A HANDBOOK FOR THE DOCTORAL INTERNSHIP
An APA Accredited Training Program

2018-2019

University of California, Davis
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SECTION I

DOCTORAL INTERNSHIP PROGRAM

Program Description

The overarching objective of the internship training program, an integral element of Counseling Services, a department of Student Health and Counseling Services (SHCS), is to train ethical, competent psychologists who are capable of functioning independently and will contribute both to the welfare of society and to the profession. The educational philosophy and training model of our internship program is to provide training grounded in core competencies and the scientific principles of our profession, which emphasize the area of applied practice. The training staff realizes that the most important learning occurs through providing service under the direct supervision and mentorship of a senior staff professional. Such “learning by doing” is guided, enriched and deepened through seminars, consultations and in-service staff development activities.

We also offer specialized training and clinical experience in specific Emphasis Areas including Eating Disorders, Multicultural, Sports Psychology, AB540 and Undocumented Students, and General Clinical.

UC Davis has an ethnically and culturally diverse student body of over 31,000 (approx. 6500 grads, 25,000 undergrads). In addition to the numerous graduate programs the University has a Medical Center (Sacramento), Medical School, Law School, School of Veterinary Medicine and a School of Management.

The internship is a 12-month full time program. It is expected that the doctoral intern will accrue 2,000 hours of supervised professional experience by the completion of this year.

DOCTORAL INTERNSHIP PROGRAM BROCHURE

ABOUT STUDENT HEALTH AND COUNSELING SERVICES

Overview – The mission of Student Health and Counseling Services (SHCS) is to enhance the physical and mental health of UC Davis students in order to help them achieve academic success, personal development, and lifelong wellness. The mental health services and programs include individual counseling and psychotherapy, group counseling and psychotherapy, psychological assessment, crisis intervention, and career counseling and testing. Staff also provide referral information, consultation and educational programs, participate in the Multicultural Immersion Program (MIP), and provide training and supervision for peer advocate at The House. Finally, Counseling Services offers specific services in the following areas: Sport Psychology, Eating Disorders, Behavioral Health and the Community Advising Network focusing on underserved populations.
Staff - The professional staff consists of a multidisciplinary and culturally diverse group of psychologists, marriage and family therapists, professional counselors and social workers. A variety of psychotherapeutic orientations are represented including acceptance and commitment therapy, Gestalt, psychodynamic, interpersonal, family systems, cognitive-behavioral, feminist, and multi-theoretical approaches. Most of the staff are integrative in the ways they work with students and they share a commitment to a developmental point of view. Staff members are active in professional organizations and some have served in leadership roles within these national organizations.

Resources - There is a variety of technological support available. All interns are provided with video cameras connected to their computer to record sessions. Each intern has an Apple Macintosh computer in the office with e-mail and Internet access. You can access computer tech support by calling 754-9062. As a SHCS employee, you have access to the university’s library resources and an online SHCS internal staff web resource, which includes job announcements.

Clientele – Approximately 4,500 students received counseling services, which represents about 13% of the approximately 34,100 enrolled undergraduate, graduate, and professional students. Approximately 55% of the clients seeking counseling services are ethnic minority students. Students seeking service presented a variety of symptoms, syndromes, and disorders including affective disorders, anxiety disorders, relationship problems, eating disorders, and personality disorders. A few students present with schizophrenic disorders or psychotic symptoms. The majority of clients, however, present with adjustment reactions, mood and anxiety disorders, and developmental problems typical of a college student population.

Through our psycho-educational programs and outreach efforts, staff provided information and training to over 10,000 students, faculty, and staff annually. Primary recipients of Counseling Services programming efforts included the Cross Cultural Center, Lesbian Gay Bisexual Transgender Queer Intersex Asexual Resource Center, Women Resource and Research Center, Educational Opportunity Program, Student Recruitment and Retention Services, Transfer, Reentry and Veteran Center, Services for International Student Services, Student Housing, Asian American Studies Department, African American and African Studies, Department Chicana and Chicano Studies, Native American Studies Department, Middle East/South Asia Studies, Sociology Department, the four undergraduate Colleges dean’s offices, Graduate Studies, Medical School, Veterinary School and Intercollegiate Athletics. Topics included cross cultural communication, adjustment, stress management, drug and alcohol abuse, eating disorders, body image, communication skills, career decision making, stress & wellness, assertiveness training, managing critical situations and making referrals, dealing with distressed students, among others. Counseling Services consultation services responded to requests from various units of the University community.

Accreditation – SHCS is accredited by Accreditation Association for Ambulatory Health (AAAHC). Counseling Services, a department of SHCS, is accredited by the International Association of Counseling Services (IACS). The Internship Program is accredited by the American Psychological Association (APA) and is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and the Association of Counseling Center Training Agencies (ACCTA). The Postdoctoral Program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC).
Questions related to the internship program’s accredited status should be directed to the APA Commission on Accreditation:

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

THE TRAINING PROGRAM

EDUCATIONAL MODEL AND TRAINING GOALS
The overarching objective of the internship training program, an integral element of Counseling Services, is to train ethical, competent psychologists who are capable of functioning independently and will contribute both to the welfare of society and to the profession. The educational philosophy and training model of our internship program is to provide training grounded in core competencies and the scientific principles of our profession, which emphasize the area of applied practice. The training staff realizes that the most important learning occurs through providing service under the direct supervision and mentorship of a senior staff professional. Such “learning by doing” is guided, enriched and deepened through seminars, consultations and in-service staff development activities. The internship program is defined by a commitment to the following goals:

Goals

1. Commitment to Teaching Proficiencies across Foundational and Functional Competencies - The internship is designed to offer supervised experiences to interns who wish to develop and enhance skills in providing the varied services offered through a university counseling center. These services include initial consultation, assessment, individual and group counseling and psychotherapy, crisis intervention, supervision of trainees, consultation, outreach programming, brief assessment, and career assessment. **The core of the internship is intensive supervision in short-term psychotherapy.**

2. Commitment to Training in Providing Services to a Diverse Clientele - Integral to the functioning of a psychologist is the ability to understand and competently provide a breadth of psychological services to a pluralistic clientele. Training seminars, weekly supervision and the richness of a diverse client population provide opportunities for interns to examine their own reactions to differences as well as the effects of their own background on their attitudes, biases, and behaviors when providing service to clients. Due to the changing demographics in the state of California, and the resulting increase in the ethnic diversity of the student population, the internship emphasizes training and experiences in providing services to a diverse group of students. The goals of diversity training emphasize, but are not limited to improving ethnic and cultural sensitivity, increasing awareness of differences (e.g. sexual orientation, religion, disability, gender, gender presentation, age, class, nationality, body size), and developing competence in multicultural counseling.

3. Commitment to Facilitating Personal Growth and Professional Identity - The internship is viewed
as a period of integration of academic learning and applied experiences. This is a time for each intern to transition from student to professional psychologist. Emphasis is placed on the development of professional identity and facilitating personal growth. This process incorporates gaining self-knowledge, having confidence in the ability to make sound, ethical, clinical, and personal judgments, being comfortable with multicultural settings, and experiencing a sense of responsibility to oneself, the profession, and society. As a training faculty, we facilitate this process through mentoring, supervision, consultation, modeling and professional interaction. We also recognize the developmental aspect of professional identity and as such over the course of the training year, interns experience a shift in their roles, relationships and responsibilities as they progress through this process.

**Self-Disclosure** - Given our training program’s goal to train ethical, competent psychologists who are capable of functioning independently, opportunities for personal exploration and self-reflection occur throughout the year. When appropriate, interns are encouraged to explore historical influences and personal data that may affect professional practice. Our staff use a consultative model of supervision and supervisors may consult with one another about trainees when relevant. The internship training program functions in a manner consistent with the American Psychological Association’s Ethical Principles of Psychologists and Code of Conduct (Student Disclosure of Personal Information) as contained in the Revised Ethical Principles of Psychologists and Code of Conduct (Standard 3.04).

**UC Davis Counseling Services Training Values Statement Addressing Multiculturalism**

**Background** - Respect for diversity and for values different from one’s own is a central value of counseling psychology training programs. The valuing of diversity is also consistent with the profession of psychology as mandated by the APA’s Ethical Principles and Code of Conduct (2016) and as discussed in the Guidelines and Principles of Programs in Professional Psychology (APA, 2005). More recently there has been a call for counseling psychologists to actively work and advocate for social justice and prevent further oppression in society.

**UC Davis Counseling Services** - Our internship and postdoctoral training programs exist within a multicultural community which contains people of diverse racial, ethnic, and class backgrounds; national origins; religious, spiritual and political beliefs; physical abilities; ages; genders; gender identities, sexual orientations, and physical appearance. We believe that our training community is enriched by members’ openness to learning about others who are different from them as well as acceptance of others. We recognize that no individual is completely free from all forms of bias and prejudice and acknowledge that Counseling Services staff will evidence a range of attitudes, beliefs, and behaviors.

**Expectations of Trainers and Trainees**
- Agree to work together to create a training environment that is characterized by respect, safety, and trust and are expected to be supportive of all individuals.
- Committed to the social values of respect for diversity, inclusion, and equity.
- Committed to critical thinking and the process of self-examination so that prejudices or biases (and the assumptions on which they are based) may be evaluated.
- Acquire and utilize professionally relevant knowledge and skills regardless of their beliefs, attitudes, and values.
Expectations Specific to Trainers
- Engage trainees in a manner inclusive and respectful of their multiple cultural identities.
- Examine own biases and prejudices in the course of their interactions with trainees so as to model and facilitate this process for their trainees (this can include discussions about personal life experiences, attitudes, beliefs, opinions, feelings, and personal histories).
- Assuming no one is free from biases and prejudices, trainers will remain open to appropriate challenges from trainees to their held biases and prejudices.
- Committed to lifelong learning relative to multicultural competence.
- Examine and engage in exploration of multiple intersecting identities as they relate to nuances of power and privilege within the supervisory relationship.

Expectations Specific to Trainees
- Engage in self-reflection and introspection of attitudes, beliefs, opinions, feelings, and personal history.
- Examine and attempt to understand any of the above to eliminate potential negative impact on their ability to perform the functions of a psychologist, including but not limited to providing effective services to individuals from cultures and with beliefs different from their own.

Members of our training community are committed to educating each other on the existence and effects of racism, sexism, ageism, heterosexism, religious intolerance, and other forms of prejudice. Evidence of bias, stereotyped thinking, and prejudicial beliefs and attitudes will not go unchallenged, even when such behavior is rationalized as being a function of ignorance, joking, cultural differences, or substance abuse.

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

Overview - The internship training program contains the following elements: Supervisory experiences, didactic/educational experiences, consultative experiences and professional interactions. Each aspect has been scheduled and planned in such a way that is intended to maximize the professional development of the interns over the course of the training year. All interns participate in certain training activities and supervision; however, our site also takes an individualized approach for each intern’s training experience. The elements below form the aspects of our internship program that are standard for every intern:

Orientation - The month of orientation are designed to familiarize interns with the operation of SHCS and facilitate their transition to the University of California, Davis and the Davis community. During this time, interns meet with relevant Student Health and Counseling Services program coordinators, training and support staff and supervisors. Interns attend a variety of training seminars, learn about the policies and procedures of Student Health and Counseling Services, and visit and learn about other campus agencies. A service contract and schedule for each intern for fall quarter is developed in consultation with the Director of Training. Overall, orientation is a time for the interns and staff to get to know each other and to prepare for the start of the year.

Intern Retreats - The interns go on a one-day retreat with the Training Director during the orientation period and attend a one-day retreat at mid-year and end of the year. Interns are asked to pay for the cost of meals (approx. $10-20) during the retreats. The goals of the first retreat are team building and goal setting. The major goal for the end of the year retreat is to review the contributions the internship has made to each intern’s personal and professional development.

Consultation - There are numerous opportunities for Counseling Services trainees to consult with clinical staff and fellow trainees about cases and administrative functions. Following is a review of these opportunities:

Professional Interactions
One of the particular strengths of our internship is the availability of staff members for consultation. Staff members are available as needed for consultation about particularly difficult cases/crisis situations when the intern's clinical and emphasis supervisors, Clinical Director, Director of Training and Director are not available. Interns are encouraged to seek out staff members who have expertise in treating particular disorders/problems that are relevant to the interns' caseloads. The essence of staff collaboration is evident in the collegial interactions and mentorship provided by the training staff.

EXPERIENCES FOR ALL INTERNS

Individual Counseling and Psychotherapy - Interns primarily provide short-term, individual personal counseling and psychotherapy. They provide approximately 16-24 individual counseling hours (initial consultation and follow-ups) per week depending on their individual contracts (approximately 40 to 60% of their contract). Clients are typically seen 3 to 5 sessions, about 20% can be carried to 6-8 sessions and one client at a time can be seen on a longer-term basis (e.g. 12-15 sessions) if they have risk issues and have limited financial resources. Each intern's clinical caseload is ethnically and culturally diverse. Interns are prepared for individual counseling and psychotherapy
through seminars in orientation, seminars held throughout the year, individual and group supervision, and weekly facilitated trainee case consultations. We expect interns to come basically prepared for this experience by their academic coursework and practicum experiences.

**Group Counseling and Psychotherapy** – Counseling Services offers a variety of psychotherapy, support, drop-in, and psychoeducational groups, including psychotherapy groups for undergraduate and graduate/professional students and specific population/topical groups such as: Eating Disorders, Graduate Students, Women, Lesbian, Gay, Bisexual, Transgender, Questioning, and Queer Students, and Mindfulness Meditation. Some groups run for the entire year, while other groups are short-term, structured groups. The psychoeducational groups include the Career Exploration Group, and the Building Social Confidence Group. Additionally, psycho-ed workshops enable students to build awareness and skills related to topics such as mindfulness, values clarification, and distress tolerance.

Interns are expected to generally co-lead one group per quarter. All interns are expected to facilitate a career exploration group. Interns are prepared for and receive supervision on group counseling and psychotherapy in the group psychotherapy seminar during orientation and receive ongoing individual supervision with their staff group co-facilitators. Interns co-facilitate therapy/process groups with senior staff, but may co-facilitate structured or psychoeducational groups with other trainees.

**Initial Assessment and Crisis Intervention** – Counseling Services’ same-day Initial Consultation system provides interns the opportunity to perform initial assessments and crisis intervention. Interns identify client concerns, assess level of functioning, diagnose disorders, and determine the appropriateness of agency services. Interns are prepared for initial assessments and crisis intervention services early in the year through orientation and training seminars. After the initial period of training, interns provide initial consultation, with staff available for back up and consultation. Interns provide five hours per week (12.5% of training contract) of initial consultation appointments.

**Psychological Testing** - Interns’ skills in the administration and interpretation of psychological tests relevant to the work of a university counseling center psychologist are enhanced during the internship year. Interns will obtain training in career assessments and conduct individual and group career assessment interpretations (MBTI, SII-II, Skills Scan, Values Assessment). Interns are required to facilitate a career exploration group which includes test interpretation. Other testing resources available include an eating disorder inventory (EDI-III), substance abuse inventory (BASICS).

**Consultation** – Counseling Services staff provides professional consultation services to the University community. While at Counseling Services, interns may consult with faculty, staff, students, and parents about psychological issues. In addition, depending on professional interests, an intern may develop relationships with campus units, and as a result the intern would naturally become an identified staff member contacted when that particular office needs consultation.

**Programming** – Counseling Services staff provides programming and outreach services to the University community. **Interns are required to do at least 10 outreach programs during the training year.** Interns may establish relationships with other campus offices, depending on the intern’s interests, and these liaison relationships become the foundation for outreach programs with students. Interns are prepared for programming activities during an orientation seminar. Additionally, interns may work with the outreach coordinator or with other senior staff who provide psychoeducational
programs on specific topics or for specific members of the university community.

**Trainee Research/Special Project (TRSP)** – The Trainee Research Project (TRSP) is intended to provide trainees with the opportunity to reach a supervised hour total of 2,000 hours. In addition to the 40 contracted hours the TRSP is 4 hours a week devoted to working on a project. These hours will be on your contract and approved by your Training Director at the start of each new quarter. This project is intended to further your professional development during your training year. As these 4 hours are in addition to your 40 hours, they can be completed off-site pending approval from your Training Director.

**EMPHASIS AREAS**

Interns are chosen in part, based on a training emphasis experience in which they express a desire to work throughout the year. Interest areas reflect specific functions of a university counseling center psychologist. Specific goals for each interest area are developed at the beginning of the training period. Interns may spend between 3-6 hours per week in activities specifically related to the interest area, including clinical work. The Emphasis areas are described below:

(1) **AB 540 and Undocumented Students**

This interest area offers training in individual therapy, consultation, and community programming when serving AB540 and undocumented students. The intern conducts outreach that focuses on the needs of undocumented students group, provides clinical services to undocumented students, participates in campus cross-disciplinary efforts (e.g., AB540 Task Force committee, AB540 Undocumented Student Resource Center) to serve this population. The intern may provide services in Spanish, pending appropriate supervision resources. The intern provides consultation to the Student Health and Counseling Services staff and peer educators as needed.

