or greater on alpha item C of the Consultation and Interprofessional/Interdisciplinary Skills Competency Evaluation during the mid-year evaluation period. The intern must receive a rating of 7 (End of Year Intern Level Trainee Achieved Competence) or greater on alpha item C of the Consultation and Interprofessional/Interdisciplinary Skills Competency Evaluation during the end of year evaluation period.

**Method:**

The intern actively participates in the biweekly staff meeting with CAPS staff and staff psychiatrists to coordinate care by discussing DSM-5 diagnoses, medications, and general clinical impressions. The intern actively participates in Student Health Services (SHS) continuing education seminars. The intern consults with medical providers and Wellness and Health Promotion Services' staff to coordinate clinical care and outreach services.

The intern receives training to provide Counselor-on-Duty coverage in the Medical Clinic (COD MED). The intern learns to provide assessment, consultation, triage, and crisis counseling services while working collaboratively with medical staff. The Chief Psychologist, clinical supervisors, and the QAUR Review Team provides ongoing feedback to the intern on the quality of their COD MED reports and makes specific suggestions for improvement.

The Community Intervention supports intern training and skill development in the areas of outreach, collaboration, and consultation at SIUC CAPS. Seminar leaders provide readings and facilitate group discussions on the process of providing outreach, consultation, and community intervention as they pertain to issues of mental health, diversity and social justice advocacy. The intern learns about approaches to provide psychological outreach, consultation, and community intervention. Emphasis is on developing collaborative working relationships with other university professionals to address mental health, diversity and social justice advocacy that are relevant to the university community. Interns discuss their working relationships with University Housing staff, applying theoretical knowledge to the experiential process of providing community intervention. The intern demonstrates awareness of diversity and social justice as they pertain to all aspects of providing outreach, consultation, and community intervention services.



## AREAS OF CONCENTRATION

The Southern Illinois University at Carbondale (SIUC) Internship Training Program strives to create a training experience which prepares each intern to function effectively as a generalist within the field of psychology. Each intern is expected to meet a minimum of an advanced intermediate level of competence by the end-of-year evaluation period in the following competency areas: Research, Ethical and Legal Standards, Individual and Cultural Diversity, Professional Values and Attitudes, Communication and Interpersonal Skills, Assessment, Intervention, Supervision, and Consultation and Interprofessional/Interdisciplinary Skills. The Program recognizes that each intern enters the internship with differing training needs and interests, so the areas of concentration are created as a means for each intern to design a training experience that meets their own professional needs and interests.

Prior to the start of each semester, the Director of Training meets with the interns to discuss their semester contracts. The intern has three hours per semester to contract toward an area of concentration. The intern and Director of Training modify the intern's contract each semester to reflect the intern's area of concentration. The intern's competency in each area of concentration is evaluated using the intervention evaluation specific to the area of concentration at the first quarter evaluation period. After the first quarter evaluation, areas of concentration will be reevaluated. Interns may continue with their areas of concentration, modify their involvement with certain areas of concentration, or change to different areas of concentration in consultation with training staff.

The intern's competency in each area of concentration will also be evaluated at the mid-year and end-of-year evaluation periods. The supervisor of the area of concentration evaluates and comments on the intern's performance in both the first quarter, mid-year, and end-of-year evaluations.

## **Areas of Concentration**

1. Dialectical Behavior Therapy (DBT) Program
  - One to three interns can participate
  - The intern commits to this area of concentration for a full year
  
2. Eating Disorder Outpatient Therapy Program (EDOP)
  - One to three interns can participate
  - The intern commits to this area of concentration for a full year
  
3. Relationship / Couples Therapy
  - One to three interns can participate
  - The intern commits to this area of concentration for a full year
  
4. Alcohol and Other Drug Program
  - One to three interns can participate
  - The intern commits to this area of concentration for a full year
  
5. Interdisciplinary Health Care
  - One to three interns can participate
  - The intern commits to this area of concentration for a full year

## Area of Concentration

### Dialectical Behavior Therapy (DBT) Program

Interns have an opportunity to work with clients who would benefit from the DBT Program. Therapy work is provided through individual counseling and the option to facilitate the DBT Skills group. Interns do not need to have prior knowledge of DBT, but they do need to have an interest in working with trauma, impulse control disorders, and clients with personality disorder characteristics. Supervision of DBT clients takes place during already scheduled individual supervision hours and in a weekly (30 minute) group supervision with the group co-facilitator.

**Number of Interns:** One to three interns can participate

**Time Commitments:** Full year commitment

**Learning Objectives:** Intern(s) selected for the DBT area of concentration:

- Demonstrate proficiency in assessing, identifying, and appropriately referring clients to the DBT program.
- Demonstrate knowledge of relevant treatment models and evidence-based practice for clients referred for DBT.
- Utilize knowledge of relevant treatment models and evidence-based practice to inform treatment.
- Demonstrate effective clinical skills in providing DBT treatment.
- Work as a team with other providers in coordinating DBT treatment.
- Lead the check-in portion of the DBT group effectively.
- Teach skills during lecture portion of DBT group effectively.

**Duties:**

- The intern may co-facilitate the DBT Skills Group.
- The intern sees one to four clients for individual therapy who participate in the DBT skills group or are being prepared for the skills group.
- The intern attends the weekly DBT Consultation Team meetings.
- The intern reads books and articles pertinent to DBT therapy and other relevant clinical issues.
- The intern attends weekly group supervision (30 minute) with the group co-facilitator if co-facilitating the DBT Skills Group.

#### DBT Required Readings

Linehan, M. (2015) *DBT skills training handouts and worksheets*. New York: The Guilford Press.

Linehan, M. (2015). *DBT skills training manual* (2nd ed.). New York, NY, US: Guilford Press.

### DBT Supplemental Readings

- Bedics, J.D., Atkins, D.C., & Harned, M.S. (2015). The therapeutic alliance as a predictor of outcome in dialectical behavioral therapy versus non-behavioral psychotherapy by experts for borderline personality disorder. *Psychotherapy, 52*(1), 67-77.
- Linehan, M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. New York: Guilford Press.
- Linehan, M., Korslund, K., Harned, M.S., Gallop, R.J., Lungu, A., Neacsiu, A.D...Murray-Gregory, A.M. (2015). Dialectical behavioral therapy for high suicide risk in individuals with borderline personality disorder: A randomized clinical trial and component analysis. *JAMA Psychiatry, 72*(5), 475-482.
- McCauley, E., Berk, M.S., Asarnow, J.R., Adrian, M., Cohen, J., Korslund, K...Linehan, M. (2018). Efficacy of dialectical behavioral therapy for adolescents at high risk for suicide: A randomized clinical trial. *JAMA Psychiatry, 75*(8), 777-785.
- Warlick, C.A., Nelson, J., Krieshok, T.S., & Frey, B.B. (2018). A call for hope: The mutually beneficial integration of positive psychology and dialectical behavior therapy. *Psychological Science Special Issue: Emerging Topics in Positive Psychology and Well-Being, 4*(3), 314-322.
- Washburn, M., Rubin, A., & Zou, S. (2018). Benchmarks for outpatient dialectical behavioral therapy in adults with borderline personality disorder. *Research on Social Work Practice, 28*(8), 895-906.

### DBT Supplemental Videos

#### DBT I

<http://www.bing.com/videos/search?q=DBT+Training+Marsha+Linehan&&view=detail&mid=D62DE1636F4D94A5B1D4D62DE1636F4D94A5B1D4&rvsmid=D62DE1636F4D94A5B1D4D62DE1636F4D94A5B1D4>

#### DBT II

<http://www.bing.com/videos/search?q=DBT+Training+Marsha+Linehan&&view=detail&mid=58EF44EA8C8631A26049&rvsmid=D62DE1636F4D94A5B1D4D62DE1636F4D94A5B1D4>

#### DBTIII

<http://www.bing.com/videos/search?q=DBT+Training+Marsha+Linehan&&view=detail&mid=CB6E9DF7563CC094DD1ACB6E9DF7563CC094DD1A&rvsmid=D62DE1636F4D94A5B1D4D62DE1636F4D94A5B1D4>

#### DBT IV

<http://www.bing.com/videos/search?q=DBT+Training+Marsha+Linehan&&view=detail&mid=68613F7DC49655187549&rvsmid=D62DE1636F4D94A5B1D4D62DE1636F4D94A5B1D4&FORM=VDQVAP&fsscr=0>

#### DBT V

<http://www.bing.com/videos/search?q=DBT+Training+Marsha+Linehan&&view=detail&mid=DD4CA191AAFC180B856FDD4CA191AAFC180B856F&rvsmid=D62DE1636F4D94A5B1D4D62DE1636F4D94A5B1D4>

Marsha Linehan: Balancing Acceptance and Change: DBT and the Future of Skills Training  
<https://www.youtube.com/watch?v=JMUK0TBWASc>

## Area of Concentration

### Eating Disorders

The Area of Concentration in Eating Disorders gives the intern the opportunity to learn more about individuals who meet full diagnostic criteria for an eating disorder, who present with sub-clinical disordered eating symptoms, and/or who are at risk for developing an eating disorder. This learning occurs through working with individual and group clients who present with disordered eating and/or meet criteria for an eating disorder. Interns attend weekly meetings as part of the Eating Disorders Outpatient Program (EDOP). These meetings alternate between a multidisciplinary staffing meeting, in which treatment for individuals is coordinated amongst a physician, nurse, dietician, and psychologists and meetings with the coordinator of the EDOP. As part of the multidisciplinary team meetings, interns are exposed to the medical and nutritional aspects of eating disorders, address conceptualization issues, and discuss treatment planning. The bi-weekly meetings with the coordinator allow interns to read and discuss relevant research and treatment literature on eating disorders, and to assess application and relevance to their clinical cases. Interns work with the Coordinator of the EDOP as well as with their individual supervisors for supervision in this area.

**Number of Interns:** One to three interns can participate

**Time Commitment:** Full year commitment

#### **Learning Objectives:**

Intern(s) selected for the EDOP area of concentration:

- Demonstrate proficiency in assessing, identifying, and appropriately referring clients to EDOP program.
- Demonstrate knowledge of relevant treatment models and evidence-based practice for clients referred to EDOP.
- Utilize knowledge of relevant treatment models and evidence-based practice to inform treatment.
- Demonstrate effective clinical skills in providing EDOP treatment.
- Work effectively with a team of multidisciplinary professionals in coordinating EDOP treatment.
- Communicate relevant client history and symptoms to multidisciplinary professionals to coordinate and improve treatment for clients with eating disorders.

#### **Duties:**

- The intern attends weekly EDOP team meetings.
- The intern carries one or more individual clients who present with disordered eating and/or an eating disorder on their caseload.
- The intern may develop a program for early intervention for those individuals at risk of developing an eating disorder.
- The intern may facilitate a didactic group for individuals with food issues/body image concerns.

- The intern reviews relevant literature as assigned (see EDOP Readings below) and participates in group discussions.

### EDOP Readings

- Ålgars, M., Alanko, K., Santtila, P., Sandnabba, N.K. (2012). Disordered eating and gender identity disorder: A qualitative study. *Eating Disorders*, 20 (4), 300-311.  
<http://dx.doi.org/10.1080/10640266.2012.668482>.
- Capodilupo, C.M., & Kim, S. (2014). Gender and race matter: The importance of considering intersections in Black women's body image. *Journal of Counseling Psychology*, 61(1), 37e49. <http://dx.doi.org/10.1037/a0034597>.
- Diemer, E.W., Grant, J.D., Munn-Chernoff, M.A., Patterson, D.A., & Duncan, A.A. (2015). Gender identity, sexual orientation, and eating-related pathology in a national sample of college students. *Journal of Adolescent Health*, 57, 144–149.
- Donaldson, A.A., Hall, A., Neukirch, J., Kasper, V., Simones, S., Gagnon, S. ...Forcier, M. (2018). Multidisciplinary care considerations for gender nonconforming adolescents with eating disorders: A case series. *International Journal of Eating Disorders*, 51, 475-479.
- Forsén Mantilla, E., Bergsten, K., & Birgegård, A. (2014). Self-image and eating disorder symptoms in normal and clinical adolescents. *Eating Behaviors*, 15(1), 125–131.  
<https://doi-org.proxy.lib.siu.edu/10.1016/j.eatbeh.2013.11.008>
- Graham, A. K., Trockel, M., Weisman, H., Fitzsimmons- Craft, E. E., Balantekin, K. N., Wilfley, D. E., & Taylor, C. B. (2018). A screening tool for detecting eating disorder risk and diagnostic symptoms among college-age women. *Journal of American College Health*, DOI: 10.1080/07448481.2018.1483936
- Grilo, C.M., & Mitchell, J.E. (2010). *The Treatment of Eating Disorders: A Clinical Handbook*. New York, New York: Guilford Press.
- Jones M, Kass AE, Trockel M, Glass AI, Wilfley DE, Taylor CB. (2014). A population-wide screening and tailored intervention platform for eating disorders on college campuses: The healthy body image program. *Journal of American College Health*, 62(5) (351–356).  
<http://dx.doi.org/10.1080/07448481.2014.901330>. [PubMed: 24621000]
- Maine, M., Davis, W.N. & Shure, J. (2009). *Effective Clinical Practice in the Treatment of Eating Disorders: The Heart of the Matter*. New York, New York: Routledge.
- Maine, M., Hartman-McGilley, B. & Bunnell, D. W. (2010). *Treatment of Eating Disorders: Bridging the Research-Practice Gap*. London, England: Elsevier.
- Mann, A. P., Accurso, E. C., Stiles-Shields, C., Capra, Labuschagne, L. Z., Karnik, N. S., Le Grange, D. (2014). Factors associated with substance use in adolescents with eating disorders. *Journal of Adolescent Health*, 55(2) (2014), pp. 182-187.

- Pinto-Gouveia, J., Ferreira, C., & Duarte, C. (2014). Thinness in the pursuit for social safeness: An integrative model of social rank mentality to explain eating psychopathology. *Clinical Psychology & Psychotherapy*, 21(2), 154-165. <http://doi.org/10.1002/cpp.1820>
- Smink, F. R. E., van Hoeken, D., & Hoek, H. W. (2012). Epidemiology of eating disorders: Incidence, prevalence and mortality rates. *Current Psychiatry Reports*, 14(4), 406–414. <http://doi.org/10.1007/s11920-012-0282-y>
- Stice E., Telch C. F., Rizvi S. L. (2000). Development and validation of the Eating Disorder Diagnostic Scale: A brief self-report measure of anorexia, bulimia, and binge- eating disorder. *Psychological Assessment*, 12(3), 252–331. doi:10.1037/1040-3590.12.2.123.
- Wilfley, D. E., Agras, W. S., & Taylor, C. B. (2013). Reducing the burden of eating disorders: A model for population-based prevention and treatment for university and college campuses. *International Journal of Eating Disorders*, 46(5), 529–532. <https://doi-org.proxy.lib.siu.edu/10.1002/eat.22117>



## **Area of Concentration**

### **Relationship/Couples Therapy**

Interns provide 1-3 hours per week of couples therapy or therapy with individual clients for whom relationship issues are a focus. Based on prior training and experience in couples work, interns provide couples therapy with a senior staff co-therapist, an intern co-therapist, or see the couple by themselves. Individual clients with relational issues are assigned to the intern's individual caseload. Training for this area of concentration includes weekly supervision and readings from relationship/couple's supervisor.

**Number of interns:** One to three interns can participate

**Time Commitment:** Full year commitment

#### **Learning Objectives:**

Intern(s) selected for the Relationship/Couples area of concentration:

- Demonstrate proficiency in assessing, identifying, and appropriately referring clients to couples treatment program.
- Demonstrate knowledge of relevant treatment models and evidence-based practice for couples.
- Utilize knowledge of relevant treatment models and evidence-based practice to inform treatment.
- Demonstrate effective clinical skills in providing couples treatment.
- Work with other providers in coordinating couples treatment.

