



TRAINING MANUAL

DOCTORAL INTERNSHIP IN HEALTH SERVICE PSYCHOLOGY

GEORGE MASON UNIVERSITY

COUNSELING AND PSYCHOLOGICAL SERVICES

2015-2017

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PHILOSOPHY OF TRAINING

The Doctoral Internship in Health Service Psychology at George Mason University's Counseling and Psychological Services (CAPS) was developed to meet the training needs of psychology graduate students who need or prefer a part-time internship experience. CAPS has invested in developing this part-time option as a matter of social justice, to make quality training more available to trainees who might otherwise be unable to complete a traditional full-time internship. All of the didactic and experiential components of this program were intentionally and carefully constructed to foster intern growth and development as they assume increasing responsibility and move towards greater autonomy over the course of twenty-three months of part-time work. The CAPS internship is accredited by the American Psychological Association (APA).*

The CAPS internship program is fully committed to a policy of equal opportunity in an environment free of discrimination. The program works to ensure that all interns are treated fairly and equitably. The program complies with George Mason University's published policies:

George Mason University is committed to providing equal opportunity and an educational and work environment free from any discrimination on the basis of race, color, religion, national origin, sex, disability, veteran status, sexual orientation, or age. George Mason University shall adhere to all applicable state and federal equal opportunity/affirmative action statutes and regulations.

The University is dedicated to ensuring access, fairness and equity for minorities, women, individuals with disabilities, and veterans (as covered by law) in its educational programs, related activities and employment. George Mason University shall thus maintain a continuing affirmative action program to identify and eliminate discriminatory practices in every phase of university operations.

In addition to the above non-discrimination clause, the CAPS internship does not discriminate based on gender identity or gender expression.

The CAPS part-time training model differs significantly from full-time models in several ways. Part-time interns receive significantly more hours of didactic training and supervision than their full-time counterparts. Seminars are structured on a two-year plan, allowing more in-depth coverage of important topics, and weekly supervision hours are comparable to those provided to full-time interns. Because of this additional training, the internship is part-time, rather than half-time. Interns must commit to being at CAPS three full days/week.

* For more information about APA accreditation, please contact:
Office of Program Consultation and Accreditation
Education Directorate American Psychological Association
750 First Street NE
Washington, DC 20002
Phone: (202) 336-5979
Fax: (202) 336-5978

The program's twenty-three month structure lends itself particularly well to the developmental goals of training. Second-year trainees have additional clinical and supervisory responsibilities and serve as informal mentors to first-year interns. The built-in overlap of internship classes provides unique continuity in the overall training experience. All interns are at CAPS on Wednesdays and Fridays, allowing time to develop close working relationships and participate together in didactic training and group supervision. The interns' third day at CAPS is coordinated with extern schedules to facilitate opportunities for supervision.

The CAPS Doctoral Internship in Health Service Psychology is based on the practitioner-scholar model. The program values experiential learning with formal supervision as well as informal opportunities to consult with staff as needed. The program emphasizes and values collaboration and consultation, and interns are encouraged to foster collaborative relationships with all members of the staff. Research and critical thinking skills are also valued, and interns are expected to integrate recent research into their work and to learn about, and employ, empirically-supported treatments. Interns develop consultation projects that include program evaluation and a review of recent scientific research. Interns also develop professional presentations that incorporate a review of recent scientific literature.

The internship training fosters the development of multicultural competence and a deep grounding in ethical principles. Each intern is expected to develop strong clinical skills with clients from diverse cultural backgrounds and gain a secure sense of self as a competent and ethical psychology professional. Interns also gain experience in outreach/community education, clinical consultation, and supervision of psychology externs.

George Mason University provides a uniquely rich environment for this training because it is one of the most culturally diverse campuses in the nation ([Princeton Review](#)). Students at George Mason University come from many different national, ethnic, religious, economic, and cultural backgrounds.

While all interns complete core portions of the curriculum, including solid training in multicultural competence, interns also have some latitude to pursue personal interests. In particular, the consultation project provides an opportunity for interns to focus on areas of special interest to them.

INTERNSHIP TRAINING GOALS

The Doctoral Internship in Health Service Psychology has established the following training goals, objectives, and expected competencies for interns. The training program is designed to facilitate achieving these goals, and interns are formally evaluated twice a year (with additional brief mid-semester evaluations) on their progress towards achieving them.

Goal #1: Interns will develop knowledge and professional practices that assure adherence to the ethical standards for psychologists

Objectives for Goal #1:

- 1.1 Interns will develop knowledge of APA ethical principles and code of conduct
- 1.2 Interns will adhere to ethical principles in their clinical work
- 1.3 Interns will adhere to ethical principles in supervision

Competencies Expected:

Competencies for objective 1.1 (Interns will develop knowledge of APA ethical principles and code of conduct):

Interns will participate actively in seminar discussions of ethics
Interns will address ethical issues in individual and group supervision

Competencies for objective 1.2 (Interns will adhere to ethical principles in their clinical work):

Interns will seek supervision when needed to promote client welfare
Interns will minimize the potential for dual relationships with clients and discuss such relationships in supervision
Interns will be respectful of cultural differences with clients
Interns will demonstrate awareness of personal limitations and biases
Interns will follow CAPS guidelines to maintain client confidentiality

Competencies for objective 1.3 (Interns will adhere to ethical principles in supervision):

Interns will seek supervision of supervision when needed to promote client welfare
Interns will minimize the potential for dual relationships with supervisees and discuss such relationships in supervision of supervision
Interns will be respectful of cultural differences with supervisees
Interns will demonstrate awareness of personal limitations and biases in supervision

Goal #2: Interns will develop skills to allow them to function as professional psychologists

Objectives for Goal #2:

- 2.1 Interns will develop skills to accurately assess clients, evaluate treatment needs, and make appropriate diagnoses
- 2.2 Interns will develop professional skills in individual counseling
- 2.3 Interns will develop professional skills in group counseling
- 2.4 Interns will develop supervision skills
- 2.5 Interns will develop skills in strategies of scholarly inquiry
- 2.6 Interns will develop consultation skills
- 2.7 Interns will develop case presentation skills
- 2.8 Interns will develop professional presentation skills

Competencies Expected:

Competencies for objective 2.1 (Interns will develop skills to accurately assess clients, evaluate treatment needs, and make appropriate diagnoses)

- Interns will develop rapport with intake clients
- Interns will gather necessary information in initial interviews
- Interns will accurately assess risk factors and immediate needs
- Interns will develop a plan to continue to adequately assess risk and safety factors
- Interns will develop appropriate case conceptualizations
- Interns will make appropriate treatment recommendations
- Interns will write clear, concise, and objective intake notes
- Interns will complete intake notes within 72 hours following intake (or immediately for crisis notes)
- Interns will demonstrate knowledge of DSM 5 diagnoses

Competencies for objective 2.2 (Interns will develop professional skills in individual counseling):

- Interns will establish and maintain a therapeutic relationship with clients
- Interns will work with clients to develop appropriate and attainable counseling goals
- Interns will help clients explore thoughts, feelings, and behaviors
- Interns will explore multicultural issues with clients
- Interns will use interventions that fit the agency's brief treatment model
- Interns will effectively time interventions, so that they are consistent with the client's ability to benefit from such interventions
- Interns will recognize non-verbal behavior of clients and respond appropriately
- Interns will effectively manage termination
- Interns will provide appropriate referrals for long-term work, if needed
- Interns will write clear, concise, and objective case notes
- Interns will complete case notes within 48 hours following individual counseling session
- Interns will make effective use of supervision and will non-defensively share important client information with their supervisor

Competencies for objective 2.3 (Interns will develop professional skills in group counseling):

Interns will develop a good working relationship with the co-therapist
Interns will establish and maintain a therapeutic relationship with clients in group
Interns will address client concerns about confidentiality in group
Interns will use process interventions to further the group work when appropriate
Interns will help group members explore thoughts, feelings, and behaviors
Interns will explore multicultural issues with clients in group
Interns will effectively manage group termination
Interns will write clear, concise, and objective group notes
Interns will complete group notes within 48 hours following group session

Competencies for objective 2.4 (Interns will develop supervision skills):

Interns will participate actively in seminar training on the theory and practice of supervision
Interns will participate actively in supervision of supervision meetings
Interns will discuss multicultural issues with supervisees
Interns will provide support and guidance to supervisees and help them improve clinical skills
Interns will demonstrate ability to attend to client welfare within supervisory context
Interns will seek additional supervision of supervision when necessary to ensure client safety
Interns will provide appropriate and timely feedback to supervisees as needed, in consultation with the supervisor of supervision
Interns will complete sensitive and thorough evaluations of their supervisees, and will share these evaluations in person

Competencies for objective 2.5 (Interns will develop skills in strategies of scholarly inquiry):

Interns will engage in thoughtful discussions of recent research
Interns will integrate recent research findings into their clinical work
Interns will integrate recent research findings in their supervision of trainees
Interns will use empirically-supported treatments that fit the agency's brief treatment model
Interns will use appropriate methodology in consultation projects
Interns will use appropriate research as a basis for professional presentations

Competencies for objective 2.6 (Interns will develop consultation skills):

Interns will participate actively in seminar training on program evaluation and consultation
Interns will articulate an effective research question
Interns will select appropriate methodology to examine the research question
Interns will come prepared to mentorship consultation meetings and appropriately utilize sessions to develop project
Interns will develop an effective working relationship with consultation partner (s)
Interns will effectively implement the study methodology
Interns will demonstrate the ability to effectively evaluate program needs
Interns will demonstrate knowledge of recent research in the area of their consultation project
Interns will effectively articulate consultation project results
Interns will effectively present the consultation proposal and final project
Interns' presentations will demonstrate professionalism in appearance and behavior

Competencies for objective 2.7 (Interns will develop clinical case presentation skills):

Interns will show the theoretical link between presenting problem, treatment goals, conceptualization, treatment plan, and interventions
Interns will discuss the rationale for client interventions
Interns will discuss the theoretical foundations of their clinical work
Interns will discuss their conceptualization of client dynamics and the therapeutic process
Interns will demonstrate the ability to identify and implement treatment goals
Interns will show a consideration of multicultural concerns and factors in their work with client
Interns' videos will demonstrate a working alliance with the client
Interns' videos will demonstrate a successful intervention, struggle, or change over time
Interns will be able to discuss the outcome of the intervention shown in the video from their theoretical orientation
Interns will provide supporting evidence and rule outs for diagnoses
Interns will provide a rationale for tests that were administered to client (if applicable)
Interns will integrate test findings and clinical interview into meaningful summary (if applicable)
Interns will address personal challenges in working with client
Interns' presentations will be clear and conceptually accurate
Interns' case presentation reports will be accurately written and include all areas required for discussion
Interns will identify scholarly reading that connects to the client case
Interns will ask relevant questions that elicit group discussion about the case

Competencies for objective 2.8 (Interns will develop professional presentation skills):

Interns will articulate learning goals and meet those goals
Interns will demonstrate knowledge of the subject matter
Interns will present content in an organized manner
Interns will maintain the interest of listeners
Interns will answer questions effectively
Interns will use effective teaching methods
Interns' visual aids, handouts, and oral presentation will clarify content
Interns will present information that can be applicable in clinical practice
Interns will demonstrate knowledge of recent research in the area of their presentation

Goal #3: Interns will develop knowledge and skills to function as effective psychologists with multi-cultural populations.

Objectives for Goal #3:

- 3.1 Interns will learn about their own cultural identities
- 3.2 Interns will learn about multicultural issues
- 3.3 Interns will demonstrate cultural sensitivity in their professional interactions

Competencies Expected:

Competencies for objective 3.1 (Interns will learn about their own cultural identity):

Interns will demonstrate awareness of own beliefs, values, and attitudes

Interns will recognize when their own cultural biases impact client treatment and discuss this in supervision

Competencies for objective 3.2 (Interns will learn about multicultural issues):

Interns will participate actively in multicultural seminars

Interns will discuss multicultural issues in individual and group supervision

Interns will demonstrate the ability to respect and honor differences in world view

Competencies for objective 3.3 (Interns will demonstrate cultural sensitivity in their professional interactions):

Interns will demonstrate sensitivity to cultural differences and exhibit corresponding knowledge, skills, and attitudes in assessment, case conceptualization, and treatment planning

Interns will use therapy models consistent with clients' belief systems

Interns will understand how personal values interact, and potentially conflict, with clients' values

Interns will maintain respect for clients' values while recognizing them as possible source of problems

Interns will work effectively with clients representing diversity of gender, sexual orientation, culture, ethnicity, disability, age, spirituality, undocumented status, and other areas of difference

Interns will demonstrate comfort in discussing cultural issues with clients

Interns will demonstrate cultural sensitivity in interactions with CAPS staff

Interns will demonstrate cultural sensitivity in interactions with other university staff

Goal #4: Interns will develop behaviors and practices that are consistent with the professional identity of a psychologist.

Objectives for Goal #4:

4.1 Interns will develop professionalism

4.1 Interns will develop effective working relationship with CAPS staff

4.2 Interns will develop self-care practices to maintain professional functioning.

Competencies Expected:

Competencies for objective 4.1 (Interns will develop professionalism)

Interns will dress appropriately and in accordance with the trainee guidelines

Interns will exhibit timely attendance at meetings

Interns will display organization in the negotiation of their various responsibilities and requirements

Interns will appropriately respond to conflict

Competencies for objective 4.2 (Interns will develop effective working relationships with CAPS staff)

Interns will be professional in their interactions with staff

Interns will appropriately participate in staff discussions

Interns will be receptive and non-defensive when receiving feedback

Interns will recognize when their own personal/emotional issues interfere with interactions with staff

Competencies for objective 4.3 (Interns will develop self-care practices to maintain professional functioning):

Interns will set appropriate limits when taking on tasks

Interns will seek staff support when needed

Interns will engage in appropriate self-care activities (e.g., taking sick leave when needed)

INTERN ACTIVITIES AND RESPONSIBILITIES

CAPS interns must work a minimum of 2000 hours (including at least 500 hours of direct service) to successfully complete the internship. **Interns are expected to remain at CAPS for the entire internship (23 months), even if they complete their 2000 hours earlier than expected.**

The internship is designed to meet the requirements for licensure in the Commonwealth of Virginia. Interns are responsible for determining specific requirements for licensure in other states in which they plan to work.

Hours and Scheduling:

Interns are expected to be on-site at CAPS three full days a week. Interns have some flexibility in planning their schedules but must coordinate with their supervisors to schedule individual supervision. Please discuss your specific scheduling with the Training Director.