(2) **Eating Disorders**

This interest area offers training in individual and group therapy, consultation, and community programming in the area of eating disorders. The intern co-leads an eating disorders group, participates in the campus committee on body image and eating disorders, attends the eating disorders clinical meeting at the Student Health and Wellness Center, and participates in networking with other ED providers. Programming and outreach on eating disorders is done throughout the year and the intern provides consultation to the health providers, health educators and peer educators.

(3) **General Clinical**

This interest area offers supervised experiences for interns to enhance skills in providing the varied clinical services offered through a university counseling center, and in becoming a skilled generalist who is marketable broadly and prepared for a career in a university counseling center environment. These services include assessment, psychodiagnosics, short-term individual counseling, group therapy, crisis intervention, consultation, suicide prevention training and program development if needed. This area can have a focus on a specific population. Having a specialty focus additionally provides the Resident the opportunity to co-lead a process group that specifically addresses this clinical population. The intern would receive emphasis area supervision from a staff member who has specialized clinical experience in the area.
(4) Multicultural
This interest area is designed to offer supervised experiences to Interns who wish to develop and enhance multicultural and social justice awareness, knowledge and skills in providing the varied clinical services offered through a university counseling center. This core of this opportunity focuses on using a multicultural and social justice lens when counseling and outreaching to diverse clients. Some of the intern’s initial contact appointments can be “priority designated” for specific populations that are underserved by Counseling Services. Interns work closely with their supervisor to develop programming aligned with addressing social justice concerns.

(5) Sport Psychology
This interest area provides the intern with an opportunity to work with student-athletes, coaches, and athletic department staff in the two areas of consultation and counseling. Sport consulting with student-athletes and coaches entails (a) performance enhancement skills training, (b) life skills training, (c) coach, athlete, and team relationship development, and (d) psycho-educational groups (e.g., goal setting, concentration, motivation, stress management, team cohesion, dealing with sport injury). The intern will co-facilitate a skills development group to enhance student-athletes” performance. Counseling to athletes will assist, educate, and support student-athletes to enhance positive performance within and outside of their given sport. The intern meets weekly with this emphasis supervisor to discuss organizational and clinical issues in working with student-athletes. The intern will also have an opportunity to teach and conduct research on or with intercollegiate student-athletes and coaches.

SUPERVISION & SEMINARS

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

Emphasis Supervision
Interns meet regularly with the staff member supervising their emphasis area experiences. This supervision provides in-depth training, exploration, mentoring, and development of expertise in the chosen area. Specific goals for the particular emphasis area are developed in consultation with the emphasis supervisor at the beginning of the training period. Evaluation of an intern's performance is based on the attainment of the goals developed.

Supervision of Group Therapy
When co-facilitating a group with a staff member, interns receive 1/2-hour weekly individual
supervision from his or her group staff co-facilitator. Each intern has an opportunity for discussion and training in the elements of group therapy with their co-facilitator. In addition, interns are welcome to consult about their group experiences with their individual supervisors and in the Supervised Case Consultation Team.

**Supervised Case Consultation Team**
Interns participate in weekly consultation in one of two groups of mixed trainees consisting of interns and postdocs, which will be facilitated by a licensed mental health clinician. Weekly Supervised Case Consultation will include supervision by a staff member for individual and group psychotherapy.

**Seminars** - These didactic training experiences provide a forum for staff members and other professionals to present relevant topics to the interns. Some of training occurs in module formats over a period of several weeks, which provides the opportunity for in-depth exploration of the topics under discussion. Some of the training occurs in shorter one to three sessions to address specific topics.

**YEAR LONG SEMINARS (FALL, WINTER, SPRING and SUMMER QUARTERS)**

- **Trainee Consult Team**
- **Intern Team Meeting**

Additionally, topical seminars may include:

- **Clinical Issues in a Multicultural Context**
  - a. Diversity Dialogues
  - b. Cultural Competence, Cultural Humility, How to Be An Ally
  - c. Working with International Students
  - d. Intersections of Identities (Foci of demographics pending needs of training cohort)

- **Professional Development Seminar**
  - a. Professional Balance and Wellness
  - b. Giving and Receiving Feedback
  - d. Supervision Theory & Models
  - e. Licensure Preparation
  - f. Successful Job Attainment and Salary Negotiation

- **Clinical Topics**
  - a. Brief Therapy
  - b. Crisis Intervention
  - c. Working with Risk concerns
  - d. Alcohol and Other Drugs
  - e. Experiential Ways to Work with Loss
  - f. Eating Disorders
  - g. Trauma

Interns can request specific seminars based on clinical and training needs.
OPTIONAL EXPERIENCES

Depending on an intern's areas of interest, previous experiences, training goals, and SHCS’ needs, it's possible an intern may be able to have some level of involvement in the following activities and services. Attention to work-life wellness and an adequate balance of responsibilities are also used to determine involvement of interns.

Diversity/Population Specific Services
An intern may provide clinical and professional services to an identified population. Activities might involve doing outreach programs and consultation services and providing individual therapy and group therapy with a specific population. An intern may work closely with a staff member who has expertise with the specific population of interest and could participate as a workshop facilitator in one of the leadership retreats for specific groups of diverse students. Recent populations that interns have worked with include gay lesbian bisexual clients, transgender and genderqueer clients, Asian American clients, Chicano/Latino clients, African American clients, men, and international students.

Clinical Focus
If an intern has an interest in gaining experience working with a specific clinical issue, he/she may provide services addressing that issue. An intern could request to see clients presenting with these types of concerns, as well as co-facilitate a group focused on the issue. In addition, he/she could develop a liaison relationship with other campus units providing related services. Finally, the intern may provide consultation and outreach services on the topic. Examples of clinical issues are: depression, substance abuse, trauma, sexual assault, acculturation, and adjustment issues etc.

Couples Counseling
A small part of Counseling Services workload involves couples counseling. Couples counseling is only an option for trainees who have prior training and experience, and if the clinical supervisor is qualified to supervise couples work. We strongly recommend that all sessions are recorded.

Additional Career Counseling
In addition to the career exploration groups, interns may provide career programs/workshops, specific to service needs or population groups.

Program Development and Consultation
An intern may be able to work closely with the Outreach Coordinator to develop and conduct an additional number of programs and outreach activities, beyond the 10 required of all interns during less busy times of the year. The activities can be in the form of presentations, lectures, workshops, consultations, and/or committee work.

Summer Workgroups
Occasionally, we develop workgroups during the summer to focus on an area of need for SHCS. Depending on the agency needs and the trainee’s availability, expertise and interest, a trainee may request to join one of the workgroups.
ADMINISTRATIVE ACTIVITIES

Committee and Work Groups
Interns are invited to participate on administrative or programmatic work groups, however this is not a requirement. This activity provides interns with experience in the operation of a mental health organization. Center committees that interns regularly participate on are cross-cultural, intern selection, staff wellness, and other ad hoc committees that may form during the year. Interns receive supervision of their committee activities from the committee chairperson or their emphasis supervisor.

Case Management
Approximately five hours each week are reserved for paperwork, reviewing videotapes, preparing for programs, and performing administrative tasks which may also include meetings with training staff.

Professional Development
In addition to the ongoing training that interns receive through seminars, supervision, consultation, etc., they also participate in the Continuing Education Units (CEU’s) that Student Health and Counseling Services sponsors for the licensed professional staff. Traditionally experts in the field provide these trainings. Interns also typically attend the Northern California University Counseling Center Training Conference in the fall. Student Health and Counseling Services cover the cost of the conference fee. Interns have five professional development days a year, which they can use for dissertation defense, conference attendance or job interview.

TRAINING CONTRACT
In general, interns contract for about 50-65% of their 40 hour work week providing direct service (clinical, consultative and supervisory), 20% receiving training and supervision, and 20% in case management or center management activities. In order to ensure that our interns are eligible for licensure in any state our site has an expectation that interns accrue 2,000 hours by the completion of the internship year. Interns collaborate on an intern research/special project for the additional 4 hours of experience per week (beyond the 40 hours) in order to ensure that they reach their final 2000 hours by the end of the internship year. Additionally, consistent with requirements of the Board of Psychology for the State of California, interns must keep a weekly log of their service hours. The total number of hours signed off on at the conclusion of the doctoral internship year comes directly from the number of hours logged.

EVALUATION PROCEDURES
Clinical, emphasis, and group supervisors provide interns with formal verbal and written feedback. The evaluation process consists of a review of the intern's objectives and goals and feedback in areas that reflect current domains of professional competence. These areas included in the clinical evaluation are:

- Assessment/Diagnosis/Case Conceptualization
- Intervention
- Psychological Testing
- Crisis Intervention
• Consultation and Outreach
• Personal Characteristics and Professionalism
• Relationships and interpersonal issues
• Use of supervision
• Management and administration
• Diversity: individual and cultural differences
• Legal and ethical standards.

At the end of the first evaluation session, new goals and priorities can be set to facilitate the future supervisory contacts in particular and future training in general. Throughout the supervision process, it is expected that feedback and discussion are continuous; thus if goals are not being sufficiently met, such feedback would be given prior to the formal evaluation. The Director of Training receives copies of all evaluation forms and monitors each intern's progress.

Formal clinical evaluations are provided in written and oral formats and provided by the interns’ individual clinical supervisors and by interns’ emphasis supervisors at 6, and 12 months. The clinical supervisor may also contact other staff who have been involved in the intern's training (e.g., seminar leaders, outreach co-presenters) to gain a broad picture of the intern's participation, involvement, interests, skill level, professionalism, etc. Group evaluations will completed by the interns’ staff co-facilitators at the end of fall and spring quarters for year-long groups.

Graduate schools for each intern are contacted early in the year with a letter of formal introduction from the Training Director. At this point, the interns' graduate advisors are informed of our internship program's evaluation procedures. Upon completion of each evaluation period (6 and 12 months), the intern's home program receives copies of the completed evaluations. The home program is invited to comment on and ask questions about the intern's evaluation. Our goal is to keep open the channels of communication between the academic departments and our training program.

Recognizing that evaluation is a two way street, interns evaluate their supervisory relationships during each evaluation period. They complete evaluations on their internship program experiences on a quarterly basis and an evaluation of the entire program at the end of the year. All evaluation materials are reviewed by the Director of Training and training supervisors to assist in the development of each intern's program and in the development of the internship program overall. We seek feedback and ask for honest evaluations so that we can provide interns with a program responsive to their training needs.

References for Competency-Based Evaluations


Becoming a Competent Clinician: Basic Competencies in Intervention. *Journal of Clinical Psychology, 60*, 741-754.

**APPOINTMENT, and BENEFITS**

**Appointment**: The internship begins on August 1 and concludes on July 31. This is a full time, minimum 40-hour per week appointment.

**Vacation**: Accrues at approximately 10 hours per month (15 days total – we encourage you to reserve 5 of these days to be taken during the last week of the internship year).

**Sick Leave**: Accrues at approximately 8 hours per month (12 days).

**Professional Development**: Interns receive time and funding to attend the Northern California University Counseling Center Training Conference and attend the onsite CEU’s offered by SHCS each year when possible. In addition, interns have five professional development days to use to defend their dissertation, attend a conference or other training opportunity subject to approval of training director.

**Medical Insurance**: Is provided at a reasonable cost, which varies depending on the plan selected.

**Paid Holidays**: 13 paid university holidays.

**Location**: The pleasure of living 75 miles from San Francisco, 20 miles from Sacramento, and 115 miles from Lake Tahoe/Reno.

**Other**: As university staff members, interns have library privileges, access to university recreational facilities and can purchase parking stickers.
SECTION II
SPECIFIC TRAINING PROGRAM INFORMATION

Agency Expectations of Doctoral Interns

1. Issues of Professionalism
Interns will demonstrate ethical and professional behavior. Interns will be involved in a variety of service provision activities including individual counseling; crisis counseling; group therapy; consultation and outreach. In consultation and outreach roles outside of SHCS, Interns are expected to continue to demonstrate professional behavior that reflects and models our APA ethical standards and beliefs.

2. Status
Interns are seen as new professional employees, this is moderated by their own level of experience/skill, and have a temporary – time-limited appointment at SHCS. Their status in the center is as “trainees”. Even within the trainee status, Interns are seen as mentors by peer educators. Because they remain trainees this year, mindfulness is continued to be displayed around staff-trainee relationships and monitoring boundaries.

3. Individual Differences
As a function of the individual difference, some Interns will choose to be more “integrated” into our Center than others, and some will be perceived to be more integrated than others. Regardless of how carefully we clarify expectations, there will always be some differences between the role of “trainee” and the role of “colleague”; the way in which this is handled will differ as a function of both the staff and trainee individual differences.

4. Issues of Training
A certain percentage of the Interns’ time will be spent strictly in training activities. Interns will demonstrate initiative and collaboration in articulating their needs and seeking out training experiences that fit with their individual contracts and emphasis areas. Interns will also demonstrate openness to learning, growth, and this will be manifested within the context of their particular needs, interests, and foci; some will be here to primarily focus on their area of interest (emphasis area), while others are exploring an experience that will increase their breadth in the field. Training needs and wanted experiences should be shared with the TD as they occur- so that there is a possibility of incorporating it into the contract. Each individual is responsible for communicating their own needs.

5. Dress Code
Trainees may struggle with defining "professional attire" for themselves. Your attention to your own appearance will convey a strong message to your client about the interest that you are able and willing to pay to their concerns. Research has shown clients perceive therapists as more credible and more positive therapy outcomes result when a professional image is conveyed to the client. The question you should ask yourself is what do you wish to communicate to your client(s), based on your apparel. Obviously, attire is subject to
particular clients' and your own interpretation, but our training staff wants to be as clear as possible. We want all trainees to send congruent messages that the work we do with clients is serious, important, and non-sexual.

The issue is not so much about the specifics but rather, about the overall level of professionalism and intentionality. However, some minimum criteria include not being too casual (e.g., shorts, worn out jeans, T-shirts, tennis shoes, etc.) or too provocative (e.g., cropped shirts, showing too much skin). If you are uncertain about how appropriate an outfit you are wearing is, please consult with the director of training or your supervisor. If staff members express concern about your attire, the postdoctoral coordinator or your supervisor will discuss these concerns with you. It is also important to note that you are in a final period of transition from student to professional. What was acceptable at one point may not be acceptable in this work environment. Our consistent goal is to help you successfully move through this transition from student to professional. If you have any questions about this issue, please consult with your supervisor or the Training Director.
**Internship Goals, Expected Objectives and Competencies**

Listed below are the large target goals of the internship. The specific competencies expected within each of these areas can be found on page 35 in the “Evaluation of Supervisees.”

The overarching objective of the internship training program, an integral element of Counseling Services department, is to train ethical, competent psychologists who are capable of functioning independently and will contribute both to the welfare of society and to the profession. The educational philosophy and training model of our internship program is to provide training grounded in core competencies and the scientific principles of our profession, which emphasize the area of applied practice. The training staff realizes that the most important learning occurs through providing service under the direct supervision and mentorship of a senior staff professional. Such “learning by doing” is guided, enriched and deepened through seminars, consultations and in-service staff development activities. The internship program is defined by a commitment to the following goals:

**Counseling Services TRAINING MODEL - Practitioner-Scholar Model** - The training staff believes that mentor relationships with interns are essential methods of transmitting knowledge and appropriate professional, ethical behavior. Thus, the training staff emphasizes the development of supportive, challenging, collegial relationships with interns. The practice of psychology is the primary focus of the training program, with this practice being informed by scholarly inquiry.


**Specific Competencies/Objectives Expected:**
1. Interns will display competence in assessment/diagnosis/conceptualization in short-term therapy.
2. Interns will display competence in intervention in short-term therapy and group facilitation.
3. Interns will display competence in psychological testing with the instruments used at UC Davis SHCS.
4. Interns will display competence in crisis intervention.
5. Interns will display competence in consultation and outreach.
6. Interns will display competence in understanding their personal characteristics and impact on others.
7. Interns will display competence in forming and maintaining collaborative relationships with peers and colleagues (Relationships and Interpersonal Issues)
8. Interns will display competence in their use of supervision
9. Interns will display competence in the management of their administrative work.
10. Interns will display competence individual and cultural diversity
11. Interns will display competence using legal and ethical standards in decision-making.

**GOAL #2: Interns will display proficiency in providing services to a diverse clientele.**

**Specific Competency/Objective expected:**
1. Interns will provide assessment, psychotherapy, and psychological interventions with respect for and awareness of individual differences and strengths.

**GOAL #3: Interns will display personal understanding and professionalism.**

**Specific Competency/Objective expected:**
1. Interns will cultivate the self-knowledge, attitudes, professional knowledge and skills needed for competent and ethical practice as a psychologist.
Due Process for Cases Involving Trainee Competence or Problematic Behaviors

I. Purpose

To document the due process procedures for cases involving inadequate performance or problematic behaviors. Whenever a trainee is not performing at the expected level, informal resolution is always encouraged through supervision for example. When informal attempts have been inadequate in sufficiently addressing the performance issues, a more formal procedure is necessary. Counseling Services (CS) expectations for formal processes of addressing psychology trainees’ performance issues are outlined below.

Trainee inadequate performance or problematic behaviors may be reflected in one or more of the following ways:

1. An inability to acquire and integrate professional standards into one's repertoire of professional behavior;
2. An inability to acquire professional skills in order to reach an acceptable level of competency; and/or
3. An inability to control personal stress; psychological dysfunction; and/or excessive emotional reactions which interfere with professional functioning.