#### **Duties:**

- The intern sees additional clients beyond the number in the standard contract for the semester.
- The intern co-facilitates couples intake appointments.
- The intern co-facilitates couples therapy.
- The intern completes readings as assigned by couple's supervisor (see Relationship/Couples Required Readings below).

### Relationship/Couples Readings

- Adair, K.C., Boulton, A.J., & Algoe, S.B. (2018). [The Effect of Mindfulness on Relationship Satisfaction via Perceived Responsiveness: Findings from a Dyadic Study of Heterosexual Romantic Partners.](#) *Mindfulness*, 9(2), 597-609.
- Atkinson, B., Atkinson, L., Kutz, P., et al. (2005). Rewiring neural states in couples' therapy: Advances from affective neuroscience. *Journal of Systemic Therapies*, 24(4), 3-16.
- Bonache, H., Gonzalez-Mendez, R., & Krahé, B. (2019). Adult attachment styles, destructive conflict resolution, and the experience of intimate partner violence. *Journal of Interpersonal Violence*, 34(2), 287-309.
- Friedlander, M.L., Escudero, V., Welmers-van de Poll, M.J., Heatherington, L. (2018). Meta-analysis of the alliance–outcome relation in couple and family therapy. *Psychotherapy*, Vol 55(4), 356-371.
- Greenberg, L. S., & Goldman, R. N. (2008). *Emotion-focused couples therapy*. Washington, DC: American Psychological Association.
- Gottman, J. M., & Silver, N. (1999). *The seven principles for making marriage work*. New York: Three Rivers Press.
- Gottman, J. S., Gottman, J. M. (2015). *10 principles for doing effective couples therapy*. New York: Norton.
- Johnson, S.M., & Greenberg, L.S. (1985). Differential effects of experiential and problem-solving interventions in resolving marital conflict. *Journal of Consulting and Clinical Psychology*, 53(2), 175-184.
- Lorenzo, J. M., Barry, R.A., & Khalifian, C.E. (2018). More or less: Newlyweds' preferred and received social support, affect and relationship satisfaction. *Journal of Family Psychology*, 32(7), 860-872.
- Parnell, K.J., & Hammer, J.H. (2018). [Deciding on couple therapy: The role of masculinity in relationship help-seeking.](#) *Psychology of Men & Masculinity*, 19(2), 212-222.
- Wachtel, E. F. (2017). *The heart of couple therapy*. New York: Guilford.

## **Area of Concentration**

### **Alcohol and Other Drug Program**

The area of Concentration in Alcohol and Other Drug (AOD) gives the intern the opportunity to learn more about individuals who meet criteria for a substance use disorder or who are at risk for developing substance use disorders. Learning occurs through working with individual and/or group clients who meet criteria for substance use disorders as well as individuals who display substance use behaviors which impact their life functioning. Interns acquire ongoing instruction and application of AOD diagnostics and evaluation and receive instruction in the use of Motivational Interviewing for brief substance use interventions, and working with mandated clients. Interns attend weekly AOD consultation team meetings as part of the AOD program. Team meetings are used to discuss individual cases, review treatment plans, diagnosis and examine concepts such as recovery management, cravings management, harm reduction, treatment paradigms, and evidenced-informed practices regarding substance use disorders. Interns work with the Coordinators of AOD program as well as with their individual supervisors for supervision in this area.

**Number of interns:** One to three interns can participate

**Time Commitment:** The intern commits to this area of concentration for a full year

#### **Learning Objectives:**

Intern(s) selected for the AOD area of concentration:

- Demonstrate proficiency in assessing, identifying, and appropriately referring clients to AOD program.
- Demonstrate knowledge of relevant treatment models and evidence-based practice for clients referred to AOD.
- Utilize knowledge of relevant treatment models and evidence-based practice to inform treatment.
- Demonstrate effective clinical skills in providing AOD treatment.
- Work effectively with a team of other providers in coordinating AOD treatment.

#### **Duties:**

- The intern attends weekly AOD Consultation Team meetings.
- The intern carries one to four clients presenting with substance use issues on their caseload.
- The intern reviews relevant literature as assigned (see AOD Readings below) and participates in group discussions.
- The intern may work with Wellness and Health Promotion Services regarding substance use prevention and intervention programming.
- The intern may facilitate or co-facilitate a group related to substance use issues.
- The intern receives didactic instruction on Motivational Interviewing, effective substance use disorder (SUD) clinical interventions, basic introduction to psychopharmacology, introduction to medication-assisted treatment, referral, overview of co-morbidity, and SUD assessment.

- The intern participates in experiential activities to facilitate integration of theoretical concepts into clinical practice.

### **AOD Readings**

Advokat, C. D., Comaty, J. E., & Robert M. Julien, P. (2018). *Julien's Primer of Drug Action*. Macmillan Higher Education.

Davis, P., Patton, R., & Jackson, S. (2018). *Addiction: Psychology and Treatment*. Hoboken, NJ: John Wiley & Sons Ltd.

Kinney, J. (2014). *Loosening the Grip: A Handbook of Alcohol Information*. New York, NY: McGraw-Hill Higher Education.

Kopetz, C. E., & Lejuez, C. W. (2015). *Addictions: A Social Psychological Perspective*. London, England: Routledge.

Kramer Schmidt, L., Andersen, K., Nielsen, A. S., & Moyers, T. B. (2019). Lessons learned from measuring fidelity with the Motivational Interviewing Treatment Integrity code (MITI 4). *Journal of Substance Abuse Treatment*, 97, 59-67.

Miller, W. R., & Rollnick, S. (2012). *Motivational Interviewing, Third Edition: Helping People Change*. New York, NY: Guilford Press.

U.S. Department of Health and Human Services. Substance Abuse and Mental Health Services Administration (2013). *TIP 42: in clinical sessions Substance Abuse Treatment for Persons with Co-occurring Disorders*.

## **Area of Concentration**

### **Interdisciplinary Health Care**

The Area of Concentration in Interdisciplinary Health Care (IHC) is designed to give the intern the opportunity to gain additional experience with health service psychology in an integrated health care setting. This competency area provides interns with an opportunity to gain knowledge and experience on how psychological science and practice intersects with other healthcare disciplines. Interns work with the Coordinator of the IHC and with their individual supervisors for supervision in this area.

**Number of interns:** All interns can participate

**Time Commitment:** The intern commits to this area of concentration for a full year

#### **Learning Objectives:**

Intern(s) selected for the Interdisciplinary Health Care area of concentration:

- Collaborate appropriately with other healthcare professionals.
- Work effectively with a team of other providers in coordinating mental health treatment.
- Communicate relevant client history and symptoms to multidisciplinary professionals to coordinate care and improve treatment outcomes.
- Utilize knowledge of relevant treatment models and evidence-based practice to inform and guide any educational presentation to Student Health Services' staff.
- Demonstrate effective presentation skills when presenting to an audience of interdisciplinary healthcare professionals.

#### **Duties:**

- Engage in medical clinic "shadowing" with medical health care providers as directed.
- Attend medical consultation and provider staff meetings and participate in the meetings with relevant agenda items related to relationship building and enhanced medical integration practices.
- Provide a minimum of one workshop for all SHS staff on a health-related topic.
- Collaborate with Counseling and Psychological Services (CAPS) at University Housing satellite office to offer health-related community intervention.
- Receive didactic instruction on biopsychosocial model and psychology in health care settings (models, research, EBP's, ethics, interprofessional collaboration, and diversity/multiculturalism).
- Read and engage in interactive discussion of relevant research and literature in the field as assigned (see IHC Readings below).
- Participate in experiential activities to facilitate integration of theoretical concepts into clinical practice.
- Intern may have additional opportunities to co-lead a group related to a health population (i.e., diabetes, chronic pain, obesity, etc.).
- Intern may collaborate with other appropriate SHS medical providers (i.e., physician, nutritionist, etc.) for health-related educational seminars or presentations.

- Intern may have additional opportunities to collaborate and coordinate with Wellness Health Education and Promotion staff.

### IHC Readings

- American College Health Association (2015, October). ACHA guidelines, recommendations, and white papers: *Trans-inclusive college health programs*. Retrieved from [http://acha.org/documents/Resources/Guidelines/Trans-Inclusive\\_College\\_Health\\_Programs.pdf](http://acha.org/documents/Resources/Guidelines/Trans-Inclusive_College_Health_Programs.pdf)
- American Psychological Association, Center for Psychology and Health (2016). *Psychology and health in action*. Retrieved from <http://www.apa.org/health/fall-2016-updates.pdf>
- American Psychological Association, Division 38, Society for Health Psychology (2019). Integrated primary care psychology. Integrated primary care: *An integrated curriculum*. Retrieved from <https://societyforhealthpsychology.org/training/integrated-primary-care-psychology/>
- American Psychological Association, Division 38, Society for Health Psychology (2019). Resources. *Student Resources*. Retrieved from <https://societyforhealthpsychology.org/resources/student-resources/>
- American Psychological Association, Center for Psychology and Health (2019). *Psychologists in integrated care*. Retrieved from <https://www.apa.org/health/psychologists-integrated-care.aspx>
- American Sexual Health Association (2019). *Talking with patients about sexual health*. Retrieved from <http://www.ashasexualhealth.org/>
- Ard, K.L., & Makadon, H.J. (2012). *Improving the health care of lesbian, gay, bisexual and transgender (LGBT) people: Understanding and eliminating health disparities*. Boston: The National LGBT Health Education Center.
- Ard, K. L., (2016). *Understanding the health needs of LGBT people*. Boston: The National LGBT Health Education Center.
- Association of Reproductive Health Professionals (2019). Resources. Retrieved from <https://arhp.org/reproductive-health-topics>
- Bonvicini, K. A. (2017). LGBT health disparities: What progress have we made? *Patient Education and Counseling*, 100(12), 2357-2361.
- Byne, W. (2015). LGBT health equity: Steps toward progress and challenges ahead. *LGBT Health*, 2(3), 193-195.
- Borrell-Carrió, F., Suchman, A. L., & Epstein, R. M. (2004). The biopsychosocial model 25 years later: Principles, practice, and scientific inquiry. *Annals of family medicine*, 2(6), 576-82.

- Chawla, J. (2018, Sep 11). Medscape. *Insomnia*. Retrieved from <https://emedicine.medscape.com/article/1187829-overview>
- Engel, G.L. (1978). The biopsychosocial model and the education of health professionals. *Annals of the New York academy of sciences*, 310(1), 169-181.
- Grant, J. M., Mottet, L. A., Tanis, J., Herman, J. L., Harrison, J., & Keisling, M. (2011). *Injustice at every turn: A report of the national transgender discrimination survey*. Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force. Retrieved from the task force.org
- Hunter, C.L, Goodie, J.L., Oordt, M.S, and Dobmeyer, A.C. (2016). *Integrated behavioral health in primary care: Step-by-step guidance for assessment and intervention*. Washington DC: American Psychological Association.
- Kaiser Family Foundation (2016). *Disparities in health and health care: Five key questions and answers*. Retrieved from <http://kff.org/disparities-policy/issue-brief/disparities-in-health-and-health-care-five-key-questions-and-answers/>
- Lubit, R. H. (2015, Jan. 28). Medscape. *Sleep disorders*. Retrieved from <https://emedicine.medscape.com/article/287104-overview>
- National LGBT Health Education Center. (2016, March). *Providing inclusive services and care for LGBT people: A guide for health care staff*. Retrieved from <https://www.lgbthealtheducation.org/wp-content/uploads/Providing-Inclusive-Services-and-Care-for-LGBT-People.pdf>
- Robinson, P.J. and Reiter, J. T. (2016). *Behavioral consultation and primary care: A guide to integrating services*. Switzerland: Springer International Publishing; 2<sup>nd</sup> edition
- Soreff, S. (2016, Oct 20). Medscape. *How much do you know about sleep disorders?* Retrieved from <https://reference.medscape.com/viewarticle/870520>
- U.S. Department of Health and Human Services. Substance Abuse and Mental Health Services Administration. (2019). Center for integrated health solutions. SAMHSA-HRSA Essential Elements of Effective Integrated Primary and Behavioral Healthcare Teams. Quick start guide to behavioral health integration. Retrieved from <https://www.integration.samhsa.gov/resource/quick-start-guide-to-behavioral-health-integration>
- Whitlock, E.P., Orleans, C.T., Pender, N., and Allan, J. A. (2002). Evaluating primary care behavioral counseling interventions: An evidence based approach. *American Journal of Preventive Medicine*, 22(4), 267-284.
- Yasgur, B.S. (2018, Dec 13). *Insomnia, other sleep problems rising in college students*. Medscape. Retrieved from <https://www.medscape.com/viewarticle/906560>

1	2	3	4	5	6	7	8	9
<b>Early Stages Doctoral Trainee (1<sup>st</sup>-3<sup>rd</sup> year)</b>  <b>Limited Competence</b>		<b>Beginning Intern Level Trainee</b>  <b>Emerging Competence</b>		<b>Mid-Year Intern Level Trainee</b>  <b>Intermediate Competence</b>		<b>End of Year Intern Level Trainee</b>  <b>Achieved Competence</b>		<b>Post-Doctoral Licensed Psychologist</b>  <b>Recognized Expertise</b>

### Description of Competency Evaluations

The criteria utilized to evaluate doctoral interns are expressed in terms of Profession-Wide Competencies developed by APA for practice in Health Service Psychology, as well as program specific areas of concentration selected by interns based on their training interests, goals, and experiences. Policies regarding the evaluative process and evaluation timelines are outlined in Chapter 5 of the Intern Training Manual.

**N/E- Not enough information obtained to provide an evaluation of competency at this time.**

**1-2: Limited Competence:** Lacks awareness, knowledge, behaviors, and skills in most essential areas of responsibility and requires specific improvements in order to develop competence at the level required for entry to internship. Intern demonstrates a fluctuation in performance based on the situation and requires significant and close supervision and monitoring of basic tasks. **An intern receiving this rating on any alpha item will require a remediation plan.**

**3-4: Emerging Competence:** Expected level of competency during the first quarter of internship. Intern demonstrates some foundational awareness, knowledge, behaviors, and skills, however, they are still emerging. Intern does not consistently meet expectations in one or more essential areas of responsibility. Demonstrates marginal competency in carrying out basic tasks and requires substantial guidance, oversight, and close monitoring through supervision. **An intern receiving this rating on any alpha item at the mid-year evaluation or later will require a remediation plan.**

**5-6: Intermediate Competence:** Expected level of competency during the mid-year of internship. Intern effectively demonstrates awareness, knowledge, behaviors, and skills related to completing basic tasks while continuing to benefit from training and ongoing supervision. Consistently meets expectations and actively works to enhance competency. Intern demonstrates cognitive flexibility and performance is consistent across situations. **An intern receiving this rating during the mid-year evaluation period is on track to successfully complete internship.**

**7-8: Achieved Competence:** Expected level of competency at the end of the internship year. Intern occasionally and spontaneously demonstrates advanced awareness, knowledge, behaviors,



and skills and meets expectations in all essential areas of responsibility. Intern demonstrates increased independence and displays broad and general preparation for entry level independent practice and licensure. **An intern receiving this rating during the final evaluation period will successfully complete internship and demonstrates readiness for an entry-level position in health service psychology.**

**9: Recognized Expertise:** Exceeds what is required for an end of year intern. Expected level of competency for a post-doctoral licensed psychologist in health service psychology. Intern consistently demonstrates advanced awareness, knowledge, behaviors, and skills and demonstrates mastery. Competence far exceeds expectations; intern can teach or role model skills. **An intern receiving this rating during the final evaluation period requires no guidance or oversight and performs at the level expected for a post-doctoral licensed psychologist in health service psychology.**

## Southern Illinois University Counseling and Psychological Services Evaluation of Intern Performance

### I. Research

Intern: [Click or tap here to enter text.](#)

Supervisor: [Click or tap here to enter text.](#)

Performance Period: [Choose an item.](#)