Normal working hours at CAPS are from 8:30 a.m. until 5 p.m. When classes are in session, CAPS is also open until 7 p.m. on Tuesdays and Wednesdays. During the summer, CAPS is open until 7 p.m. on Tuesdays only. Some interns elect to work until 7 p.m. on either Tuesday or Wednesday, in exchange for two hours of flex time at another time during the week. Flex time schedules must be approved in advance by the Training Director and the Assistant Director for Clinical Services. Please note that flex time is not available in exchange for time spent on notes after regular business hours.

Clinical situations sometimes arise that require interns to extend their normal work hours, usually if a client is at risk and might need hospitalization. In addition, interns provide after-hours coverage approximately five weeks each year.

Intern schedules must include the following activities:

Intern seminar: Fridays, 10 -11 a.m

Intern group supervision: Fridays, 11 a.m.-noon

Case conference: Tuesdays, 11 a.m.-noon or Wednesdays, 11 a.m.-noon (as assigned)

Supervision of supervision (second-year interns): Fridays, 1-2 p.m.

Multicultural case conference (part of seminar series): first and third Fridays of each month, 10-11 a.m.

Additional activities: (not required, but interns are encouraged to attend if schedules permit)

Staff meeting: Wednesdays, 2-3 p.m.

Psychiatric case consultation (with Student Health Services): second Friday of each month, 9-10 a.m.

Groups consultation meeting: fourth Wednesday of each month, 9-10 a.m.

Eating concerns assessment and response team: first Wednesday of each month, 9-10 a.m.

Counseling Activities:

Individual counseling: 8 hours/week (first year); 6 hours/week (second year)

Note: Individual counseling hours are reduced by one hour when interns are co-leading counseling groups.

Initial clinical assessment/personal consultation: 2 hours/week

Note: until caseloads are full, interns are expected to complete at least 3 initial assessments/week. As caseloads fill, the extra consultation hour(s) will be replaced with an individual counseling hour.

Group counseling: During the 23-month internship, interns are expected to co-lead at least two counseling groups with senior staff. Supervision of group work will normally be provided by the group co-leader. Interns may also have the opportunity to lead or co-lead structured skills-based workshops.

On-call coverage: All interns provide daytime on-call coverage as assigned. Interns also provide after-hours coverage approximately 5 weeks/year, starting during their second semester of internship. Interns always receive back-up support from their supervisor or another senior staff member.

Case management (including time to write notes and prepare for clients): up to 3 hours/week

Training and Supervision:

Individual supervision: 2 hours/week

Group supervision: 1 hour/week

Seminar, including Multicultural Case Conference: 1 hour/week

Case conference (with senior staff): 1 hour/week

Supervision of supervision (second year) 1 hour/week

Supervision of group work (when applicable): ½ hour/week

Groups consultation meeting: (optional; one hour/month)

Provision of Supervision: 1 hour/week; second year

During the second year of internship, interns provide clinical supervision to psychology externs (practicum students) at CAPS.

Outreach, Training, and Consultation Activities: up to 3 hours/week

Interns participate in at least five outreach/community education events each year of internship. Outreach/community education opportunities could include speaking to university classes about mental health topics; providing programming during “Love Your Body Week”; providing training to University Housing staff; assisting with orientation programs; or staffing informational kiosks.

Outreach/community education participation should be recorded in the Outreach and Consultation Sign-Off Form, Appendix T (page 101).

Interns plan and present a consultation project for CAPS or another campus organization. Interns are required to formally present their final consultation projects to the staff at CAPS. Consultation project completion should be recorded in the Outreach and Consultation Sign-Off Form, Appendix T (page 101) See below for more information about the consultation project.

Interns also present a professional seminar during their second year of internship. More information is provided below.

Intern Consultation Project

The consultation project provides an opportunity for interns to develop additional expertise and experience in an area of special interest to them, while also developing skills as a professional consultant. Interns can provide consultation about programming needs, clinical strategies, organizational issues, or other topics of interest to the intern and approved by the training staff. Interns are expected to use recent research literature to inform their consultation projects.

Please note that interns are not required to develop a new program or service for CAPS. Rather, the goal of the consultation project is to make research-informed recommendations, based on a careful assessment of current needs and (if applicable) an evaluation of current programs. The training staff will provide additional information and training in consultation and program evaluation.

The consultation project is evaluated with separate evaluation documents, which may be found in Appendix H (page 67). Interns complete a Consultation Project Mentorship Agreement (Appendix U, page 103). Completion of consultation requirements is documented on the Outreach and Consultation document, Appendix T (page 101).

CAPS will assist interns with their consultation projects by:

- Providing information about the project during orientation
- Providing seminar training in consultation and program evaluation
- Assigning a mentor to meet with the intern at least once a month to provide support with the project
- Providing a feedback meeting with the training committee at the end of the first year

Please see the Intern Training Calendar (page 17) for important dates related to the consultation project.

Intern Professional Presentation

Interns give a professional presentation during the second year of internship. This will be a continuing education presentation for all staff, and interns will be asked to follow APA guidelines for such presentations. The professional presentation must be on a topic with some relevance for counseling-center work, and it must demonstrate a thoughtful awareness of client diversity. A copy of the presentation is provided to the Training Director and kept in the intern's file.

The professional presentation is evaluated with a separate evaluation document, which may be found in Appendix F (page 63).

Please see the Intern Training Calendar (page 17) for important dates related to professional presentations.

Intern Case Presentations

Interns give three case presentations during internship. Interns should discuss this requirement with their individual supervisors. Case presentations are attended by the Training Committee and other CAPS staff.

Specific requirements vary for the three case presentations, but all case presentations should include a DSM V diagnosis.

1. First case presentation: power point presentation, including a video clip of one or more clinical intervention (s) with a client. All identifying information should be removed from slides. The Training Director keeps a copy of the power point presentation in the intern's file
2. Second case presentation: interns complete a formal report (with all identifying information removed). Power point and video clips are optional. The Training Director keeps a copy of the report in the intern's file. More information about the report will be provided.
3. Third case presentation: formal power-point presentation, as one might present for a job interview. All identifying information removed. Focus primarily on the intern's work with the client, as this exemplifies the intern's clinical style and theoretical orientation. The Training Director keeps a copy of the power point presentation in the intern's file.

A suggested general format for the case presentation may be found in Appendix V (page 105).

The case presentation is evaluated using a separate evaluation document, which may be found in Appendix G (page 65).

Please see the Intern Training Calendar (page 17) for important dates related to case presentations.

INTERN COMPENSATION AND BENEFITS

Part-time interns receive a total stipend of \$27,000 over the course of the 23-month internship. Payments are disbursed twice a month.

Interns will need to work at least 125 days each “year” of internship, with the first “year” beginning on the first day of internship and continuing until July 15 and the second “year” beginning on July 16 and continuing until the last day of internship. “Extra” days worked may not be saved and carried over into the second “year”. **Please note that interns may need to work additional days to complete the internship requirements of 2000 total hours and 500 clinical hours.** Interns may not leave internship before the specified completion date, even if they have completed their required hours, and/or exceeded the required number of work days.

Interns are expected to be at CAPS for their regular schedules, unless arrangements have been made with the Training Director at least two weeks ahead of time. Interns should speak with the Training Director if exceptional needs arise; however, there are no guarantees that all requests will be granted. Please note that extensions of internship beyond a two-year time period will not be possible under any circumstances.

The Training Director must approve all intern requests for leave. Interns should request approval for vacation leave at least 2 weeks prior to the desired date of leave. Vacation leave should normally be scheduled during low-volume work periods such as summer, spring break, and semester breaks. In addition, interns must find coverage for their on-call responsibilities before vacation leave requests will be approved. Usually this can be arranged by trading coverage times with another staff member.

If interns need to take a sick day, they should call the office as early as possible to leave a message. They should also email the Training Director and their individual supervisor about their absence.

Please note that interns may arrange flex time to cover leave taken for religious observance. These arrangements must be discussed with the Training Director at least two weeks before the anticipated leave. In addition, flex time may be used if interns are (rarely) asked to come in on a day that is not in their regular schedules (e.g. RRSR training or interview days).

Research/Professional development/Consultation hours: Interns may take up to 60 hours each training “year” of internship (with the first “year” beginning on the first day of internship and continuing until July 15 and the second “year” beginning on July 16 and continuing until the last day of internship) to work on dissertations, consultation projects, or other research. During the academic year (September-May), interns should schedule 4 hours/month for these activities, or 36 hours/year. Please speak with your supervisor or the Training Director about the best way to schedule this time. The remaining 24 hours/year may be scheduled during the summer months, in consultation with your supervisor and the Training Director. These hours may not be saved and carried over into the second “year.”

These hours may be used for work on the dissertation, for work on the consultation project, or for professional development. **These are work hours, and in most cases they must be spent on campus at George Mason University.**

George Mason University will observe the following holidays in training years 2015-2017:

Labor Day: Monday, September 7, 2015

Thanksgiving Observance: Wednesday, November 25 (noon)--Friday, November 27, 2015

Winter Holiday Closing: Thursday, December 24, 2015--Friday, January 1, 2016 (tentative)

Martin Luther King, Jr. Holiday: Monday, January 18, 2016

Memorial Day: Monday, May 30, 2016

Independence Day: Monday, July 4, 2016

Labor Day: Monday, September 5, 2016

Thanksgiving Observance: Wednesday, November 23 (noon)--Friday, November 25, 2016

Winter Holiday Closing: Friday, December 23, 2016—Monday, January 2, 2017 (tentative)

Martin Luther King Jr. Holiday: Monday, January 16, 2017

Memorial Day: Monday, May 29, 2017

CAPS Office Space and Technical Support

Each intern has a private office with a desk, computer, telephone, bookshelf, desk chair, and two counseling chairs. The interns have access to some decorative items but are encouraged to personalize their offices with items of their choice. Each office is equipped with a computer-mounted camera to record counseling sessions. Recordings are saved to an external disk drive which is stored in a locked file room.

Interns have personal mailboxes and storage space in the confidential file room. CAPS also has several printers and a fax machine, in a separate space that provides some privacy. The office also has a room with a refrigerator, microwave, and Keurig brewing system for use by staff and interns.

CAPS has purchased several books and videos for training purposes. These are stored in the Training Director's office and may be borrowed by interns. In addition, limited funds are available for professional development for interns and staff.

Interns should speak to the Training Director or CAPS Office Manager for additional clerical and technical support.

The interns do not have access to any other Mason employee benefits or rights.

Interns should speak with the Training Director if they have questions or concerns about personnel matters.

INTERN TRAINING CALENDAR: DUE DATES FOR CLASS OF 2015-2017

Overview by Category

Self Evaluation

- | | |
|--------------------------------|-----------------|
| 1) End of Orientation | August 28, 2015 |
| 2) End of 1 st year | June 29, 2016 |
| 3) End of 2 nd year | June 30, 2017 |

Mid Semester Evaluation

- 1) October 9, 2015
- 2) March 11, 2016
- 3) October 14, 2016
- 4) March 10, 2017

End of Semester Evaluation

- 1) December 18, 2015
- 2) June 25, 2016
- 3) December 16, 2016
- 4) June 28, 2017

Program Evaluation

June 28, 2017

Case Presentations, Internship Class of 2015-2017

Please note that the write-up (or power-point) of your case presentation is due to your individual supervisor at least one week before your presentation date; for the Jan. 8 case presentation date, the write-up is due before the Winter Break.

First Case Presentation

<u>Power point due to supervisor:</u>	<u>If Presentation Date is:</u>
December 18, 2015	January 8, 2016
January 15, 2016	January 22, 2016
January 29, 2016	February 5, 2016

Second Case Presentation

Report due to supervisor: If Presentation Date is:

May 6, 2016	May 13, 2016
May 20, 2016	May 27, 2016
June 3, 2016	June 10, 2016

Third Case Presentation

Power point due to supervisor: If Presentation Date is:

September 23, 2016	September 30, 2016
October 7, 2016	October 14, 2016
October 21, 2016	October 28, 2016

Intern Seminar/Professional Presentation

Power point due to supervisor: If Presentation Date is:

January 6, 2017	January 13, 2017
January 13, 2017	January 20, 2017 (two scheduled this date)

Consultation Project Final Presentation (please note that consultation project presentations should be given to project mentors two weeks before presentation, and revised presentation should be given to staff one week before presentations)

Power point due to project mntor: If Presentation Date is:

May 12, 2017	June 2, 2017
May 19, 2017	June 9, 2017
May 26, 2017	June 16, 2017

Consultation Project Calendar

Consultation Mentorship Agreement

Completed with mentor

Due to Training Director

October 30, 2015

Literature Review

(5-8 pages, 10-15 sources
from peer-reviewed journals or
published books)

Due to mentor

January 15, 2016

Lit Review & Overview of Consultation Project

(i.e. what is the focus of your project?)

1-2 more pages)

<u>Due to mentor</u>	January 29, 2016
<u>Due to Training Director</u>	February 12, 2016
Needs Assessment Plan completed and given to mentor (e.g. plan to survey staff at CAPS and/or other offices on campus; plan to review Titanium data; plan for other methods to establish specific agency needs)	
<u>Due to mentor</u>	March 4, 2016
Implement Needs Assessment (e.g. send out surveys; begin mining data, etc.)	
	March-May, 2016
Develop plan for gathering additional information to support consultation recommendations (e.g. contact other counseling centers; review additional sources; consult with experts)	
<u>Due to mentor</u>	June 3, 2016
Write consultation project proposal (10-15 pages, double spaced; includes lit. review, description of proposal, and description of needs-evaluation methods and results; plan for gathering additional information)	
<u>Due to mentor</u>	August 5, 2016
<u>Consultation project proposal due to Training Director</u>	August 19, 2016
Present consultation project proposal to staff during “brown-bag” lunch; receive feedback (copies of written report give to each staff member; no power point)	
	Aug. 26, Sept. 2, and Sept. 9, 2016
Additional information gathering and/or analyses, as planned in proposal, and with guidance of staff and mentor	
	Sept.-May, 2016-17
Consultation project presentations	
Power-point presentation for all staff, to include final recommendations based on information gathered, as well as summary of earlier work	
<u>Power point due to mentors</u>	May 12, May 19, or May 26, 2017
Power point due to all other staff	May 26, June 2, or June 9, 2017
Final presentations	June 2, 9, or 16, 2017

EVALUATION PROCEDURES

The following procedures have been instituted to help interns make progress towards the goals described above.

Evaluation of Interns

Before their first meeting with their individual supervisors, interns complete the Self-Assessment of Skills Form (Appendix L, page 80) and review this with their supervisors. This self-assessment should be signed and given to the Training Director to keep in the intern's file for review at the end of internship. Interns complete the Self-Assessment of Skills again at the end of the first and second years of internship.