Some characteristics that may indicate a need for more formal remediation include:

1. The trainee does not acknowledge, understand or address the problem when it is identified;
2. The problem is more than a skill deficit which can be rectified by academic or didactic training;
3. The quality of services delivered by the trainee is consistently negatively affected;
4. The problem is not restricted to one area of professional functioning;
5. A disproportionate amount of attention by training staff is required; and/or
6. The trainee's behavior does not change as a function of feedback, remediation efforts, and/or time.

II. Definition

A. Trainee: Any person in Counseling Services (CS) Training Program at Student Health and Counseling Services (SHCS) including a practicum student, doctoral psychology intern or postdoctoral resident.

B. Training Coordinator (TC): A licensed staff member who oversees that specific training group’s activities. For the doctoral psychology interns, this is the Training Director (TD), and for the postdoctoral residents this is the Postdoctoral Coordinator. In the event that the TC is not the TD, then the TD will always be consulted prior to consulting with the CS Director.
III. Procedure

When at any point in the internship year, the trainee receives a rating of 1, or ratings of 2 on a significant number of items on any SHCS training evaluation form, or if a staff member or another trainee has concerns about a trainee’s behavior (e.g., ethical or legal violations, professional incompetence, etc.) the following action is taken.

A. At the discretion of the involved CS staff member or trainee, the concern may be addressed directly with the trainee in consultation with the TC or TD, as appropriate.
B. Once the TC or TD has been informed of the specific concern, he/she will determine appropriate course of action to take to address the concern.
C. If the staff member who initiated the concern to the TC or TD is not the trainee's supervisor, the TC or TD will discuss the concern with the supervisor(s).
D. If the TC or TD and supervisor(s) determine that the alleged behavior in the complaint, if proven, would constitute a serious violation, the TC or TD will inform the staff member who initiated the complaint.
E. The TC or TD will meet with the CS Director and when necessary the CS Management Team to discuss the concerns and possible courses of action to be taken to address the issues.
F. The TC, TD, supervisor(s), CS Management Team, and CS Director may meet to discuss possible course of actions, (as listed in IV below).

IV. Trainee Notification

It is important to have meaningful ways to address problematic behavior once identified. In implementing remediation or sanctions, the training staff must be mindful and balance the needs of the problematic trainee, the clients involved, members of the trainee’s training group, the training staff, other SHCS personnel, and the campus community. All evaluative documentation will be maintained in the trainee’s file. At the discretion of the TD (in consultation with the TC and CS Director) – the trainee’s home academic program will be notified of any of the actions listed below.

A. Verbal Notice to the trainee emphasizes the need to discontinue the inappropriate behavior under discussion.
B. Written Notice to the trainee formally acknowledges that:
   1. the TC is aware of and concerned with the behavior;
   2. the concern has been brought to the attention of the trainee;
   3. the TC will work with the trainee to rectify the problem or skill deficits; and
   4. the behaviors of concern are not significant enough to warrant more serious action.
C. Second Written Notice to the trainee will identify possible sanction(s) and describe the remediation plan. This letter will contain:
   1. a description of the trainee's unsatisfactory performance;
   2. actions needed by the trainee to correct the unsatisfactory behavior;
   3. the time line for correcting the problem;
   4. what sanction(s) may be implemented if the problem is not corrected; and
   5. notification that the trainee has the right to request an appeal of this action at any time the trainee disagrees with the aforementioned notices. (see Appeal Procedures - Section VI)
V. Remediation and Sanctions

The implementation of a remediation plan with possible sanctions should occur only after careful deliberation and thoughtful consideration of the TC, the TD, relevant members of the training staff and the CS Director. The remediation and sanctions listed below may not necessarily occur in that order. The severity of the problematic behavior plays a role in the level of remediation or sanction. Throughout the process described in V, the Training Program will consult with SHCS and UC Davis Human Resources and follow UC Davis Personnel Policies for Staff Members (PPSM): Separation Actions, Section 61, Release (Appendix A).

A. Schedule Modification is a time-limited, remediation-oriented closely supervised period of training designed to return the trainee to a more fully functioning state. Modifying a trainee's schedule is an accommodation made to assist the trainee in responding to personal reactions to environmental stress, with the full expectation that the trainee will complete the traineeship. This period will include more closely scrutinized supervision conducted by the regular supervisor in consultation with the TC. Several possible and perhaps concurrent courses of action may be included in modifying a schedule. These include:

1. increasing the amount of supervision, either with the same or additional supervisors;
2. change in the format, emphasis, and/or focus of supervision;
3. recommending personal therapy (a list of community practitioners and other resources are available on the SHCS internal staff website);
4. reducing the trainee's clinical or other workload;
5. requiring specific academic coursework.

The length of a schedule modification period will be determined by the TC in consultation with the TD, supervisor(s) and the CS Director. The termination of the schedule modification period will be determined, after discussions with the trainee, by the TC in consultation with the TD, supervisor(s) and the CS Director.

B. Probation is also a time-limited, remediation-oriented, more closely supervised training period. Its purpose is to assess the ability of the trainee to complete the traineeship and to return the trainee to a more fully functioning state. Probation defines a relationship in which the TC systematically monitors for a specific length of time the degree to which the trainee addresses, changes and/or otherwise improves the behavior associated with the inadequate rating. The trainee is informed of the probation in a written statement that includes:

1. the specific behaviors associated with the unacceptable rating;
2. the remediation plan for rectifying the problem;
3. the time frame for the probation during which the problem is expected to be ameliorated, and
4. the procedures to ascertain whether the problem has been appropriately rectified.

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

C. **Suspension of Direct Service Activities** requires a determination that the welfare of the trainee's client(s) or the campus community has been jeopardized. When this determination has been made, direct service activities will be suspended for a specified period as determined by the TC in consultation with the trainee’s supervisor(s), TD and CS Director. At the end of the suspension period, the trainee's supervisor(s) in consultation with the TC and TD will assess the trainee's capacity for effective functioning and determine if and when direct service can be resumed.

D. **Administrative Leave** involves the temporary withdrawal of all responsibilities and privileges at SHCS. If the Probation Period, Suspension of Direct Service Activities, or Administrative Leave interferes with the successful completion of the training hours needed for completion of the traineeship, this will be noted in the trainee's file and the trainee's academic program will be informed. The TC will inform the trainee of the effects the administrative leave will have on the trainee's stipend and accrual of benefits.

E. **Dismissal from the Training Program** involves the permanent withdrawal of all SHCS responsibilities and privileges. When specific interventions do not, after a reasonable time period, rectify the problem behavior or concerns and the trainee seems unable or unwilling to alter her/his behavior, the TC will discuss with the TD and CS Director the possibility of termination from the training program or dismissal from the agency. Either administrative leave or dismissal would be invoked in cases of severe violations of the American Psychological Association (APA) Code of Ethics, or when imminent physical or psychological harm to a client is a major factor, or the trainee is unable to complete the training program due to physical, mental or emotional illness. The CS Director will make the final decision about dismissal.

F. **Immediate Dismissal** involves the immediate permanent withdrawal of all agency responsibilities and privileges. Immediate dismissal would be invoked but is not limited to cases of severe violations of the APA Code of Ethics, or when imminent physical or psychological harm to a client is a major factor, or the trainee is unable to complete the training program due to physical, mental or emotional illness. In addition, in the event a trainee compromises the welfare of a client(s) or the campus community by an action(s) which generates grave concern from the TC, the supervisor(s), or TD, the CS Director may immediately dismiss the trainee from SHCS. This dismissal may bypass steps identified in notification procedures (Section IV) and remediation and sanctions alternatives (Section V A-E). When a trainee has been dismissed, the TD and TC will communicate to the trainee's academic department that the trainee has not successfully completed the training program. If at any time a trainee disagrees with the aforementioned sanctions, the trainee can implement **Appeal Procedures (Section VI).**
VI. Appeal Procedures

In the event that a trainee does not agree with any of the aforementioned notifications, remediation or sanctions, the following appeal procedures should be followed:

1. The trainee shall file a formal appeal in writing with all supporting documents, with the CS Director. The trainee must submit this appeal within 5 work days from their notification of any of the above (notification, remediation or sanctions).
2. Within three (3) work days of receipt of a formal written appeal, the Director will consult with members of the CS Management Team whether to convene a review panel or respond to the appeal without the review panel being convened.
3. If the decision is for the CS Director to respond directly to the appeal, the CS Director has ten (10) work days to make the final decision regarding what action is to be taken and informs the TC and TD.
4. If the decision is to convene the review panel, the review panel is convened within five (5) work days to review the appeal and to examine any new relevant material presented.
5. A hearing is conducted with the trainee and the review panel.
6. Within three (3) work days after completion of the hearing, the review panel submits a written report including recommendations for further action to the CS Director.
7. Within three (3) work days of receipt of review panel’s final report including recommendations for further action, the CS Director will either accept or reject the recommendations or refers back to the review panel for further deliberations or revised recommendations or may make the final decision.
8. If referred back to the review panel, a report will be presented to the CS Director within five (5) work days of the receipt of the CS Director's request of further deliberation. The CS Director then makes a final decision regarding what action is to be taken and informs the TC and TD.
9. The TD and/or TC inform the trainee, staff member(s) involved and appropriate members of the training staff of the decision and any action taken or to be taken.
10. Proceedings are summarized and results carefully described in writing for all parties.
11. All aspects of the formal appeal process will be documented, including the nature of the grievance, recommendations of the review panel and the CS Director, and the rationale for those recommendations.
12. If the trainee is unwilling to accept the decision from the appeal process, s/he may proceed to initiate the grievance procedures of UC Davis PPSM (Reference Appendix A and B) or contact the UC Davis Ombuds Office for assistance.
61.A. GENERAL

Note 1--Probationary Employee. A supervisor has the authority to release a probationary employee at any time during the employee’s probationary period. Consultation with an Employee & Labor Relations analyst is recommended prior to taking any action. A sample of a release letter is available at http://www.hr.ucdavis.edu/Elr/manager-supervisor-toolkit/manager-supervisors-toolkit-helpful-links/manager-supervisors-toolkit-helpful-links/ReleasePPSM.

Note 2--Limited or Casual/Restricted Employee. A supervisor has the authority to release a limited or casual/restricted employee prior to his or her end date. A sample of a release letter is available at http://www.hr.ucdavis.edu/Elr/manager-supervisor-toolkit/manager-supervisors-toolkit-helpful-links/manager-supervisors-toolkit-helpful-links/ReleasePPSM.

Note 3--Floater Employee. Temporary Employment Services has the authority to release a floater employee prior to his or her end date.

Note 4--Wage Payment. The department shall pay a released employee all wages owed at the employee's usual work location on the release date. See the Payroll Division instructions on the Web at http://payroll.ucdavis.edu.

61.B. AUTOMATIC TERMINATION

Note 1--Notice. When an employee is automatically terminated, no written notice is needed.
Appendix B

UC Davis Personnel Policies for Staff Members
Complaint Resolution Procedure 70, Complaint Resolution
Date: 1/3/11, rev. 12/22/14
Supersedes: 12/18/06
Responsible Department: Human Resources
Source Document: UC PPSM 70

GENERAL

1. Informal Resolution. It is in the interest of everyone--staff members and the University--to resolve differences as quickly and as informally as possible. Employees shall attempt to resolve problems through informal discussion with their supervisors. Resources available include the Employee Relations Unit, the Sexual Harassment Program, the Staff Affirmative Action/Equal Employment Opportunity and Diversity Office, Mediation Services, and UC Davis Health System’s Policy on Mistreatment.

Mediation Services is a voluntary program through which a mediator can help employees resolve a complaint in the workplace. If all parties to a complaint agree to mediation at any step in Policy 70, Mediation Services will obtain a written extension of the time limits in this policy until the end of the mediation process or for 30 calendar days, whichever comes first. If the complaint is resolved during mediation, both parties will sign an agreement that the complaint under this policy is resolved.

Contact Mediation Services at (530) 752-9257 (campus) or (916) 734-5335 (UCDHS). Information on the mediation process is available at http://www.hr.ucdavis.edu/Mediation. Information on the UC Davis Health System’s Policy on Mistreatment, P&P 2917, and a Request for Resolution form can be found at http://intranet.ucdmc.ucdavis.edu/ucdhs/onthejobresources/mistreatment.shtml

2. Administration of Policy. Employee & Labor Relations is the office designated to administer this policy, including responsibility for the time limits for filing and appealing complaints, and for official receipt of written complaints and appeals. Employee & Labor Relations is the office of record of the maintenance of documentation related to all complaints and appeals.

3. Consolidation of Complaints. Multiple complaints regarding the same or related action or issue, arising out of actions taken or events occurring in the same department, may be consolidated into one complaint for review under this policy at the discretion of E&LR.

4. Right to Representation. An employee is entitled to be represented by the person of her/his choice at every stage of the Complaint Resolution process.

5. Pay Status. Employees shall be afforded reasonable time on pay status to attend meetings called by the University, and for attendance at hearings under the Complaint Resolution policy. Employees are required to obtain prior approval for their absences during normal work hours for attendance at meetings related to complaint resolution.

6. Time Limits. Initial complaints and appeals to Step II or Step III must be filed within the time limits as stated in the Complaint Review Procedure below. An appeal that is not received within the time limits will be considered resolved on the basis of the last University response. Time limits that fall on a Saturday, Sunday, or University holiday are extended to the next business day.

COMPLAINT REVIEW PROCEDURE

Step l-Initial Review

1. To file a request for formal review, the complaint must be submitted on the Employee Complaint Form, Exhibit A. The complaint must be filed with the Office of Employee & Labor Relations within 30 calendar days after the
date on which the employee knew, or reasonably should have known, of the event or action giving rise to the complaint, or within 30 calendar days after the date of separation from University employment, whichever is earlier.

2. The Office of Employee & Labor Relations determines whether the complaint is eligible for Step I review and sends an acknowledgment letter to the complainant or her/his representative specifying what issues, if any, have been accepted for review. If eligible for review, the complaint is sent to the department head for response. The department head may elect to review the complaint or may designate a Step I reviewer.

3. The Step I reviewer prepares a written response to the complaint which should include any relevant facts and reasons for granting, in whole or in part, or denying, in whole or in part, the requested remedy. The University’s written response will be issued to the complainant along with instructions for further appeal within 30 calendar days of the complaint being filed. A copy of the response shall be provided to the complainant’s representative, if any.

**Step II-Review**

1. If the decision at Step I does not resolve the grievance, the complainant may appeal the decision to Step II. The written appeal must be received in the Office of Employee & Labor Relations within 30 calendar days from the date the Step I written response was issued. Employee & Labor Relations will determine whether the complaint is eligible for Step II review.

2. If eligible for Step II review, a Complaint Resolution Officer (CRO) is selected by the Director/Manager of Employee & Labor Relations or designee to review the complaint. The Complaint Resolution Officer must convene a Step II meeting within 30 calendar days of the appeal to Step II. The meeting, at which the CRO presides, is held with the complainant and other individuals the CRO determines would be helpful to obtain sufficient facts to render a fair decision. The purpose of the Step II meeting is to provide the complainant and his/her representative with a fair opportunity to present evidence in support of the employee’s complaint. The CRO shall issue a written response to the complaint within 30 calendar days after the conclusion of the Step II meeting.

3. **Fact finding: Professional and Support Staff (PSS):** For PSS complaints that are eligible for fact finding (see Policy 70.F), the Complaint Resolution Officer or the complainant may request a fact finder at Step II. The University will be responsible for selecting a fact finder. The fact finder investigates and writes a report of the facts relevant to the complaint. The fact finder’s report is sent to the complainant, her/his representative, and the Complaint Resolution Officer. The Complaint Resolution Officer renders a decision based on the facts in the fact finder’s report and shall issue a written response to the complaint within 30 calendar days after receipt of the fact finder’s report. If the employee elects to request a fact finding review at Step II, the Step II decision is final and binding.

4. **Fact finding: Managers and Senior Professionals (MSP):** MSP employees do not have the right to request a Step III review or a hearing on any matter. However, an MSP employee may request a fact finding at Step II of the process. Fact finding for MSP employee complaints can take one of two forms: 1) Fact finding as described in Step II-3 above; or 2) Evidentiary fact finding as described below.
   a. **Appointment of Evidentiary Fact finder**
   An MSP employee may request the appointment of an evidentiary fact finder at Step II. The request must be submitted in writing, specify the portion(s) of the complaint which were not resolved by the Step I decision, and should indicate if the MSP employee will be self-represented or represented by another. If represented by another, the request shall include the representative’s name, address, and telephone number. The Director/Manager of Employee & Labor Relations shall appoint a fact finder and notify the parties of the appointment.

   b. **Scheduling and Rescheduling Evidentiary Fact finding:** Subject to the availability of the fact finder, the Director/Manager of Employee & Labor Relations shall attempt to schedule the fact finding meeting within 180 calendar days of the MSP employee’s request. Requests by either party to reschedule fact finding meetings must be for cause and submitted in writing to the Director/Manager of Employee & Labor Relations. He/she will decide whether to reschedule the fact finding. Requests submitted less than 7 business days from the date of the meeting must be for compelling reasons. If a compelling reason does not exist, the fact finding meeting will convene as scheduled.
c. **Evidentiary Fact finding Process:** Each party shall have the right to appear personally before the fact finder to present evidence and to examine and cross-examine witnesses under oath or affirmation. Evidence may be oral or documentary. Offers of settlement of the complaint or statements made in the course of settlement discussions shall not be admissible.