N/E = Not enough information to evaluate

### Developmental Scale of Competency Ratings

1	2	3	4	5	6	7	8	9
Early Stages Doctoral Trainee (1 <sup>st</sup> -3 <sup>rd</sup> year)		Beginning Intern Level Trainee		Mid-Year Intern Level Trainee		End of Year Intern Level Trainee		Post-Doctoral Licensed Psychologist
Limited Competence		Emerging Competence		Intermediate Competence		Achieved Competence		Recognized Expertise

**Mode:** Direct Observation     Group Supervision     Review of Raw Test Data   
 Video Review     Seminar Participation     Case Consultation   
 Case Presentations     Individual Supervision     Co-Therapy   
 Review Written Work/  
 Clinical Records     Other

- A. **Demonstrate the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g. case conference, presentation, and publications) at the local (including the host institution), regional, or national level.**

	Intern Rating	Supervisor Rating
	N/E	N/E
1. Compiles and disseminates scientific research to illustrate best practices during intern case presentations.	N/E	N/E
2. Demonstrates a complex understanding of clinical research related to theoretical approaches and therapeutic interventions.	N/E	N/E
3. Integrates research in case conceptualization and intervention implementation during intern case presentation.	N/E	N/E
4. Discusses relevant theoretical and evidence-based approaches during intern case presentations.	N/E	N/E

- |   |     |     |
|---|-----|-----|
| 5. Independently integrates conceptual models and other community intervention seminar information when conducting community intervention (e.g., consultation, outreach, program evaluation project). | N/E | N/E |
| 6. Critically evaluates and uses current research to provide evidence based outreach, consultation, and program evaluation project.   | N/E | N/E |

**B. Demonstrates the substantially independent ability to formulate research or other scholarly activities (e.g. critical literature reviews, dissertation, efficacy studies, clinical case studies, theoretical papers, program evaluation projects) that are of sufficient quality and rigor to have the potential to contribute to the scientific, psychological, or professional knowledge base.**

- |  |     |     |
|--|-----|-----|
| 1. Synthesizes and presents scholarly research of best practices related to intern's program evaluation project to a professional group/organization (e.g., CAPS, SHS, etc.).                                  | N/E | N/E |
| 2. Demonstrates ability to independently design research based consultation and community intervention services/activities.  | N/E | N/E |
| 3. Identifies and develops appropriate and measurable learning objectives utilizing a needs assessment with a designed population.   | N/E | N/E |
| 4. Develops appropriate evaluations that accurately assess effectiveness of a consultation or community intervention program activity and uses results to guide future consultation or community intervention. | N/E | N/E |
| 5. Demonstrates engagement in creating and disseminating scholarly research (e.g., dissertation, professional conferences, or other research activities).  | N/E | N/E |

**C. Demonstrates the ability to incorporate research to inform clinical and supervisory expertise and practices.**

- |  |     |     |
|--|-----|-----|
| 1. Demonstrates the ability to incorporate relevant theoretical and evidence-based approaches with clinical supervisors and supervisees.                     | N/E | N/E |
| 2. Integrates data from multiple sources (e.g., SDS, objective assessment, CCAPS, etc.) to inform treatment planning.  | N/E | N/E |
| 3. Integrates clinical research to inform case conceptualization, treatment planning, and treatment goals.   | N/E | N/E |
| 4. Recommends and incorporates scholarly literature and research to supervisees to inform clinical treatment.  | N/E | N/E |
| 5. Integrates appropriate research and utilizes research supported tools and techniques to inform crisis intervention, risk assessment, and safety planning. | N/E | N/E |

**Comments:**

Signature of Intern \_\_\_\_\_

Date Click or tap to enter a date.

Signature of Supervisor \_\_\_\_\_

Date Click or tap to enter a date.

Signature of Supervisor \_\_\_\_\_

Date Click or tap to enter a date.

## Southern Illinois University Counseling and Psychological Services Evaluation of Intern Performance

### II. Ethical and Legal Standards

Intern: [Click or tap here to enter text.](#)

Supervisor: [Click or tap here to enter text.](#)

Performance Period: [Choose an item.](#)

N/E = Not enough information to evaluate

### Developmental Scale of Competency Ratings

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>
<b>Early Stages Doctoral Trainee (1<sup>st</sup>-3<sup>rd</sup> year)</b>		<b>Beginning Intern Level Trainee</b>		<b>Mid-Year Intern Level Trainee</b>		<b>End of Year Intern Level Trainee</b>		<b>Post-Doctoral Licensed Psychologist</b>
<b>Limited Competence</b>		<b>Emerging Competence</b>		<b>Intermediate Competence</b>		<b>Achieved Competence</b>		<b>Recognized Expertise</b>

**Mode:** Direct Observation       Group Supervision       Review of Raw Test Data   
 Video Review       Seminar Participation       Case Consultation   
 Case Presentations       Individual Supervision       Co-Therapy   
 Review Written Work/  
 Clinical Records       Other

- A. Be knowledgeable of and act in accordance with each of the following: the current version of the APA Ethical Principles of Psychologists and Code of Conduct; relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional and federal levels; and relevant professional standards and guidelines.**

	<b>Intern Rating</b>	<b>Supervisor Rating</b>
	N/E	N/E
1. Demonstrates behavior that is consistent with APA Ethical Principles of Psychologists and Code of Conduct.	N/E	N/E
2. Demonstrates behavior that is consistent with General Guidelines for Providers of Psychological Services.	N/E	N/E
3. Demonstrates behavior that is consistent with Illinois' mental health statutes.	N/E	N/E
4. Demonstrates knowledge of relevant legal issues, including child and elder abuse reporting, the Illinois Domestic Violence Act, confidentiality, and informed consent.	N/E	N/E

- |  |   |     |     |
|--|---|-----|-----|
| 5.   | Understands the criteria for involuntary hospitalization and consults with supervisor on pertinent ethical/legal issues.  | N/E | N/E |
| 6.   | Demonstrates working knowledge of agency, state, and federal guidelines and recommendations concerning Title IX.  | N/E | N/E |
| 7.   | Maintains documentation and record keeping that are consistent with agency, state, federal and professional guidelines.   | N/E | N/E |
| <b>B. Recognizes ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve dilemmas.</b> |   |     |     |
|  |   | N/E | N/E |
| 1.   | Demonstrates ethical behavior and does not exploit person over whom they have supervisory, evaluative, or other authority such as clients, students, supervisees, or research participants.   | N/E | N/E |
| 2.   | Demonstrates knowledge of the implications of the Tarasoff decision on duty to warn and the effects of this decision on clinical work.  | N/E | N/E |
| 3.   | Identifies and discusses potential ethical implications/dilemmas within clinical work.  | N/E | N/E |
| 4.   | Discusses and utilizes ethical decision making models in supervision, staff meetings, and/or presentations to resolve ethical conflicts/dilemmas.   | N/E | N/E |
| 5.   | Consults according to agency policy and procedures when handling crises in urgent clinical situations and in situations requiring additional expertise or knowledge.  | N/E | N/E |
| 6.   | Demonstrates awareness of how personal issues could negatively impact clinical work.  | N/E | N/E |
| <b>C. Conduct self in an ethical manner in all professional activities.</b>  |   |     |     |
|  |   | N/E | N/E |
| 1.   | Demonstrates ethical behavior when conducting consultation and interprofessional/interdisciplinary skills.  | N/E | N/E |
| 2.   | Demonstrates ethical behavior when representing SIU and/or CAPS.  | N/E | N/E |
| 3.   | Demonstrates an understanding of how personal conduct outside of the agency could impact professional and agency reputation.  | N/E | N/E |
| 4.   | Demonstrates awareness of how ethical and legal issues are impacted by cultural, individual, and role differences (e.g., age, gender, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, socioeconomic status). | N/E | N/E |

**Comments:**

Signature of Intern \_\_\_\_\_

**Date** Click or tap to enter a date.

Signature of Supervisor \_\_\_\_\_

**Date** Click or tap to enter a date.

Signature of Supervisor \_\_\_\_\_

**Date** Click or tap to enter a date.

## Southern Illinois University Counseling and Psychological Services Evaluation of Intern Performance

### III. Individual and Cultural Diversity

Intern: [Click or tap here to enter text.](#)

Supervisor: [Click or tap here to enter text.](#)

Performance Period: [Choose an item.](#)

N/E = Not enough information to evaluate

### Developmental Scale of Competency Ratings

1	2	3	4	5	6	7	8	9
Early Stages Doctoral Trainee (1 <sup>st</sup> -3 <sup>rd</sup> year)		Beginning Intern Level Trainee		Mid-Year Intern Level Trainee		End of Year Intern Level Trainee		Post-Doctoral Licensed Psychologist
Limited Competence		Emerging Competence		Intermediate Competence		Achieved Competence		Recognized Expertise

**Mode:** Direct Observation     Group Supervision     Review of Raw Test Data   
 Video Review     Seminar Participation     Case Consultation   
 Case Presentations     Individual Supervision     Co-Therapy   
 Review Written Work/  
 Clinical Records     Other

- A. Demonstrate an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.**

	Intern Rating	Supervisor Rating
	N/E	N/E
1. Identifies and addresses professional and personal growth related to personal/cultural history, attitudes, and biases within the self-assessment narrative and supervision.	N/E	N/E
2. Demonstrates an understanding of the impact of worldview and cultural identity on client treatment and care.	N/E	N/E
3. Demonstrates respect for the beliefs and values of those who are different from oneself.	N/E	N/E
4. Actively engages in activities that facilitates self-exploration (e.g., individual and cultural diversity seminar, consultation, and community intervention).	N/E	N/E



- B. Demonstrate 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.** N/E N/E
1. References and utilizes current literature as it relates to clinical assessment. N/E N/E
  2. References and utilizes current literature as it relates to case conceptualization and treatment intervention. N/E N/E
  3. References and utilizes current literature as it relates to outreach, consultation and community intervention. N/E N/E
  4. References and utilizes current literature as it relates to the provision of supervision. N/E N/E
- C. Demonstrate 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 to 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.** N/E N/E
1. Applies a framework for working effectively with individual and cultural diversity across professional roles and functions. N/E N/E
  2. Demonstrates the ability to work effectively with individuals whose group memberships, demographic characteristics, and/or worldviews are in conflict with one's own views. N/E N/E
  3. Uses inclusive language to appropriately acknowledge cultural aspects of communication. N/E N/E
- D. Demonstrate the requisite knowledge base, ability to articulate an approach to working effectively with diverse individual and groups, and apply this approach effectively in their professional work.** N/E N/E
1. Accurately identifies and applies models of multicultural competence to consultation, outreach and community intervention. N/E N/E
  2. Accurately identifies and applies models of multicultural competence to clinical work. N/E N/E
  3. Accurately identifies and applies models of multicultural competence to the provision of supervision. N/E N/E
  4. Accurately identifies and applies models of multicultural competence to assessment. N/E N/E

**E. Demonstrates an ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.**

	N/E	N/E
1. Applies knowledge and approaches for working effectively with a range of diverse individuals and groups in internship roles, responsibilities, and activities related to research.	N/E	N/E
2. Applies knowledge and approaches for working effectively with a range of diverse individuals and groups in internship roles, responsibilities, and activities related to legal and ethical standards.	N/E	N/E
3. Applies knowledge and approaches for working effectively with a range of diverse individuals and groups in internship roles, responsibilities, and activities related to professional values and attitudes.	N/E	N/E
4. Applies knowledge and approaches for working effectively with a range of diverse individuals and groups in internship roles, responsibilities, and activities related to communication and interpersonal skills.	N/E	N/E
5. Applies knowledge and approaches for working effectively with a range of diverse individuals and groups in internship roles, responsibilities, and activities to assessment.	N/E	N/E
6. Applies knowledge and approaches for working effectively with a range of diverse individuals and groups in internship roles, responsibilities, and activities to intervention.	N/E	N/E
7. Applies knowledge and approaches for working effectively with a range of diverse individuals and groups in internship roles, responsibilities, and activities to supervision.	N/E	N/E
8. Applies knowledge and approaches for working effectively with a range of diverse individuals and groups in internship roles, responsibilities, and activities related to consultation and interprofessional/interdisciplinary skills.	N/E	N/E

**Comments:**

Signature of Intern \_\_\_\_\_

Date Click or tap to enter a date.

Signature of Supervisor \_\_\_\_\_

Date Click or tap to enter a date.

## Southern Illinois University Counseling and Psychological Services Evaluation of Intern Performance

### IV. Professional Values and Attitudes

Intern: [Click or tap here to enter text.](#)

Supervisor: [Click or tap here to enter text.](#)

Performance Period: [Choose an item.](#)

N/E = Not enough information to evaluate

### Developmental Scale of Competency Ratings

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>
<b>Early Stages Doctoral Trainee (1<sup>st</sup>-3<sup>rd</sup> year)</b>		<b>Beginning Intern Level Trainee</b>		<b>Mid-Year Intern Level Trainee</b>		<b>End of Year Intern Level Trainee</b>		<b>Post-Doctoral Licensed Psychologist</b>
<b>Limited Competence</b>		<b>Emerging Competence</b>		<b>Intermediate Competence</b>		<b>Achieved Competence</b>		<b>Recognized Expertise</b>

**Mode:** Direct Observation       Group Supervision       Review of Raw Test Data   
 Video Review       Seminar Participation       Case Consultation   
 Case Presentations       Individual Supervision       Co-Therapy   
 Review Written Work/  
 Clinical Records       Other

**A. 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.**

	Intern Rating	Supervisor Rating
	N/E	N/E
1. Demonstrates behavior that reflects values of integrity, accountability, lifelong learning, and concern for the welfare of others.	N/E	N/E
2. Demonstrates respect for the individual rights, personal dignity, and worth of all clients.	N/E	N/E
3. Follows CAPS, Student Health Services (SHS), and university policies and procedures.	N/E	N/E
4. Demonstrates professional demeanor, deportment, and communication with clients, university staff, and students.	N/E	N/E
5. Accepts responsibility for personal actions (e.g., meeting deadlines, maintaining clinical records, meeting QAUR standards, acknowledging errors).	N/E	N/E

**B. Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.**

N/E N/E

1. Formulates, discusses, and works towards goals in supervision based on an accurate assessment of one's own current developmental needs and communicates these clearly to supervisor(s).  
N/E N/E
2. Demonstrates ability to engage in self-exploration in order to identify strengths and areas of growth.  
N/E N/E
3. Uses self-supervision to independently select relevant clinical samples that are reflective of strengths and growth areas.  
N/E N/E

**C. Actively seek and demonstrate openness and responsiveness to feedback and supervision.**

N/E N/E

1. Listens to and incorporates supervisor's feedback about conceptualization and treatment plans.  
N/E N/E
2. Demonstrates openness and responsiveness to feedback from supervisors and peers in a non-defensive manner.  
N/E N/E
3. Demonstrates maturity, respect, and sensitivity to potential areas of conflict in intra-agency and interagency relationships.  
N/E N/E
4. Demonstrates ability to balance agency needs with personal needs.  
N/E N/E
5. Demonstrates alertness to adjustment problems or emotional responses that may interfere with professional functioning.  
N/E N/E
6. Arrives on time and is prepared for appointments and meetings (e.g., clients, supervision, seminars etc.).  
N/E N/E
7. Actively participates and contributes in training experiences, fostering growth in professional identity and behavior.  
N/E N/E
8. Effectively and independently manages a caseload of clients and community intervention opportunities sufficient to meet direct service contact requirements.  
N/E N/E

**D. Respond professionally in increasingly complex situations with greater degree of independence as they progress across levels of training.**

N/E N/E

1. Cooperates effectively with staff and demonstrates willingness to assume additional responsibility in response to agency and professional training needs.  
N/E N/E
2. Demonstrates ability to manage and negotiate complex multiple roles (e.g., clinician, consultant, supervisee, staff member, supervisor, etc.).  
N/E N/E

- 3. Demonstrates increasing autonomy in management of crisis interventions and other higher-risk clinical situations. N/E N/E

**Comments:**

Signature of Intern \_\_\_\_\_

**Date** Click or tap to enter a date.

Signature of Supervisor \_\_\_\_\_

**Date** Click or tap to enter a date.

## Southern Illinois University Counseling and Psychological Services Evaluation of Intern Performance

### V. Communication and Interpersonal Skills

Intern: [Click or tap here to enter text.](#)

Supervisor: [Click or tap here to enter text.](#)

Performance Period: [Choose an item.](#)

N/E = Not enough information to evaluate

### Developmental Scale of Competency Ratings

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>
<b>Early Stages Doctoral Trainee (1<sup>st</sup>-3<sup>rd</sup> year)</b>	<b>Beginning Intern Level Trainee</b>		<b>Mid-Year Intern Level Trainee</b>			<b>End of Year Intern Level Trainee</b>		<b>Post-Doctoral Licensed Psychologist</b>
<b>Limited Competence</b>	<b>Emerging Competence</b>		<b>Intermediate Competence</b>			<b>Achieved Competence</b>		<b>Recognized Expertise</b>

**Mode:** Direct Observation     Group Supervision     Review of Raw Test Data   
 Video Review     Seminar Participation     Case Consultation   
 Case Presentations     Individual Supervision     Co-Therapy   
 Review Written Work/  
 Clinical Records     Other

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

	<b>Intern Rating</b>	<b>Supervisor Rating</b>
1. Conveys respect for the individual rights, personal dignity, and worth of all clients.	N/E	N/E
2. Forms effective therapeutic working alliance with clients.	N/E	N/E
3. Demonstrates ability to be open and collaborative in the supervisory relationship when in the supervisee role.	N/E	N/E
4. Demonstrates ability to be open and collaborative in the supervisory relationship when in the supervisor role.	N/E	N/E
5. Openly receives feedback about their clinical work, and professional behavior, and demonstrates changes based on feedback.	N/E	N/E
6. Develops and maintains collegial and professional relationships with CAPS senior staff.		