Twice a year, in December and June, supervisors and interns formally review progress towards goals. Verbal and written feedback is provided, with supervisors completing the Intern Evaluation Form (Appendix D, page 52). Individual supervisors, group supervisors, the Training Director, and other staff members who have worked with the intern, collaborate in completing this document and providing feedback to the intern during a group meeting.

Evaluation forms are placed in the intern's file and may be shared with the Director of Clinical Training (DCT) at the intern's doctoral training site, if this is requested. The Intern Evaluation Form is signed by the primary supervisor, training director, and others who participated in the evaluation. In addition, individual supervisors complete a brief, mid-semester evaluation (Appendix E, page 60) and review this with the intern. These evaluations are also kept in the intern's file.

Successful progress towards completion of the internship requires acceptable performance as documented on the Intern Evaluation Form. Specifically, interns must achieve a competency level of at least 2.5 on every competency by the end of internship. They must also achieve an average competency level of at least 3.0 by the end of internship. Interns will not be able to successfully complete internship if they do not achieve these goals.

In addition, a score of two or below on a "critical item", or a score at the "1" level on any item, will require the implementation of a formal remediation plan. In addition, an average score of two or below will automatically require the implementation of a formal remediation plan. Consistent performance at or below this level after completion of the remediation plan will result in dismissal from the internship.

Please note that the Training Director and Clinical Supervisors will provide feedback about performance on a regular basis, not limited to formal evaluations. Concerns about performance will be addressed as soon as they arise, and may result in the implementation of a behavioral change plan, formal remediation plan, or dismissal from internship.

Evaluation of Supervisors

Twice each year, in December and June, interns complete the Trainee Evaluation of Supervisor Form (Addendix I, page 70) and share this with their supervisors and the Training Director. Informal feedback from interns is welcome and encouraged at any time.

Evaluation of Program

At the end of the two-year internship, interns are asked to complete the Training Program Evaluation Form (Appendix J, page 75) to provide feedback about the training program. This feedback will be considered in future program development. Interns are also encouraged to provide informal feedback at any time to their supervisors and/or Training Director.

INTERN PERFORMANCE FEEDBACK, REMEDIATION, AND CONFLICT RESOLUTION

Internship is typically a time of significant growth and change. Providing feedback on intern successes and growth areas is an important aspect of training. Evaluation procedures have been developed to provide this feedback in a timely way, in the context of on-going supervision (see above). In most cases, this feedback process will be sufficient to support professional growth and learning throughout internship. However, there may be circumstances in which additional remediation is needed. This section of the training manual describes procedures for managing more serious concerns about intern performance, including an appeal process for interns. In addition, this section describes a procedure for managing intern grievances against CAPS staff members.

Counseling and Psychological Services is committed to conducting all activities in strict conformance with the American Psychological Association's Ethical Principles of Psychologists. The monitoring and assessment of compliance with these standards will be the responsibility of the Training Director in consultation with the Training Committee and the Executive Director of CAPS.

Evaluation and Remediation Procedures

The following procedures are used to ensure that the evaluation and remediation decisions described below are fair:

1. Interns receive written information about evaluations and program expectations during orientation and acknowledge, with their signature, that they understand this information.
2. Interns receive formal and informal feedback on a regular basis, and evaluation procedures and timetables are provided to interns during orientation.
3. Problem areas are addressed as soon as they are identified.
4. CAPS communicates with the intern's graduate program if a remediation plan is implemented.
5. A remediation plan is created to address intern performance that is significantly lower than expected for the developmental level of the intern (see Appendices D, M, N, and O for more information about performance expectations and remediation procedures).
6. A time frame is identified for successfully addressing the performance concerns.
7. A written appeals process is identified, and this information is given to interns during orientation.
8. All action is taken in consultation with the Training Committee and the CAPS Executive Director.
9. All action involving intern remediation plans or dismissal is documented and placed in the intern's file.

Problems in intern performance

Intern problem areas may be identified by any staff member at any time, and are communicated directly to the intern, Clinical Supervisor, and Training Director. Problems typically are deemed to be more significant and additional procedures may be implemented if:

- the quality of clinical services is negatively affected
- the intern does not acknowledge the problem
- the problem does not resolve despite feedback and efforts at informal resolution

- the problem cannot be resolved by additional training
- the intern's performance falls below required standards on the intern evaluation; these performance standards are specified on the evaluation form in Appendix D (page 59)

Procedures for dealing with problems in intern performance

If possible, the training staff works directly with interns to resolve problems informally as soon as these problems are identified. However, in some circumstances, additional support may be needed to enable the intern to successfully complete the training program. In addition, some problems may be so egregious and potentially harmful to clients or staff that immediate remediation or dismissal from internship are warranted. If a significant problem arises, the following procedure is followed:

1. The staff member who noticed the problem informs the intern, clinical supervisor, and Training Director. The Training Director consults with the intern's supervisors, Training Committee, and CAPS Executive Director
2. The Training Committee adopts a response, which could include:
 - a. no further action; concerns are deemed to not warrant further action at this time
 - b. feedback is given to the intern about the unsatisfactory behavior, with suggestions about how to change the behavior. An informal Behavioral Change Plan (Appendix M, page 84) is implemented and placed in the intern's file. The intern is informed that, if expectations are not met within a specified time frame, the informal plan will become a formal remediation plan. At the conclusion of the specified time period, the intern is given a written report addressing each item in the plan and providing feedback about whether or not the intern has successfully addressed the concerns requiring the Behavioral Change Plan. The report will also specify the outcome of the Behavioral Change Plan [i.e., whether the intern has (1) successfully completed the plan requirements; or (2) has not met all requirements and will begin a formal remediation plan].
 - c. Feedback is given to the intern about unsatisfactory behavior, and a Formal Remediation Plan (Appendix N, page 86) is implemented, including a time frame for acceptable performance in the target areas. A Remediation Plan Agreement (Appendix O, page 88) is signed by the intern, individual supervisor, intern group supervisor, therapy group supervisor, and Training Director. These documents are also shared with the Executive Director of CAPS and the Director of Clinical Training (DCT) at the intern's home institution. All documents are placed in the intern's file. During the formal remediation period the Training Director and supervisors meet with the intern at regular intervals, as specified in the Remediation Plan Agreement, to evaluate progress in changing the behaviors. At the conclusion of the specified period, the intern is given feedback in the form of a written report, addressing each item in the plan and providing feedback about whether or not the intern has been able to address the concerns requiring remediation. The report will also specify the outcome of the remediation plan [i.e., whether the intern has (1) successfully completed the remediation; (2) has made improvement but will continue in remediation; or, (3) has failed to meet the requirements of the plan and will be dismissed from internship]. These decisions will be conveyed in writing to the intern and the DCT of the intern's graduate program.
 - d. Immediate dismissal from the internship in cases of gross ethical misconduct that results in harm to a client or staff member or that interferes with CAPS' ability to perform its functions.

Appeals procedures

At any step in the process outlined above, the intern has a right to challenge the decision of the Training Committee. An intern who wishes to appeal must inform the Training Director in writing within ten working days of receiving the decision of the Training Committee. The Training Director will then form an appeals committee to include one staff member selected by the Training Director and one staff member selected by the intern. These two selected appeals-committee members will then choose a third staff member to chair the appeals committee. The intern will present the challenge to this committee, and the committee will review the decision of the Training Committee and report its recommendations to the Executive Director of CAPS. The Executive Director of CAPS will make a final decision on the action to be taken. The intern will be informed of this decision in writing. The decision will also be conveyed to the DCT of the sponsoring institution. The decision of the Executive Director of CAPS will be final and not subject to appeal.

Intern grievances

Interns are invited and encouraged to provide feedback about all aspects of their training experience. If they have a complaint about another staff member, they are urged to speak directly with that person before taking any other action, unless they feel unable to do so. If this does not resolve the situation, the following procedures have been developed to manage intern grievances:

1. The intern discusses the complaint with the primary supervisor or Training Director. The Training Director will then attempt to facilitate a meeting between the parties to resolve the situation informally. If the complaint involves the Training Director, the primary supervisor will facilitate this meeting. If the Training Director is also the primary supervisor, the intern may ask another member of the Training Committee or the Executive Director of CAPS to facilitate this meeting.
- If the situation is not resolved, the Training Director will form a grievance committee. This committee will include one staff member selected by the intern and one staff member selected by the staff member who is the subject of the complaint. These two grievance-committee members will then select a third staff member to chair the committee. The grievance committee will gather information by interviewing both parties (the intern and the staff member with whom the intern has a complaint), and then will make a recommendation to resolve the dispute.
- If the situation is not resolved, the Executive Director of CAPS will meet with the grievance committee and (separately) with the intern and the staff member who is the subject of the complaint. The Executive Director of CAPS will make a decision to resolve the complaint. This decision is final and not subject to appeal.

APPENDIX A: INTERN ORIENTATION SCHEDULE, 2015

INTERN ORIENTATION SCHEDULE
COUNSELING AND PSYCHOLOGICAL SERVICES

August 5, 7, 12, 14, 19, 21, 26, 27, and 28, 2015

All formal orientation activities are scheduled on Wednesdays and Fridays, with the exception of the RRSR training (Recognizing and Responding to Suicide Risk) on Wednesday and Thursday, August 26-27. On non-orientation days within this period, interns are encouraged to make appointments to speak individually with CAPS staff including potential supervisors; obtain parking passes; and review resource materials including the training manual, counselor manual, and audio-visual materials. Interns should also observe personal consultation sessions during this time.

All meetings are in Room C unless otherwise noted.

Wednesday, August 5

- 9-10 a.m. Welcome breakfast with CAPS staff
- 10-11 Meet with Joan Mizrahi, Associate Director for Training
- 11-noon Case conference (with clinical staff)
- Noon-1 p.m. Lunch; feel free to bring your lunch or purchase something on campus; have lunch on your own or join other staff in Room C
- 1-2 p.m. Meet with Jeanne Piette, Senior Associate Director
- 2-3 p.m. Staff meeting
- 3-4 p.m. Meet with Stephanie Monson, Administrative Assistant, to review basic office policies
- 4:00-5 p.m. Introduction to CAPS, University Life, and campus community; scavenger hunt-- meet at office of Rikki Cor, Coordinator for Multicultural Services

Friday, August 7

- 9-10 a.m. Introduction to Learning Services—led by Vicki Dominick, Associate Director for Learning Services, and Amber Knighting, Assistant Director of Learning Services; room A
- 10-11 a.m. Multicultural case consultation –led by Karen Bagley, Assistant Director for Community Education, and Rikki Cor, Coordinator for Multicultural Services
- 11 a.m.-noon Intern group supervision with Joan Mizrahi (room A)
- 12-1 p.m. Lunch; feel free to bring your lunch or purchase something on campus; have lunch on your own or join other staff in Room C

- 1-2 p.m. Professionalism at CAPS—led by Marlena Wu, Assistant Director of Training
- 2-4 p.m. Introduction to Titanium—led by Ryan Adams, Associate Director of Clinical Services
- 4-5 p.m. LGBTQ services and visit to LGBTQ office—led by Rikki Cor, Coordinator for Multicultural Services

Wednesday, August 12

- 9-10 a.m. Outreach and community education opportunities—led by Karen Bagley, Assistant Director for Community Education
- 10-11 a.m. Groups and workshops at CAPS—led by Marlena Wu, Assistant Director of Training
- 11-noon Case conference
- 12-1 p.m. Lunch; feel free to bring your lunch, purchase something on campus, and/or join the lunch group in one of the group rooms
- 1-2 p.m. Multicultural Services and visit to ODIME—led by Karen Bagley, Assistant Director for Community Education, and Marlena Wu, Assistant Director of Training
- 2-3 p.m. Staff meeting
- 3-4 p.m. Protecting privacy and security of information—led by Joan Mizrahi, Associate Director for Training
- 4-5 p.m. Meet with Barbara Meehan, Executive Director of CAPS

Friday, August 14

- 9 -10 a.m. Titanium training, part 2—led by Ryan Adams, Associate Director of Clinical Services
- 10:30-12:30 Professional presentation by Dr. Michael Stadter: Short-term Dynamic Therapy; interns and staff
- 12:30-1 p.m. Lunch
- 1-2 p.m. Personal consultations and use of CCAPS information—led by Ryo Noguchi, Staff Clinician
- 2-3 p.m. Open
- 3-5 p.m. Role play experience, part 1: Personal consultation session—led by Karen Bagley, Assistant Director for Community Education, and Rikki Cor, Coordinator for Multicultural Services

Wednesday, August 19

- 9-9:30 a.m. Open
- 9:30-11:30 RA training: New interns participate with staff
- 11:30-noon Case conference
- 12-1 p.m. Lunch; feel free to bring your lunch, purchase something on campus, and/or join the lunch group in one of the group rooms
- 1-2 p.m. Working with students with eating and body-image concerns—led by Brooke Kahn, Staff Clinician
- 2-3 p.m. Staff meeting
- 3-4 p.m. Case management and referrals—led by Brooke Kahn, Staff Clinician
- 4-5 p.m. Referring students to psychiatry—led by Kavita Jagarlamudi, Assistant Director of Psychiatric Services

Friday, August 21

- 9-10 a.m. Open
- 10-11 a.m. Multicultural case conference
- 11-noon Intern group supervision with Joan Mizrahi, Room A
- 12-1 p.m. Lunch; feel free to bring your lunch, purchase something on campus, and/or join the lunch group in one of the group rooms
- 1-2 pm Using video equipment and preserving client confidentiality—led by Ryo Noguchi, Staff Clinician
- 2-3 p.m. Addressing client emergencies—led by Brooke Kahn, Staff Clinician
- 3-4 p.m. Open
- 4-5 p.m. Introduction to the stress lounge—led by Rikki Cor, Coordinator for Multicultural Services

Wednesday and Thursday, August 26-27 (SUB1, Room 3008)

- 9 a.m.-5 p.m. Recognizing and Responding to Suicide Risk (RRSR) training with Adrienne Barna, Ph.D., ABPP; participants include new CAPS staff members and graduate students from George Mason clinical psychology doctoral program

Friday, August 28

- 9:30-10:30 Convocation for new students; all staff will attend
- 11-noon Intern group supervision with Joan Mizrahi, Room A
- 12-1:00 p.m. Intern lunch for all five interns
- 1-2 p.m. Intern seminar: CAPS Survival Strategies (led by second-year interns)
- 2-3 p.m. Providing day-time on-call services—led by Ryan Adams, Associate Director for Clinical Services
- 3-5 p.m. Role play experience, part 2: Crisis evaluation—led by Karen Bagley, Assistant Director for Community Education, and Rikki Cor, Coordinator for Multicultural Services

Additional important meetings:

1. Please schedule Safe Zone Training at your earliest convenience. This is required for all staff members. More information will be provided
2. Please schedule University Life orientation. More information will be provided.
3. Training on working with students connected with the military; for all staff and trainees: Date and time TBA

APPENDIX B: INTERN SEMINAR SCHEDULE, 2015-2017

Intern Seminars, 2015-2017

Unless otherwise noted, all seminars, including multi-cultural case conference, are in room C on Fridays at 10 a.m.