Each party shall, upon written request, provide the other with copies of material to be introduced at the evidentiary fact finding and the names of witnesses who will testify on the party’s behalf. To the extent possible, such materials and names of witnesses shall be exchanged at least 10 business days prior to the fact finding.

Either or both parties may, at their discretion, file written closing statements with the evidentiary fact finder. The order and time limits of submitting closing statements shall, on a case-by-case basis, be as mutually agreed upon by the parties or as specified by the fact finder. These time limits may be extended if mutually agreed upon by the parties.

The University shall either audio record the evidentiary fact finding or have a stenographic record made. The MSP employee may purchase a copy of the audio recording or the stenographic record. The parties may agree in advance to share the expense of a stenographic record.

d. **Fact finder’s Report:** Within 60 calendar days after the fact finding, the fact finder shall file a report with the Director/Manager of Employee & Labor Relations, who then forwards the report to the person in the next higher level of authority in the reporting hierarchy within the department, or her/his designee. The fact finding report shall contain the following information: statement of the issues being grieved; position of the parties; credibility determination; analysis; findings of fact, and policy violations, if any.

e. **Final Decision when Fact finding is Requested:** The final decision by the person in the next higher level of authority in the reporting hierarchy, or her/his designee shall take into consideration the fact finder’s report and provide the reason(s) for accepting, modifying, or denying the requested remedy. The Director/Manager of Employee & Labor Relations shall forward the final decision and the fact finder’s report to the MSP employee, his/her representative, if any, and the employee’s department head within 60 calendar days of the receipt of the fact finder’s report. The final decision is not subject to appeal or additional review.

**Step III-Hearing**

1. An employee’s written request for a hearing must be filed in the Employee & Labor Relations office within 30 calendar days of the date that the Step II written decision was issued. Employee & Labor Relations determines whether the complaint is eligible for a hearing.

2. Eligibility criteria for a hearing for Professional and Support Staff (PSS) are set forth in Complaint Resolution Policy 70. (See Policy 70.F) Managers and Senior Professional complaints are not eligible for Step III, but may request a fact-finding. (See Policy 70.F for a list of types of complaints eligible for fact-finding.)

3. **Hearing:** The complainant may elect to have her/his case heard by a UC Davis hearing officer, or a non-University hearing officer. If she/he elects a University Hearing Officer (UHO), the Director/Manager of Employee & Labor Relations, or a designee, assigns the UHO to the case.

   If she/he elects a non-University hearing officer, a representative from the E&LR office contacts the complainant within 45 calendar days from the date the appeal was received to mutually select the hearing officer. A list of available non-University hearing officers is obtained and the employee and a designee from E&LR alternately strike names, with the employee striking first, until one remains who will be the Hearing Officer.

University hearing officers and fact finders serve without cost to the complainant. Costs of non-University hearing officers are split equally between the complainant and the University. Costs related to cancellations or postponements are borne entirely by the requesting party.

Subject to the availability of the Hearing Officer, the E&LR designee shall attempt to schedule the hearing within 180 calendar days of the complainant’s request for hearing. The hearing officer renders a decision and provides a written report to all parties within 60 calendar days from the close of the hearing.
I. Purpose

The purpose is to document the due process procedures for trainee grievances. Whenever a trainee has a problem or grievance about any aspect of the internship experience, informal resolution of this grievance is always encouraged. When informal attempts have been inadequate in sufficiently addressing this grievance, a more formal procedure will be necessary. Counseling Services (CS) expectations for informal and formal processes of addressing psychology trainees’ grievances are outlined below.

Potential grievances may arise from various sources, including:

- Problem with peer
- Problem with support staff
- Problem with immediate clinical supervisor
- Problem with group therapy supervisor/co-leader
- Problem with other CS staff
- Problem with Training Director (TD)
- Problem with some aspect of the internship program

II. Definition

C. Trainee: Any person in CS Training Program at Student Health and Counseling Services (SHCS) including a practicum student, doctoral psychology intern or postdoctoral resident.

D. Training Coordinator (TC): A licensed staff member who oversees that specific training group’s activities. For the doctoral psychology interns, this is the TD, and for the postdoctoral residents this is the Postdoctoral Coordinator. In the event that the TC is not the TD, then the TD will always be consulted prior to consulting with the CS Director.

III. Informal Process

A. If the grievance is in regards to an individual, the trainee is encouraged to first discuss and try to resolve the problem directly with the individual(s) involved.

B. If the grievance is in regards to an aspect of the training program, the trainee should first discuss the concern with his/her TC who may consult with the TD, other CS staff, or the CS Director, as appropriate.

C. If the trainee has attempted to address the problem directly with the individual(s) involved and has not achieved satisfactory resolution, OR the trainee does not feel safe (e.g. sexual harassment) discussing the problem directly with the individual(s) involved, he/she should
move to the next person in the chain of communication. The expected chain of communication is as follows: (1) TC; (2) TD; (3) CS Director.

D. When this informal process is inadequate to address the problem and the TC, TD, and/or CS Director cannot resolve the issue of concern, a more formal process may be engaged, as outlined below.

IV. Formal Process

A. The trainee files a formal grievance in writing with all supporting documents with the CS Director.
B. Within three (3) work days of receipt of the formal grievance, the CS will implement the review procedures below.
   1. Initial Review
      a. A review panel of three (3) members selected from CS senior staff and chaired by the TD is established. The panel members will be individuals who have no conflict of interest in objectively evaluating the trainee’s complaint. If the TD is deemed to have such a conflict, he/she will be replaced as chair of the committee by a staff member appointed by the CS Director.
      b. The trainee and the CS staff member(s) involved are informed that such a review is occurring and given the opportunity to provide the review panel with any information regarding the problematic situation(s).
      c. The review panel meets to review all relevant information and decide on a course of action.
      d. The trainee and the CS staff member(s) involved will be notified of the review panel’s decision and recommendations in writing.
      e. All aspects of the formal initial review process will be documented, including the nature of the grievance, recommendations of the review panel, and the rationale for those recommendations.

V. Appeal Process

A. If either the trainee or CS staff member(s) involved challenges the review panel’s decision:
   1. The review panel is re-convened within five (5) work days to review the appeal and to examine any new relevant material presented.
   2. A hearing is conducted with the trainee or CS staff member and the review panel.
   3. Within three (3) work days after completion of the hearing, the review panel submits a written report including recommendations for further action to the CS Director.
   4. Within three (3) work days of receipt of review panel’s final report including recommendations for further action, the CS Director will either accept or reject the recommendations or refers back to the review panel for further deliberations or revised recommendations or may make the final decision.
   5. If referred back to the review panel, a report will be presented to the CS Director within five (5) work days of the receipt of the CS Director's request of further deliberation. The CS Director then makes a final decision regarding what action is to be taken and informs the TC and TD.
6. The TD and/or TC inform the trainee, staff member(s) involved and appropriate members of the training staff of the decision and any action taken or to be taken.

7. Proceedings are summarized and results carefully described in writing for all parties.

8. All aspects of the formal appeal process will be documented, including the nature of the grievance, recommendations of the review panel and the CS Director, and the rationale for those recommendations.

B. If either the trainee or CS staff involved is unwilling to accept the decision from the appeal process, s/he may proceed to initiate the grievance procedures of UC Davis Personnel Policies for Staff Members (PPSM) (Reference Appendix A) or contact the UC Davis Ombuds Office for assistance.

C. Filing a Grievance Against the CS Director or Training Director:

Should a trainee wish to file a grievance against either the CS Director and/or Training Director, they are encouraged to seek consultation and assistance from the SHCS Quality Improvement Director. If the trainee would like assistance from outside of SHCS, they are directed to contact the UC Davis Human Resources Employee and Labor Relations Department or the Ombuds Office.
Appendix A

UC Davis Personnel Policies for Staff Members
Complaint Resolution Procedure 70, Complaint Resolution
Date: 1/3/11, rev. 12/22/14
Supersedes: 12/18/06
Responsible Department: Human Resources
Source Document: UC PPSM 70

GENERAL

1. **Informal Resolution.** It is in the interest of everyone--staff members and the University--to resolve differences as quickly and as informally as possible. Employees shall attempt to resolve problems through informal discussion with their supervisors. Resources available include the Employee Relations Unit, the Sexual Harassment Program, the Staff Affirmative Action/Equal Employment Opportunity and Diversity Office, Mediation Services, and UC Davis Health System's Policy on Mistreatment.

Mediation Services is a voluntary program through which a mediator can help employees resolve a complaint in the workplace. If all parties to a complaint agree to mediation at any step in Policy 70, Mediation Services will obtain a written extension of the time limits in this policy until the end of the mediation process or for 30 calendar days, whichever comes first. If the complaint is resolved during mediation, both parties will sign an agreement that the complaint under this policy is resolved.

Contact Mediation Services at (530) 752-9257 (campus) or (916) 734-5335 (UCDHS). Information on the mediation process is available at http://www.hr.ucdavis.edu/Mediation. Information on the UC Davis Health System’s Policy on Mistreatment, P&P 2917, and a Request for Resolution form can be found at http://intranet.ucdmc.ucdavis.edu/ucdhs/onthejobresources/mistreatment.shtml

2. **Administration of Policy.** Employee & Labor Relations is the office designated to administer this policy, including responsibility for the time limits for filing and appealing complaints, and for official receipt of written complaints and appeals. Employee & Labor Relations is the office of record of the maintenance of documentation related to all complaints and appeals.

3. **Consolidation of Complaints.** Multiple complaints regarding the same or related action or issue, arising out of actions taken or events occurring in the same department, may be consolidated into one complaint for review under this policy at the discretion of E&LR.

4. **Right to Representation.** An employee is entitled to be represented by the person of her/his choice at every stage of the Complaint Resolution process.

5. **Pay Status.** Employees shall be afforded reasonable time on pay status to attend meetings called by the University, and for attendance at hearings under the Complaint Resolution policy. Employees are required to obtain prior approval for their absences during normal work hours for attendance at meetings related to complaint resolution.

6. **Time Limits.** Initial complaints and appeals to Step II or Step III must be filed within the time limits as stated in the Complaint Review Procedure below. An appeal that is not received within the time limits will be considered resolved on the basis of the last University response. Time limits that fall on a Saturday, Sunday, or University holiday are extended to the next business day.

COMPLAINT REVIEW PROCEDURE

Step 1-Initial Review

1. To file a request for formal review, the complaint must be submitted on the Employee Complaint Form, Exhibit A. The complaint must be filed with the Office of Employee & Labor Relations within 30 calendar days after the
date on which the employee knew, or reasonably should have known, of the event or action giving rise to the complaint, or within 30 calendar days after the date of separation from University employment, whichever is earlier.

2. The Office of Employee & Labor Relations determines whether the complaint is eligible for Step I review and sends an acknowledgment letter to the complainant or her/his representative specifying what issues, if any, have been accepted for review. If eligible for review, the complaint is sent to the department head for response. The department head may elect to review the complaint or may designate a Step I reviewer.

3. The Step I reviewer prepares a written response to the complaint which should include any relevant facts and reasons for granting, in whole or in part, or denying, in whole or in part, the requested remedy. The University’s written response will be issued to the complainant along with instructions for further appeal within 30 calendar days of the complaint being filed. A copy of the response shall be provided to the complainant’s representative, if any.

**Step II-Review**

1. If the decision at Step I does not resolve the grievance, the complainant may appeal the decision to Step II. The written appeal must be received in the Office of Employee & Labor Relations within 30 calendar days from the date the Step I written response was issued. Employee & Labor Relations will determine whether the complaint is eligible for Step II review.

2. If eligible for Step II review, a Complaint Resolution Officer (CRO) is selected by the Director/Manager of Employee & Labor Relations or designee to review the complaint. The Complaint Resolution Officer must convene a Step II meeting within 30 calendar days of the appeal to Step II. The meeting, at which the CRO presides, is held with the complainant and other individuals the CRO determines would be helpful to obtain sufficient facts to render a fair decision. The purpose of the Step II meeting is to provide the complainant and his/her representative with a fair opportunity to present evidence in support of the employee’s complaint. The CRO shall issue a written response to the complaint within 30 calendar days after the conclusion of the Step II meeting.

3. **Fact finding: Professional and Support Staff (PSS):** For PSS complaints that are eligible for fact finding (see Policy 70.F), the Complaint Resolution Officer or the complainant may request a fact finder at Step II. The University will be responsible for selecting a fact finder. The fact finder investigates and writes a report of the facts relevant to the complaint. The fact finder’s report is sent to the complainant, her/his representative, and the Complaint Resolution Officer. The Complaint Resolution Officer renders a decision based on the facts in the fact finder’s report and shall issue a written response to the complaint within 30 calendar days after receipt of the fact finder’s report. If the employee elects to request a fact finding review at Step II, the Step II decision is final and binding.

4. **Fact finding: Managers and Senior Professionals (MSP):** MSP employees do not have the right to request a Step III review or a hearing on any matter. However, an MSP employee may request a fact finding at Step II of the process. Fact finding for MSP employee complaints can take one of two forms: 1) Fact finding as described in Step II-3 above; or 2) Evidentiary fact finding as described below.
   a. **Appointment of Evidentiary Fact finder**
      An MSP employee may request the appointment of an evidentiary fact finder at Step II. The request must be submitted in writing, specify the portion(s) of the complaint which were not resolved by the Step I decision, and should indicate if the MSP employee will be self-represented or represented by another. If represented by another, the request shall include the representative’s name, address, and telephone number. The Director/Manager of Employee & Labor Relations shall appoint a fact finder and notify the parties of the appointment.
   b. **Scheduling and Rescheduling Evidentiary Fact finding:** Subject to the availability of the fact finder, the Director/Manager of Employee & Labor Relations shall attempt to schedule the fact finding within 180 calendar days of the MSP employee’s request. Requests by either party to reschedule fact finding meetings must be for cause and submitted in writing to the Director/Manager of Employee & Labor Relations. He/she will decide whether to reschedule the fact finding. Requests submitted less than 7 business days from the date of the meeting must be for compelling reasons. If a compelling reason does not exist, the fact finding meeting will convene as scheduled.
c. **Evidentiary Fact finding Process**: Each party shall have the right to appear personally before the fact finder to present evidence and to examine and cross-examine witnesses under oath or affirmation. Evidence may be oral or documentary. Offers of settlement of the complaint or statements made in the course of settlement discussions shall not be admissible.

Each party shall, upon written request, provide the other with copies of material to be introduced at the evidentiary fact finding and the names of witnesses who will testify on the party’s behalf. To the extent possible, such materials and names of witnesses shall be exchanged at least 10 business days prior to the fact finding.

Either or both parties may, at their discretion, file written closing statements with the evidentiary fact finder. The order and time limits of submitting closing statements shall, on a case-by-case basis, be as mutually agreed upon by the parties or as specified by the fact finder. These time limits may be extended if mutually agreed upon by the parties.

The University shall either audio record the evidentiary fact finding or have a stenographic record made. The MSP employee may purchase a copy of the audio recording or the stenographic record. The parties may agree in advance to share the expense of a stenographic record.

d. **Fact finder’s Report**: Within 60 calendar days after the fact finding, the fact finder shall file a report with the Director/Manager of Employee & Labor Relations, who then forwards the report to the person in the next higher level of authority in the reporting hierarchy within the department, or her/his designee. The fact finding report shall contain the following information: statement of the issues being grieved; position of the parties; credibility determination; analysis; findings of fact, and policy violations, if any.

e. **Final Decision when Fact finding is Requested**: The final decision by the person in the next higher level of authority in the reporting hierarchy, or her/his designee shall take into consideration the fact finder’s report and provide the reason(s) for accepting, modifying, or denying the requested remedy. The Director/Manager of Employee & Labor Relations shall forward the final decision and the fact finder’s report to the MSP employee, his/her representative, if any, and the employee’s department head within 60 calendar days of the receipt of the fact finder’s report. The final decision is not subject to appeal or additional review.

**Step III-Hearing**

1. An employee’s written request for a hearing must be filed in the Employee & Labor Relations office within 30 calendar days of the date that the Step II written decision was issued. Employee & Labor Relations determines whether the complaint is eligible for a hearing.

2. Eligibility criteria for a hearing for Professional and Support Staff (PSS) are set forth in Complaint Resolution Policy 70. (See Policy 70.F) Managers and Senior Professional complaints are not eligible for Step III, but may request a fact-finding. (See Policy 70.F for a list of types of complaints eligible for fact-finding.)

3. **Hearing**: The complainant may elect to have her/his case heard by a UC Davis hearing officer, or a non-University hearing officer. If she/he elects a University Hearing Officer (UHO), the Director/Manager of Employee & Labor Relations, or a designee, assigns the UHO to the case.