	N/E	N/E
7. Develops and maintains collegial and professional relationships with CAPS support staff.	N/E	N/E
8. Develops and maintains collegial and professional relationships with other interns in their cohort.	N/E	N/E
9. Develops and maintains collegial and professional relationships with Student Health Services staff.	N/E	N/E
10. Demonstrates awareness and sensitivity to multicultural aspects of communication.	N/E	N/E
<b>B. Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.</b>	N/E	N/E
1. Uses a level of vocabulary and language appropriate for the client.	N/E	N/E
2. Appropriately and clearly uses professional terms and concepts during case consultation, clinical reports, and case presentations.	N/E	N/E
3. Demonstrates competent interviewing skills as reflected by clear and useful intake and other relevant documentation.	N/E	N/E
4. Communicates clear and accurate conclusions based on intake data, including diagnostic impressions, and suggestions to treatment.	N/E	N/E
5. Draws reasonable conclusions regarding conceptualization based on contextual issues such as culture, diversity, and life experiences.	N/E	N/E
6. Produces clinical documentation that is clearly written and without chronic or significant errors.	N/E	N/E
7. Communicates clearly and effectively with Chief Psychologist and supervisors regarding any clients of special urgency or concern.	N/E	N/E
8. Recognizes, monitors, and takes responsibility for appropriate and inclusive written and verbal communication.	N/E	N/E
<b>C. Demonstrate effective interpersonal skills and the ability to manage difficult communication well.</b>	N/E	N/E
1. Accurately assesses and openly communicates with supervisor about limitations, areas of inexperience, and difficult/challenging aspects of clinical practice.	N/E	N/E
2. Demonstrates ability to provide feedback and initiate difficult dialogue with clients.	N/E	N/E

- |    |  |     |     |
|----|--|-----|-----|
| 3. | Demonstrates ability to provide feedback and initiate difficult dialogue with supervisees.   | N/E | N/E |
| 4. | Demonstrates ability to provide feedback and initiate difficult dialogue with supervisors.   | N/E | N/E |
| 5. | Uses supervision to explore and appropriately respond to counter-therapeutic reactions and/or behaviors that may be impacting client progress. | N/E | N/E |
| 6. | Demonstrates a willingness and ability to discuss biases, prejudices, and stereotypes within training activities.                              | N/E | N/E |
| 7. | Accepts, evaluates, and implements feedback from others nondefensively.  | N/E | N/E |
| 8. | Acknowledges own role in difficult interactions and demonstrates active problem solving skills.  | N/E | N/E |
| 9. | Demonstrates ability to effectively resolve disagreements with peers, colleagues, supervisors, or other professionals.                         | N/E | N/E |

**Comments:**

Signature of Intern \_\_\_\_\_

Date Click or tap to enter a date.

Signature of Supervisor \_\_\_\_\_

Date Click or tap to enter a date.





1. Demonstrates evidence of Family of Origin factors in diagnostic formulations and treatment planning.
 

	N/E	N/E
--	-----	-----
2. Demonstrates evidence of cultural identities and multicultural variables in diagnostic formulations and treatment planning.
 

	N/E	N/E
--	-----	-----
3. Demonstrates evidence of contextual factors (i.e., social, societal, political, academic, legal, socioeconomic status, employment) in diagnostic formulations and treatment planning.
 

	N/E	N/E
--	-----	-----
- C. Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.**

	N/E	N/E
--	-----	-----

  1. Balances and applies client context with empirically supported measures and diagnostic systems.
 

	N/E	N/E
--	-----	-----
  2. Articulates strengths, weaknesses, and limitations in diagnostic systems (e.g., multicultural factors, psychometric properties, administration considerations).
 

	N/E	N/E
--	-----	-----
  3. Discusses and integrates diagnostic impressions, functional/dysfunctional behavior, and social and cultural context into conceptualization and treatment planning within clinical supervision.
 

	N/E	N/E
--	-----	-----
- D. 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.**

	N/E	N/E
--	-----	-----

  1. Effectively selects and applies available and relevant assessment measures to address reasons for referral.
 

	N/E	N/E
--	-----	-----
  2. Collects and applies data from CCAPS, SDS, and clinical interview during initial assessment to identify initial treatment goals.
 

	N/E	N/E
--	-----	-----
  3. Accurately administers and scores assessment measures.
 

	N/E	N/E
--	-----	-----
  4. Chooses assessments most appropriate to account for relevant multicultural variables (e.g., race/ethnicity, language, ability status).
 

	N/E	N/E
--	-----	-----
- E. Interpret assessment results, following current research, professional standards, and guidelines, to inform case conceptualization, classification, and recommendations; guard against decision-making biases; and distinguish the aspects of assessment that are subjective from those that are objective.**

	N/E	N/E
--	-----	-----

  1. Accurately interprets/integrates data from CCAPS, SDS, and clinical interviews during initial assessment to provide appropriate clinical recommendations.
 

	N/E	N/E
--	-----	-----
  2. Provides recommendations regarding treatment modalities, extensions, and referrals to supervisors and the treatment review committee.
 

	N/E	N/E
--	-----	-----

- |  |  |     |     |
|--|--|-----|-----|
| 3.   | Demonstrates ability to interpret and integrate assessment results based on current research and professional standards.             | N/E | N/E |
| 4.   | Demonstrates understanding of typical errors and biases that may distort test results and interpretation.                            | N/E | N/E |
| 5.   | Demonstrates understanding of the proper applications and limitations of interpretive data.  | N/E | N/E |
| 6.   | Accounts for and carefully considers relevant diversity variables when interpreting assessment results.                              | N/E | N/E |
| <b>F. Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner that is sensitive to a range of audiences.</b> |  |     |     |
|  |  | N/E | N/E |
| 1.   | Provides written reports that are clear and meaningful while addressing the referral question(s).                                    | N/E | N/E |
| 2.   | Conveys the test results and recommendations to the client in an understandable manner while adequately addressing client questions. | N/E | N/E |
| 3.   | Provides support for diagnostic formulations, implications, and recommendations during case conceptualizations and presentations.    | N/E | N/E |

**Comments:**

Signature of Intern \_\_\_\_\_

Date Click or tap to enter a date.

Signature of Supervisor \_\_\_\_\_

Date Click or tap to enter a date.

## Southern Illinois University Counseling and Psychological Services Evaluation of Intern Performance

### VII. Intervention-Group Therapy

Intern: [Click or tap here to enter text.](#)

Supervisor: [Click or tap here to enter text.](#)

Performance Period: [Choose an item.](#)

N/E = Not enough information to evaluate

### Developmental Scale of Competency Ratings

1	2	3	4	5	6	7	8	9
Early Stages Doctoral Trainee (1 <sup>st</sup> -3 <sup>rd</sup> year)		Beginning Intern Level Trainee		Mid-Year Intern Level Trainee		End of Year Intern Level Trainee		Post-Doctoral Licensed Psychologist
Limited Competence		Emerging Competence		Intermediate Competence		Achieved Competence		Recognized Expertise

**Mode:** Direct Observation     Group Supervision     Review of Raw Test Data   
 Video Review     Seminar Participation     Case Consultation   
 Case Presentations     Individual Supervision     Co-Therapy   
 Review Written Work/  
 Clinical Records     Other

**A. Demonstrates the ability to establish and maintain effective relationships with the recipients of psychological services.**

	Intern Rating	Supervisor Rating
	N/E	N/E
1. Establishes an effective therapeutic alliance with diverse group members.	N/E	N/E
2. Communicates effectively using a level of vocabulary and language appropriate for the group.	N/E	N/E
3. Recognizes and promotes appropriate group norms to build a climate of trust and safety.	N/E	N/E
4. Recognizes and appropriately addresses counter-therapeutic reactions during group.	N/E	N/E
5. Demonstrates an awareness of and attentiveness to nonverbal communication.	N/E	N/E

- |           |   |     |     |
|-----------|---|-----|-----|
| 6.        | Intervenes effectively to block counterproductive behavior in the group (e.g., scapegoating, verbal aggression, over-intellectualizing).  | N/E | N/E |
| 7.        | Models appropriate group behavior (e.g., constructive feedback, clear communication, a balance of challenge and support).   | N/E | N/E |
| <b>B.</b> | <b>Demonstrates the ability to develop evidence-based intervention plans specific to the service delivery goals.</b>  | N/E | N/E |
| 1.        | Evaluates client motivation and determines appropriateness of group counseling.   | N/E | N/E |
| 2.        | Demonstrates an appropriate theoretical orientation and rationale for clinical interventions.   | N/E | N/E |
| 3.        | Establishes and effectively maintains clear group rules (e.g., session limits, absences, confidentiality, scheduling).  | N/E | N/E |
| 4.        | Clarifies goals with group members that are specific and realistic in the present group setting and time frame.   | N/E | N/E |
| 5.        | Facilitates discussion regarding which skills are effective in addressing specific problems.  | N/E | N/E |
| <b>C.</b> | <b>Demonstrates the ability to implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.</b> | N/E | N/E |
| 1.        | Manages intense affect in group effectively.  | N/E | N/E |
| 2.        | Works cooperatively and effectively with co-leader.   | N/E | N/E |
| 3.        | Demonstrates appropriate process and/or skill based group interventions.  | N/E | N/E |
| 4.        | Demonstrates awareness of sensitivity to cultural dynamics in group process.  | N/E | N/E |
| 5.        | Uses the following interventions effectively (process group only):  |     |     |
|           | a. Facilitates group cohesion   | N/E | N/E |
|           | b. Working in the Here-and-Now  | N/E | N/E |
|           | c. Confrontation  | N/E | N/E |
|           | d. Facilitates interaction among group members  | N/E | N/E |
|           | e. Maintains appropriate boundaries among group members   | N/E | N/E |
| 6.        | Uses the following interventions effectively (skills group only):   |     |     |
|           | a. Conveys skills in multiple ways  | N/E | N/E |
|           | b. Uses appropriate examples to highlight use of skills.  | N/E | N/E |
|           | c. Reviews homework effectively.  | N/E | N/E |
|           | d. Effectively manages client disclosures.  | N/E | N/E |

**D. Demonstrate the ability to apply the relevant research literature to clinical decision making.**

N/E N/E

1. Demonstrates a working knowledge of relevant group theories (e.g., Yalom, Linehan).  
N/E N/E

2. Uses theory-informed interventions in group. N/E N/E

**E. Demonstrate the ability to modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.**

N/E N/E

1. Responds appropriately to challenges and conflict in group. N/E N/E

2. Demonstrates flexibility in group interventions. N/E N/E

**F. Demonstrate the ability to evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.**

N/E N/E

1. Incorporates supervisor's feedback about conceptualization and plans for intervention.  
N/E N/E

2. Evaluates group dynamics and progress regularly and reviews or modifies treatment when indicated.  
N/E N/E

**Comments:**

Signature of Intern \_\_\_\_\_

Date Click or tap to enter a date.

Signature of Supervisor \_\_\_\_\_

Date Click or tap to enter a date.

## Southern Illinois University Counseling and Psychological Services Evaluation of Intern Performance

### VII. Intervention-Individual Counseling and Clinical Consultation

Intern: [Click or tap here to enter text.](#)

Supervisor: [Click or tap here to enter text.](#)

Performance Period: [Choose an item.](#)

N/E = Not enough information to evaluate

### Developmental Scale of Competency Ratings

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>
<b>Early Stages Doctoral Trainee (1<sup>st</sup>-3<sup>rd</sup> year)</b>		<b>Beginning Intern Level Trainee</b>		<b>Mid-Year Intern Level Trainee</b>		<b>End of Year Intern Level Trainee</b>		<b>Post-Doctoral Licensed Psychologist</b>
<b>Limited Competence</b>		<b>Emerging Competence</b>		<b>Intermediate Competence</b>		<b>Achieved Competence</b>		<b>Recognized Expertise</b>

**Mode:** Direct Observation       Group Supervision       Review of Raw Test Data   
 Video Review       Seminar Participation       Case Consultation   
 Review Written Work/  
 Clinical Records       Individual Supervision       Co-Therapy   
 Case Presentation       Other

**A. Demonstrates ability to establish and maintain effective relationships with the recipients of psychological services.**

	<b>Intern Rating</b> N/E	<b>Supervisor Rating</b> N/E
1. Demonstrates ability to establish an effective therapeutic alliance with a wide variety of diverse clientele.	N/E	N/E
2. Communicates effectively about confidentiality, informed consent, and other client concerns related to the parameters of the therapy process.	N/E	N/E
3. Increases understanding of the client through the use of personal reactions to the client.	N/E	N/E
4. Recognizes and appropriately addresses counter-therapeutic reactions in the therapeutic alliance.	N/E	N/E
5. Demonstrates sensitivity to nonverbal communication.	N/E	N/E

- |  |  |     |     |
|--|--|-----|-----|
| 6.   | Demonstrates comfort and skill in working with diverse clients while understanding and accepting individual differences.   | N/E | N/E |
| 7.   | Demonstrates willingness and ability to discuss client-therapist differences.  | N/E | N/E |
| <b>B. Demonstrates ability to develop evidence-based intervention plans specific to the service delivery goals.</b>  |  |     |     |
|  |  | N/E | N/E |
| 1.   | Conceptualizes cases and formulates treatment plans utilizing consistent, appropriate theoretical approaches, and incorporating evidence-based practice with a cultural context. | N/E | N/E |
| 2.   | Utilizes theories and models to develop individualized treatment plans.  |     |     |
| 3.   | Evaluates client in early phases of therapy, and collaboratively establishes a treatment plan appropriate for the intended length of treatment.                                  | N/E | N/E |
| 4.   | Reviews therapy goals and outcomes regularly and modifies treatment plan as needed.  | N/E | N/E |
| 5.   | Develops treatment plans and selects appropriate interventions to achieve short-term therapy goals.  | N/E | N/E |
| 6.   | Develops treatment plans and selects appropriate interventions to achieve long-term therapy goals.   | N/E | N/E |
| <b>C. Demonstrates the ability to implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.</b> |  |     |     |
|  |  | N/E | N/E |
| 1.   | Selects and delivers appropriate interventions based on presenting concerns, empirical literature, and contextual factors.   | N/E | N/E |
| 2.   | Competently manages caseload of individual clients who present with varying levels of severity, presenting concerns, and symptoms.   | N/E | N/E |
| 3.   | Communicates effectively and clearly to maintain ground rules around session limits, absences, and scheduling.   | N/E | N/E |
| 4.   | Uses the following interventions effectively:  |     |     |
|  | f. Facilitates exploration of client thought processes/belief systems.   | N/E | N/E |
|  | g. Facilitates effective exploration/expression  | N/E | N/E |
|  | h. Probing/gathering of information  | N/E | N/E |
|  | i. Silent listening  | N/E | N/E |
|  | j. Education   | N/E | N/E |
|  | k. Confrontation   | N/E | N/E |
|  | l. Immediacy/process comments  | N/E | N/E |
|  | m. Interpretation  | N/E | N/E |
|  | n. Summarization   | N/E | N/E |