Please note that multi-cultural case conference is offered on the first and third Friday of each month at 10 a.m., with specific facilitators and topics TBA.

Schedule and topics may change.

Fall, 2015

August 14: **Short-term dynamic psychotherapy** CE presentation for all staff, 10:30-12:30
Michael Stadter, guest presenter

August 28: CAPS Survival Strategies (CAPS second-year interns presenting; 1-2 p.m.)

September 11: **Group counseling at CAPS** (Marlena Wu)

September 18-25: **Ethical principles for psychologists, part 1**
Marlena Wu, mini-course coordinator

September 18: **Virginia mental health law:** CE presentation for all staff, 10-12
Barbara Meehan, Jeanne Piette, and Ryan Adams, presenters

September 25: Ethics of record keeping (Marlena Wu)

October 9-October 30: **Program evaluation and consultation**
Karen Bagley, mini-course coordinator

October 9: Major types of program evaluations (Karen Bagley)

October 23: Steps in conducting program evaluations
(Joan Mizrahi)

October 30: Factors that may negatively impact program evaluations and applying
program-evaluation techniques to consultation projects (Karen Bagley)

November 13-December 11: **Working with groups**
Anchal Khanna, mini-course coordinator

November 13: Group dynamics and process: Overview of roles; boundaries and norms;
stages of group process (Anchal Khanna)

November 26-27: **Thanksgiving holiday**; CAPS closed

December 11: Group leadership and facilitation: Self-disclosure; multicultural issues; opening and closing sessions; and reflective practice discussions (Anchal Khanna)

December 24-January 1 (approximate; exact dates TBD): **Winter Break**; CAPS closed

Spring, 2016

January 8: No seminar; intern interview week

January 15: Intern seminar, topic TBA (second-year intern presents)

January 22: Intern seminar, topic TBA (second-year intern presents)

January 29-February 12: **Professional development, part 1**
Ryan Adams, mini-course coordinator

January 29: Job-search preparation (Ryan Adams)

February 12: Interviewing skills (Ryan Adams)

February 26-April 8: **Issues in multicultural counseling**
Rikki Cor, mini-course coordinator

February 26: Working with the “multiple minority” client: Exploring issues of race, gender, and sexual orientation and how this affects identity development and the counseling process (presenter TBA)

March 11: Spring break. No seminar (CAPS open)

March 25: General overview of MCC/Approaching racial and cultural issues within the therapeutic relationship (self-disclosure) (presenter TBA)

April 8: Sexual orientation and gender identity (Rikki Cor)

April 22-May 13: **Working with couples**
Anchal Khanna, mini-course coordinator

April 22: Couples therapy: research and models (Anchal Khanna)

April 29: Assessment in couples therapy based on the Gottman method (Anchal Khanna)

May 13: Intervention strategies in couples therapy based on the Gottman method (Anchal Khanna)

May 27-June 24: **Professional development, part 2**
Ryan Adams, mini-course coordinator

May 27: Preparing for the EPPP (Rikki Cor and Karen Bagley)

June 3: **Consultation project presentation, graduating intern** _____

June 10: **Consultation project presentation, graduating intern** _____

June 24: Developing a private practice (presenters TBD)

July 8-29: Introduction to Supervision

Joan Mizrahi, mini-course coordinator

July 8: Supervision seminar; topic and presenter TBD

July 22: Supervision seminar: topic and presenter TBD

July 29: Supervision seminar; topic and presenter TBD

Fall, 2016

August 12: **CAPS Survival Strategies** (led by second-year interns)

August 26-September 23: **Program evaluation and consultation**

Joan Mizrahi, mini-course coordinator

August 26: Major types of program evaluations (Karen Bagley)

September 9: Steps in conducting program evaluations
(Joan Mizrahi)

September 23: Factors that may negatively impact program evaluation and applying program evaluation techniques to consultation projects (Karen Bagley)

September 30-October 28: **Ethical principles for psychologists, part 2**

Marlena Wu, mini-course coordinator

September 30: Overview of APA ethical guidelines; confidentiality; case studies
(Marlena Wu)

October 14: Ethics in therapy; multicultural and self-awareness conflicts
(Marlena Wu)

October 28: Being a clinician and a member of the community: How to minimize dual relationships (Marlena Wu)

November 11-December 9: **Diagnosis and assessment issues**

Joan Mizrahi, mini-course coordinator

November 11: Diagnostic challenges and the DSM V (presenter TBD)

November 24-25: **Thanksgiving Holiday**; CAPS closed

December 9: Assessing students of concern (presenter TBD)

December 23-January 2 (approximate; exact dates TBD): **Winter Break**; CAPS closed

Spring 2017

January 6: No seminar; intern interview week

January 13: Intern seminar, topic TBA (second-year intern presents)

January 20: Intern seminar, topic TBA (second-year interns present) (two seminars today; 10-noon)

January 27-February 10: **Professional development, part 1**
Ryan Adams, mini-course coordinator

January 27: Job-search preparation (Ryan Adams)

February 10: Interviewing skills (Ryan Adams)

February 24-March 10: **Learning issues**
Vicki Dominick, mini-course coordinator

February 24: Assessment and treatment of students with ADD/ADHD, learning disorders, processing difficulties, and problems with executive functions (Vicki Dominick and Karen Bagley)

March 10: Working with students on the spectrum (Karen Bagley and Marlena Wu)

March 24-31: **Counseling outreach theory and practice**
Karen Bagley, mini-course coordinator

March 24: Theory of outreach to university students (Karen Bagley)

March 31: Preparing an effective outreach presentation (Karen Bagley)

April 14-28: **Assessment, referral, and treatment of students with eating concerns and eating disorders**
Brooke Kahn, mini-course coordinator

April 14: Eating disorder assessment issues and the CAPS protocol; when to treat and when to refer (Brooke Kahn)

April 28: Working with students with eating and body image concerns

May 12-26: **Professional development, part 2**
Ryan Adams, mini-course coordinator

May 12: Preparing for the EPPP (Rikki Cor and Karen Bagley)

May 26: Developing a private practice (presenters TBD)

June 2: **Consultation project presentation, graduating intern** _____

June 9: **Consultation project presentation, graduating intern** _____

June 16: **Consultation project presentation, graduating intern** _____

June 23-30: Topics TBA

APPENDIX C: TRAINING SEMINAR MINI-COURSES 2015-2017

Assessment, Referral, and Treatment of Students with Eating Concerns and Eating Disorders

Goals:

Interns will:

1. Learn to accurately assess eating disorder behaviors
2. Learn when to refer clients for treatment in the community
3. Learn some treatment strategies with clients with body-image concerns

Seminar topics

Eating disorder assessment issues and the CAPS protocol; when to refer

Working with students with body-image concerns

References

- American Psychiatric Association (2006). *Practice Guidelines for the Treatment of Patients with Eating Disorders*. Washington, D.C.
- Cassin, S., von Ranson, K., Heng, K., Brar, J., & Wojtowicz, A. (2008). Adapted motivational interviewing for women with binge eating disorder: A randomized trial. *Psychology of Addictive Behaviors*, 22, 417-425.
- Cooper, Z., Fairburn, C.G., Hawker, D.M.(2003). *Cognitive-Behavioral Treatment of Obesity: A Clinician's Guide*. New York: Guilford Press.
- Eating Disorders and Obesity: A Comprehensive Handbook (2002)*. Ed. C.G. Fairburn & K.D. Brownell. New York: Guilford Press.
- Essential Handbook of Eating Disorders (2005)*. Ed. J. Treasure, U. Schmidt, & E. van Furth. West Sussex, England: John Wiley & Sons Ltd.
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Mitchell, J., Agras, S., & Wonderlich, S. (2007). Treatment of bulimia nervosa: Where are we and where are we going? *International Journal of Eating Disorders*, 40, 95-101.

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Waller, G., Cordery, H., Corstorphine, H.H., Lawson, R., Mountford, V., & Russel, K. (2007). *Cognitive Behavioral Therapy for Eating Disorders: A Comprehensive Treatment Guide*. New York: Cambridge University Press.

Diagnosis and Assessment Issues

Goals:

Interns will:

1. Learn assessment challenges using the DSM-V
2. Learn about assessing university students of concern

Seminar topics

Changes in the DSM V

Working with students of concern

References

- Borum, R., Fein, R., Vossekuil, B., & Berglund, J. (1999). Threat assessment: defining an approach for evaluating risk of targeted violence. *Behavioral Science and the Law, 17*, 323-337.
- Borum, R. & Reddy, M. (2001). Assessing violence risk in Tarasoff situations: a fact-based model of inquiry. *Behavioral Science and the Law, 19*, 375-385.
- Helzer, J., van den Brink, W., & Guth, S. (2006). Should there be both categorical and dimensional criteria for the substance use disorders in DSM-V? *Addiction, 101*, 17-22.
- Krueger, R., Skodol, A., Livesley, J., Shrout, P., & Huang, Y. (2007). Synthesizing dimensional and categorical approaches to personality disorders: Refining the research agenda for DSM-V Axis II. *International Journal of Methods of Psychiatric Research, 16*, S65-S73.
- Regier, D. (2007). Dimensional approaches to psychiatric classification: refining the research agenda for DSM-V: an introduction. *International Journal of Methods in Psychiatric Research, 16*, S1-S5.

Ethical Principles for Psychologists

Goals:

Interns will:

1. Increase competency in ethical practice as clinicians.
2. Increase awareness of ethical issues particular to college counseling center environments, especially dual relationships and conflicts of interest with students and other agencies.
3. Increase knowledge and understanding of legal and ethical consequences of maintaining or breaking confidentiality.
4. Increase awareness of appropriate client record management to maintain continuity of care.
5. Increase awareness of ethical practice in therapy, including multicultural competence and appropriate disclosures.

Seminar topics (to be covered over two years)

Overview of APA ethical guidelines/confidentiality; case studies

Ethics of disclosures; case studies

Ethics in therapy/multicultural and self awareness conflicts

Ethics of record keeping

Being a clinician and a member of a community/How to minimize dual relationships

References

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Knapp, S.J., & Vandecreek, L.D. (2005). *Practical Ethics for Psychologists: A Positive Approach*. Washington, DC: American Psychological Association

Schank, J.A. & Skovholt, T.M. (2006) *Ethical Practice in Small Communities: Challenges and Rewards for Psychologists*. Washington, DC: American Psychological Association

Group and Couples Counseling Seminar Mini-courses

Goals:

Interns will:

1. Increase knowledge of fundamental group concepts and essentials of group process
2. Increase understanding of elements of effective group leadership and facilitation
3. Increase awareness of personal biases and philosophies and their impact on group process
4. Increase understanding of facilitating art therapy groups
5. Enhance knowledge of group process and dynamics
6. Explore the differences and similarities in current models of couples therapy
7. Increase understanding of assessments and interventions in couples therapy
8. Evaluate the type of client issues of which couples therapy is indicated or contraindicated

Seminar topics

Group Dynamics and process: Overview of roles; boundaries and norms; and stages of group process

Group Leadership and Facilitation: Self disclosure; multicultural issues; opening and closing sessions; and reflective practice discussions

Couples Therapy: Research and models

Assessment in couples therapy based on the Gottman method

Intervention strategies in couples therapy based on the Gottman method

References

Corey, G. (2008) *Theory and Practice of Group Counseling (7th ed.)*. CA: Brooks/Cole.

Gottman, J. M. (1999). *The marriage clinic: A scientifically-based marital therapy*.
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Gottman, J. M. & Silver, N. (1999). *The seven principles for making marriage work*.
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- Rubin, Judith Aron (2001). *Approaches to art therapy: Theory and technique* (2nd ed.). New York: Brunner-Routledge.
- Yalom, I. D. (2005). *Theory and practice of group psychotherapy*. NY: Basic Books.

Learning Issues

Goals:

Interns will:

1. Increase competency as clinicians in evaluating learning issues affecting the academic success and academic stress of college students.
2. Increase competency at identifying the most common learning disabilities of college students and being able to recognize the characteristics of ADHD in adults.
3. Increase competency at treating the personal/psychological issues related to ADHD.
4. Increase competency to make appropriate referrals for students with academic performance issues, LD or ADHD.
5. Increase knowledge of the impact of autism-spectrum disorders on the counseling process and adjust counseling strategies to accommodate them.

Seminar topics

Assessment and treatment of students with ADD/ADHD, learning disorders, processing difficulties, and problems with executive function

Working with students on the autism spectrum

References

- Brown, Ph.D., Thomas E. (2000). Attention-Deficit disorders and comorbidities in children, adolescents, and adults. Arlington, VA: American Psychiatric Press, Inc.
- Nadeau, PhD, Kathleen G. A (1995). Comprehensive Guide to Attention Deficit Disorder in Adults. New York: Brunner/Mazel, Inc.
- Triolo, S. J. & Murphy, K. R. (1996). *Attention deficit scales for adults*. Bristol, PA: Brunner/Mazel.
- Uzes, K. B. & Connelly, D. O. (2008). Universal design in counseling service areas. In J. L. Higabee & E. Goff (Eds.), *Pedagogy and student services for institutional transformation: Implementing universal design in higher education* (pp. 225-229). Minneapolis, MN: Center for Research on Developmental Education and Urban Literacy, University of Minnesota.
- Vogel, S. A. & Adelman, P. B. (Eds.). (1993). *Success for college students with learning disabilities*. New York: Spring-Verlag

Weyandt, Lisa L. and DuPaul, George (2006). ADHD in college students. *Journal of Attention Disorders*; 10; 9.

Issues in Multicultural Counseling

Goals:

Interns will:

1. Increase multicultural competency as clinicians.
2. Increase awareness of how one's own race, ethnicity, culture, gender, age, class, sexual orientation, and religious affiliation influence personal beliefs, values, biases and assumptions about diverse populations and how this can potentially affect a therapeutic relationship.
3. Increase knowledge and understanding related to the psychological impact of issues such as oppression, racism, and discrimination.
4. Increase awareness of social justice issues within the field of psychology and the varying views related to the role of a psychologist in this area.
5. Increase knowledge related to sexual orientation and gender identity.
6. Increase understanding to the identity development and life experiences of clients in "multiple minority" status.