If she/he elects a non-University hearing officer, a representative from the E&LR office contacts the complainant within 45 calendar days from the date the appeal was received to mutually select the hearing officer. A list of available non-University hearing officers is obtained and the employee and a designee from E&LR alternately strike names, with the employee striking first, until one remains who will be the Hearing Officer.

University hearing officers and fact finders serve without cost to the complainant. Costs of non-University hearing officers are split equally between the complainant and the University. Costs related to cancellations or postponements are borne entirely by the requesting party.

Subject to the availability of the Hearing Officer, the E&LR designee shall attempt to schedule the hearing within 180 calendar days of the complainant’s request for hearing. The hearing officer renders a decision and provides a written report to all parties within 60 calendar days from the close of the hearing.
Psychology Interns Rights and Responsibilities

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

2. Responsibilities
   a. The responsibility to read, understand and clarify, if necessary, the statement of rights and responsibilities. It is assumed that implementations of these responsibilities is a function of competence and will be exercised.
   b. The responsibility to maintain personal and professional behavior within the scope of APA ethical guidelines.
   c. The responsibility to behave within the bounds set forth by the laws and regulations of the State of California and the University of California.
   d. The responsibility to be open to professionally appropriate feedback from immediate supervisors, professional staff and agency personnel.
   e. The responsibility to behave in a manner that promotes professional interaction within SHCS and is in accordance with the standards and expectations of the center.
   f. The responsibility to give professionally appropriate feedback regarding the training experience or Center experience.
   g. The responsibility to conduct oneself in a professionally-appropriate manner at all times, and if due-process is initiated.
   h. The responsibility to actively participate in the training, service and overall activities of SHCS.
   i. The responsibility to meet training expectations by developing competency as follows: 1) Broad range of professional skill proficiency; 2) Skill in providing services to a
diverse clientele; 3) Personal and professional growth; 4) Assessment and crisis skills; 5) Counseling and therapy skills refinement; 6) Consultation skills; 7) Increased competence in emphasis area; 8) other areas as appropriate.

j. The responsibility to meet the “Agency Expectations of Doctoral Interns” as previously stated in this handbook.

k. The responsibility to complete core competencies of the Internship year through demonstrated proficiency or satisfactory evaluations from supervisors.
Training Staff Responsibilities

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

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

3. Issues of Training
   a. Trainers will provide models for ethical, professional behavior.
   b. Training staff will provide models for honoring organizational parameters.
   c. Within the context of their own interests, staff will be available for consultation, supervision, co-
      therapy experiences and direct teaching.
   d. Trainers will provide clear expectations of interns, explicit guidelines for involvement in training
      activities and vehicles for tapping and utilizing interns' ideas, perspectives, experiences, and energy.
   e. Trainers will provide professionally appropriate feedback to the interns regarding their performance
      during their training experiences. Because training is a process that entails both teaching and
      evaluations, it is essential for trainers to provide continuous feedback. With ongoing feedback,
      final/formal evaluations are neither a surprise nor a hindrance,
   f. but a cumulative experience.
   g. Trainers will consult with other members of the professional staff who have contact with their
      supervisee to develop a broad picture of the interns' competencies and areas where further attention
      are needed.
   h. Trainers will discuss with the Training Director their questions and problems that arise in the
      supervision.
   i. Primary supervisors will attend regular Supervisor Meetings to discuss the experience,
      organizational problems and to develop effective interventions to resolve difficulties within the
      training program.
   j. When trainers encounter problems with a postdoctoral resident, trainers will follow the due process
      procedures that have been developed.
   k. Trainers, on a regular basis, will evaluate the Internship Training Program. Feedback for the
      training program is a necessity, which will allow it to provide more effective experiences for the
      present and future interns.
   l. Trainers will adhere to the “UC Davis Model Training Values Statement Addressing Diversity,”
      which can be found on our website.
Statement Regarding Relationships With Clinical Staff

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

The training environment can be an emotionally charged atmosphere that provides a catalyst for trainee or staff member to experience a variety of feelings, including sexual attraction, towards each other. Interns in particular are at an early stage of professional collegial relationships that will go through many evolutionary stages. Each trainer, however, provides a model of ethical and professional behavior and it is incumbent on the training staff to honor the boundaries of the professional relationships that are formed with the trainees. There is no such thing as a consensual sexual relationship between trainee and staff due to the power imbalance and authority the staff member has over the trainee.

Research has been conducted into the negative effects of sexual relationships with clients, students and supervisees. Relationships of this nature impair the supervisor's ability to engage effectively in the supervision process and to provide objective feedback to the trainee or to staff colleagues about the supervisee's development. The trainee is vulnerable and may experience many negative feelings including exploitation, anger, and confusion. Additionally, this type of relationship can have a negative impact on the experiences of the other trainees, by isolating one trainee who must carry the burden of a secret.

The sense of group trust in the agency is seriously diminished as the trainees question the ability of the agency staff members to honor professional boundaries. A dual relationship will also have a negative impact on SHCS as an organization. The sense of secrecy, the violation of an ethics code, and the need for administrative action will have a harmful effect on the morale of all staff members. Clearly dual sexual relationships have a negative impact on everyone involved. Therefore, as indicated in the APA Ethical Principles, sexual relationships between trainees and staff are prohibited.

There is a need to distinguish sexual attraction from sexual acting out. Senior staff who feel a sense of attraction to a trainee that may be interfering with that staff member's sense of objectivity and ability to provide service should consult with their supervisor, the Clinical Director, the Training Director or the Director.

Staff are encouraged to discuss any feelings they have about the trainees. This will provide staff an opportunity to assess they current needs and the implications of any possible courses of action. Trainees who find themselves attracted to staff should talk about their feelings with colleagues, trainers, or the Training Director to assess their current needs and possible future behaviors.

If a staff member's behavior crosses the boundaries of a professional relationship with a trainee, an administrative review of the situation will be conducted. The staff member may be subject to disciplinary action by the Director, according to the relevant University of California, Davis policies and procedures.
RELEVANT SECTIONS FROM THE APA Ethics Code

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3.06 Conflict of Interest
Psychologists refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to (1) impair their objectivity, competence, or effectiveness in performing their functions as psychologists or (2) expose the person or organization with whom the professional relationship exists to harm or exploitation.

3.08 Exploitative Relationships
Psychologists do not exploit persons over whom they have supervisory, evaluative, or other authority such as clients/patients, students, supervisees, research participants, and employees. (See also Standards 3.05, Multiple Relationships; 6.04, Fees and Financial Arrangements; 6.05, Barter With Clients/Patients; 7.07, Sexual Relationships With Students and Supervisees; 10.05, Sexual Intimacies With Current Therapy Clients/Patients; 10.06, Sexual Intimacies With Relatives or Significant Others of Current Therapy Clients/Patients; 10.07, Therapy With Former Sexual Partners; and 10.08, Sexual Intimacies With Former Therapy Clients/Patients.)
SECTION III
SUPERVISION & EVALUATION

Supervision

Interns are assigned a clinical supervisor based on preferences and goals they outline in their initial phone conversation with the Training Director. That first supervisor and the trainee will work together for six months. Interns are offered the opportunity to choose their supervisors from the eligible licensed staff members at Counseling Services during the mid-year change of supervisor. In selecting a primary clinical supervisor, they are selecting a 6-month-long experience with this supervisor.

Interns are also assigned an additional supervisor to oversee their work within their emphasis area. This supervisory relationship is a year-long experience.

Supervision is meant to provide a supportive and challenging environment in which Interns can share their goals, strengths, and growth areas. Our goals in providing these meetings is to help each trainee make the most out of their training experience, to facilitate personal and professional development and ensure client welfare.

Supervisors meet on a monthly basis with each other to discuss and review trainees’ progress and the training programs. These meetings serve a purpose of also allowing supervisors the ability to share their own supervisory work and style with each other. There are three important factors to keep in mind about supervision:

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

These requirements will vary depending on your primary supervisor’s style and preferences. At the start of supervision, be sure to review these preferences (framework of supervision) and also prepare your goals for your supervised experiences. Also discuss the frequency of recording / review of videos and process for signing off on notes.
Included in this packet of evaluations are several evaluations for both interns and postdoctoral residents:

1. An abbreviated feedback form for Clinical Supervisors of both interns and postdoctoral residents.
2. A full evaluation for Clinical Supervisors of both interns and postdoctoral residents.
3. An evaluation for Group Supervisors who are leading group(s) with either an intern or postdoctoral resident.
4. An evaluation for each of the Interest area Supervisors of interns (Eating Disorders, AB540 and undocumented students, Sports Psychology, Behavioral Health and General Clinical).

**Evaluation Process for Clinical, Groups, Sup of Sup, and Interest area Areas**

1. The Director of Training will notify all supervisors and trainees when evaluations/feedback forms need to be turned in. The due dates are as follows:

   **Clinical and Interest area Feedback/Evaluations (Due at the 3, 6 and 12-month points)**
   - 3-Month Feedback Form: November
   - 6-Month Evaluations: January
   - 12-Month Evaluations: July

   **Group (Due at the end of each quarter; turn in earlier if the group ends early)**
   - Fall Evaluation: December
   - Winter Evaluation: March (not needed if continuing group)
   - Spring Evaluation: June

2. Supervisors, please set up an evaluation time with your supervisee(s) for the week prior or during the week that the evaluations are due.

3. Please complete the evaluation form that is relevant to your supervisory role. Please delete the irrelevant sections.

4. During the evaluation meeting, you will provide your supervisee with your feedback and evaluation and your supervisee will also be providing you with feedback and evaluation. Please allow yourselves enough time so that the mutual feedback can be provided within the one meeting.

5. At the completion of the evaluation meeting, please sign the evaluations and have your supervisee scan/make copies of the evaluation to submit to (1) their clinical/interest area supervisor; (2) training director (for an intern) or postdoctoral coordinator (for a postdoctoral resident) for their individual meetings with their training coordinator.
STUDENT HEALTH AND COUNSELING SERVICES  
UNIVERSITY OF CALIFORNIA, DAVIS  
THREE-MONTH TRAINEE CLINICAL FEEDBACK

Trainee Name: ________________________________  
Supervisor Name: ______________________________  
Date of Feedback: ________________________  
Supervision Dates: From ________ to _________  
Trainee Level:  
☐ Intern  ☐ Postdoctoral Resident

This feedback form is consistent with the training model at SHCS as it uses a developmental, competency-based model. The areas of competency listed below have been discussed in literature and are considered the critical areas of knowledge, awareness, and skills for the practice of psychology. Trainees should be provided feedback based on their level of professional development, not relative to peers. Expectations of trainees vary depending on their training level. Please use a check mark to indicate whether (1) the trainee’s performance meets or exceeds the expected level of competence for the competency area, or (2) the trainee’s performance is below the expected level of competence in each competency area. You must explain any “below expected level of competence” rating in the comments section. You may also describe any strengths and areas of growth in the comments section.

<table>
<thead>
<tr>
<th>Competency Area</th>
<th>Meets or Exceeds Expected Level of Competence</th>
<th>Below Expected Level of Competence</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Assessment, Diagnosis &amp; Case Conceptualization (e.g., gathers critical information, formulates meaningful case conceptualizations, develops appropriate treatment goals, flexible and knowledgeable about theoretical approaches, knowledgeable about DSM diagnoses, incorporates cultural considerations)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
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</tr>
<tr>
<td>II. Intervention (e.g., uses basic interviewing skills, forms working alliance with clients, tolerates difficult emotions with clients, knowledgeable and flexible with interventions and takes into consideration cultural factors, develops appropriate plan to address treatment goals, is respectful and nonjudgmental with clients, maintains professional boundaries, deals with ruptures effectively)</td>
<td></td>
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<tr>
<td>Comments:</td>
<td></td>
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</tr>
<tr>
<td>III. Psychological Testing (e.g., administers and scores psychological tests appropriately, integrates data appropriately, develops appropriate recommendations for clients, communicates test results competently and sensitively)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV. Crisis Intervention (e.g., assess and intervenes during crisis situations appropriately, ability to conduct suicidal and homicidal assessments effectively, assess potential of child and elder abuse and/or neglect effectively, follows up appropriately, demonstrates ability to remain calm during crisis situations)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
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<tr>
<td>V. Consultation and Outreach (e.g., knowledgeable about when to consult, collaborates with colleagues and other departments professionally, conducts clear, professional, and effective outreach programs that are relevant to student populations)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
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<tr>
<td>VI. Personal Characteristics (e.g., ability to assess own strengths and weaknesses, empathizes with others, ability to identify personal distress, understands impact of self on others, demonstrates professionalism, actively participates in seminars)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VII. Relationships and Interpersonal Issues (Colleagues, Agency) (e.g., works collaboratively with colleagues including support staff and peers, provides constructive feedback and support to peers, willing to take risks and be transparent with peers, receives feedback non-defensively, willing to acknowledge and work through interpersonal conflict with colleagues)</td>
<td></td>
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<tr>
<td>VIII. Use of Supervision</td>
<td>Comments:</td>
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<tr>
<td>(e.g., open and non-defensive to supervisory feedback and feedback, self-reflects and self-evaluates regarding clinical skills and use of supervision, demonstrates good judgment as to when supervisory input is necessary, transparent with supervisor, willing to take risks and acknowledge mistakes, applies what is discussed in supervision to interactions with clients)</td>
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</table>

<table>
<thead>
<tr>
<th>IX. Provision of Supervision and Mentorship (if applicable)</th>
<th>Comments:</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>X. Management and Administration</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(e.g., completes delegated and administrative tasks in a timely manner, follows agency's policies and operating procedures, maintains organized and timely notes and client records)</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>XI. Diversity – Individual and Cultural Differences</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(e.g., knowledgeable about one’s cultural worldview, recognizes biases and stereotypes, willing and open to work through emotional responses regarding cultural diversity, willing and open for self-reflection, knowledgeable about the impact of diversity in clinical situations, advocates for positive change in system, infuses culture and diversity into all aspects of professional work)</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>XII. Ethical and Legal Standards</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(e.g., knowledgeable about ethical principles and legal mandates, recognizes and analyzes ethical dilemmas and legal issues appropriately, seeks appropriate information and consultation when faced with ethical issues, behaves ethically across all aspects of professional work)</td>
<td></td>
</tr>
</tbody>
</table>

Trainee: _______________________________________________ Date: _______________

Supervisor: _________________________________________ Date: _______________

Trainee’s Response:
UC DAVIS STUDENT HEALTH AND COUNSELING SERVICES
Interest Area Three-Month Feedback Form

Trainee Name: ________________________________ Date of Feedback: __________________________
Supervisor Name: _____________________________ Supervision Dates: From ________ to ________

This feedback form is consistent with the training model at SHCS as it uses a developmental, competency-based model. The areas of competency listed below have been discussed in literature and are considered the critical areas of knowledge, awareness, and skills for the practice of psychology. Trainees should be provided feedback based on their level of professional development, not relative to peers. Expectations of trainees vary depending on their training level. Please use a check mark to indicate whether (1) the trainee’s performance meets or exceeds the expected level of competence for the competency area, or (2) the trainee’s performance is below the expected level of competence in each competency area. You must explain any “below expected level of competence” rating in the comments section. You may also describe any strengths and areas of growth in the comments section.