- |   |     |     |
|---|-----|-----|
| 5. Implements time-limited approaches to therapy by setting appropriate goals, maintaining the focal issue, and using time as a therapeutic tool.   | N/E | N/E |
| 6. Manages intense client affect effectively.   | N/E | N/E |
| 7. Identifies and focuses on critical incidents in therapy.   | N/E | N/E |
| 8. Demonstrates an awareness of how multicultural considerations may impact therapy.  | N/E | N/E |
| 9. Demonstrates an awareness of how multicultural considerations might interact with other life problems.   | N/E | N/E |
| 10. Demonstrates openness to discussing how multicultural considerations relate to clinical work.   | N/E | N/E |
| <b>D. Demonstrate the ability to apply the relevant research literature to clinical decision making.</b>  |     |     |
|   | N/E | N/E |
| 1. Participates and contributes during seminars and supervision to identify / utilize theories, and professional literature relevant to individual therapy.   | N/E | N/E |
| 2. Applies relevant research-based literature to conceptualize clinical work.   | N/E | N/E |
| 3. Applies relevant research-based literature to determine appropriate intervention strategies.   | N/E | N/E |
| 4. Demonstrates case management skills (e.g., making appropriate medical and psychiatric referrals, making appropriate decisions about hospitalization, demonstrating knowledge about psychiatric medications). | N/E | N/E |
| <b>E. Demonstrate the ability to effectively modify and adapt evidence-based approaches when a clear evidence-base is lacking.</b>  |     |     |
|   | N/E | N/E |
| 1. Demonstrates knowledge of CCAPS clinical scales.   | N/E | N/E |
| 2. Interprets and integrates information from the CCAPS and SDS in conceptualization and treatment planning.  | N/E | N/E |
| <b>F. Demonstrate the ability to evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.</b>  |     |     |
|   | N/E | N/E |
| 1. Critically evaluates own performance and seeks supervision/consultation as needed.   | N/E | N/E |
| 2. Evaluates client's growth and progress regularly and reviews or modifies treatment plan when indicated.  | N/E | N/E |
| 3. Adjusts interventions during sessions based on client's response.  | N/E | N/E |

**Comments:**

Signature of Intern \_\_\_\_\_

**Date** Click or tap to enter a date.

Signature of Supervisor \_\_\_\_\_

**Date** Click or tap to enter a date.

Signature of Supervisor \_\_\_\_\_

**Date** Click or tap to enter a date.

## Southern Illinois University Counseling and Psychological Services Evaluation of Intern Performance

### VIII. Supervision

Intern: [Click or tap here to enter text.](#)

Supervisor: [Click or tap here to enter text.](#)

Performance Period: [Choose an item.](#)

N/E = Not enough information to evaluate

### Developmental Scale of Competency Ratings

1	2	3	4	5	6	7	8	9
<b>Early Stages Doctoral Trainee (1<sup>st</sup>-3<sup>rd</sup> year)</b>		<b>Beginning Intern Level Trainee</b>		<b>Mid-Year Intern Level Trainee</b>		<b>End of Year Intern Level Trainee</b>		<b>Post-Doctoral Licensed Psychologist</b>
<b>Limited Competence</b>		<b>Emerging Competence</b>		<b>Intermediate Competence</b>		<b>Achieved Competence</b>		<b>Recognized Expertise</b>

**Mode:** Direct Observation     Group Supervision     Review of Raw Test Data   
 Video Review     Seminar Participation     Case Consultation   
 Review Written Work/  
 Clinical Records     Individual Supervision     Co-Therapy   
 Case Presentation     Other

#### A. Demonstrates knowledge of supervision models and practices.

- |  | <b>Intern Rating</b> | <b>Supervisor Rating</b> |
|--|----------------------|--------------------------|
|  | N/E                  | N/E                      |
| 1. Demonstrates knowledge of scholarly literature of supervision theories, research, and methods.                        | N/E                  | N/E                      |
| 2. Conceptualizes supervisory work based on knowledge of supervision theories and professional literature.               | N/E                  | N/E                      |
| 3. Articulates an accurate self-assessment of supervision competency, identifying both strengths and growth areas.       | N/E                  | N/E                      |
| 4. Demonstrates knowledge of professional literature relevant to multiculturalism and diversity in clinical supervision. | N/E                  | N/E                      |
| 5. Demonstrates knowledge of professional literature relevant to the ethical and legal practice of supervision.          |                      |                          |

N/E

N/E

**B. Apply knowledge of supervision models and practices in direct or simulated practice with psychology trainees or other health professionals. Examples of direct or simulated practice include, but are not limited to, role-played supervision with others; and peer supervision with other trainees.**

N/E

N/E

1. Applies research-informed supervision models and professional literature to understand and enhance the supervisee's clinical development. N/E N/E
2. Develops a strong supervisory relationship that promotes supervisee's clinical development and client welfare. N/E N/E
3. Provides feedback on counter-therapeutic supervisee's reactions and/or behaviors that may be impacting the client's treatment progress. N/E N/E
4. Assists supervisee in applying culturally appropriate and relevant best practices. N/E N/E
5. Selects and presents video in supervision seminar that illustrates moments of challenge and success within the supervisory relationship. N/E N/E
6. Demonstrates a willingness to discuss issues relevant to supervisee's professional development beyond their clinical caseload. N/E N/E
7. Assumes and navigates the appropriate use of power and authority in the supervisory relationship. N/E N/E
8. Provides ongoing constructive, accurate, and specific feedback regarding supervisee's performance to both the supervisee, facility, and other needed groups. N/E N/E

**C. Apply an understanding of ethical, legal, and contextual aspects of the supervisory role.**

N/E

N/E

1. Develops collaborative goals for supervisee's development and addresses concerns related to clinical competencies in a timely manner. N/E N/E
2. Completes supervisory role responsibilities in a timely, accurate, and thorough manner (e.g., signing case notes, reviewing video, providing formative and summative evaluation). N/E N/E
3. Identifies and communicates roles and responsibilities of supervisor and supervisee related to training, accountability/liability, and client care. N/E N/E
4. Provides emergency consultation or direct assistance to supervisee as needed. N/E N/E
5. Provides accurate and specific oral and written feedback to the supervisee in a constructive manner. N/E N/E
6. Demonstrates receptivity to feedback from the supervisee and adapts supervisory behavior in a manner that is sensitive and appropriate to feedback received and the unique needs of the supervisee. N/E N/E

**Comments:**

Signature of Intern \_\_\_\_\_

**Date** Click or tap to enter a date.

Signature of Supervisor \_\_\_\_\_

**Date** Click or tap to enter a date.

## Southern Illinois University Counseling and Psychological Services Evaluation of Intern Performance

### IX. Consultation and Interprofessional/Interdisciplinary Skills

Intern: [Click or tap here to enter text.](#)

Supervisor: [Click or tap here to enter text.](#)

Performance Period: [Choose an item.](#)

N/E = Not enough information to evaluate

### Developmental Scale of Competency Ratings

1	2	3	4	5	6	7	8	9
<b>Early Stages Doctoral Trainee (1<sup>st</sup>-3<sup>rd</sup> year)</b>		<b>Beginning Intern Level Trainee</b>		<b>Mid-Year Intern Level Trainee</b>		<b>End of Year Intern Level Trainee</b>		<b>Post-Doctoral Licensed Psychologist</b>
<b>Limited Competence</b>		<b>Emerging Competence</b>		<b>Intermediate Competence</b>		<b>Achieved Competence</b>		<b>Recognized Expertise</b>

**Mode:** Direct Observation     Group Supervision     Review of Raw Test Data   
 Video Review     Seminar Participation     Case Consultation   
 Case Presentations     Individual Supervision     Co-Therapy   
 Review Written Work/  
 Clinical Records     Other

#### A. Demonstrate knowledge and respect for the roles and perspectives of other professions.

	Intern Rating	Supervisor Rating
	N/E	N/E
1. Identifies, reflects upon, and responds to issues of power, privilege, diversity, and oppression when providing consultations and outreach activities.	N/E	N/E
2. Demonstrates awareness of the various levels of education and training, as well as the distinct professional cultures or other professions, involved in client care.	N/E	N/E
3. Accounts for cultural factors in consultation interventions.	N/E	N/E

#### B. Demonstrates knowledge of consultation models and practices.

	N/E	N/E
--	-----	-----

- |  |  |     |     |
|--|--|-----|-----|
| 1.   | Demonstrates knowledge of consultation models and practices in both an interdisciplinary health setting and within a university community.   | N/E | N/E |
| 2.   | Demonstrates knowledge of how to work effectively with diverse individuals and groups as related to consultation and interprofessional/interdisciplinary skills.   | N/E | N/E |
| <b>C. Apply knowledge in direct or simulated consultation with individuals and their families, other healthcare professionals, interprofessional groups, and systems related to health and behavior.</b> |  |     |     |
|  |  | N/E | N/E |
| 1.   | Consults appropriately with medical, psychiatric, and other healthcare professionals as needed regarding client care.  | N/E | N/E |
| 2.   | Collaborates with other professionals in decision-making and treatment planning.   | N/E | N/E |
| 3.   | Documents clear and useful written summaries of consultation and clinical interactions in a timely manner.   | N/E | N/E |
| 4.   | Understands the roles of other professionals as demonstrated by making appropriate referrals (e.g., psychiatric care, disability support services, medical care, nutritionists, advocates, other university support services). | N/E | N/E |
| 5.   | Provides effective consultation and outreach to University Housing Residence Life staff.   | N/E | N/E |
| 6.   | Demonstrates ability to recognize and respond to legal and ethical considerations of consultation and outreach.  | N/E | N/E |

**Comments:**

Signature of Intern \_\_\_\_\_

Date Click or tap to enter a date.

Signature of Supervisor \_\_\_\_\_

Date Click or tap to enter a date.

Signature of Supervisor \_\_\_\_\_

Date Click or tap to enter a date.

## Southern Illinois University Counseling and Psychological Services Evaluation of Intern Performance

Area of Concentration: Alcohol and Other Drug Program (AOD)

Intern: Click or tap here to enter text.

Supervisor: Click or tap here to enter text.

Performance Period: Choose an item.

N/E = Not enough information to evaluate

### Developmental Scale of Competency Ratings

1	2	3	4	5	6	7	8	9
<b>Early Stages Doctoral Trainee (1<sup>st</sup>-3<sup>rd</sup> year)</b>		<b>Beginning Intern Level Trainee</b>		<b>Mid-Year Intern Level Trainee</b>		<b>End of Year Intern Level Trainee</b>		<b>Post-Doctoral Licensed Psychologist</b>
<b>Limited Competence</b>		<b>Emerging Competence</b>		<b>Intermediate Competence</b>		<b>Achieved Competence</b>		<b>Recognized Expertise</b>

- Mode:**
- |  |                          |                        |                          |                         |                          |
|--|--------------------------|------------------------|--------------------------|-------------------------|--------------------------|
| Direct Observation                       | <input type="checkbox"/> | Group Supervision      | <input type="checkbox"/> | Review of Raw Test Data | <input type="checkbox"/> |
| Video Review                             | <input type="checkbox"/> | Seminar Participation  | <input type="checkbox"/> | Case Consultation       | <input type="checkbox"/> |
| Review Written Work/<br>Clinical Records | <input type="checkbox"/> | Individual Supervision | <input type="checkbox"/> | Co-Therapy              | <input type="checkbox"/> |
|  |                          | Case Presentation      | <input type="checkbox"/> | Other                   | <input type="checkbox"/> |

**A. Alcohol or Other Drug Abuse (AOD)**

1. Demonstrates proficiency in assessing, identifying, and appropriately referring clients to AOD program. N/E N/E
2. Demonstrates knowledge of relevant treatment models and evidence-based practice for clients referred to AOD. N/E N/E
3. Utilizes knowledge of relevant treatment models and evidence-based practice to inform treatment. N/E N/E
4. Demonstrates effective clinical skills in providing AOD treatment. N/E N/E
5. Works effectively with a team of other providers in coordinating AOD treatment. N/E N/E

**Comments:**

Signature of Intern \_\_\_\_\_

Date Click or tap to enter a date.

Signature of Supervisor \_\_\_\_\_

Date Click or tap to enter a date.







7. Teaches skills during lecture portion of DBT group effectively.

N/E

N/E

**Comments:**

Signature of Intern \_\_\_\_\_

**Date** Click or tap to enter a date.

Signature of Supervisor \_\_\_\_\_

**Date** Click or tap to enter a date.

## Southern Illinois University Counseling and Psychological Services Evaluation of Intern Performance

Area of Concentration: Eating Disorder Outpatient Program (EDOP)

Intern: [Click or tap here to enter text.](#)

Supervisor: [Click or tap here to enter text.](#)

Performance Period: [Choose an item.](#)

N/E = Not enough information to evaluate

### Developmental Scale of Competency Ratings

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>
<b>Early Stages Doctoral Trainee (1<sup>st</sup>-3<sup>rd</sup> year)</b>		<b>Beginning Intern Level Trainee</b>		<b>Mid-Year Intern Level Trainee</b>		<b>End of Year Intern Level Trainee</b>		<b>Post-Doctoral Licensed Psychologist</b>
<b>Limited Competence</b>		<b>Emerging Competence</b>		<b>Intermediate Competence</b>		<b>Achieved Competence</b>		<b>Recognized Expertise</b>

- Mode:**
- |  |                          |                        |                          |                         |                          |
|--|--------------------------|------------------------|--------------------------|-------------------------|--------------------------|
| Direct Observation                       | <input type="checkbox"/> | Group Supervision      | <input type="checkbox"/> | Review of Raw Test Data | <input type="checkbox"/> |
| Video Review                             | <input type="checkbox"/> | Seminar Participation  | <input type="checkbox"/> | Case Consultation       | <input type="checkbox"/> |
| Review Written Work/<br>Clinical Records | <input type="checkbox"/> | Individual Supervision | <input type="checkbox"/> | Co-Therapy              | <input type="checkbox"/> |
|  |                          | Case Presentation      | <input type="checkbox"/> | Other                   | <input type="checkbox"/> |

**E. Eating Disorder Outpatient Program (EDOP)**

- |  |     |     |
|--|-----|-----|
|  | N/E | N/E |
| 1. Demonstrates proficiency in assessing, identifying, and appropriately referring clients to EDOP program.  | N/E | N/E |
| 2. Demonstrates knowledge of relevant treatment models and evidence-based practice for clients referred to EDOP.   | N/E | N/E |
| 3. Utilizes knowledge of relevant treatment models and evidence-based practice to inform treatment.  | N/E | N/E |
| 4. Demonstrates effective clinical skills in providing EDOP treatment.   | N/E | N/E |
| 5. Works effectively with a team of multidisciplinary professionals in coordinating EDOP treatment.  | N/E | N/E |
| 6. Communicates relevant client history and symptoms to multidisciplinary professionals to coordinate and improve treatment for clients with eating disorders. | N/E | N/E |

**Comments:**

Signature of Intern \_\_\_\_\_

**Date** Click or tap to enter a date.

Signature of Supervisor \_\_\_\_\_

**Date** Click or tap to enter a date.

## Southern Illinois University Counseling and Psychological Services Evaluation of Intern Performance

Area of Concentration: Interdisciplinary Health Care (IHC)

Intern: [Click or tap here to enter text.](#)

Supervisor: [Click or tap here to enter text.](#)

Performance Period: [Choose an item.](#)

N/E = Not enough information to evaluate

### Developmental Scale of Competency Ratings

1	2	3	4	5	6	7	8	9
Early Stages Doctoral Trainee (1 <sup>st</sup> -3 <sup>rd</sup> year)		Beginning Intern Level Trainee		Mid-Year Intern Level Trainee		End of Year Intern Level Trainee		Post-Doctoral Licensed Psychologist
Limited Competence		Emerging Competence		Intermediate Competence		Achieved Competence		Recognized Expertise

**Mode:** Direct Observation     Group Supervision     Review of Raw Test Data   
 Video Review     Seminar Participation     Case Consultation   
 Review Written Work/  
 Clinical Records     Individual Supervision     Co-Therapy   
 Case Presentation     Other

#### F. Interdisciplinary Health Care (IHC)

1. Collaborates appropriately with other healthcare professionals. N/E N/E
2. Works effectively with a team of other providers in coordinating mental health treatment.
3. Communicates relevant client history and symptoms to multidisciplinary professionals to coordinate care and improve treatment outcomes. N/E N/E
4. Utilizes knowledge of relevant treatment models and evidence-based practice to inform and guide any educational presentation to Student Health Services staff. N/E N/E
5. Demonstrates effective presentation skills when presenting to an audience of interdisciplinary healthcare professionals. N/E N/E

**Comments:**

Signature of Intern \_\_\_\_\_

Date Click or tap to enter a date.