Seminar topics

General overview of MCC/Approaching racial and cultural issues within the therapeutic relationship (Self-Disclosure)

Sexual Orientation and Gender Identity

Working with the "multiple minority" client: Exploring issues of race, gender, sexual orientation and how this affects identity development and the counseling process.

References

- Bieschke, K. J., Perez, R. M., & DeBord, K. A. (Eds.) (2007). *Handbook of counseling and psychotherapy with lesbian, gay, bisexual, and transgender clients*. Washington, DC: American Psychological Association.
- Gainor, K. A. (2000). Including transgender issues in lesbian, gay, and bisexual psychology: Implications for clinical practice and training. In B. Greene & G. L. Croom (eds.), *Education, research and practice in lesbian, gay, bisexual, and transgendered psychology: A resource manual* (pp. 131-160). Thousand Oaks, CA: Sage Publications.
- Ponterotto, J. G., Casas, J. M., Suzuki, L. A., & Alexander, C. M. (1995). *Handbook of multicultural counseling*. Thousand Oaks, California: Sage Publications.
- Smith, L., Chambers, D. A., & Bratini, L. (2009). When oppression is the pathogen: The

participatory development of socially just mental health practice. *American Journal of Orthopsychiatry*, 79, 59–168.

Sue, D. W., & Sue, D. (2003). *Counseling the culturally different, 4th Ed.* New York, NY: John Wiley & Sons.

Worthington, E. L. Jr., & Aten, J. D. (2009). Psychotherapy with religious and spiritual clients: An introduction. *Journal of Clinical Psychology*, 65(2), 123-130.

Professional Development

Goals:

Interns will:

1. Develop critical job search skills (e.g., CV writing, interview preparation, job talks, etc).
2. Learn about professional development beyond internship, including preparing for the EPPP and considering developing a private practice

Seminar topics

Job search preparation

Interviewing skills

Preparing for the EPPP

Developing a private practice

References

- American Psychological Association, (2002). The Ethical Principles of Psychologists and Code of Conduct, *American Psychologist*, 57, 1060-73.
- Guinne, J. (1998). Erikson's life span theory: A metaphor for conceptualizing the internship year. *Professional Psychology: Research and Practice*, 29, 615-620.
- Lopez, S. & Prosser, E.(2000). Becoming an adaptive new professional: Going beyond Plante's principles. *Professional Psychology: Research and Practice*, 31, 461-462.
- Nezu, C., Finch, A., & Simon, N., (Eds). *Becoming Board Certified by the American Board of Professional Psychology*, Oxford University Press, NY, 2009.
- Plante, T.(1998). How to find a first job in professional psychology: Ten principles for finding employment for psychology interns and postdoctoral fellows. *Professional Psychology: Research and Practice*, 29, 508-511.
- Turner, J.A., Edwards, L.M., Eicken, I.M., Yokoyama, K., Castro, J.R., Tran, A.N., & Haggins, K.L. (2005). Intern self-care: An exploratory study into strategy use and effectiveness. *Professional Psychology: Research and Practice*, 36, 674-680.

Program Evaluation and Consultation

Goals:

Interns will:

1. Understand the major types of program evaluations.
2. Recognize the differences between the major types of program evaluations.
3. Understand the methods for conducted the major types of programs evaluations
4. Begin to apply program evaluation principles to their potential consultation project ideas.

Seminar topics

1. Major types of program evaluations:
 - Needs Assessment
 - Process Evaluations
 - Outcome Evaluations
 - Efficiency Evaluations
2. Steps in conducting program evaluation
3. Using data in program evaluations
4. Factors that may negatively affect program evaluation and
5. Applying program evaluation techniques to consultation project

References

- Cook, J. R. (2014). *Using Evaluation to Effect Social Change: Looking Through a Community Psychology Lens*. American Journal of Evaluation, 36(1), 107-117.
doi: <http://dx.doi.org/10.1177/1098214014558504>
- McNamara, C. (nd). *Basic Guide to Program Evaluation (Including Outcomes Evaluation*. Retrieved from <http://managementhelp.org/evaluation/program-evaluation-guide.htm> 7/12/2014
- Posavac, E. J. (2011). *Program evaluation: Methods and case studies (8th Ed.)*. Upper Saddle River, NJ: Prentice Hall.
- Rossi, P. H., Freeman, H. E., & Lipsey, M. W. (1999). *Evaluation: A systematic approach (6th Ed.)*. Thousand Oaks, CA: Sage.

Supervision Skills

Goals:

Interns will:

1. Prepare for the role transition to supervisor
2. Gain exposure to various models of supervision
3. Develop ability to assess supervisee clinical skill level
4. Develop supervisory relationship skills
5. Develop awareness of diversity issues related to supervision
6. Develop awareness of ethical issues related to supervision
7. Learn supervisory techniques to improve supervisee's clinical skills
8. Discuss ways to provide oral and written evaluation of supervisee's strengths and weaknesses
9. Learn to appropriately document supervision activities

Seminar topics

Self-Assessment, Role Transition, and Supervision Competencies

Models of Supervision and the Supervisory Relationship

Multicultural Supervision

Ethical and Legal Issues in Supervision

References

Bernard, J., & Goodyear, R. (2004). *Fundamentals of clinical supervision* (3rd ed.). Boston: Pearson Education.

Falender, C., & Shafranske, E. (2004). *Clinical supervision: A competency-based approach*. Washington, DC: American Psychological Association.

Stoltenberg C.D. & McNeill, B.W. (1997). *Clinical supervision from a developmental perspective: Research and Practice*. In C.E. Watkins Jr. (Ed). *Handbook of psychotherapy supervision*. Pp. 184-202. New York: Wiley.

Watkins, C. (1997). Handbook of psychotherapy supervision. New York: Wiley.

Theory and Practice of Counseling Outreach

Goals:

Interns will:

1. Recognize the differences between the various types of outreach models.
2. Learn ways of developing and implementing effective outreach presentations.
3. Apply outreach theory and design principles to their outreach programming.

Seminar topics

Theory of outreach to university students

Preparing an effective outreach presentation

References

Archer, J. & Cooper, S. (1999). An initiator-catalyst approach to college counseling outreach. *Journal of College Counseling, 2*, 76-88.

Kern, Carolyn W. (2000). *Outreach programming from the college counseling center*. In Davis, D. C. & Humphrey, K. M. (Eds), (2000). *College counseling: Issues and strategies for a new millennium*, pp. 205-219. Alexandria, VA, US: American Counseling Association, xxi, 320 pp.

APPENDIX D: INTERN EVALUATION FORM

**George Mason University
Counseling and Psychological Services
Psychology Intern Evaluation Form**

Intern:

Date:

Primary supervisor:

Additional supervisors:

Supervisory role:

Group therapy supervisor

Intern group supervisor

Sup of sup supervisor

This evaluation is based on the goals, objectives, and competencies of the training program at George Mason University's Counseling and Psychological Services. The four primary goals of the training program are to 1) develop knowledge and professional practices that assure adherence to the ethical standards for psychologists, 2) develop clinical skills to function as a professional psychologist, 3) develop knowledge and skills to function as an effective psychologist with multi-cultural populations, and 4) develop behaviors and practices that are consistent with the professional identity of a psychologist.

Please indicate the level at which the trainee is functioning in each competency using the scale below. For each goal, please average the scores given for each item and provide an overall average score.

- 5 Consistently performs above expected developmental level of an intern. Interns in this area are approaching autonomous professional skill level. Intern needs minimal supervision in these areas, but knows when to consult.
 - 4 Performance fluctuates at times above expected developmental level for an intern. Intern sometimes needs supervision in these areas and consults appropriately most of the time when needed.
 - 3 Performance at expected developmental level for an intern. Intern is on target and meets expected proficiency.
 - 2 Performance fluctuates at times below expected developmental level for an intern. Falling at or below a 2 on a **critical item*** will result in a remediation plan. Averaging at or below a 2 for the entire evaluation will result in a remediation plan. Consistent performance at or below this level after completion of the remediation plan will result in dismissal from the internship.
 - 1 Consistently performs below expected developmental level for an intern. Any score at this level will result in immediate remediation. Consistent performance at this level after completion of the remediation plan will result in dismissal from the internship.
- N/A Not applicable and/or not able to assess.

Goal 1: Develop the knowledge and professional practices that assure adherence to the ethical standards for psychologists

Objective 1.1: Develop knowledge of APA ethical principles and code of conduct

Participates actively in seminar discussions of ethics

5 4 3 2 1 N/A

Addresses ethical issues in individual and group supervision

5 4 3 2 1 N/A

Objective 1.2: Follow ethical principals in clinical work

*Seeks supervision when needed to promote client welfare

5 4 3 2 1 N/A

*Minimizes the potential for dual relationships with clients and discusses such relationships in supervision

5 4 3 2 1 N/A

*Is respectful of cultural differences with clients

5 4 3 2 1 N/A

Demonstrates awareness of personal limitations and biases

5 4 3 2 1 N/A

*Follows CAPS guidelines to maintain client confidentiality

5 4 3 2 1 N/A

Objective 1.3: Follow ethical principles in supervision

*Seeks supervision of supervision when needed to promote client welfare

5 4 3 2 1 N/A

Minimizes the potential for dual relationships with supervisees and discusses such relationships in supervision of supervision

5 4 3 2 1 N/A

Is respectful of cultural differences with supervisees

5 4 3 2 1 N/A

Demonstrates awareness of personal limitations and biases in supervision

5 4 3 2 1 N/A

Goal 1 Average Score: _____

Strengths/Areas for Growth/Comments:

Goal 2: Develop clinical skills to function as a professional psychologist

Objective 2.1: Develop skills to accurately assess clients, evaluate treatment needs, and make appropriate treatment recommendations

Develops rapport with intake clients

5 4 3 2 1 N/A

Gathers necessary information in initial interviews

5 4 3 2 1 N/A

***Accurately assesses risk factors and immediate needs**

5 4 3 2 1 N/A

Develops a plan to continue to adequately assess risk and safety factors

5 4 3 2 1 N/A

Develops appropriate case conceptualizations

5 4 3 2 1 N/A

Makes appropriate treatment recommendations

5 4 3 2 1 N/A

Writes clear, concise, and objective intake notes

5 4 3 2 1 N/A

Completes intake notes within 72 hours following intake (or immediately for crisis notes)

5 4 3 2 1 N/A

Demonstrates knowledge of DSM-V diagnoses

5 4 3 2 1 N/A

Objective 2.2: Develop professional skills in individual counseling

Establishes and maintains a therapeutic relationship with clients

5 4 3 2 1 N/A

Works with clients to develop appropriate and attainable counseling goals

5 4 3 2 1 N/A

Helps clients explore thoughts, feelings, and behaviors

5 4 3 2 1 N/A

Explores multicultural issues with clients

5 4 3 2 1 N/A

Uses interventions that fit the agency's brief treatment model

5 4 3 2 1 N/A

Effectively times interventions, so that they are consistent with the client's ability to benefit from such interventions

5 4 3 2 1 N/A

Recognizes non-verbal behavior of clients and responds appropriately

5 4 3 2 1 N/A

Effectively manages termination

5 4 3 2 1 N/A

Provides appropriate referrals for long-term work, if needed

5 4 3 2 1 N/A

Writes clear, concise, and objective case notes

5 4 3 2 1 N/A

Completes case notes within 48 hours following individual counseling session

5 4 3 2 1 N/A

Makes effective use of supervision and non-defensively shares important client information with supervisor

5 4 3 2 1 N/A

Objective 2.3: Develop professional skills in group counseling (evaluated by group supervisor)

Develops a good working relationship with the co-therapist

5 4 3 2 1 N/A

Establishes and maintains a therapeutic relationship with clients in group

5 4 3 2 1 N/A

Addresses client concerns about confidentiality in group

5 4 3 2 1 N/A

Uses process interventions to further the group work when appropriate

5 4 3 2 1 N/A

Helps group members explore thoughts, feelings, and behaviors

5 4 3 2 1 N/A

Explores multicultural issues with clients in group

5 4 3 2 1 N/A

Effectively manages group termination

5 4 3 2 1 N/A

Writes clear, concise, and objective group notes

5 4 3 2 1 N/A

Completes group notes within 48 hours following group session

5 4 3 2 1 N/A

Objective 2.4: Develop supervision skills (evaluated by sup of sup supervisor)

Participates actively in seminar training on the theory and practice of supervision

5 4 3 2 1 N/A

Participates actively in supervision of supervision meetings

5 4 3 2 1 N/A

Discusses multicultural issues with supervisees

5 4 3 2 1 N/A

Provides support and guidance to the supervisee and helps them improve clinical skills

5 4 3 2 1 N/A

Demonstrates ability to attend to client welfare within supervisory context

5 4 3 2 1 N/A

***Seeks additional supervision of supervision when necessary to ensure client safety**

5 4 3 2 1 N/A

Provides appropriate and timely feedback to supervisees as needed, in consultation with the supervisor of supervision

5 4 3 2 1 N/A

Completes sensitive and thorough evaluations of supervisees and shares these evaluations in person

5 4 3 2 1 N/A

Objective 2.5: Develop skills in strategies of scholarly inquiry (evaluated by training director, individual supervisor, and consultation project mentor)

Engages in thoughtful discussions of recent research

5 4 3 2 1 N/A

Integrates recent research findings into clinical work

5 4 3 2 1 N/A

Integrates recent research in supervision of trainees

5 4 3 2 1 N/A

Uses empirically-supported treatments that fit the agency's brief treatment model

5 4 3 2 1 N/A

Uses appropriate methodology in consultation project

5 4 3 2 1 N/A

Uses appropriate research as basis for professional presentation

5 4 3 2 1 N/A

Please note that objectives 2.6, 2.7, and 2.8 are evaluated on the Intern Consultation Project Feedback Form, Clinical Case Presentation Feedback Form, and Intern Professional Presentation Feedback Form

Goal 2 Average Score (from this evaluation only): _____

Strengths/Areas for Growth/Comments:

Goal 3: Develop knowledge and skills to function as an effective psychologist with multi-cultural populations

Objective 3.1: Learn about one's own cultural identity

Demonstrates awareness of own beliefs, values, and attitudes

5 4 3 2 1 N/A

Recognizes when own cultural biases impact client treatment and discuss this in supervision