<table>
<thead>
<tr>
<th>AB540 and Undocumented Students</th>
<th>Meets or Exceeds Expected Level of Competence</th>
<th>Below Expected Level of Competence</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Knowledgeable about models, research and law as it applies to working with undocumented and AB 540 students.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Ability to identify mental health needs of first generation college students.</td>
<td></td>
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<tr>
<td>3. Ability to assess, diagnose and implement a treatment plan using a culturally-inclusive theory, framework or model.</td>
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<tr>
<td>4. Skills with regard to implementing culturally congruent interventions addressing individuation, identity development, oppression and privilege within systems.</td>
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<tr>
<td>5. Ability to build rapport with students, staff and faculty providing services to undocumented and AB 540 students.</td>
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</tr>
<tr>
<td>6. Ability to work collaboratively in planning, organizing and implementing outreach to the campus community on AB 540 and undocumented student topics.</td>
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</tr>
<tr>
<td>7. Utilizes campus and community resources when appropriate for consultation or referral.</td>
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<tr>
<td>8. Recognizes potential ethical dilemmas in consultant role and demonstrates ethical decision-making skills.</td>
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</tr>
<tr>
<td>9. Performs administrative and charting duties as needed an in a timely manner.</td>
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<tr>
<td>10. Utilizes supervision and consultations effectively.</td>
<td></td>
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<tr>
<td>11. Ability to identify and address transference and countertransference issues when applicable.</td>
<td></td>
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<tr>
<td>12. Ability to identify personal strengths and challenges in working with undocumented and AB 540 students.</td>
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</tbody>
</table>

Comments:
### Applied Sport Psychology

<table>
<thead>
<tr>
<th></th>
<th>Meets or Exceeds Expected Level of Competence</th>
<th>Below Expected Level of Competence</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Ability to build rapport / relationships with coaches and athletic staff.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Ability to present psychological information clearly to athletes.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Recognizes potential ethical dilemmas in consultant role and demonstrates ethical decision-making skills.</td>
<td></td>
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<tr>
<td>4.</td>
<td>Ability to implement psychological skills training to athletes.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Ability to successfully address and process team dynamics.</td>
<td></td>
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<tr>
<td>6.</td>
<td>Demonstrates effective use of mental skills assessments and provides accurate feedback to teams.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Knowledgeable about models, theories, and research on sport psychology principles.</td>
<td></td>
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<tr>
<td>8.</td>
<td>Aware of need for consultation regarding cultural competence and intersecting identities when necessary.</td>
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<tr>
<td>9.</td>
<td>Ability to be collaborate and coordinate treatment with other athletic staff / campus resources.</td>
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<tr>
<td>10.</td>
<td>Utilizes supervision time effectively.</td>
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</table>

**Comments:**

### General Clinical

<table>
<thead>
<tr>
<th></th>
<th>Meets or Exceeds Expected Level of Competence</th>
<th>Below Expected Level of Competence</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Assesses clients appropriately, able to articulate case conceptualization and provides diagnoses supported by the symptoms.</td>
<td></td>
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<tr>
<td>2.</td>
<td>Builds good alliance with clients, tolerates difficult emotions and explores clients’ feelings and deals with ruptures effectively</td>
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<tr>
<td>3.</td>
<td>Knowledgeable about different interventions and develops treatment plan based on client needs. Demonstrates flexibility regarding changes in treatment plan as needed.</td>
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<tr>
<td>4.</td>
<td>Provides appropriate resources and referrals to students, and provides case management as needed.</td>
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<tr>
<td>5.</td>
<td>Assesses and intervenes during crisis situations, with appropriate consultation and referral.</td>
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<tr>
<td>6.</td>
<td>Provides consultation to colleagues in other departments in professional manner.</td>
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<tr>
<td>7.</td>
<td>Provides effective outreach programs.</td>
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<tr>
<td>8.</td>
<td>Able to reflect on own thoughts and behavior in the process of ongoing growth. Recognizes limits of one’s cultural competence.</td>
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<tr>
<td>9.</td>
<td>Mindful of how cultural, ethical and legal issues impact each other, including ability to recognize and balance multiple roles.</td>
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<tr>
<td>10.</td>
<td>Utilizes supervision time and consultations effectively.</td>
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</tr>
<tr>
<td>11.</td>
<td>Performs administrative and charting duties as needed, including timeliness.</td>
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</tbody>
</table>

**Comments:**
<table>
<thead>
<tr>
<th>General Clinical with focus on Lesbian Gay Bisexual Transgender (LGBT) Students</th>
<th>Meets or Exceeds Expected Level of Competence</th>
<th>Below Expected Level of Competence</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Knowledgeable about models, theories, and research on identity development, oppression and privilege within systems, as well as cultural competence.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Understands how social and institutional injustices and discrimination such as heterosexism, racism, and cissexism, affect students’ well-being and mental health.</td>
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<tr>
<td>14. Ability to develop case conceptualizations and treatment strategies appropriate to LGBT clients.</td>
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<tr>
<td>15. Recognizes limits of one’s cultural competence, and able to reflect on own thoughts and behavior in the process of ongoing growth. Consults when needed and uses supervision effectively.</td>
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<tr>
<td>16. Mindful of how cultural, ethical and legal issues impact each other, including ability to recognize and balance multiple roles.</td>
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<tr>
<td>17. Ability to collaborate effectively with colleagues within and across departments in support of LGBT students.</td>
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<tr>
<td>18. Utilizes supervision time and consultations effectively.</td>
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<tr>
<td>19. Performs administrative and charting duties as needed, including timeliness.</td>
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<td>Comments:</td>
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<table>
<thead>
<tr>
<th>Eating Disorder</th>
<th>Meets or Exceeds Expected Level of Competence</th>
<th>Below Expected Level of Competence</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Knowledgeable about models, theories, and research on eating disorders.</td>
<td></td>
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<tr>
<td>2. Knowledgeable about assessment, diagnosis and level of care needed for eating disordered clients.</td>
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<tr>
<td>3. Ability to develop case conceptualizations and treatment strategies for appropriate eating disordered clients within a university counseling short-term model.</td>
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<tr>
<td>4. Ability to effectively collaborate client care within the multidisciplinary Eating Disorder Management Team.</td>
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<tr>
<td>5. Adequately utilizes outside resources in referring clients to a higher level of care, or as a conjunct to services provided at Counseling Services.</td>
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<tr>
<td>6. Provides case management when necessary.</td>
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<tr>
<td>7. Aware of need for consultation regarding cultural competence and intersecting identities when necessary.</td>
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<tr>
<td>8. Attends and is active in committee meetings that focus on consultation (Yolo County) and campus activism (ABIDE).</td>
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<tr>
<td>9. Works to increase positive body image on campus through advocacy and outreach presentations to the student body community.</td>
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<tr>
<td>10. Is mindful of and communicative with supervisor about the impact that working with clients with disordered body image has on own body image / eating / self-talk / awareness of media.</td>
<td></td>
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<tr>
<td>Comments:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multicultural</td>
<td>Meets or Exceeds Expected Level of Competence</td>
<td>Below Expected Level of Competence</td>
</tr>
<tr>
<td>--------------</td>
<td>----------------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>1. Knowledgeable about models, theories, and research on identity development, oppression and privilege within systems, as well as cultural competence.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Understands how social and institutional injustices and discrimination such as racism, heterosexism, and sexism, affect students’ wellbeing and mental health. Uses multicultural lens in case conceptualization.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Uses culturally-appropriate interventions.</td>
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<tr>
<td>4. Recognizes limits of one’s cultural competence, and able to reflect on own thoughts and behavior in the process of ongoing growth. Consults when needed and uses supervision effectively.</td>
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<tr>
<td>5. Ability to facilitate cross-cultural and difficult dialogues.</td>
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<tr>
<td>6. Mindful of how cultural, ethical and legal issues impact each other, including ability to recognize and balance multiple roles.</td>
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</tr>
<tr>
<td>7. Teaches basic interviewing, public-speaking and group facilitation skills in a cultural context to MIP undergraduate interns, using didactic, experiential and social justice models of learning.</td>
<td></td>
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<tr>
<td>8. Provides in-the-moment and cumulative feedback to MIP undergraduate interns.</td>
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<tr>
<td>9. Ensures that MIP undergraduate interns are providing quality workshops, which help destigmatize mental health to marginalized populations.</td>
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<tr>
<td>10. Ability to promote growth, empowerment and self-assessment in MIP undergraduate interns.</td>
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<tr>
<td>11. Performs administrative duties as needed (grading, etc).</td>
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<tr>
<td>Comments:</td>
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<table>
<thead>
<tr>
<th>Primary Care Psychology</th>
<th>Meets or Exceeds Expected Level of Competence</th>
<th>Below Expected Level of Competence</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Knowledgeable and skillful with regard to implementing empirically supported interventions addressing health psychology and other behavioral issues.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Ability to collaborate effectively with colleagues within and across departments in support of behavioral health objectives.</td>
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<tr>
<td>4. Interprets psychological tests appropriately, integrates test data appropriately, develops appropriate recommendations for clients, and communicates test results competently.</td>
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<tr>
<td>5. Assesses and interviews during behavioral health crisis situations appropriately, conducts risk assessments effectively, and demonstrates ability to remain calm during crisis situations.</td>
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<tr>
<td>6. Effectively supervises assigned student Ambassador(s), ensuring good use of their time at work.</td>
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<tr>
<td>7. Performs administrative and charting duties as needed, including timeliness.</td>
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</tbody>
</table>
8. Adheres to policies and procedures (including the informal “open door policy” for accessibility when available for provider consultations in BHP Clinic).

9. Works cooperatively and collaboratively with supervisor/area coordinator.

10. Utilizes supervision time and consultations effectively.

11. Acts with awareness of and sensitivity to ethical and legal issues.


**Comments:**

<table>
<thead>
<tr>
<th>Trainee: ______________________________</th>
<th>Date: _____</th>
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</thead>
<tbody>
<tr>
<td>Supervisor: __________________________</td>
<td>Date: _____</td>
</tr>
<tr>
<td>Intern’s Response:</td>
<td></td>
</tr>
</tbody>
</table>
Quarter: ____________ Year: ____________ Midyear: ____ Final: ____

Trainee: ____________________________________________________

Trainee Level: Doctoral Intern ___ or Post-doctoral Resident___

Clinical Supervisor: ______________________________________ or
Emphasis Supervisor: _______________________________________

Please rate each item using the scale below. Please discuss your evaluation with the Trainee along with their feedback of your supervision.

Developing Somewhat Mostly Proficient Advanced Not
Applicable/ Consistent Consistent No opportunity to
observe 1 2 3 4 5 N/A

Expected level of progress for Trainees:
Beginning of internship: 1 or 2 depending on prior training and experience.
Mid-year of internship: Minimum level of progress expected is that all areas are at least a 3, some areas may be 4 if beyond typical.
End of internship/Beginning of Post-doc: Minimum level of achievement expected is that all areas are at least a 4.
End of Post-doc fellowship: 4 or 5 if advanced to early professional career staff level.

Midyear training goals must address how trainees will be supported to reach minimum levels of achievement in all competencies by end of year.
### 1. ETHICS AND LEGAL MATTERS

**Knowledge of Ethical, Legal & Professional Standards**

<table>
<thead>
<tr>
<th>1. Demonstrates knowledge and acts in accordance with APA ethical principles and code of conduct, CA laws and regulations, and relevant professional standards and guidelines.</th>
<th>1 2 3 4 5 N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Demonstrates an understanding and adherence to SHCS clinical and administrative policies.</td>
<td>1 2 3 4 5 N/A</td>
</tr>
</tbody>
</table>

**Awareness and Application of Ethical Decision-making**

<table>
<thead>
<tr>
<th>3. Demonstrates competence in the ability to recognize ethical dilemmas and applies ethical decision-making processes, including consultation when needed.</th>
<th>1 2 3 4 5 N/A</th>
</tr>
</thead>
</table>

**Ethical Conduct**

<table>
<thead>
<tr>
<th>4. Demonstrates competence in conducting self in an ethical manner in all professional activities.</th>
<th>1 2 3 4 5 N/A</th>
</tr>
</thead>
</table>

### 2. WORKING WITH INDIVIDUAL AND CULTURAL DIVERSITY

**Self as Shaped by Individual and Cultural Diversity and Context**

<table>
<thead>
<tr>
<th>1. Monitors and applies knowledge of self as a cultural being such as by demonstrating consideration of their reactions and impact on clients and others.</th>
<th>1 2 3 4 5 N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Demonstrates commitment to the ongoing development of multicultural and diversity competence by engaging in self-examination to increase awareness of beliefs, attitudes, and biases that may impact their professional work.</td>
<td>1 2 3 4 5 N/A</td>
</tr>
</tbody>
</table>

**Others as Shaped by Individual and Cultural Diversity and Context**

<p>| 3. Monitors and applies knowledge of others as a cultural beings such as by demonstrating | 1 2 3 4 5 N/A |</p>
<table>
<thead>
<tr>
<th>Consideration of multiple intersecting individual cultural and social factors in formulating case conceptualizations and understanding the experiences of clients, peers, and staff</th>
</tr>
</thead>
</table>

**Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context**

4. Demonstrates the ability to respectfully and professionally navigate relational situations when other’s values, beliefs, and assumptions may conflict with one’s own.

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<th>2</th>
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5. Demonstrates competence in the ability to recognize when and how to consult knowledge from current theoretical and empirical sources to better inform how to work with diversity and clinical factors.

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<th>2</th>
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<th>N/A</th>
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</table>

**Applications based on Individual and Cultural Context**

6. Demonstrates the ability to integrate knowledge of diversity and culture into skillful assessment, case formulation, treatment planning, and interventions.

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</table>

3. **PROFESSIONAL VALUES, ATTITUDES AND BEHAVIORS**

**Integrity- Honesty, personal responsibility, and adherence to professional values**

1. Monitors and strives to resolve situations that challenge professional values and integrity across relevant domains of professional functioning (e.g. therapy, interactions with peers, staff and other campus identities).

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</table>

**Deportment**

2. Conducts self in a professional manner across settings and context including awareness of potential impact of one’s physical presentation (e.g. conduct, attire).

<table>
<thead>
<tr>
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<th>2</th>
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<th>4</th>
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<th>N/A</th>
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</table>

**Accountability**

3. Accepts personal responsibility across settings and contexts such as clear & prompt communication and engagement.

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<thead>
<tr>
<th>1</th>
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4. Responds appropriately to feedback and takes appropriate action as needed

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<tr>
<th>1</th>
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<th>4</th>
<th>5</th>
<th>N/A</th>
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</table>

**Concern for Welfare of Others**

5. Acts to safeguard the welfare of others such as responsibly attends to case management and maintains confidentiality.

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<thead>
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<th>N/A</th>
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</table>

**Professional Identity**
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<thead>
<tr>
<th></th>
<th>Description</th>
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<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.</td>
<td>Displays consolidation of professional identity by demonstrating knowledge of issues central to the field and integrating science with practice.</td>
<td>1</td>
<td>2</td>
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<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>7.</td>
<td>Demonstrates competence in responding professionally to increasingly complex situations with greater degree of independence.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Reflective Practice</td>
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<tr>
<td>8.</td>
<td>Engages in self-exploration and engages in efforts to enhance competencies.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Self-Assessment</td>
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<tr>
<td>9.</td>
<td>Recognizes one’s strengths and areas for improvement, clinically and professionally</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>10.</td>
<td>Demonstrates competence in accurately evaluating own level of clinical judgment and competency.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Self-Care</td>
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<tr>
<td>11.</td>
<td>Recognizes and attend to one’s own clinical, professional and personal needs, boundaries, and limitations maturely and effectively.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>12.</td>
<td>Demonstrates competence in responding professionally to increasingly complex situations with greater degree of independence.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<td>N/A</td>
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<tr>
<td>Participation in Supervision Process</td>
<td></td>
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<tr>
<td>13.</td>
<td>Actively engages in supervision process by coming prepared and bringing up relevant clinical and professional issues.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>14.</td>
<td>Provide constructive feedback to supervisor and training staff.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>15.</td>
<td>Engages in efforts to resolve misunderstandings or conflicts within the supervisory relationship.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**4. COMMUNICATION & INTERPERSONAL SKILLS**

**Professional Relationships**

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Establishes and maintains strong working alliances effectively navigate family, social, academic, medical, and/or other environmental support systems for the benefit of the client.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<td>N/A</td>
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</table>

**Affective Skills**

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>1</th>
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<th>3</th>
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<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>Engages in respectful communication to clarify needs, concerns or difficulties, and effectively resolve conflicts by acknowledging others perspectives even when they differ from one’s</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
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</tbody>
</table>
own, and taking responsibility for one’s own emotional reactions

**Expressive Skills**

3. **Demonstrates competence in the ability to use professional language and complete timely documentation.**

<table>
<thead>
<tr>
<th>Scale</th>
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<tbody>
<tr>
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<td>N/A</td>
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</table>

**5. ASSESSMENT SKILLS**

1. **Demonstrates the ability to build rapport with clients and incorporate their perspectives while gathering accurate and relevant data by applying methods that draw from empirical literature.**

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<th>Scale</th>
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</table>

2. **Demonstrates competence in the ability to formulate a case conceptualization within their own preferred theoretical orientation and the ability to draw insights from other orientations.**

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<th>Scale</th>
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<td>3</td>
<td>4</td>
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</tbody>
</table>

3. **Demonstrates knowledge of psychiatric classification, DSM5 diagnoses and criteria needed to develop accurate diagnostic formulations.**

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<th>Scale</th>
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<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
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</tbody>
</table>

4. **Demonstrates ability to evaluate appropriate service needs, including the assessing needs for effective referrals.**

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<thead>
<tr>
<th>Scale</th>
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<td>5</td>
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</table>

5. **Demonstrates competence in the ability to assess danger to self, danger to others, and grave disability, and the need for mandated reporting.**

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<tr>
<th>Scale</th>
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<tr>
<td>1</td>
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<td>4</td>
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</table>

**6. INTERVENTION SKILLS**

**Evidence-based Practice**

1. **Integrates knowledge of evidence-based practices along with the ability to establish and maintain effective relationships with recipients of psychological services.**

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<tbody>
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<td>4</td>
<td>5</td>
<td>N/A</td>
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</tbody>
</table>

**Intervention Planning**

2. **Engages in hypothesis generation, testing, and modification to formulate coherent case conceptualizations and diagnostic impressions that inform treatment planning.**

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<tr>
<th>Scale</th>
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<tbody>
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</table>

**Skills**

3. **Demonstrates culturally responsive clinical skills with a wide variety of clients and uses sound ethical decision-making in even unexpected or difficult situations.**

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<th>Scale</th>
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<tbody>
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<td>5</td>
<td>N/A</td>
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</tbody>
</table>

**Intervention Implementation**
4. Attends to timing/pacing of interventions, client defenses, transference, counter-transference and process issues. | 1 | 2 | 3 | 4 | 5 | N/A |
---|---|---|---|---|---|---|
5. Demonstrates competence in collaborating with clients in crisis to develop appropriate short-term safety plans. | 1 | 2 | 3 | 4 | 5 | N/A |
---|---|---|---|---|---|---|
6. Demonstrates competence in the ability to work with a range of problems from developmental issues to psychiatric conditions. | 1 | 2 | 3 | 4 | 5 | N/A |
---|---|---|---|---|---|---|
**Progress Evaluation**
---|---|---|---|---|---|---|
7. Responds effectively to client feedback and clinical data to assess treatment progress and make appropriate adjustments. | 1 | 2 | 3 | 4 | 5 | N/A |
---|---|---|---|---|---|---|
8. Appropriately utilizes psychological testing measures or outcome data to assist in assessing treatment progress. | 1 | 2 | 3 | 4 | 5 | N/A |
---|---|---|---|---|---|---|
9. Demonstrates competence in the ability to effectively manage the termination phase of therapy. | 1 | 2 | 3 | 4 | 5 | N/A |
---|---|---|---|---|---|---|
10. Demonstrates competence in the ability to evaluate intervention effectiveness. | 1 | 2 | 3 | 4 | 5 | N/A |
---|---|---|---|---|---|---|
**CONSULTATION, OUTREACH INTERDISCIPLINARY SKILLS**
---|---|---|---|---|---|---|
7. Demonstrates competence in managing confidentiality issues during consultation. | 1 | 2 | 3 | 4 | 5 | N/A |
---|---|---|---|---|---|---|
8. Demonstrates competence the ability to direct care, when appropriate, to a higher level | 1 | 2 | 3 | 4 | 5 | N/A |
9. Demonstrates competence in the ability to design and deliver effective workshops for the UCD community.