Signature of Supervisor \_\_\_\_\_

Date Click or tap to enter a date.

## POLICY REGARDING EVALUATION OF INTERNS

The training staff is committed to providing ongoing evaluation and systematic feedback to each intern regarding their performance. Therefore, the training staff has developed an evaluation and feedback procedure to assess interns' progress in the internship program throughout the year.

During the August orientation, the Director of Training meets with the interns and distributes the Competency Area Self Assessment form allowing the interns to evaluate their current knowledge and experience, strengths, limitations, and goals for internship year. The intern completes the Competency Area Self Assessment form and returns it to the Director of Training. The entire training staff reviews the interns' self-assessments. Based upon this initial assessment and the competency area expectations, a weekly contract is created for each interns' activities throughout the first semester.

The Director of Training is responsible for convening a first quarter evaluation meeting in which each intern's first quarter of work is evaluated. This meeting occurs no later than October 31<sup>st</sup>. The intern's performance in all of the competency areas and area of concentration are discussed by the training staff. Written evaluations of the following competency areas are completed at this time: Ethical and legal standards, professional values and attitudes, communication and interpersonal skills, and intervention. No written evaluations are provided on the other five competency areas due to the relatively small number of hours spent in these areas to date. However, verbal feedback is shared with the intern concerning these areas. The intern's primary and secondary supervisor and the Director of Training meet with the intern respectively, after the first quarter evaluation meeting to review and share all written and verbal feedback on the four formally evaluated areas. The interns' completion of the Competency Area Self Assessment form and the first quarter evaluation meeting feedback are designed as initial assessments concerning the intern's skill level, which aids the intern and the training staff in assessing relative strengths and weaknesses and in designing an individualized training experience which will facilitate each intern's development as a psychologist. Any lack of progress in regard to number of hours, lack of completion of competency area required tasks, or inadequate skill development are documented in a written statement (See Chapter 6, Criteria and Procedures for Evaluating Intern Progress). The Competency Area Self Assessment form, written evaluations of the four competency areas, and the written contract for remediation (if relevant) becomes a part of the intern's training program file.

A mid-year evaluation meeting is scheduled to occur during the month of January. At this time, the intern's performance during the first half of the internship is evaluated in a summative fashion with a focus on progress across each of the competency and concentration areas. Any area, which may require more direct focus or remediation during the second half of the internship, is highlighted. Written evaluations are completed for all nine competency areas and the intern's area(s) of concentration. The written evaluations behaviorally assess the intern's performance to date. Additionally, the chief psychologist provides the number of direct service hours completed for each intern to date. After the mid-year evaluation meeting, the intern and competency area supervisor meet and review the written evaluation forms and the number of hours completed. A training plan is created for the second half of the year and the spring semester contract is completed for each intern reflecting the intern's current training needs. The



director of training is responsible for generating a mid-year evaluation report for all nine competency areas and providing summative feedback to each intern in an individual meeting. The written report is mailed to the intern's academic department no later than the end of February which includes a copy of all written mid-year evaluations. All written evaluations are kept in the intern's training program file.

The training staff is responsible for meeting by the end of March for the third quarter evaluation meeting. The intern's progress to date is evaluated. At this time, any lack of progress in regard to number of hours, lack of completion of competency area required tasks, or inadequate skill development are documented in a written statement (See Chapter 6, Criteria and Procedures for Evaluating Intern Progress). The written contract for remediation becomes a part of the intern's training program file. No written evaluations for the nine competency areas are completed at the third quarter evaluation unless remediation is required.

A final evaluation meeting is held mid-July, but no later than July 20<sup>th</sup>. At this meeting, the training staff makes a final evaluation of the intern's performance in the internship and takes a formal vote on whether the intern has successfully completed the internship. Written evaluations for all nine competency areas are completed and reviewed with the intern. The Director of Training is responsible for generating an end of year evaluation letter to the academic department in addition to a copy of all nine competency areas. This report is sent to the intern's home department along with a cover letter stating whether the intern successfully completed the internship. This report and cover letter are sent to the home academic department no later than the second week of August. All written evaluation materials become a part of the intern's training program file.

## CRITERIA AND PROCEDURES FOR EVALUATING INTERN PROGRESS

1. Evaluation procedures will occur as previously specified in Chapter 5, Policy Regarding Evaluation of Interns. That is, the training staff will meet quarterly to evaluate each intern's performance using the competency area criterion measures (See Chapter 2) and the evaluation forms (See Chapter 4) as the criteria against which performance will be evaluated. It should be noted that criteria include both the quantitative expectations articulated in the criterion measures and evaluation forms along with the behavioral expectations for acceptable performance reflected in the evaluation forms. It is expected that by the final evaluation period, interns will have completed all of the quantitative criteria for the competency areas and will be functioning behaviorally at the criterion of receiving a **rating of seven (end of year intern level trainee achieved competence) or greater** for each alpha item on the evaluation form within each of the nine competency areas: research, ethical and legal standards, individual and cultural diversity, professional values and attitudes, communication and interpersonal skills, assessment, intervention, supervision, and consultation and interprofessional/interdisciplinary skills.
  
2. If at any quarter evaluation period the intern is assessed to be deficient or making inadequate progress in their skills in the basic competency areas, the general guidelines for due process in the Due Process and Appeal Procedures (See Chapter 7) will be followed. Additionally, if at any time in the year the intern is assessed as exhibiting inadequate or impaired trainee performance (as defined on page 4 of the Due Process and Appeal Procedures), the general guidelines for the due process in the Due Process and Appeal Procedures will be followed.
  
3. At the end of the internship, the training staff will vote on whether each intern has successfully completed the internship.

This process is designed to be consistent with the Due Process and Appeal Procedures (Chapter 7) that has been formally adopted by the training staff and consistent with the policies and guidelines outlined in the Faculty and Administrative Professional Staff Handbook. The following points should be highlighted. First, the evaluation procedures are designed in such a manner to inform the intern of their progress in the internship throughout the year. Second, it is the responsibility of the training staff to indicate to an intern that the intern is not progressing satisfactorily no later than March 30, the third quarter evaluation meeting. Third, failure to adhere to legal and ethical principles and/or professional identity/behavior is **always** potential grounds for dismissal from the internship at any time within the internship. Finally, the interns are always afforded due process through the use of the Due Process and Appeal Procedures for the Doctoral Internship Program at Counseling and Psychological Services (CAPS) at SIUC.

## **DUE PROCESS AND APPEAL PROCEDURES DOCTORAL INTERNS**

### **RIGHTS AND RESPONSIBILITIES OF DOCTORAL INTERNS**

Doctoral interns in psychology are expected to learn psychological skills and the ethics of practice, as well as to do much self-examination, focusing on their intra- and interpersonal processes. At all stages of training, the training program is responsible for assessment and continual feedback to students in order to improve skills, remediate problem areas, and/or to prevent individuals, unsuited in either skills or interpersonal difficulties, from entering the field. Trainers, then, are responsible for monitoring trainee progress to benefit and protect the public and the profession, as well as the trainee.

The interns have access to clear statements of the standards and expectations by which they are evaluated quarterly. Throughout the year, interns receive three or more hours of clinical supervision weekly where they will be given informal verbal feedback on their performance. They have the opportunity to ameliorate deficiencies or misconduct prior to the quarterly evaluation and/or special review, unless continuation of service delivery would be to the detriment of clients.

Interns have opportunities to provide input and suggest changes and modifications regarding the training program. Regular meetings of interns and the training director provide interns direct access to center administration and enable the training director to assess the progress and problems confronted by the interns and to discuss their developmental tasks and issues.

Interns have the right to activate an appeal when they believe that their rights have been infringed upon. When the evaluation process is completed at the end of each quarter, interns have the right to contest criticisms, to disagree with the training director's summary evaluation, and to request an appeal.

### **THE CENTER'S EXPECTATIONS OF DOCTORAL INTERNS**

#### **Skills and Competencies**

In order to help interns plan goals and structure training activities, information regarding expected tasks, anticipated competency levels and optional experiences are provided to interns. Given the diversity and breadth of this information, individual trainers will be responsible for sharing this information with the intern prior to or at the onset of training. Interns are expected to assess their own skill levels and training needs, and set specific goals in cooperation with the training staff. Specific skills and competencies are categorized as follows: research, ethical and legal standards, individual and cultural diversity, professional values and attitudes, communication and interpersonal skills, assessment, intervention, supervision, and consultation and interprofessional/interdisciplinary skills.

## Professional Standards/Personal Functioning

With regard to intern behavior and performance during the internship year, the general expectations of the training program are that the intern will:

- Practice within the bounds of the APA Ethical Principles of Psychologists and Code of Conduct and General Guidelines for Providers of Psychological Services;
- Practice within the bounds of the mental health laws and regulations of the State of Illinois;
- Practice in a manner that conforms to the professional standards of CAPS at Southern Illinois University, Carbondale

Interns are expected to adhere to CAPS policies and procedures including, but not limited to:

- Maintaining required professional records in accordance with the QAUR Program;
- Being punctual, accounting for absences, and meeting obligations to clients and staff members;
- Assuming appropriate responsibility for the smooth functioning of the agency.

Functioning in a professional manner includes (but is not limited to):

- Balancing agency needs with personal needs;
- Managing personal stress and monitoring commitments;
- Making appropriate use of supervision; i.e., being on time and prepared to take full advantage of learning opportunities, as well as maintaining an openness to learning and being able to accept and use constructive feedback;
- Maintaining appropriate interaction with peers, colleagues, staff, and other trainees;
- Using appropriate channels of communication when participating in meetings and staff development activities;
- Being alert to adjustment problems or emotional responses that may interfere with professional functioning.

Interns are responsible for maintaining standards of conduct appropriate to their work environment and mandated for all employees of CAPS. According to the SIUC Employee Handbook, examples of conduct unacceptable as a university employee include, but are not limited to: theft, intoxication on the job, dishonesty, assault, use or possession of drugs, insubordination, and failure to comply with University rules. In addition, interns are expected to

exhibit ethical and professional behavior, which includes adherence to the APA Code of Ethical Principles of Psychologists and Code of Conduct, and General Guidelines for Providers of Psychological Services. Violations of these guidelines include, but are not limited to: sexual harassment, sexual contact with clients, supervisor, consultants or supervisees, violation of confidentiality, practicing outside competency areas without supervision, and infringement on the rights, privileges, and responsibilities of clients, other trainees, and staff of the Center.

Depending on the degree of the violation, and the amenability of the individual toward change, violations in the categories listed above may be classified as either “problems” or “impairments” and subject to remediation according to due process procedures discussed in the next section.

Violations of interns’ rights include, but are not limited to: exploitation, sexual harassment, arbitrary, capricious or discriminatory treatment, unfair evaluation criteria, inappropriate or inadequate supervision or training, and violation of due process. Steps to remediation of the violation of interns’ rights are described in the Due Process section of this policy and are also addressed in the Grievance Procedures policy.

## **EVALUATION PROCEDURES FOR PSYCHOLOGY INTERNS**

Evaluation is an ongoing formal and informal process. The training staff expects all staff who participates in training and supervision to provide ongoing feedback to interns.

Formal evaluation occurs as follows: At the first quarter, in the fall, all supervisors for each intern meet as a training staff to discuss the intern’s progress. The intern is then provided with written evaluations for four competency areas and verbal feedback for the remaining competency areas. At midyear, supervisors again meet to discuss intern progress and written evaluations are provided to the intern for all nine competency areas. The training director writes a summary of the above which is then sent to the intern’s home department. At the third quarter, the intern is provided with verbal feedback across all areas of competency. Written feedback is given only if there is a problem, which may prevent the intern from passing the internship, or some type of remediation is needed. At the fourth quarter, written feedback is provided across competency areas to the intern and this is also sent to the home department. (See Chapter 5, Policy regarding Evaluation of Interns for more detailed information.)

Interns provide verbal feedback to their supervisors and seminar leaders regarding their experiences with that trainer in that specific learning situation throughout the year. Interns meet periodically with the Training Director to provide ongoing feedback regarding internship issues. Interns provide written feedback to their primary and secondary individual therapy supervisors and their group supervisor at the mid-year and end-of-the-year. The training program is also evaluated at the same two time periods by the interns.

## **DUE PROCESS AND APPEAL PROCEDURES FOR PSYCHOLOGY INTERNS**

### **Definition of Inadequate or Impaired Performance**

For the purposes of procedural policy, inadequate or impaired trainee performance is defined broadly as interference in professional functioning which is reflected in one or more of the following ways: (a) an inability and/or unwillingness to acquire and integrate professional behaviors and ethical standards, (b) an inability to acquire the level of professional skills necessary to reach an acceptable level of competency, and (c) an inability to manage personal stress, psychological problems, and/or excessive emotional reactions which interfere with professional functioning. Criteria, which link this definition of impairment to particular professional behaviors and attitudes, are incorporated into the program's evaluation procedures.

Problems typically identified as impairments are those which include one or more of the following characteristics:

1. the intern does not acknowledge, understand, or address the problem when it is identified;
2. the problem is not merely a reflection of a skill deficit which can be rectified by further academic or didactic training;
3. the quality of the intern's service delivery is negatively affected and may be considered to be destructive to clients;
4. the problem is not restricted to one area of professional functioning;
5. a disproportionate amount of attention by training personnel is required, compared to other interns in the group; and/or
6. the trainee's behavior does not change as a function of feedback, remediation efforts, and/or time.

Ultimately, it becomes a matter of professional judgement as to when a trainee's behavior has reached a point of impairment rather than being simply inadequate or deficient.

### **General Guidelines for Due Process**

Due process insures that judgements or decisions made by the internship program about interns are not arbitrary or personally biased. The training program has adopted specific evaluation procedures, which are applied to all trainees. The appeals procedures presented below are available to the intern so that they may challenge the program's actions.

General due process guidelines include:

1. presenting to interns, in writing, the program's expectations in regards to professional functioning at the outset of training;
2. stipulating the procedures for evaluation, including when, how, and by whom evaluations will be conducted;
3. using input from multiple professional sources when making decisions or recommendations regarding the intern's performance;

4. articulating the various procedures and actions involved in making decisions regarding impairment;
5. communicating, as deemed appropriate, with graduate programs about any difficulties with interns;
6. instituting, with the input and knowledge of the intern's graduate program, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies;
7. providing the intern with a written statement of procedural policy describing how the intern may appeal the program's actions or decisions which is included in the manual that the intern receives at the beginning of the internship;
8. ensuring that interns have a reasonable amount of time to respond to any action(s) taken by the program; and
9. documenting, in writing and to all relevant parties (e.g., the intern, the intern's academic advisor or training coordinator, internship supervisor), the action(s) taken by the program and the rationale.