5 4 3 2 1 N/A

Objective 3.2: Learn about multicultural issues

Participates actively in multicultural seminars

5 4 3 2 1 N/A

Discusses multicultural issues in individual and group supervision

5 4 3 2 1 N/A

Demonstrates the ability to respect and honor differences in world view
5 4 3 2 1 N/A

Objective 3.3: Demonstrate cultural sensitivity in professional interactions

Demonstrates sensitivity to cultural differences and exhibits corresponding knowledge, skills, and attitudes in assessment, case conceptualization, and treatment planning

5 4 3 2 1 N/A

Uses therapy models consistent with client's belief systems

5 4 3 2 1 N/A

Understands how personal values interact and potentially conflict with client's values

5 4 3 2 1 N/A

Maintains respect for the client's values while recognizing them as possible source of problems

5 4 3 2 1 N/A

Works effectively with clients representing diversity of gender, sexual orientation, culture, ethnicity, disability, age, spirituality, undocumented status, and other areas of difference

5 4 3 2 1 N/A

Demonstrates comfort in discussing cultural issues with clients

5 4 3 2 1 N/A

Demonstrates cultural sensitivity in interactions with CAPS staff

5 4 3 2 1 N/A

Demonstrates cultural sensitivity in interactions with other university staff

5 4 3 2 1 N/A

Goal 3 Average Score: _____

Strengths/Areas for Growth/Comments:

Goal #4: Develop behaviors and practices that are consistent with the professional identity of a psychologist

Objective #4.1: Develop professionalism

Dresses appropriately and in accordance with the trainee guidelines

5 4 3 2 1 N/A

Exhibits timely attendance at meetings

5 4 3 2 1 N/A

Displays organization in the negotiation of various responsibilities and requirements

5 4 3 2 1 N/A

**Appropriately responds to conflict*

5 4 3 2 1 N/A

Objective #4.2: Develop effective working relationships with CAPS staff

Is professional in interactions with staff

5 4 3 2 1 N/A

Appropriately participates in staff discussions

5 4 3 2 1 N/A

Is receptive and non-defensive when receiving feedback

5 4 3 2 1 N/A

Recognizes when own personal/emotional issues interfere with interactions with staff

5 4 3 2 1 N/A

Objective #4.3: Develop self-care practices to maintain professional functioning

Sets appropriate limits when taking on tasks

5 4 3 2 1 N/A

Seeks staff support when needed

5 4 3 2 1 N/A

Engages in appropriate self-care activities (i.e., taking sick leave when needed)

5 4 3 2 1 N/A

Goal 4 Average Score: _____

Strengths/Areas for Growth/Comments:

Total Evaluation Average Score: _____

Additional Comments or recommendations (please use back if needed):

Signatures:

Primary supervisor

Date

Group therapy supervisor

Date

Intern group supervisor

Date

Sup of sup supervisor

Date

Trainee

Date

Training Director

Date

Note: Trainee signature acknowledges receipt of this evaluation, though not necessarily agreement with it. (Optional) Trainee comments about this evaluation (may attach separate sheet):

APPENDIX E: INTERN EVALUATION FORM MID-SEMESTER

**George Mason University
Counseling and Psychological Services**

**Intern Evaluation Form
Mid-semester**

Intern: _____

Date: _____

Primary supervisor:
(completing this evaluation) _____

This brief evaluation is based on the four primary goals off the pre-doctoral psychology internship at George Mason University’s Counseling and Psychological Services, and is intended to provide a brief mid-semester snapshot of the trainee’s progress in these areas. The four primary goals of the training program are to 1) develop knowledge and professional practices that assure adherence to the ethical standards for psychologists, 2) develop clinical skills to function as a professional psychologist, 3) develop knowledge and skills to function as an effective psychologist with multi-cultural populations, and 4) develop behaviors and practices that are consistent with the professional identity of a psychologist.

Please indicate whether the trainee is making satisfactory progress in the following areas:

Goal 1: Develop the knowledge and professional practices that assure adherence to the ethical standards for psychologists

Satisfactory: _____ Need improvement: _____

Strengths/Areas for Growth/Comments:

Goal 2: Develop clinical skills to function as a professional psychologist

Satisfactory: _____ Need improvement: _____

Strengths/Areas for Growth/Comments:

Goal 3: Develop knowledge and skills to function as an effective psychologist with multi-cultural populations

Satisfactory: _____ Need improvement: _____

Strengths/Areas for Growth/Comments:

Goal #4: Develop behaviors and practices that are consistent with the professional identity of a psychologist

Satisfactory: _____ Need improvement: _____

Strengths/Areas for Growth/Comments:

Additional Comments or recommendations:

Signatures:

Primary supervisor

Date

Trainee

Date

Training Director

Date

Note: Trainee signature acknowledges receipt of this evaluation, though not necessarily agreement with it. (Optional) Trainee comments about this evaluation (may attach separate sheet)

June 2013

APPENDIX F: INTERN PROFESSIONAL PRESENTATION FEEDBACK FORM

GMU CAPS Intern Professional Presentation Feedback Form

(Please return form to Training Director)

Intern: _____ Date: _____

Title of Presentation: _____

Date: _____

Primary supervisor: _____

Individual providing feedback: _____

Training Director: _____

(Note: TD signature indicates that learning objectives were reviewed one week before presentation)

Intern:	Strongly Disagree			Strongly Agree	
Met [stated learning objective #1]	1	2	3	4	5
Met [stated learning objective #1]	1	2	3	4	5
Met [stated learning objective #1]	1	2	3	4	5
Knew the subject matter	1	2	3	4	5
Presented content in an organized manner	1	2	3	4	5
Maintained my interest	1	2	3	4	5
Answered questions effectively	1	2	3	4	5
Teaching methods were effective	1	2	3	4	5
Visual aids, handouts, and oral presentations clarified content	1	2	3	4	5
Information can be applied to my practice	1	2	3	4	5
Reviewed and discussed relevant research	1	2	3	4	5

What was your overall impression of the presentation? What went well? What could have been improved?

Other comments (use back if needed):

APPENDIX G: CLINICAL CASE PRESENTATION FEEDBACK FORM

Clinical Case Presentation Feedback Form

(Please return form to Training Director)

____ First-Year Fall
 ____ Second-Year Fall

____ First-Year Spring
 ____ Second-Year Spring

Intern: _____
 Primary supervisor: _____
 Staff member providing feedback: _____
 Training director: _____

Please rate the following criteria on the five-point scale outlined below:

5	CONSISTENT PERFORMANCE ABOVE EXPECTED DEVELOPMENTAL LEVEL OF AN INTERN
4	PERFORMANCE FLUCTUATES BETWEEN EXPECTED AND ABOVE EXPECTED DEVELOPMENTAL LEVEL OF AN INTERN
3	PERFORMANCE AT EXPECTED DEVELOPMENTAL LEVEL OF AN INTERN
2	PERFORMANCE FLUCTUATES BETWEEN EXPECTED AND BELOW EXPECTED DEVELOPMENTAL LEVEL OF AN INTERN <i>Some remediation could be needed if progress is not shown.</i>
1	CONSISTENTLY PERFORMS BELOW EXPECTED DEVELOPMENTAL LEVEL OF AN INTERN <i>Immediate remediation will be provided in this case.</i>
N/A	NOT APPLICABLE

CLINICAL CASE PRESENTATION	RATING
1) Presenting problem, treatment goals, conceptualization, treatment plan, and interventions were all theoretically linked	
2) Intern discussed rationale for client interventions	
3) Intern discussed theoretical foundation of clinical work	
4) Intern discussed conceptualization of client dynamics and the therapeutic process	
5) Intern demonstrated the ability to address treatment goals	
6) Intern showed consideration of multicultural concerns and factors in their work with the client	
7) Video demonstrated a working alliance	
8) Video demonstrated a successful intervention, struggle, or change over time	
9) Intern was able to discuss the outcome of the intervention shown in the video from their therapeutic orientation	
10) Intern provided supporting evidence and rule outs for diagnosis	
11) Intern provided rationale for tests that were administered to client (if applicable)	
12) Intern integrated test findings and clinical interview into meaningful summary	
13) Intern addressed personal challenges in working with the client	
14) Overall presentation information was clear and conceptually accurate	
15) Case presentation report was accurately written and included all areas required for discussion	
16) Intern identified scholarly reading that connects to the client case	
17) Intern asked relevant questions that elicited group discussion about the case	

Comments:

**APPENDIX H: INTERN CONSULTATION PROJECT FEEDBACK FORMS
(FOR PROJECT MENTOR AND CAPS STAFF)**

Consultation Project Feedback Form--Mentor

(Please return form to Training Director)

This evaluation is completed by the consultation project mentor after the proposal presentation and after the final project presentation.

Name of Intern: _____ Date: _____

Title of Consultation Project: _____

Consultation Project Mentor: _____

Training Director: _____

Please rate the following criteria on the five-point scale outlined below:

5	CONSISTENT PERFORMANCE ABOVE EXPECTED DEVELOPMENTAL LEVEL OF AN INTERN
4	PERFORMANCE FLUCTUATES BETWEEN EXPECTED AND ABOVE EXPECTED DEVELOPMENTAL LEVEL OF AN INTERN
3	PERFORMANCE AT EXPECTED DEVELOPMENTAL LEVEL OF AN INTERN
2	PERFORMANCE FLUCTUATES BETWEEN EXPECTED AND BELOW EXPECTED DEVELOPMENTAL LEVEL OF AN INTERN <i>Some remediation could be needed if progress is not shown.</i>
1	CONSISTENTLY PERFORMS BELOW EXPECTED DEVELOPMENTAL LEVEL OF AN INTERN <i>Immediate remediation will be provided in this case.</i>
N/A	NOT APPLICABLE

CONSULTATION PROJECT

RATING

Intern participated actively in seminar trainings on program evaluation (completed by seminar leader)	
Intern articulated an effective research question	
Intern selected appropriate methodology to examine the research question	
Intern came prepared to mentorship consultation meetings and appropriately utilized sessions to develop project	
Intern developed an effective working relationship with consultation partner	
Intern effectively implemented study methodology	
Intern effectively evaluated program needs when planning the consultation project	
Intern demonstrated knowledge of recent research in the area of the consultation project	
Intern effectively articulated the project results	
Intern effectively presented the proposal or final project	
Intern presentation was professional in appearance and behavior	

Comments:

CONSULTATION PROJECT FEEDBACK FORM – CAPS STAFF

Please return to training director

Intern: _____
 Title of Consultation Project: _____
 Person providing feedback: _____
 Consultation project mentor: _____
 Training director: _____

Please rate the following criteria on the five-point scale outlined below:

5	CONSISTENT PERFORMANCE ABOVE EXPECTED DEVELOPMENTAL LEVEL OF AN INTERN
4	PERFORMANCE FLUCTUATES BETWEEN EXPECTED AND ABOVE EXPECTED DEVELOPMENTAL LEVEL OF AN INTERN
3	PERFORMANCE AT EXPECTED DEVELOPMENTAL LEVEL OF AN INTERN
2	PERFORMANCE FLUCTUATES BETWEEN EXPECTED AND BELOW EXPECTED DEVELOPMENTAL LEVEL OF AN INTERN <i>Some remediation could be needed if progress is not shown.</i>
1	CONSISTENTLY PERFORMS BELOW EXPECTED DEVELOPMENTAL LEVEL OF AN INTERN <i>Immediate remediation will be provided in this case.</i>
N/A	NOT APPLICABLE

CONSULTATION PROJECT

Rating

Intern articulated an effective research question	
Intern selected appropriate methodology to examine the research question	
Intern demonstrated knowledge of recent research in the area of the consultation project	
Intern effectively articulated consultation project results	
Intern effectively presented the consultation project proposal or final project	
Intern presentation was professional in appearance and behavior	

What was your overall impression of the project? What went well? What could have been improved?

Comments on the project proposal or final presentation (use back if needed):

APPENDIX I: TRAINEE EVALUATION OF SUPERVISOR FORM

GEORGE MASON UNIVERSITY
COUNSELING AND PSYCHOLOGICAL SERVICES
TRAINEE EVALUATION OF SUPERVISOR FORM

Intern: _____ Primary supervisor: _____

Date: _____

Please provide feedback for your supervisor in the space below. This is an opportunity for you to request additional support in one of the identified domains. Please use the following scale in your responses:

Usually true of my experience with my supervisor	5
Often true of my experience with my supervisor	4
Neutral	3
Seldom true of my experience with my supervisor	2
Almost never true of my experience with my supervisor	1
Not applicable	N/A

Space is provided for additional comments at the end of each large section. Please note that you are encouraged to add comments after individual items if you wish to do so.

I. Supervisory environment:

A. Aids in establishing and maintaining the focus of supervision.

5 4 3 2 1 N/A

B. Is available for consultation when needed outside the regular supervisory time.

5 4 3 2 1 N/A

C. Notifies trainee in advance when unable to keep scheduled supervisory sessions.

5 4 3 2 1 N/A

D. Avoids interruptions during supervision.

5 4 3 2 1 N/A

E. Shows interest in trainee concerns.

5 4 3 2 1 N/A

F. Respects personal differences between supervisor and trainee.	5	4	3	2	1	N/A
G. Serves as an advocate or support person for trainee	5	4	3	2	1	N/A
H. Uses appropriate self-disclosure	5	4	3	2	1	N/A
I. Works to establish a “climate of trust” to maximize an honest and candid exchange of feelings and ideas.	5	4	3	2	1	N/A
J. Works constructively to resolve conflict in supervisory relationship	5	4	3	2	1	N/A

Additional comments:

II. Supervision

A. Assists with case conceptualization	5	4	3	2	1	N/A
B. Clearly conveys feedback about cases or theory	5	4	3	2	1	N/A
C. Conveys a sound conceptual grasp of clients and their problems	5	4	3	2	1	N/A
D. Offers constructive treatment suggestions	5	4	3	2	1	N/A
E. Discusses the application of ethical principles	5	4	3	2	1	N/A

F. Uses appropriate didactic material when needed

5 4 3 2 1 N/A

G. Explores the appropriate use of various counseling processes

5 4 3 2 1 N/A

H. Is knowledgeable about campus and community resources and helps trainee make appropriate referrals.

5 4 3 2 1 N/A

I. Recognizes own therapeutic limitations and makes appropriate referrals.

5 4 3 2 1 N/A

Additional comments:

III. Communication

A. Regularly provides constructive feedback and support.

5 4 3 2 1 N/A

B. Encourages trainee to share professional/personal concerns and responds constructively

5 4 3 2 1 N/A

C. Use video and/or audio recordings to enhance skill development and professional understanding

5 4 3 2 1 N/A

D. Willingly examines the supervisor/trainee relationship when needed

5 4 3 2 1 N/A

E. Acknowledges trainee's competencies and provides positive reinforcement

5 4 3 2 1 N/A

F. Encourages independent thinking and action.

5 4 3 2 1 N/A

G. Frankly discusses trainee limitations and growth areas

5 4 3 2 1 N/A

H. Allows the use of the trainee's own theoretical orientation without imposing his/her own theoretical orientation on the intern.