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</table>

8. RESEARCH SKILLS

1. Demonstrates competence in the ability to critically evaluate and discuss research and its application to their clinical work.

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<th>N/A</th>
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</table>

2. Participates in seminars and rotations that involves reading, discussing, and applying research findings to specific clinical presentations.

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</table>

3. Demonstrates the ability to discuss how psychological theory and research apply to clinical practice in supervision.

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9. SUPERVISION

1. Demonstrates knowledge of supervision models and practices.

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<th>4</th>
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<th>N/A</th>
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</table>

2. Demonstrates competence in their ability to apply knowledge of supervision models and practice with health service psychology interns (roles plays, case conference, treatment team meeting, didactic training).

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</table>

NARRATIVE FEEDBACK:

PARTICULAR STRENGTHS:

AREAS FOR GROWTH:

REVISED/ON-GOING TRAINING GOALS:
Emphasis Supervisor’s Evaluation of Trainee

Emphasis Area Evaluation

Trainee Name: ________________________________ Date of Evaluation: ________________
Supervisor Name: _____________________________ Supervision Dates: From ________ to _________
Check one: 6 month Eval_____ or 12 month Eval____

Please rate each item using the scale below. Please discuss your evaluation with the Trainee along with their feedback of your supervision.

<table>
<thead>
<tr>
<th>Developing Applicable/</th>
<th>Somewhat Consistent</th>
<th>Mostly Consistent</th>
<th>Proficient</th>
<th>Advanced</th>
<th>Not No opportunity to observe</th>
</tr>
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<tbody>
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</table>

Expected level of progress for Trainees:
Beginning of internship: 1 or 2 depending on prior training and experience.
Mid-year of internship: Minimum level of progress expected is that all areas are at least a 3, some areas may be 4 if beyond typical.
End of internship/Beginning of Post-doc: Minimum level of achievement expected is that all areas are at least a 4.
End of Post-doc fellowship: 4 or 5 if advanced to early professional career staff level.

Multicultural Counseling Special Interest Area | Rating
--- | ---
13. Knowledgeable about models, theories, and research on identity development, oppression and privilege within systems, as well as cultural competence. | 
14. Understands how social and institutional injustices and discrimination such as racism, heterosexism, and sexism, affect students’ wellbeing and mental health. | 
15. Recognizes limits of one’s cultural competence, and able to reflect on own thoughts and behavior in the process of ongoing growth. Consults when needed and uses supervision effectively. | 
16. Ability to facilitate cross-cultural and difficult dialogues. | 
17. Mindful of how cultural, ethical and legal issues impact each other, including ability to recognize and balance multiple roles. | 
18. Sensitively and effectively assesses needs for outreach programming/counseling services within student community/population the trainee has chosen to work with. | 
7. Creates and presents culturally-competent outreach programming to meet identified needs within to population trainee has chosen to work with. |
AB540 and Undocumented Students Emphasis Area

<table>
<thead>
<tr>
<th>Rating</th>
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</thead>
<tbody>
<tr>
<td>1. Knowledgeable about models, research and law as it applies to working with undocumented and AB 540 students.</td>
</tr>
<tr>
<td>2. Ability to identify mental health needs of first generation college students.</td>
</tr>
<tr>
<td>3. Ability to assess, diagnose and implement a treatment plan using a culturally-inclusive theory, framework or model.</td>
</tr>
<tr>
<td>4. Skills with regard to implementing culturally congruent interventions addressing individuation, identity development, oppression and privilege within systems.</td>
</tr>
<tr>
<td>5. Ability to build rapport with students, staff and faculty providing services to undocumented and AB 540 students.</td>
</tr>
<tr>
<td>6. Ability to work collaboratively in planning, organizing and implementing outreach to the campus community on AB 540 and undocumented student topics.</td>
</tr>
</tbody>
</table>
7. Utilizes campus and community resources when appropriate for consultation or referral.
8. Recognizes potential ethical dilemmas in consultant role and demonstrates ethical decision-making skills.
9. Performs administrative and charting duties as needed and in a timely manner.
10. Utilizes supervision and consultations effectively.
11. Ability to identify and address transference and countertransference issues when applicable.
12. Ability to identify personal strengths and challenges in working with undocumented and AB 540 students.

NARRATIVE FEEDBACK:

PARTICULAR STRENGTHS:

AREAS FOR GROWTH:

REVISED/ON-GOING TRAINING GOALS:

 Supervisors Signature ___________________________________________
 Trainees Signature _____________________________________________
 Date __________________________________________________________

<table>
<thead>
<tr>
<th>Applied Sport Psychology Emphasis Evaluation</th>
<th>Rating</th>
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</thead>
<tbody>
<tr>
<td>11. Ability to build rapport / relationships with coaches and athletic staff.</td>
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<tr>
<td>12. Ability to present psychological information clearly to athletes.</td>
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<tr>
<td>13. Recognizes potential ethical dilemmas in consultant role and demonstrates ethical decision-making skills.</td>
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<tr>
<td>14. Ability to implement psychological skills training to athletes.</td>
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<tr>
<td>15. Ability to successfully address and process team dynamics.</td>
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</tbody>
</table>
16. Demonstrates effective use of mental skills assessments and provides accurate feedback to teams.

17. Knowledgeable about models, theories, and research on sport psychology principles.

18. Aware of need for consultation regarding cultural competence and intersecting identities when necessary.

19. Ability to be collaborate and coordinate treatment with other athletic staff / campus resources.

20. Utilizes supervision time effectively.

NARRATIVE FEEDBACK:

PARTICULAR STRENGTHS:

AREAS FOR GROWTH:

REVISED/ON-GOING TRAINING GOALS:

Supervisors Signature

Trainees Signature

Date

<table>
<thead>
<tr>
<th>Eating Disorder Emphasis Area</th>
<th>Rating</th>
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</thead>
<tbody>
<tr>
<td>11. Knowledgeable about models, theories, and research on eating disorders.</td>
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</tr>
<tr>
<td>13. Ability to develop case conceptualizations and treatment strategies for appropriate eating disordered clients within a university counseling short-term model.</td>
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</tr>
<tr>
<td>14. Ability to effectively collaborate client care within the multidisciplinary Eating Disorder Management Team.</td>
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<tr>
<td>15. Adequately utilizes outside resources in referring clients to a higher level of care, or as a conjunct to services provided at CS.</td>
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<tr>
<td>16. Provides case management when necessary.</td>
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<tr>
<td>17. Aware of need for consultation when necessary.</td>
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</tbody>
</table>
18. Is aware of multi-cultural dynamics and explores impact of / differences in the room with clients and supervisor.

19. Attends and is active in committee meetings that focus on campus activism or are involved in outreach (Body Project).

20. Works to increase positive body image on campus through advocacy and outreach presentations to the student body community.

21. Is mindful of and communicative with supervisor about the impact that working with clients with disordered body image has on own body image / eating / self-talk / awareness of media.

NARRATIVE FEEDBACK:

PARTICULAR STRENGTHS:

AREAS FOR GROWTH:

REVISED/ON-GOING TRAINING GOALS:

Supervisors Signature ___________________________________________
Trainees Signature _______________________________________________
Date____________________________________________________________

**General Clinical Emphasis Area with a focus on Couples Counseling**

20. Knowledgeable about models, theories, and research on couples counseling with a university student population.

21. Identifies growth areas within the area of couples counseling and is open to using new conceptualizations and interventions with client couples.

22. Mindful of ethical and legal issues which can come up in couples work in different ways than in individual work, and works proactively to maintain appropriate interpersonal boundaries and accurate, appropriate documentation.
23. Aware of how own cultural background may interact with the couples’ individual and shared backgrounds, and provides services sensitive to clients’ values and goals for therapy.

24. Recognizes limits of one’s cultural competence, and able to reflect on own thoughts and behavior in the process of ongoing growth. Works to remain aware of clients’ individual identities as well as shared cultural identities. Consults when needed and uses supervision effectively.

25. Utilizes supervision time and consultations effectively.

26. Performs administrative and charting duties as needed, including timeliness.

NARRATIVE FEEDBACK:

PARTICULAR STRENGTHS:

AREAS FOR GROWTH:

REVISED/ON-GOING TRAINING GOALS

Supervisors Signature ___________________________________________
Trainees Signature_______________________________________________
Date__________________________________________________________
University of California, Davis
Student Health and Counseling Services
Group Supervisor’s Evaluation of Trainee

Psychoeducational Group/Workshop Series Evaluation

Trainee Name: ________________________________ Date of Evaluation: ______________________
Co-facilitator Name: _________________________ Dates: From _____ to _____
Group Name: _________________________________
Trainee Level:  □ Intern        □ Postdoctoral Resident

Please rate each item using the scale below. Please discuss your evaluation with the Trainee along with their feedback of your supervision.

<table>
<thead>
<tr>
<th>Developing</th>
<th>Somewhat</th>
<th>Mostly</th>
<th>Proficient</th>
<th>Advanced</th>
<th>Not</th>
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<tbody>
<tr>
<td>Applicable/</td>
<td>Consistent</td>
<td>Consistent</td>
<td>No opportunity to</td>
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<tr>
<td>observe</td>
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<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
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Expected level of progress for Trainees:
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Mid-year of internship: Minimum level of progress expected is that all areas are at least a 3, some areas may be 4 if beyond typical.
End of internship/Beginning of Post-doc: Minimum level of achievement expected is that all areas are at least a 4.
End of Post-doc fellowship: 4 or 5 if advanced to early professional career staff level.

<table>
<thead>
<tr>
<th>Psychoeducational Group/Workshop Series Knowledge, Awareness, and Skills</th>
<th>Rating</th>
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</thead>
<tbody>
<tr>
<td>1. Demonstrates a clear grasp of the therapeutic interventions specific to the group/workshop series.</td>
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<tr>
<td>2. Knowledgeable about the therapeutic factors in a group of participants and intervenes in ways that enhance the therapeutic factors.</td>
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<tr>
<td>3. Takes initiative, demonstrates creativity, and is engaged in the development of activities, and advertising of the group/workshop series.</td>
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<tr>
<td>4. Demonstrates ability to discern which students are and are not a good fit for the group/workshop series.</td>
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<tr>
<td>5. Prepares adequately for the agenda of each session, and presents information clearly to participants.</td>
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<tr>
<td>6. Conveys care for participants directly and models caring for the group/workshop participants.</td>
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<tr>
<td>7. Appropriately responds to the expression of emotions in the group/workshop series.</td>
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<tr>
<td>8. Demonstrates ability to promote the interests of the group/workshop series as a whole.</td>
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<tr>
<td>9.</td>
<td>Demonstrates ability to help participants integrate and use skills from activities and homework.</td>
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<tr>
<td>10.</td>
<td>Demonstrates awareness of own feelings and reactions, and demonstrates ability to clinically use own feelings and reactions elicited by group participants appropriately and effectively.</td>
</tr>
<tr>
<td>11.</td>
<td>Shares facilitation responsibilities appropriately.</td>
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<tr>
<td>12.</td>
<td>Tolerates uncomfortable emotions that come up for participants and intervenes appropriately.</td>
</tr>
<tr>
<td>13.</td>
<td>Demonstrates ability to both challenge and support participants as needed.</td>
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<tr>
<td>14.</td>
<td>Effectively facilitates group discussion in a way that promotes participation from all members.</td>
</tr>
<tr>
<td>15.</td>
<td>Knowledgeable about the process of termination in a group/workshop series and prepares participants appropriately for termination.</td>
</tr>
<tr>
<td>16.</td>
<td>Takes cultural considerations into account throughout the process of starting, running, and ending a group/workshop series (e.g., advertising, naming, screening, terminating).</td>
</tr>
<tr>
<td>17.</td>
<td>Acknowledges and addresses interpersonal conflict or difficult feelings with co-leader when applicable.</td>
</tr>
<tr>
<td>18.</td>
<td>Aware of and appropriately addresses ethical and legal concerns and issues related to the group/workshop series.</td>
</tr>
<tr>
<td>19.</td>
<td>Demonstrates reliability, timeliness and thoroughness with administrative tasks related to effectively running a group/workshop series (e.g., advertising, starting/ending, writing notes).</td>
</tr>
<tr>
<td>20.</td>
<td>Uses supervision effectively.</td>
</tr>
<tr>
<td>21.</td>
<td>Sets appropriate goals regarding group/workshop series training experience.</td>
</tr>
</tbody>
</table>

**OVERALL RATING**

NARRATIVE FEEDBACK:

PARTICULAR STRENGTHS:
AREAS FOR GROWTH:

REVISED/ON-GOING TRAINING GOALS:

Trainee: __________________________ Date: ______

Supervisor/Co-Facilitator: ________________ Date: ______

Trainee’s Response:
Expected level of progress for Trainees:
Beginning of internship: 1 or 2 depending on prior training and experience.
Mid-year of internship: Minimum level of progress expected is that all areas are at least a 3, some areas may be 4 if beyond typical.
End of internship/Beginning of Post-doc: Minimum level of achievement expected is that all areas are at least a 4.
End of Post-doc fellowship: 4 or 5 if advanced to early professional career staff level.

<table>
<thead>
<tr>
<th>Process Group Psychotherapy Knowledge, Awareness, and Skills</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Knowledgeable about the stages of group development.</td>
<td></td>
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<tr>
<td>2. Knowledgeable about the therapeutic factors of group and intervenes in ways that enhance the therapeutic factors.</td>
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<tr>
<td>3. Takes initiative, demonstrates creativity, and is engaged in the advertising of the group.</td>
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<tr>
<td>4. Screens potential group members effectively and demonstrates ability to discern which clients are and are not a good fit for the group.</td>
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<tr>
<td>5. Intervenes with the group in ways that are congruent with the stage of development that the group is in.</td>
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<tr>
<td>6. Conveys care for group members directly and models caring for the group members.</td>
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<tr>
<td>7. Activates emotions in the group appropriately.</td>
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</tr>
<tr>
<td>8. Demonstrates ability to conceptualize and interpret group dynamics from a group-as-a-whole perspective.</td>
<td></td>
</tr>
<tr>
<td>9. Demonstrates awareness of own feelings and reactions in group.</td>
<td></td>
</tr>
<tr>
<td>10. Demonstrates ability to clinically use own feelings and reactions elicited by group members appropriately and effectively.</td>
<td></td>
</tr>
<tr>
<td>11. Tolerates silence in group.</td>
<td></td>
</tr>
<tr>
<td>12. Tolerates uncomfortable emotions that come up for group members and intervenes appropriately.</td>
<td></td>
</tr>
<tr>
<td>13. Demonstrates ability to both challenge and support group members as needed.</td>
<td></td>
</tr>
<tr>
<td>14. Aware of the different roles that emerge in the group and intervenes from a group-as-a-whole perspective.</td>
<td></td>
</tr>
<tr>
<td>15. Knowledgeable about the process of termination in a group and prepares the group appropriately for termination.</td>
<td></td>
</tr>
<tr>
<td>16. Takes cultural considerations into account throughout the process of starting, running, and ending a group (e.g., advertising, naming, screening, terminating)</td>
<td></td>
</tr>
<tr>
<td>17. Acknowledges and addresses interpersonal conflict or difficult feelings with co-leader when applicable.</td>
<td></td>
</tr>
<tr>
<td>18. Aware of and appropriately addresses ethical and legal concerns and issues related to group therapy.</td>
<td></td>
</tr>
<tr>
<td>19. Demonstrates reliability, timeliness and thoroughness with administrative tasks related to effectively running a group (e.g., advertising, starting/ending group, writing group notes).</td>
<td></td>
</tr>
<tr>
<td>20. Uses supervision effectively</td>
<td></td>
</tr>
<tr>
<td>21. Sets appropriate goals regarding group training experience.</td>
<td></td>
</tr>
</tbody>
</table>

OVERALL RATING
NARRATIVE FEEDBACK:

PARTICULAR STRENGTHS:

AREAS FOR GROWTH:

REVISED/ON-GOING TRAINING GOALS:

Trainee: _______________________ Date: ______

Supervisor/Co-Facilitator: _______________ Date: ______

Trainee's Response:
STUDENT HEALTH AND COUNSELING SERVICES
UNIVERSITY OF CALIFORNIA, DAVIS
EVALUATION INSTRUCTIONS
FOR SUPERVISEE EVALUATIONS OF SUPERVISORS

Please use the evaluation form attached to evaluate your clinical, supervision of supervision, and group supervisor(s). If there is a section that is not relevant to the supervisor you are evaluating, please leave blank or delete the section.