### **Procedures**

The following procedures are followed in cases of inadequate or impaired trainee performance:

- I. A Problem is Recognized – A problem affecting trainee performance may be identified either through formal evaluation procedures or through the interactions of supervisors and other training staff working with trainee. Such problems can usually be categorized as issues of (1) competence/skill deficit, (2) professional/ethical behavior, and (3) psychological maladjustment.
- II. The Problem is Brought to the Attention of the Training Director – If the Training Director does not already have knowledge of the intern's problematic behavior as a result of evaluation procedures, the staff member(s) recognizing the problem will bring it to the attention of the Training Director. At this time, the trainee will be notified that a problem has been identified which will be reviewed by the Training Director, who may elect to consult with the Training Staff and/or other staff as appropriate. The Training Director will meet with the trainee to receive any information or statements from the trainee related to the identified concern.
- III. The Problem is Brought to the Attention of the Training Staff – The Training Director will, in turn, bring the concerns about the trainee to the attention of the Training Staff for consultation.
- IV. The Problem is Defined and Reviewed by the Training Staff – The Training Staff will work with the Training Director to define the trainee's problem as concretely and behaviorally as possible. At this point, the Training Staff will discuss the problem, decide on the severity, and assess the potential for remediation. Based on this discussion, the Training Staff will either recommend termination of the trainee, place the trainee on probationary status with a remediation plan in mind, generate a remediation plan without probation, or determine that the problem is not severe enough to warrant remediation, in which case no further action is

taken. In the case of probation or termination, the trainee, the trainee's academic program, and other relevant persons will be notified in writing.

### **Recommended Actions**

Possible recommended courses of action from the Training Staff are as follows:

- I. Termination is Recommended – Termination at this point would be recommended only in extreme circumstances. Examples of such circumstances are acts of physical aggression against a staff member or a client, or serious ethical misconduct. After the trainee is notified in writing of the Training Staff's recommendations, they may choose to appeal the decision as outlined in the Process of Appeal.
  
- II. The Trainee is Placed on Probation with a Remediation Plan – Probationary status is defined as a situation where the intern is actively and systematically monitored by supervisors and the Training Director for a specific length of time, in regard to the necessary and expected changes in the problematic behavior. The intern is given a written statement notifying them of the probationary status and specifying:
  - the behaviors which need to be changed,
  - the recommendations for remediating the problem,
  - the time period of the probation during which the problem is expected to be ameliorated, and
  - the procedures designed to ascertain whether or not the problem has been appropriately rectified.

Following the trainee's notification of their probationary status, the Training Director will then meet with the trainee to review the probationary conditions. The trainee may then choose to accept the conditions of the probation or to challenge the action. (The procedures for appealing the action are presented in a subsequent section.) If the action is not challenged by the intern, the remediation plan (see below) is put into action.

- III. Remediation Plan is Generated Without Probation – If termination or probation is not deemed appropriate, the Training Staff will generate an appropriate plan of remediation. Several possible, and perhaps concurrent, courses of action designed to remediate deficiencies or impairments may include (but are not limited to):
  1. increasing supervision or changing primary supervisor;
  2. changing the format, emphasis and/or focus of supervision;
  3. recommending or requiring personal therapy, and clarifying to all parties involved whether or not the therapy contacts will be used in the intern evaluation process, and if so, how they will be used;



4. reducing or limiting the type of direct client contact or other internship responsibilities;
5. requiring specific academic coursework; and/or
6. recommending, when appropriate, a leave of absence or a second internship.

### **Implementation of Recommended Actions**

- I. Remediation Plan is Put into Action – The intern’s supervisors and the Training Director work with the trainee to facilitate and monitor change. Those monitoring the trainee should communicate frequently with the Training Director and Training Staff throughout the probationary period.
  - A. Sufficient Positive Change – Both the monitors and the Training Staff are satisfied that sufficient positive change has taken place.
    1. End of Probation – The trainee is formally notified, in writing, that satisfactory change has been accomplished and the probationary period is ended.
    2. Letter to Academic Department – At the end of the probationary period, the trainee’s academic program will be notified that probationary status has been lifted.
  - B. Insufficient Positive Change – At the end of the probationary period, the monitors and the Training Staff determine that insufficient positive change has taken place. The Training Staff then review the situation and may recommend one of the following:
    1. Termination Recommended – The Training Staff, after reviewing the problem, conclude that it is both serious and resistant to change; on this basis, termination is recommended. The intern is notified in writing of the decision. Again, at this point the intern may choose to challenge the decision according to the appeal procedures outlined below.
    2. New Plan Generated – the Training Staff does not feel that a recommendation of termination is appropriate at this time. A new plan for remediation is generated in another effort to promote change. This plan would likely include psychological/psychiatric treatment, careful screening of clients, closer and more intense supervision, suspension of certain activities, etc.
    3. Intern Remains on Probation – The intern remains on probation with a new time period specified. The intern may challenge this recommendation or may accept the new remediation plan.
- II. New Remediation Plan Is Put into Action – The intern’s supervisors and the Training Director work with the trainee to facilitate and monitor change.

Communication by those monitoring the trainee to the Training Staff will be frequent and on a regular basis throughout the probationary time period specified.

- A. Sufficient Positive Change – Both the monitors and the Training Staff are satisfied that sufficient positive change has taken place.
- B. End of Probation – The trainee is formally notified, in writing, that satisfactory change has been accomplished and the probationary period is ended.
- C. Letter to Academic Department – At the end of the probationary period, the trainee’s academic program will be notified that probationary status has been lifted.
- D. Insufficient Positive Change – At the end of the probationary period, the monitors and the Training Staff determine that insufficient positive change has taken place. The Staff then reviews the situation and may recommend one of the following:
  1. giving the intern a limited endorsement, which includes specification of settings and conditions in which the intern can function adequately or, conversely specifying those which should be avoided;
  2. communicating to the intern and their academic program that the internship has not been successfully completed, and recommending a leave of absence or a second internship at a later date;
  3. recommending and helping to implement a career change for the intern; and/or
  4. terminating the intern from the training program.

All of the above actions need to be appropriately documented and implemented in a manner consistent with due process procedures. The trainee is notified of the final decision and, again at this point, may appeal the decision. If the intern accepts the decision, the intern’s academic program and other appropriate individuals are notified. If the trainee chooses to appeal, these individuals will be notified of the final decision at the conclusion of the appeal process.

### **Procedures for Appeal**

Within five days of the communications of (1) inadequate or impaired performance, (2) remediation plan by the Training Staff, (3) probationary status, or (4) termination, a trainee may submit a letter to the Training Director, requesting an appeal. An appeal may be requested on one or both of the following grounds:

1. Denial of the described due process granted to the intern in any part of the evaluation procedure.
2. Denial of the opportunity to fairly present data to refute criticisms in the evaluation.

Within five working days of the receipt of the appeal request, the Training Director will request that the Director of CAPS convene an Appeals Committee.

The procedures invoked for a special fact-finding review by this Committee are as follows:

1. The trainee and their supervisor or the staff member(s) involved will be notified that a special review meeting will be held.
2. The Appeals Committee may request personal interviews and/or written statements from individuals, as it deems appropriate.
3. The trainee may submit to the Appeals Committee any written statements the intern believes to be appropriate, may request a personal interview and/or may request that the Committee interview other individuals who might have relevant information. The supervisor or staff members involved will also be afforded the same privilege.

Following the fact-finding review, the Director will communicate a summary of the Appeal Committee's findings and any recommendations to the Training Director, within two working days of the end of their deliberation. The Committee may choose to sustain any previous actions taken or may implement a new course of action as deemed necessary. The decision of the Appeals Committee is final.

The intern has exhausted all steps within CAPS after the Appeals Committee decision. The intern will need to proceed with any complaint according to the guidelines described in the SIUC Employee Handbook, which is also summarized in the Grievance Procedures for the Doctoral Internship program, which follows this document.

**GRIEVANCE PROCEDURES FOR INTERNS  
IN THE DOCTORAL INTERNSHIP PROGRAM  
AT CAPS at SIUC**

### Introduction

This document (1) defines the procedures by which an intern may grieve the action/inaction of a staff member of CAPS; (2) defines procedures by which charges of unethical conduct may be made; and (3) establishes an administrative unit grievance committee.

In general, it is preferable that problems be solved within the administrative unit in which they arose and persons outside the agency should not be asked to rule on such difficulties until the agency channels are exhausted.

### Definitions

**CAPS Staff** – a member of the internship training staff or training site against whom a grievance has been directed or filed.

**Intern** – the person directing or filing the grievance.

### Initiation of a Grievance

1.
  - a. Before any formal grievance is initiated, there shall be an informal discussion between the intern and the CAPS staff person responsible for the action/inaction which is being grieved. The purpose of this informal discussion is to work toward a resolution. The intern should initiate this discussion as soon after the grieved incident as is possible.
  - b. If resolution is not achieved in step 1a, then a discussion between the two parties shall be mediated by the Training Director (or if the grievance is directed at the Training Director, the CAPS Director shall mediate). This mediated discussion should take place within fourteen (14) calendar days of failure to achieve resolution in step 1a above.
  - c. A written record shall be made outlining the issues discussed and whether or not a resolution was reached. Parties involved should receive written copies of this record within seven (7) calendar days of the terminated mediated discussion.
2. If a resolution cannot be reached informally in the above steps, the intern may submit a formal grievance to the advisory grievance committee (See description below).
  - a. This grievance shall be made in writing and shall provide sufficient detail to allow for a response.

- b. It shall be filed within seven (7) calendar days of receiving the written record from step 1c above. A grievance will not be accepted after fourteen (14) calendar days from the time the intern was supplied with the written record from step 1c above.
  - c. It shall be filed with the CAPS staff person whose action/inaction is being grieved. The intern shall provide a copy for the CAPS Director and the Training Director.
  - d. The Training Director and Director shall appoint an advisory grievance committee and refer the grievances to it. If either the Training Director or the Director is being filed against, then they will not be involved in appointing the advisory grievance committee. In this event another member of the CAPS training staff will be appointed to aid in this process.
  - e. The Advisory Grievance Committee shall meet with the intern and meet with the CAPS staff person whom the intern filed against. At their own discretion, the Advisory Grievance Committee may meet with each party separately or jointly. The Committee will then review the grievance, gather any further information deemed necessary, and render a recommendation within seven (7) calendar days to the Training Director (or to the Director if the Training Director is the party the intern has filed a grievance against).
  - f. The Training Director (or Director, see step 2e above) will render a written decision to the intern within seven (7) calendar days of the receipt of the committee's recommendations. The Training Director will state specific reasons for the decision.
3. An intern objecting to this decision may make further written appeal through regular administrative channels.
- a. Such written appeal shall be made within fourteen (14) calendar days of the receipt of the decision in step 2f, and shall include the original grievance, the written decision, and the reasons for the appeal.
  - b. The appeal shall be transmitted to the next level of administration above the source of the decision.

### **Committee Members**

- 1. Advisory Grievance Committee
  - a. Shall consist of three members from the training staff.
  - b. **CANNOT** be composed of the CAPS Director or Training Director.
  - c. **CANNOT** be persons specifically named in the grievance.

## SUMMARY OF GRIEVANCE PROCESS

<u>Level</u>	<u>Process</u>	<u>Persons Involved</u>
Agency	Informal Process: Introduction of Problems and Concerns	Intern CAPS Staff Member
Agency	Informal Process: Mediated	Intern CAPS Staff Member Training Director
Agency	Formal Process: Advisory Grievance Committee	Intern CAPS Staff member Advisory Grievance Committee
University	Formal Process: Student Affairs Grievance Committee	Intern CAPS Staff Member CAPS Director Dean of Students Appointee
University	Formal Process: Ombudsman Office & Judicial Review Board	Intern CAPS Staff Member Dean of Students Appointee Chancellor's Office Appointee
University	Formal Process: Board of Trustees	all of the above President's Office Appointee
External to SIU	Formal Process: Civil Suit* *expenses paid by aggrieved (intern)	all of the above

NOTE: The aggrieved (intern) has the responsibility of requesting assistance from each successive level. Upon requesting University-level assistance, the aggrieved must adhere to the policies and guidelines outlined in the Faculty and Administrative/Professional Staff Handbook. Likewise, the aggrieved has the right to discontinue proceedings, at any level, after proper notification through the appropriate administrative channels.

Following the fact-finding review, the Director will communicate a summary of the Appeal Committee's findings and any recommendations to the Training Director, within two working days of the end of their deliberation. The Committee may choose to sustain any previous actions taken or may implement a new course of action as deemed necessary. The decision of the Appeals Committee is final.

The intern has exhausted all steps within CAPS after the Appeals Committee decision. The intern will need to proceed with any complaint according to the guidelines described in the SIUC Employee Handbook, which is also summarized in the Grievance Procedures for the Doctoral Internship program, which follows this document.

The Intern Training Director maintains all grievance documentation in a secure file. At a minimum, all grievance documentation is maintained for 10 years following the completion of internship.

Additionally, the internship is fully accredited by the American Psychological Association. Therefore, any comments, concerns or complaints regarding the SIUC CAPS Doctoral Internship Program may be given to the Commission on Accreditation:

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

### Maintenance of Records

Counseling and Psychological Services maintains two files for each intern. At a minimum, files are retained for 10 years following the completion of internship. Files are maintained in accord with federal, state, and institutional policies regarding record keeping and privacy.

The training file is digitally stored on a network shared folder maintained by the Intern Training Director. The training file includes materials such as:

- AAPI applications and offer letters
- Dates of training
- Work samples
- Certificates of completions
- Evaluation forms
- Letters to intern's academic program
- Intern complaints and/or grievances
- Due process documentation

The Personnel file is kept by Human Resources and includes materials such as:

- Employment Paperwork (including notice of appointment, background check, PRF information, W-4, Electronic Deposit Authorization form, Statement Concerning Your Employment in a Job Not Covered by Social Security, SURS Annuity Status, Post-Offer Optional Invitation to Identify: Veteran Status, Disability Status)
- Confidentiality Agreement
- Acknowledgement of Mandated Reporter Status-Adult Abuse and Domestic Violence
- DCFS Mandated Reporter Status Form
- OSHA and HIPAA training forms
- Copy of AAPIC application
- Copies of annual training – Ethics, Sexual Harassment, VAWA



**2021- 2022 Intern Weekly Schedule**

	<b>Fall</b>		<b>Spring</b>		<b>Summer</b>
	<b>1<sup>st</sup></b> Aug 23	<b>2<sup>nd</sup></b> Nov 1	<b>3<sup>rd</sup></b> Jan 13	<b>4<sup>th</sup></b> April 1	
<b>Direct Service</b>					
Individual	13	15	14	15	11
Group	1.5	1.5	1.5	1.5	1.5
COD	4	4	4	4	8
MED COD	3	3	3	3	6
Providing Sup	2	2	2	2	0
Community Interv.	1.5	.5	1.5	.5	1.5
Direct Srv Prep	.5	1.5	2	1	.5
Assessment	0	0	1	1	1
	25.5	27.5	29	29	29.5
<b>Training</b>					
Individual Sup	3	3	3	3	3
Group Sup	.5	.5	.5	.5	.5
Sup of Sup	2	2	2	2	0
Clinical & Prof	1.5	1.5	1.5	1.5	2
Community Intev.	1	0	0	0	0
Diversity	1	0	0	0	1
Clinical Assess	1.5	1.5	1.5	1.5	0
	10.5	8.5	7	7	6.5
<b>Other</b>					
CC Staff Mtg	1	1	1	1	1
	1	1	1	1	1
Area of Con	3	3	3	3	3
<b>TOTAL</b>	<b>40</b>	<b>40</b>	<b>40</b>	<b>40</b>	<b>40</b>

### Achieving 475 Clinical Hours: Data from Previous Cohorts

In order to successfully complete internship, interns are required to participate in 475 direct service hours. If interns follow the intern weekly schedule as described above, they will accrue the required direct service hours. Several states require 500 direct service hours during internship to be license eligible. We encourage interns to consider gaining 500 direct service hours to maintain license eligibility in all 50 states. Interns are able to track their hours over the course of their internship. Interns can calculate their direct service hours at any time by running a report in Point and Click. If an intern has questions about their direct service hours, they are to consult with the Training Director.