5 4 3 2 1 N/A

I. Provides supervision appropriate to supervisee's developmental level

5 4 3 2 1 N/A

J. Helps trainee select appropriate professional and training goals, tasks, and experiences

5 4 3 2 1 N/A

K. Aids in setting goals for supervision

5 4 3 2 1 N/A

Additional comments:

Signatures:

Supervisee

Date

Supervisor

Date

Training Director

Date

Executive Director

Date

APPENDIX J: TRAINING PROGRAM EVALUATION FORM

TRAINING PROGRAM EVALUATION FORM

Please evaluate this internship on the basis of how well we have helped you meet the six stated goals of our program. Your feedback is VERY important to us and will be used to help us improve this program in the future.

<u>Period/Area</u>	<u>Positives/Strengths</u>	<u>Negatives/Challenges</u>
--------------------	----------------------------	-----------------------------

Interview process

Orientation

Starting up

Intakes/referrals/walk-ins

Supervision (received)

Supervision training

Multicultural focus

Period/Area

Positives/Strengths

Negatives/Challenges

Training in ethics

Physical space/technology

Groups

Seminars

Outreach/consultation

Other comments

APPENDIX K: INTERN SEMINAR MINI-COURSE EVALUATION FORM

Intern Seminar Mini-Course Evaluation Form

Mini-Course Title _____ **Date** _____

Presenter(s) _____

Please rate each item below using the following scale:

5=Strongly agree 4=Agree 3=Neutral 2=Disagree 1=Strongly disagree

The topic was relevant to my training. _____

The topic was interesting to me. _____

I have a better understanding of this topic and how I
can use what I learned in my clinical work. _____

I would recommend this mini-course. _____

Comments:

APPENDIX L: SELF-ASSESSMENT OF SKILLS FORM

SELF-ASSESSMENT OF SKILLS
COUNSELING AND PSYCHOLOGICAL SERVICES
GEORGE MASON UNIVERSITY

The purpose of this assessment is to identify your knowledge and skills as you begin your training experience. You are NOT expected to have mastered these skills at this point; rather, we hope that this self-evaluation will help us help you grow and develop as a clinician and as a professional colleague.

Please review each skill and circle a number indicating your self assessment:

- 5. Special strength: you could teach this skill to others
- 4. Satisfactory strength: you use this skill consistently and with confidence
- 3. Developing: you are well on your way to developing this skill but not yet completely confident
- 2. Aware: you have introductory knowledge but would like more supervised experience
- 1. Unfamiliar but interested: you have little knowledge and virtually no experience with this skill but would like to learn it

I. PERSONAL CONSULTATION/INITIAL EVALUATIONS

	Unfamiliar					Strong
	1	2	3	4	5	
Gathering information to identify client concerns	1	2	3	4	5	
Assessing personal safety	1	2	3	4	5	
Assessing risk to others	1	2	3	4	5	
Developing a case conceptualization	1	2	3	4	5	
Making a judgment re: case disposition	1	2	3	4	5	
Making a multi-axial diagnosis	1	2	3	4	5	
Knowing when/where to refer for medication	1	2	3	4	5	

II. INDIVIDUAL PSYCHOTHERAPY

Developing appropriate short-term goals	1	2	3	4	5	
Applying brief therapy models	1	2	3	4	5	
Developing a theoretically-grounded case conceptualization as a foundation for therapy	1	2	3	4	5	
Providing therapy from a cognitive-behavioral perspective	1	2	3	4	5	
Providing therapy from a dynamic perspective	1	2	3	4	5	
Providing therapy from an interpersonal perspective	1	2	3	4	5	
Providing therapy from a humanistic perspective	1	2	3	4	5	
Exploring feelings and emotionally-charged topics with clients	1	2	3	4	5	
Incorporating diversity and cultural differences in therapy	1	2	3	4	5	
Making referrals for off-campus therapy	1	2	3	4	5	
Monitoring and discussing your emotional reactions to clients or clinical issues in supervision	1	2	3	4	5	

III. GROUP THERAPY

Screening prospective group members	1	2	3	4	5
Co-facilitating a psycho-educational group	1	2	3	4	5
Co-facilitating a process group	1	2	3	4	5
Incorporating diversity and cultural differences in group therapy	1	2	3	4	5
Basing group interventions within a theoretical model	1	2	3	4	5

IV. OUTREACH

Planning outreach programs	1	2	3	4	5
Delivering outreach programs	1	2	3	4	5
Evaluating outreach programs	1	2	3	4	5

V. CONSULTATION

Offering one-time consultative responses to faculty, staff, parents, or students	1	2	3	4	5
Conducting a needs analysis for an organization	1	2	3	4	5
Conducting an ongoing consultation project for a university department or program	1	2	3	4	5

VI. SUPERVISION

Applying supervision theory when working with supervisees	1	2	3	4	5
Considering the developmental needs of a supervisee	1	2	3	4	5
Giving constructive feedback to a supervisee	1	2	3	4	5
Processing interpersonal dynamics with a supervisee	1	2	3	4	5

VII. PROFESSIONAL RELATIONSHIP BUILDING

Accurately assessing group/office dynamics and responding appropriately	1	2	3	4	5
Consulting effectively with members of a multi-disciplinary treatment team	1	2	3	4	5
Effectively managing conflict	1	2	3	4	5
Processing cultural differences within professional group	1	2	3	4	5

Other areas of strength? Growth edges? Training priorities for you during internship?

Please gather applicable signatures:

Trainee signature

Date

Supervisor signature

Date

Supervisor signature

Date

Externship coordinator signature

Date

Social work field instructor signature

Date

Training director signature

Date

August 23, 2012

APPENDIX M: BEHAVIORAL CHANGE PLAN

Counseling and Psychological Services Behavioral Change Plan

Competency Components (Consistent with Intern Evaluation)	
Specific Behavior (s) of Concern	
Expectations for Acceptable Performance	
Intern Responsibilities	
Supervisor Responsibilities	
Timeframe for Acceptable Performance	
Assessment Methods Used	
Dates of Evaluation	
Consequences for Unsuccessful plan	

I understand and agree to the above plan. I also understand that if I do not complete the above expectations in the expected time, that this informal plan will become a formal remediation plan.

Intern _____ Date: _____

Individual Supervisor _____ Date: _____

Intern Group Supervisor _____ Date: _____

Therapy Group Supervisor: _____ Date: _____

Training Director _____ Date: _____

APPENDIX N: FORMAL REMEDIATION PLAN

Counseling and Psychological Services Formal Remediation Plan

Competency Components (Consistent with Intern Evaluation)	
Specific Behavior (s) of Concern	
Expectations for Acceptable Performance	
Intern Responsibilities	
Supervisor Responsibilities	
Timeframe for Acceptable Performance	
Assessment Methods Used	
Dates of Evaluation	
Consequences for Unsuccessful plan	

I understand and agree to the above plan. I also understand that if I do not complete the above expectations in the expected time, further action may be taken, including dismissal.

Intern _____ Date: _____

Individual Supervisor _____ Date: _____

Intern Group Supervisor _____ Date: _____

Therapy Group Supervisor: _____ Date: _____

Training Director _____ Date: _____

APPENDIX O: REMEDIATION PLAN AGREEMENT

**George Mason University
Counseling and Psychological Services**

Summary of Intern's Skill Deficiencies

Date of Remediation Plan Meeting:

Name of Intern:

Training Director:

Names of All Supervisors Present at the Meeting:

All Additional Pertinent Supervisors/Faculty:

Date for Follow-up Meeting(s):

The intern is experiencing difficulties in professional functioning that are reflected in one or more of the following ways (check all that apply):

- _____ 1. An inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior;
- _____ 2. Professional or ethical breach(es) (either one major or several minor);
- _____ 3. An inability to acquire professional skills to reach an acceptable level of competency;
- _____ 4. An inability to control personal stress, psychological dysfunction and/or excessive emotional reactions that interfere with professional functioning;
- _____ 5. The intern does not acknowledge, understand, or address the problem when it is identified;
- _____ 6. The problem is not merely a reflection of a skill deficit that can be rectified by academic or didactic training;
- _____ 7. The quality of services delivered by the intern is consistently negatively affected;
- _____ 8. The problem is not restricted to one area of professional functioning;
- _____ 9. A disproportionate amount of attention by training personnel is required; and/or
- _____ 10. The intern's behavior does not change as a function of feedback, remediation efforts, and/or time.

Currently, **Intern** demonstrates having some deficit in a competency area. The focus of this document is on those areas where the supervisor(s) believe that, given the intern's current skill level and the expected amount of supervision and guidance, it is unclear if they will be at the expected level of proficiency by the end of this experience. As such, a modification in their training program, as outlined below, will be made in order to help them remediate these areas by **(Date)**.

Internship goals/objectives in which the intern's performance does not meet expectations (check all that apply):

Goal #1: Develop the knowledge and professional practices that assure adherence to the ethical standards for psychologists

- _____ Develop knowledge of APA ethical principles and code of conduct
- _____ Follow ethical principles in their clinical work
- _____ Follow ethical principles in supervision

Goal #2: Develop skills to allow them to function as professional psychologists

- _____ Develop skills to accurately assess clients and make appropriate treatment recommendations
- _____ Develop professional skills in individual counseling
- _____ Develop professional skills in group counseling
- _____ Develop supervision skills

- _____ Develop consultation skills
- _____ Develop case presentation skills
- _____ Develop professional presentation skills

Goal #3: Develop knowledge and skills to function as effective psychologists with multi-cultural populations

- _____ Learn about their own cultural identify
- _____ Learn about multicultural issues
- _____ Demonstrate cultural sensitivity in their professional interactions

Goal #4: Develop behaviors and practices that are consistent with the professional identity of a psychologist

- _____ Develop professionalism
- _____ Develop effective working relationship with CAPS staff
- _____ Develop self-care practices to maintain professional functioning

Description of each problematic competency area related to each training/objective checked above (wording to be consistent with the Intern Evaluation):

Date(s) the problem(s) was brought to the intern's attention and by whom:
Steps already taken by the intern to rectify the problem(s) that was identified:

Steps already taken by the supervisor(s)/training director to address the problem(s):.

**George Mason University
Counseling and Psychological Services**

Remediation Plan Agreement

I, _____ (pre-doctoral intern), understand that I am expected to follow the remediation plan described in the attached formal remediation plan. I understand that I must demonstrate change in the areas listed in the formal remediation plan to successfully pass my internship. I understand that a complete copy of my individual supervisor's evaluation, remediation plan, and any supporting documents will be sent to the Director of Clinical Training (DCT) in my program in accordance with the CAPS due process policy. If I wish to appeal this decision, I will utilize the appeals process described in the due process section of the Intern Training Manual. I understand that this remediation plan is in addition to all standard requirements for completing internship.

1. **Remediation expectations/ plan:** See attached formal remediation plan

2. **What Counseling and Psychological Services training staff will provide:** See attached formal remediation plan

3. **Criteria for assessing and evaluating satisfactory change:** See attached formal remediation plan

I, _____ (pre-doctoral intern), have reviewed the above remediation plan with my individual supervisor, additional supervisor(s), and the training director. My signature below indicates that I fully understand the above.

Trainee's comments (Feel free to use additional pages)

*All supervisors/ faculty with responsibilities or actions described in the above remediation plan agree to participate in the plan as outlined above. Please sign and date below to indicate your agreement with the plan.

Intern : _____ Date: _____

Individual Supervisor: _____ Date: _____

Intern Group Supervisor: _____ Date: _____

Therapy Group Supervisor _____ Date: _____

Training Director: _____ Date: _____

Cc: Academic Program Director of Clinical Training
CAPS Executive Director

APPENDIX P: PERMISSION TO RECORD

GEORGE MASON UNIVERSITY
COUNSELING AND PSYCHOLOGICAL SERVICES
PERMISSION TO RECORD

I grant permission to my counselor to have our sessions recorded or observed. I understand that I will not be recorded without my permission or knowledge. All recordings will be treated confidentially and will be used for counselor training. The recordings may be reviewed by the counselor, clinical supervisors, and advanced doctoral trainees.

All recordings will be erased no later than one week following termination of counseling.

Client Name (print) _____

Signature _____ Date _____

Revised April 2014

APPENDIX Q: NOTIFICATION OF SUPERVISION

GEORGE MASON UNIVERSITY
COUNSELING AND PSYCHOLOGICAL SERVICES
NOTIFICATION OF SUPERVISION

Your counselor is either a counselor in training or an unlicensed counselor

The name of your counselor's supervisor is listed below. When applicable, the "counselor of record" is the person who supervises your counselor's supervisor

You have the right to meet your counselor's supervisor or the "counselor of record," if you wish.