**Evaluation Process for Clinical, Emphasis & Group Supervision**

1. The Director of Training will notify all supervisors and trainees when evaluations need to be turned in. Group Psychotherapy Evaluations are completed and submitted at the end of each quarter. Clinical Evaluations and Emphasis Area evaluations will be completed and submitted at the 6- and 12-month points of the training year. The due dates are as follows:

2. **Clinical and Emphasis Evaluations (Due at the 6, and 12-month points)**
   i. 6-Month Evaluations: end of January
   ii. 12-Month Evaluations: end of July

3. **Group (Due at the end of fall and spring quarter; turn in earlier if the group ends early)**
   i. Fall: December
   ii. Winter: March (if group ended in March)
   iii. Spring: June

4. Please set up a time with your supervisor in the week prior or during the week that the evaluations are due.

5. During that evaluation meeting, you will provide your supervisor with your feedback and evaluation and your supervisor will also be providing you with feedback and evaluation. Please allow yourselves enough time so that the mutual feedback can be provided within the one meeting.

6. At the completion of the evaluation meeting, please sign and make a copy of the evaluations to submit to (1) your clinical/emphasis/group supervisor to review and to (2) your training coordinator/director. Also, scan a copy and email to your training coordinator/director.
STUDENT HEALTH AND COUNSELING SERVICES  
UNIVERSITY OF CALIFORNIA, DAVIS  
EVALUATION OF SUPERVISORS

| Supervisor: ___________________________ | Date of Evaluation: ___________________________ |
| Trainee: ___________________________ | Training Level: ___________________________ |
| Dates of Supervision: ___________________________ | |
| Supervision Format (i.e., Clinical, Emphasis, or Group): ___________________________ |

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

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>Greatest Degree Possible</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

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

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

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

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

3. Additional Comments:

Trainee: __________________ Date: __________________

Supervisor: __________________ Date: __________________
UNIVERSITY OF CALIFORNIA, DAVIS STUDENT HEALTH AND COUNSELING SERVICES
INTERNSHIP PROGRAM IN PROFESSIONAL PSYCHOLOGY

COMPLETION CRITERIA

To graduate from the University of California, Davis Internship Program in Professional Psychology, the intern must fulfill the following requirements and demonstrate competence in each of the areas listed below.

**Accrual of Hours**

- 2000 hours for the year

**Clinical Services**

- 500+ hours of clinical services (intake/initial assessment, individual and group counseling/psychotherapy, career group and testing)
- 3+ Average rating on 12-month evaluations.

**Programming/Consultation Services**

- 10 programs/workshops/presentations during the year

**Training Received**

- On a consistent basis, attend training and supervision sessions

**Administrative Activities**

- Accurate and timely completion of client notes, referrals, communication with mental health and medical providers.
- Attend staff meetings regularly

**Competencies**

Guidelines for evaluating interns and determining competencies are provided with the Intern Evaluation Report. Primary Supervisors in consultation with the Training Director and other members of the training staff determine if the intern has demonstrated minimal levels of competency. Interns must demonstrate minimal levels of competency in the following three major areas:

1. Interns will display a broad range of skill proficiency.
2. Interns will display proficiency in providing services to a diverse clientele.
3. Interns will display personal and professional growth.

The specific criteria used in the evaluation process include:

- Assessment/Diagnosis/Case Conceptualization
- Intervention
- Crisis Intervention
- Consultation and Outreach
- Personal Characteristics
- Relationships and Interpersonal Issues (Colleagues, Agency)
- Use of Supervision
- Provision of Supervision and Mentorship
- Management and Administration
- Diversity – Individual and Cultural Differences
- Ethical and Legal Standards
SECTION IV

MISCELLANEOUS INFORMATION

STUDENT HEALTH AND COUNSELING SERVICES (SHCS)
End of Summer Referral Procedures for Staff Leaving SHCS

In order to provide services to clients and support unit needs, at the end of each training year, interns, postdocs, and other staff who are leaving SHCS may provide services as late as the day before they are scheduled to leave. Staff leaving SHCS are urged to do a thorough assessment with each client seen in order to make a sound clinical decision about the disposition of the case. Leaving staff should communicate with their supervisors or the Clinical Director about how to manage their existing caseloads, as well as how to best address those clients seen for an initial appointment, near the staff end date.

Summer is a challenging quarter as vacation schedules, administrative responsibilities, special projects, and staff leaving the unit can make it difficult to schedule follow up appointments. All staff should inform new clients that Counseling resources are reduced in the summer and that we will do an assessment and attempt to assist them in the ways in which we can during this time period.

Assessment - Every attempt should be made to determine the following:
1) Is the client a danger to self or others?
2) Is the client in crisis and in need of immediate services?
3) Can the client wait for service despite wanting therapy as this time?
4) Are the clients' issues such that he/she needs to be seen in ongoing counseling?
5) Would the client benefit from a referral to a community therapist?

Treatment Options - Options to consider depending on your assessment
- Staff will see the client, do what is possible in a short amount of time, then terminate. This is ideal, as in-house referrals often do not work. (i.e., meet 2 x/week if appropriate).
- Refer to returning interns/future postdocs and staff (after discussing with supervisor)
- Refer to supervisor
- Have client return for services in September and use same-day services if necessary in the interim.
- In consultation with one's supervisor or the Clinical Director, the leaving staff can add the client's name to the Leaving Staff Client Assignment List which will be managed by the Training Director. These cases will be assigned by the Training Director to incoming and returning trainees. If you refer clients to this list, inform them that they will be contacted during the 2nd week of August in order to schedule an appointment.

*If you refer to a SHCS therapist and know who it will be, plan to contact the client with the therapists name and ask them to contact the therapist directly via Health e-Messaging to schedule a follow up appointment.
**Things to do**

**Supervision:**
Interns and Postdocs should be sure to schedule a *supervision meeting AFTER their final clinical appointment*, so that they can speak with their supervisor about the course of action needed for any client seen. The supervisor will need to ensure that these clients receive any follow up needed and should consult with the Clinical Director or Training Director for assistance as needed. Ongoing communication between Interns/Postdocs and supervisors regarding disposition of cases throughout the summer is critical.

**What to tell clients:**
Clients where the disposition is uncertain as the first contact session ends and you anticipate referring them within SHCS or adding them to the case assignment list.

- Someone will contact you by the 1st full week of September if not sooner depending on staffing availability (what's the best way to reach the client?)
- Same-day services can be used as needed in the interim
- If they are not contacted, please have them call us in September. If clinically, the client needs a name, you can give contact information for your supervisor, the Clinical or Training Director’s names for assistance if needed. Keep in mind they will not be able to use HeM to contact these specific people.

**Making the Referral**
Ideally only a few clients should be added to this list. Supervisors and staff leaving should indicate the following information to the Training Director via Health e-Messaging to make referrals to the Leaving Staff Client Assignment List:

- Clients Name and Presenting Concerns
- Referral Ideas (e.g., specific clinicians names, whether/not appropriate for trainee)
- Client's schedule/available times

**List of Clients**
Staff leaving should review with their supervisor or the Clinical Director a list of all of their clients and review the case disposition (and be sure clinical notes are up-to-date and locked) for each client before leaving on their last day.
BREAKING YOUR INTERNSHIP CONTRACT

When you make decisions about your start date at your new job (congratulations by the way), please remember to take your contract with us into consideration. Also remember to double check with the licensing board in that state to ensure that your hours and start-end dates will meet the postdoctoral supervised requirements for that state. You only get to negotiate your new job agreement once. If you need a different start date than the one they offer you, you need to state that upfront or ask how they plan to cover the remaining supervised hours that you will need to accrue.

You are employed at UC Davis as a one-year staff member on contract. If you choose to break your contract early and leave before the end of your 12 month contract, you will be paid out on your last day on site for any remaining vacation hours, but your last day on record will be your last day in the building. The University has this policy because the university cannot allow you to continue accruing vacation time, sick leave and benefits during those final vacation days. The contract you signed with SHCS becomes void if and when you leave early.

The training staff are willing to explain this information in further detail if needed, and encourage you to explore the state licensure requirements more fully if you have questions. You can check the ASPPB Handbook, discuss with your supervisor or talk with the Director regarding national licensing requirements. Please inform your supervisor and your Training Director as soon as possible of your last day in the building so that we can plan accordingly for end of year activities, triage coverage, client transfers and you can begin your termination process.

Please check in with the Training Director if you have any questions.
ACCESS TO POLICY & PROCEDURE MANUAL

You can access the Department Manual for Counseling Services on the SHCS staff internal website: https://reference.shcs.ucdavis.edu/ You will need your PnC username and password to log into the site.

Our Crisis Response Packet can also be found on the staff internal website.

You can also access the Policy and Procedure manual the larger SHCS organization at this website: https://reference.shcs.ucdavis.edu/
**WELLNESS ON INTERNSHIP**

When we speak about “work-life balance” as therapists – it is often a way of encouraging our clients to find some balance in their lives, nourish their needs and have some compassion for self. While therapists often expend considerable efforts suggesting and supporting wellness activities for clients and patients, they are less adept at actually practicing it ourselves. Sapienza and Bugental (2000, p. 459) suggest that many psychologists have not “taken the time to develop compassion for themselves, and compassion for their wounds”. Notwithstanding, researchers have shown that it is the therapist that is oftentimes most central to the efficacy of treatment (Barnett, Johnston & Hillard, 2006). Therefore, work-life wellness may be one of the most important things therapists do – not just for themselves but also for their clients. If therapists do not care for themselves, they cannot care for others. Furthermore, it is therapists’ responsibility to engage in wellness activities so that they can maintain the quality of the services they provide. In this way, wellness is not just a personal matter, but an ethical and moral responsibility (Barnett, Johnston, & Hillard, 2006; Carrol, Gilroy & Murra, 1999; Norcross & Guy, 2007). “Having a self-care plan in place can help ameliorate the hazards of our profession and enhance our therapeutic effectiveness” (Nicely, 2004).

Please be aware of the following resources on campus that can assist with your work-life wellness while you are on Internship:

**Academic and Staff Assistance Program (ASAP)**, (530) 752-2727. Free, personal, on-campus individual therapy for staff members. Limited number of sessions.

**Staff Development & Professional Services (SDPS)**, (530) 752-1766: You are entitled to 3 free individual appointments to assist you with your job search, resume writing, practice interviews, job coaching.

**Worklife and Wellness**, (sponsored by SDPS above). Please visit the following website: [http://sdps.ucdavis.edu/browse/wl.htm](http://sdps.ucdavis.edu/browse/wl.htm) and explore the Brown Bag series that is offered. These are free presentations led by experts in the campus community on everything from “how to grow a vegetable garden” to “financial planning” and includes wellness presentations on nutrition, exercise, and the mind-body connection.

**Hatha Yoga**. Free Yoga offered to staff every Friday from 12:10-1 p.m. Instruction includes 12 basic asanas (postures), two types of pranayama (breath), relaxation, meditation and information about diet. [http://sdps.ucdavis.edu/browse/wl/yoga.htm](http://sdps.ucdavis.edu/browse/wl/yoga.htm) for more information- you must complete the waiver of liability form before joining.

**Human Resources WorkLife**: [http://www.hr.ucdavis.edu/Work_Life](http://www.hr.ucdavis.edu/Work_Life). This page contains valuable information on Health and Wellness support for staff on campus, employee benefits, volunteer opportunities, pet, child and elder care, and ways that UC Davis supports your learning and development.
APPLYING FOR POSTDOCTORAL RESIDENCY AT SHCS-
IMPORTANT CONTINGENCY

The Postdoctoral Residency at SHCS offers you as interns, the unique opportunity to continue with your training in a familiar setting. Depending on your emphasis area, it also allows for you to assume a leadership role in the center by taking on additional responsibilities. The Residency will be offered to you via a formal offer letter in December/January of your internship year, with a deadline of accepting the offer in late January/early February. This allows the center an adequate amount of time to advertise our open Residency positions.

Our Residency is a 2,000 hour APPIC member program and will begin the first week of August following the end of your internship. In order to accrue a total of 2,000 hours, it is likely that you will work a few hours over 40 each week as this is an exempt position.

Because we are an APPIC Member Postdoctoral Training Program, our offer is contingent upon your degree requirements being met prior to the start of the postdoctoral year. Please indicate in your letter of intent the current status of your dissertation and your anticipated defense or graduation date. Please note if your degree is not completed (e.g. we have not received confirmation by your program training director) by your last day of internship, you will not be allowed to begin our postdoctoral program. You will no longer be employed by UC Davis after that date, and you will be paid out any remaining vacation time.

If you know you are interested in pursuing a postdoctoral opportunity here, please update your supervisor on a regular basis of your dissertation status, and plan to complete your defense a month prior to the end of internship. This should allow extra time for you to make an edits and go through any publication or filing process prior to being able to collect postdoctoral hours.
SAFETY AND COMFORT IN DIALOGUE / CO-LEARNING DEFINITIONS

Safety – We want to create an environment in which we feel safe sharing our views, our experiences, and ourselves. To learn from each other, we need an environment that allows us to open up, to feel safe challenging ourselves and challenging each other. Safety means knowing that we will not be harmed. However, this does not mean that we will always feel comfortable during this process...

Comfort zones – We all have zones of comfort about different topics and experiences. The dialogue process asks us to move beyond our traditional areas of comfort so that we can open ourselves to new challenges, knowledge, and awareness. Inside our comfort zone we are not being challenged: therefore, not learning. Outside our comfort zones we are being challenged and learning. Too far outside our comfort zone and we begin to resist new information and withdraw. Throughout this dialogue we will learn to recognize when we are on the edge of our comfort zone and challenge each other and ourselves to expand this zone of comfort in the classroom.

Learning edges – We call the edge of our comfort zone the learning edge. When we are on the learning edge, we are most open to expanding our knowledge and understanding -as well as expanding our comfort zone itself. Being on this edge means that we may feel annoyed, angry, anxious, surprised, confused, defensive, or in some other way uncomfortable. These reactions are a natural part of the process of expanding our comfort zones, and when we recognize them as such, we can use them as part of the learning process —signaling to us that we are at the learning edge, ready to expand our knowledge and understanding. The challenge is to recognize when we are on a learning edge and then to stay there with the discomfort we are experiencing to see what we can learn.

Conflict – Conflict of opinion, viewpoint, and understanding, is a normal and even beneficial part of the dialogue process. It will take place in various ways within the group -within individuals, between individuals, or between groups. It may be overt or submerged in the group, present but not fully recognized. We are more likely to work with conflict when we feel that the environment is safe and that people are committed to learning from the conflict present in the dialogue.

So, we always want safety in the group, but we don't always want comfort. Discomfort happens at the learning edge of our comfort zones, where we are most likely to gain new understanding from our experiences. Conflict of understanding pushes our comfort zones and is a necessary and beneficial part of the dialogue process. It is our job as participants in this dialogue to turn conflict and discomfort into learning and growth for everyone. One of our first steps in this direction involves creating a safe environment where we can push our comfort zones and challenge ourselves to learn and grow.
POLICY ON SOCIAL MEDIA

The American Psychological Association (http://www.apa.org/about/social-media.aspx) highlights that, “First and foremost, public social networks are not private. Some may be open only to invited or approved members but even then, users should not expect privacy among the members. If you choose to participate on such Forums, assume that anything you post will be seen, read, and open for comment. Anything you say, post, link to, comment on, upload, etc., can and may be used against you by your peers, colleagues, employer, potential employers, fellow members, and so on.”

Based on the APA’s cautionary statement, Counseling Services staff and trainees who use social media (e.g., Facebook) and other forms of electronic communication should be mindful of how their communication may be perceived by clients, colleagues, university staff and faculty, and others in the professional community. As such, Counseling Services staff and trainees should make every effort to minimize material that may be deemed inappropriate for a mental health professional or trainee. To this end, all security settings should be considered carefully and most likely set to “private”. Counseling Services staff/trainees should avoid posting information/photos or using any language that could jeopardize their professional image. Staff and trainees should consider limiting the amount of personal information posted on these sites, and should never include clients as part of their social network, or include any information that might lead to the identification of a client, or compromise client confidentiality in any way. If staff or trainees report doing, or are depicted on a website or in an email as doing something unethical or illegal, then that information may be used by SHCS as they determine a course of disciplinary action. As a preventive measure, Counseling Services advises that staff and trainees approach social media carefully.

(Note: this policy is based in part on the policies developed by the University of Denver, Jenny Cornish; University of Albany; University of Kansas, Michael Roberts; and San Diego State University, Elizabeth Klonoff.)