In order to assist interns in achieving their direct service hour requirements, a quarterly guide is listed below. Additionally, data from recent intern cohorts is presented to provide an example of the range of direct service hours achieved quarterly.

#### Quarterly Guide:

Weeks 1-12: 100 total direct service hours

Weeks 13-24: 230 total direct service hours: 130 achieved this quarter

Weeks 25-36: 400 total direct service hours: 170 achieved this quarter

Weeks 36-52: 475 total direct service hours: 75 achieved this quarter

#### Previous Intern Cohorts:

Weeks	Intern									
	A	B	C	E	F	G	H	I	J	K
<b>1-12</b>	139	119	131	103	105	102	106	91	111	147
<b>13-24</b>	88	93	99	96	109	100	131	122	118	101
<b>25-36</b>	174	156	145	159	199	194	156	180	199	214
<b>36-52</b>	156	141	156	158	189	136	151	144	166	184
<b>Total</b>	557	509	533	516	602	532	544	537	594	646

\*\*Total direct service hours from recent intern cohorts ranged from 515 to 646.

## Timeframe for Intern Seminars

**2021-2022**

<u>Seminar</u>	<u>Dates</u>	<u>Weeks</u>
Clinical & Professional Issues Seminar (Tuesday, 8:00 – 9:30) (Tuesday, 8:00 – 10:00)	August - December	17
	January – May	14
	May – July	10
Clinical Assessment Seminar (Tuesday, 9:30 – 11:00)	August – May	34
Community Intervention Seminar (Thursday, 11:00 – 12:00)	August - October	9
Supervision of Supervision Seminar (Thursday, 9:00 – 11:00) (Thursday, 9:00 – 11:00)	August - December	14
	January – May	14
Individual and Cultural Diversity Seminar (Tuesday, 11:00-12:00)	August – September	5
	December-January	6
	May – July	10

## **Presentations and Projects with Accompanying Work Product, 2021-2022**

- Clinical Case Presentation to Senior Staff - Spring
- Supervision Case Presentation, Fall and Spring
- Community Intervention – Program Evaluation Project, Updates during weekly CI seminar
- Clinical and Professional Issues Seminar
- Spring semester: Case Consultations (sharing of digital tape and case consultation) Diversity and Multicultural Considerations, Emotion-Focused Treatment, Trauma
- Summer semester: Integrated Assessment Case Presentations, Program Evaluation Project Presentation

### **Timelines for Presentations**

Clinical Case Presentation February 1 - March 11  
Each Intern will present Wednesday from 12:00 to 1:00 p.m.

***Supervision Case Presentation*** ***Sept/Oct – written and oral***  
Feb/March – oral

Community Intervention Program Evaluation Project presentation – Summer 2022

Interns sign up to present a current client on the topic of the seminar focus (diversity and multicultural considerations, emotion focused therapy, trauma) – Spring 2022

Interns sign up to present an integrated assessment case presentation – Summer 2022

#### Venue for Presentations

***Clinical Case Presentation*** ***Staff Professional Development Brown Bag (interns and senior staff)***

***Supervision Case Presentation*** ***Supervision Seminar (Interns, Director of Training and Practicum Coordinator)***

Program Evaluation Project Staff Professional Development Brown Bag  
(interns and senior staff)

Clinical and Professional Issues Seminar:

Interns sign up to present on the topic of the seminar focus (diversity and multicultural considerations, emotion focused therapy, and trauma) during the spring semester.

Clinical and Professional Issues Seminar:

Interns sign up to present an integrated assessment case presentation during the summer semester.

## AGENCY ADMINISTRATIVE POLICIES AND PROCEDURES

All of this information is in the Counseling and Psychological Services (CAPS) Policy and Procedure Manual. It is reproduced here so that the intern can have a quick reference to the policies and procedures, specific to interns. Any questions or clarifications should be directed to the Director of Training.

### INTERN CONTRACTS

#### A. ADMINISTRATIVE/PROFESSIONAL APPOINTMENTS

1. **Interns:** Interns are employed as A/P staff on term contracts. Interns are expected to work a 40-hour work week in order to complete the minimum hours of experience required for internship. Additional hours may be necessary for interns in fulfilling competency areas. Many interns find they work 42 – 44 hours per week.

Interns receive full A/P personnel benefits (health insurance – physical health, mental health, eye, dental; domestic partner benefits, retirement) and are entitled to all A/P rights and privileges sanctioned by the University (i.e., library privileges, access to Student Recreation Center through faculty passes which may be purchased, discounted tickets, and group access numbers to business services, etc.)

All staff are expected to be in the Center from 8:00 until 5:00 with one hour for lunch. Staff are responsible for managing their own schedules and are encouraged to utilize approved comp time if engaged in after hour services. Examples of after hour services include facilitating therapy groups, community intervention, etc. During busy periods in the semester, there may be times where interns may need to fulfill additional responsibilities to meet agency demand.

#### B. VACATION/ILLNESS

##### 1. Vacation

- a. **Yearly vacation allotment:** As employees, interns are allotted 25 vacation days per year. These days must be used during the contract year. However, in order for the intern to meet the 2000 total hour requirement, only 10 days of vacation may be taken in the year.
- b. **Using vacation days:** Prior to leaving CAPS for vacation, each staff member must fill out an absence request form to indicate the days they will be on vacation. In cases of extended vacation, the Director must be informed, and this form submitted, at least one week prior to leaving on vacation. Summer vacation requests must be given to the Director by mid-April so that a master schedule of staff coverage can be planned for the

summer months. **Persons submitting vacation request earliest will be given first priority on their preferred vacation times.**

Each staff member taking vacation time should designate responsibility for their duties on the absence request form. When on extended vacation leave, it is customary for an individual to designate “staff”. When taking individual vacation days, staff members are expected to arrange for specific individuals to cover responsibilities such as COD or clients. CAPS Administrators (Director, Director of Training, and Chief Psychologist) will designate a specific staff person to function in their capacity during their vacation absences.

During periods of high vacation usage (mid-May through August; mid-December through mid-January), coverage for COD will be arranged by the Chief Psychologist. At no time can the Center be staffed by fewer than two staff members.

## 2. Illness

- a. **Intern illness:** As employees, interns are allotted 42 days of sick leave at the beginning of their contract. When an intern is ill, they must inform CAPS as quickly as possible in order to arrange for coverage of responsibilities. Interns are expected to call before 8:00 by calling the extension at the front desk, 453-6345, to inform the receptionist of illness. At that point, arrangements should be made to take care of scheduled appointments for the day. In cases of extended illness, interns should be in contact with the Director of Training to discuss length of illness and to arrange for coverage of appointments or commitments. When an intern is out for an illness, an absence form should be submitted to the Director the day that the staff member returns to the office.
- b. **Family illness:** CAPS adheres to the policies of the University and the Family Leave Act regarding family leave. If childcare is involved in the illness, CAPS tries to be supportive. Interns should inform CAPS regarding family emergencies, make arrangements for their scheduled obligations, and may make up work missed or take sick days. Interns are encouraged to consult with the Director of Training in all related situations.

## 3. Forms for Taking Leave

- a. **Absence request forms:** The Request for Vacation – Report of Absence with Pay form is a University form which interns must complete and submit whenever they are absent from the university, including vacation, illness, or professional development. **FAILURE TO SUBMIT AN ABSENCE REQUEST FORM MAY RESULT IN A DELAY OR**

**LOSS OF BENEFITS IN CASE OF ACCIDENT OR DEATH WHILE ABSENT FROM THE UNIVERSITY.** This is University benefits policy, not a rule imposed by CAPS.

**C. PROFESSIONAL DEVELOPMENT**

1. **Professional Development Policy:** Each intern receives 10 professional development days per year. These days may be used to attend conferences, workshops for professional development, job interviews, or visits back to home department for dissertation (collecting data, meeting with chair, prospectus, defense). When taking professional development days, each intern must submit an absence form stating the days in which they will be absent from CAPS. Absence forms must be submitted prior to the time the staff member leaves and the Director of Training should be informed about plans for professional development leave at least one week prior to leaving. Professional Development time is reported under “Other Absence with Pay” on the A/P absence request form prior to the absence. Professional Development time will not be approved unless all agency paperwork is in compliance with QAUR and coverage for responsibilities is arranged.
  
2. **Approved Comp Time :** Interns are encouraged to use flex time when working overtime on a consistent basis. For example, when running a group and processing from 5:00 until 7:00 each week, an intern has accumulated two hours of flex time. The intern is encouraged to leave two hours early or come in two hours late at some other point in that week.

Any change to the intern schedule or potential use of approved comp time needs to be pre-approved and discussed with the Director of Training prior to using approved comp time.

**OFFICE FUNCTIONS AND RESPONSIBILITIES**

**A. ACCOUNTABILITY**

1. **Point and Click Schedules:** Each intern is expected to complete a “master schedule” reflecting recurring appointments for the semester (e.g., seminars, supervision, meetings, groups, etc.) and weekly appointments. The Point and Click schedule will be used by the front desk staff to schedule clients, cancel appointments, and know when interns are available for phone calls. It is the responsibility of the intern to keep their Point and Click schedule accurate and up-to-date. The intern should check their schedule each morning and make any needed changes for the day. If an intern is to be out of the Center during the day, the daily schedule should reflect the activity in which the intern is engaged (lunch, doctor appointment, meeting on campus for community intervention, etc.). The Point and Click Schedule allows the Director of Training to account for all hours worked during the internship year. These records

will be used to document your 2000 overall hours and your 500 clinical hours at the end of the year.

- 2. Quality Assurance Utilization Review (QAUR):** CAPS Director is responsible for reviewing Senior Staff and Interns Point and Click Schedules and Task Lists on a weekly basis to assure that each clinical staff member is in compliance with QAUR standards.

- COD – 24 hours
- Mandated Suicide Assessment Note – 24 hours
- Intakes – 24 hours
- Session Case Note – 48 hours
- Mandated AOD Assessment Note – 48 hours
- Closing Reports – 1 Week
- Request for Extended Treatment – Between Session 8 - 10

- 3. Administrative/Professional Time Sheets:** The State of Illinois requires AP staff to complete a monthly time sheet of how they spent their hours (i.e., University business, vacation, sick leave, Holiday/Administrative Closure, Other Absence with pay, Other absence without pay). The monthly time sheet needs to be completed by the last day of the month (ex: Your November time sheet needs to be completed by October 31). There may be times where your time sheet may need to be completed earlier. To complete the monthly AP Time Sheet, follow this procedure:

- A folder named PAYROLL has been created on the S: drive. Inside the folder are the different payroll divisions (you are AP Monthly - CAPS). Inside of the appropriate folder you will find a folder with your name. Inside of your folder you will find the following:
  1. Fringe Benefit Report for this fiscal year that will keep a current running tally of your balance of Sick and Vacation time. Employees will NOT be able to edit the information on this spreadsheet.
  2. Absence Request Form Template. You will use this form to submit requests for paid time off by completing the form and signing it electronically. You will be prompted to save the form using a new name. The naming convention will be the date you are requesting off with your Last name (ex: I want to request off for July 10 my saved file would be name **07-10-20 Scott Absence Request**). You will save your request in the same folder in PAYROLL.
  3. Monthly Time Sheet Template(s). When the month is nearing the end you will enter your time using the template provided and save the file to this folder using the existing name and adding the date that month ends. (ex: Payroll that is due on July 31 will be **07-31-20 Scott Time Record**).
- Employees will complete their absence request form and monthly time sheet electronically using the above method. This means that every



employee will need to create an electronic signature in Adobe called an Adobe Digital ID. If you use the same computer each time you submit your payroll sheets the signature will be easily accessed.

4. **State of Illinois Employee Ethics Test:** Each fall, the State of Illinois requires state employees to complete an online ethics training. The test is typically administered in the month of October. Employees are typically given a two-week time frame in which to complete this online training. The online training consists of reading information about laws governing ethical behavior for state employees and then taking a T/F or multiple-choice test over the material covered. Failure to comply with this training results in financial penalties and sanctions.

## B. STUDENT HEALTH SERVICES

- a. **Student Health Services Functions:** SHS has a yearly orientation meeting each August that all CAPS staff attend. The SHS also offers a monthly Continuing Education Workshop. The focus is on student health issues which present across different departments such as diversity, substance use, eating disorders, working with Veterans, etc.

## C. OFFICE RESOURCES

1. **Postage:** Interns are expected to provide their own postage for dissertation and/or job search material. CAPS will provide postage for letters of recommendation written by staff members on behalf of interns.
2. **Computer Equipment Usage:** Interns are expected to use University computers, internet searches, social networking sites, and email in a professional, responsible, and ethical manner.
3. **Intern Manuals and Seminar Books:** The Internship Policy and Procedures Manual and books given to the interns during seminars are for the intern's use during the year. At the end of the year, manual(s) and books should be returned to the Director of Training in good condition.
4. **Use of Copy Machine:** The photocopy machine is for CAPS business. Please do not use copy machine for personal use.
5. **Use of Telephone:** Each staff member receives a University telephone access code to make long distance calls. Long distance calls are to be made only for Center related business. Whenever possible, staff are encouraged to contact clients via secure message as opposed to making long distance phone calls to client's cell phone. Personal long-distance calls should be made using your cell phone.

## D. ADMINISTRATIVE POLICIES

1. **Policy on Providing Counseling Services After Hours:** All clients should be seen during the hours the Center is open, between 8:00 a.m. and 5:00 p.m. Monday – Thursday and 8:00 a.m. to 4:30 p.m. on Fridays during the fall and spring semesters. Please note that agency hours are 8:00 a.m. to 4:30 p.m. during the summer semester and during University breaks. Licensed Senior Staff may see clients after hours only if there is no other possible time and at their own discretion.

## 2. Professional Appearance Policy

Purpose: To establish a dress code that sets the guidelines for acceptable and professional appearance in the workplace.

Procedures: Employees should portray a professional image for Student Health Services and the University:

1. Standards of dress should parallel those in other health care settings.
  2. Dress standards may affect the health, safety, or actual work performance of employees, co-workers, or departmental clientele. All employees are required to dress in accordance with OSHA regulations and to dress appropriate for their job duties. This includes meeting Southern Illinois University dress regulations for specific job titles.
  3. Departmental managers are given the authority to use individual discretion when granting exceptions or enforcing this policy. For example, on days that assigned staff are doing work that could soil clothes or present personal safety issues, supervisors may allow clothing attire more suitable to the work conditions.
  4. All employees are instructed to wear Student Health Services' name badges to identify them as employees of Student Health Services.
- 
3. **University Policies Relevant to Interns:** The following policies are provided to educate interns of the rights and responsibilities. Interns are encouraged to use the Internship Due Process and Appeal Procedures. However, if this policy does not adequately address the intern's concern, the following University policies may be used:
    - SIUC Grievance Procedure for Administrative Professional Staff
      - [http://apstaff.siu.edu/\\_common/documents/grievance-procedure.pdf](http://apstaff.siu.edu/_common/documents/grievance-procedure.pdf)
    - SIUC Discrimination Complaint Procedure
      - <http://policies.siu.edu/policies/discrimination.php>
    - SIUC Sexual Harassment Policy
      - [http://policies.siu.edu/personnel\\_policies/chapter4/ch4-all/sexual.php](http://policies.siu.edu/personnel_policies/chapter4/ch4-all/sexual.php)
    - Workplace Violence Policy
      - <http://policies.siu.edu/policies/workplaceviolence.php>