Counselor:

Title: Clinical Psychology Intern

Supervisor:

Title: Licensed Clinical Psychologist

Counselor of Record: N/A

Title: N/A

Client name (print)

Client signature

Date

APPENDIX R: WEEKLY SUPERVISION DOCUMENT

**GEORGE MASON UNIVERSITY COUNSELING AND PSYCHOLOGICAL SERVICES
WEEKLY SUPERVISION DOCUMENT**

Supervisee:
Supervisor:

Date: _____
Supervisor of Record: _____
(If applicable)

To be completed by supervisee prior to supervision meeting:

Client (First name & last initial): _____
_____ On-going client (Session #: _____)
_____ Intake (date: _____)
Most relevant issues for client at this time:

Any risk factors? Yes/No If yes, explain:

Client: _____
_____ On-going client (Session #: _____)
_____ Intake (date: _____)
Most relevant issues for client at this time:

Any risk factors? Yes/No If yes, explain:

Client: _____
_____ On-going client (Session #: _____)
_____ Intake (date: _____)
Most relevant issues for client at this time:

Any risk factors? Yes/No If yes, explain:

Client: _____
_____ On-going client (Session #: _____)
_____ Intake (date: _____)
Most relevant issues for client at this time:

Any risk factors? Yes/No If yes, explain:

To be completed by supervisor:

Discussed? Y/N Recording reviewed? Y/N
Issues discussed:

Discussed? Y/N Recording reviewed? Y/N
Issues discussed:

Discussed? Y/N Recording reviewed? Y/N
Issues discussed:

Discussed? Y/N Recording reviewed? Y/N
Issues discussed:

Client: _____
____ On-going client (Session #: _____)
____ Intake (date: _____)
Most relevant issues for client at this time:

Any risk factors? Yes/No If yes, explain:

Discussed? Y/N Recording reviewed? Y/N
Issues discussed:

Client: _____
____ On-going client (Session #: _____)
____ Intake (date: _____)
Most relevant issues for client at this time:

Any risk factors? Yes/No If yes, explain:

Discussed? Y/N Recording reviewed? Y/N
Issues discussed:

Client: _____
____ On-going client (Session #: _____)
____ Intake (date: _____)
Most relevant issues for client at this time:

Any risk factors? Yes/No If yes, explain:

Discussed? Y/N Recording reviewed? Y/N
Issues discussed:

Client: _____
____ On-going client (Session #: _____)
____ Intake (date: _____)
Most relevant issues for client at this time:

Any risk factors? Yes/No If yes, explain:

Discussed? Y/N Recording reviewed? Y/N
Issues discussed:

For supervisor:
Other issues discussed in today's supervision meeting:

Supervisor Signature Date

APPENDIX S: SUPERVISION OF SUPERVISION DOCUMENT

SUPERVISION OF SUPERVISION DOCUMENT

Extern counselor: _____

Date: _____

Intern supervisor: _____

Supervisor of record: _____

Cases Discussed (client initials)	Issues	Risk (y/n)	Recommendations/comments
--------------------------------------	--------	------------	--------------------------

Supervision issues	videotapes reviewed (y/n)	Recommendations/comments
--------------------	---------------------------	--------------------------

Additional topics discussed:

Intern supervisor signature

Supervisor of Record signature

Rev. 9/15/2010

APPENDIX T: OUTREACH AND CONSULTATION EXPERIENCES FORM

**INTERN OUTREACH AND
CONSULTATION EXPERIENCES SIGN-OFF FORM**

Name: _____

First year:	<u>Date & Program Title</u>	<u>Date & Program Title</u>
Fall:	_____	_____
Spring:	_____	_____
Summer:	_____	_____
Approval signatures:	_____	_____
	Outreach Coordinator	Training Director

Second year:	<u>Date & Program Title</u>	<u>Date & Program Title</u>
Fall:	_____	_____
Spring:	_____	_____
Summer:	_____	_____
Approval signatures:	_____	_____
	Outreach Coordinator	Training Director

Consultation project

Project title: _____

- _____ Research question identified
- _____ Written proposal presentation completed
- _____ Methodology description completed
- _____ Contract completed

Proposal approval date: _____

Approval signatures:	_____	_____
	Training Director	Director

Project completion date: _____

Completion signatures:	_____	_____
	Training Director	Director

6/30/09

APPENDIX U: CONSULTATION PROJECT MENTORSHIP AGREEMENT

GMU CAPS Consultation Project Mentorship Agreement

This document outlines a mentorship agreement between [GMU CAPS INTERN] and [GMU CAPS STAFF] regarding the GMU CAPS Internship Consultation Project.

Consultation Project Objectives and Scope

Objectives of the GMU CAPS internship program include helping interns develop consultation skills and strategies for scholarly inquiry. As such, each intern is required to complete a consultation project over the course of their internship in which they work with a university department to assess their needs, develop a plan to address these needs, and implement this plan.

The scope of consultation project includes:

- developing an effective research question;
- selecting appropriate methodology to examine the research question;
- evaluating the needs of the program/organization with which they are consulting;
- developing an effective working relationship with their consultation partner;
- effectively implementing the study methodology;
- incorporating recent scholarly research into the consultation project; and
- presenting consultation project process and results.

Purpose of the Mentorship Agreement

The purpose of this agreement is to identify and agree upon specific responsibilities for the GMU CAPS intern and the consultation project mentor.

Meetings

The GMU CAPS intern and mentor will designate a mutually agreed upon time to meet (at least once each month) to discuss the intern's progress on the project, consult regarding challenges and determine appropriate next steps, and ensure the project is completed in accordance with internship guidelines.

Expectations of GMU CAPS Intern

Interns will be expected to develop goals for the project, keep mentors apprised of their progress—including any challenges that have arisen—and provide project work to mentors for review and feedback within the specified time frames.

Expectations of Consultation Project Mentor

Consultation project mentors will be expected to provide professional and educational guidance and support, including (but not limited to) consultation on the development of the research question, methodology, and implementation; assistance in developing a positive working relationship with the consultation partner, assistance in identifying and obtaining other needed support; and providing feedback on project work in a timely manner.

GMU CAPS INTERN Date

GMU CAPS MENTOR Date

GMU CAPS TRAINING DIR Date

GMU CAPS EXEC DIR Date

**APPENDIX V: SUGGESTED CASE PRESENTATION FORMAT AND
CONTENT**

SUGGESTED CASE PRESENTATION FORMAT AND CONTENT

Please be sure to remove all identifying information.

Please send power point (or report) to staff at least 24 hours before your presentation to allow staff time to review it. This reduces time needed for descriptive information and allows you to focus on conceptualization.

- A. Brief description of client (age, gender, physical appearance, self presentation, relationship status, dress, living situation, cultural background, university status, etc.) (2 mins)
- B. Presenting problem, including history of problem and attempts to resolve it (3-5 mins)
- C. Relevant history, including family history and dynamics; psychiatric or physical *concerns including risk*, prior counseling, relevant education/work history (all in more detail in report—if applicable—than in presentation) (3-5 mins)
- D. Possible DSM V Diagnoses; be able to discuss and provide supporting evidence and diagnostic “rule outs” (1-2 mins)
- E. Conceptualization from a specific theoretical framework. Pay special attention to multicultural considerations (5-7 mins)
- F. Treatment goals (2 mins)
- G. Work to date: how client presents within session and your interventions; potential transference and counter-transference issues (7 mins)
- H. Video clip (5 mins)

Total max time until here: 35 mins

- I. Questions for discussion

Reminders:

Be sure you are able to link the presenting problem, treatment goals, conceptualization, treatment plan, and interventions within a theoretical framework.

Be able to identify scholarly reading that connects to the case.

Please review your presentation or report with your supervisor at least one week before presenting to staff.

Bring copies of your power point or report for staff to use during presentation. One copy should be saved for your file and given to the Training Director. *Other copies must be shredded after the presentation.*

Report

- A. Brief description of client (age, gender, physical appearance, self presentation, relationship status, dress, living situation, cultural background, university status, etc.)
- B. Presenting problem, including history of problem and attempts to resolve it
- C. Relevant history, including family history and dynamics; psychiatric or physical *concerns including risk*, prior counseling, relevant education/work history
- D. Possible DSM V Diagnoses; be able to discuss and provide supporting evidence and diagnostic “rule outs”
- E. Conceptualization from a specific theoretical framework. Paying special attention to multicultural considerations
- F. Treatment goals
- G. Work to date: how client presents within session and your interventions; potential transference and counter-transference issues
- H. Questions for discussion

APPENDIX W: GUIDELINES FOR PROFESSIONAL ATTIRE

Guidelines for Professional Attire
Counseling and Psychological Services
George Mason University

The following guidelines are provided to address possible confusion about expectations here at CAPS. Please remember that your personal presentation is noticed by your clients and could affect their ability to develop a comfortable and trusting relationship with you. Even if unintended, inappropriate clothing can create a distracting or sexualized environment for your clients.

Our office dress is “business casual.” While we expect you to exercise good judgment, these are some examples of what might be unacceptable: revealing necklines, short skirts, skin-tight clothing, shorts, torn or stained clothing, flip flops, poor personal hygiene, visible tattoos that are offensive or controversial, body piercings other than the ears or discrete nose piercings. We encourage you to ask the Training Director or your supervisor if you have specific questions or concerns about these issues.

Interns may receive feedback from their supervisor or other staff members if these guidelines are not followed.

APPENDIX X: GEORGE MASON UNIVERSITY POLICIES

University Policy Number 1201

Categorized: [General Policies](#)

Responsible Office: [Office of Equity and Diversity Services](#)

Policy Procedure:

- [Equal Opportunity/Affirmative Action Grievance Procedures](#)

Related Law & Policy:

- [Policy 1202: Sexual Harassment](#)
 - [Policy 1203: Non-Discrimination and Reasonable Accommodations on the Basis of Disability](#)
-

I. SCOPE

This policy applies to all George Mason University faculty, staff, students, university contractors, and visitors.

II. POLICY STATEMENT

George Mason University is committed to providing equal opportunity and an educational and work environment free from any discrimination on the basis of race, color, religion, national origin, sex, disability, veteran status, sexual orientation, age, marital status, pregnancy status or genetic information. George Mason University shall adhere to all applicable state and federal equal opportunity/affirmative action statutes and regulations.

The University is dedicated to ensuring access, fairness and equity for minorities, women, individuals with disabilities, and veterans (as covered by law) in its educational programs, related activities and employment. George Mason University shall thus maintain a continuing affirmative action program to identify and eliminate discriminatory practices in every phase of university operations.

Any employee who becomes aware of sexual harassment or other potentially discriminatory behavior must contact the Office of Equity and Diversity Services.

Retaliation against an individual who has raised claims of illegal discrimination or has cooperated with an investigation of such claims is prohibited.

III. RESPONSIBLE PARTIES

The Office for Equity and Diversity Services is responsible for administering and monitoring George Mason University's equal opportunity/affirmative action policies and procedures.

IV. COMPLIANCE

Inquiries about or complaints alleging violation of the University's equal opportunity/ affirmative action policies should be directed to the Office of Equity and Diversity Services. Mason Hall D201, MS 2C2, Fairfax, VA 22030. Phone (703) 993-8730.

V. EFFECTIVE DATE AND APPROVAL

The policies herein are effective April 3, 2006. This Administrative Policy shall be reviewed and revised, if necessary, annually to become effective at the beginning of the University's fiscal year, unless otherwise noted.

Approved:

/S
Senior Vice President

/S
Provost

Date approved: April 20, 2006

Date of most recent review: October 8, 2012

University Policy Number 1202

Categorized: [General Policies](#)

Responsible Office: [Office of Equity and Diversity Services](#)

Policy Procedure:

- [Equal Opportunity/Affirmative Action Grievance Procedures](#)

Related Law & Policy:

- [Policy 1201: Non-Discrimination Policy](#)
-

I. SCOPE

This policy applies to all George Mason University faculty, staff, students, university contractors, and visitors.

II. POLICY STATEMENT

It is the policy of University to provide an academic and work environment free from sexual harassment. Sexual harassment is contrary to the standards and mission of the University. Sexual harassment is illegal and will not be tolerated. Each member of the University community has a responsibility to maintain an academic and work environment free from sexual harassment. The University will take whatever action necessary to prevent, stop, correct, or discipline harassing behavior. Same-sex sexual harassment violates this policy and is subject to discipline under the same procedures.*

Sexual harassment is defined by law as unwelcome sexual advances, requests for sexual favors, and other verbal, physical, or other form of expressive communication of a sexual nature, when submission to or rejection of such conduct is used as a basis for employment or academic decisions, or such conduct has the purpose or effect of unreasonably interfering with an individual's work or academic performance or creating an intimidating, hostile, or sexually offensive work or academic environment. Examples of behavior that may be considered sexual harassment include, but are not limited to, the following:

1. Sexual assault
2. Explicitly or implicitly requiring submission to sexual advances as a condition or term of education or employment, i.e., grades, employment, promotion, letters of recommendation or other privileges
3. Repetitive sexual comments, questions, jokes, gestures or other forms of sexually explicit expression

Any student, faculty member, or staff employee, who believes he or she is the victim of sexual harassment, should report the incident promptly in the manner most comfortable to him or her. The Equal Opportunity/Affirmative Action Grievance Procedures, list the various ways to file a complaint.

Any employee who becomes aware of sexual harassment or other potentially discriminatory behavior, as detailed in [University Policy 1201](#), must contact the Office of Equity and Diversity Services.

Retaliation against an individual who has raised claims of illegal discrimination or has cooperated with an investigation of such claims is prohibited.

III. RESPONSIBLE PARTIES

The Office for Equity and Diversity Services is responsible for administering and monitoring George Mason University's equal opportunity/affirmative action policies and procedures.

IV. COMPLIANCE

Inquiries about or complaints alleging violation of the University's sexual harassment policy should be directed to the Office of Equity and Diversity Services. Mason Hall D201, MS 2C2, Fairfax, VA 22030. Phone (703) 993-8730.

V. EFFECTIVE DATE AND APPROVAL

The policies herein are effective April 3, 2006. This Administrative Policy shall be reviewed and revised, if necessary, annually to become effective at the beginning of the University's fiscal year, unless otherwise noted.

Approved:

_____/S_____
Senior Vice President

_____/S_____
Provost

Date approved: April 20, 2006

Date of most recent review: October 8, 2012

* Note: Sexual harassment does not include verbal expression or written material that is relevant to course subject matter or curriculum and this policy shall not abridge academic freedom or George Mason University's educational mission.

University Policy Number 1203

Categorized: [General Policies](#)

Responsible Office: [Office of Equity and Diversity Services](#)

Policy Procedure:

- [Reasonable Accommodation Procedure for Students](#)
- [Reasonable Accommodation Procedure for Employees](#)
- [Reasonable Accommodation Procedure for participants in non-academic programs](#)
- [Equal Opportunity/Affirmative Action Grievance Procedures](#)

Related Law & Policy:

- [Policy 1201: Non-Discrimination Policy](#)
-

I. SCOPE

This policy applies to all George Mason University faculty, staff, students, university contractors, and visitors.

II. POLICY STATEMENT

George Mason University is committed to providing equal access to employment and educational opportunities for persons with disabilities. George Mason University recognizes that individuals with disabilities may need reasonable accommodations to have equally effective opportunities to participate in or benefit from university educational programs, services and activities, and to have equal employment opportunities. George Mason University shall adhere to all applicable federal and state laws, regulations, and guidelines with respect to providing reasonable accommodations as necessary to afford equal employment opportunity and equal access to programs for qualified persons with disabilities. Applicants for admission and students requesting reasonable accommodations for a disability should contact the Office of Disability Services at 703 993-2474. Employees and applicants for employment should contact the Office of Equity and Diversity Services at 703 993-8730. Visitors and participants in non-academic programs should contact the sponsoring department or the Office of Equity and Diversity Services at 703 993-8730. Questions regarding reasonable accommodations and/or discrimination on the basis of disability should be directed to the ADA Coordinator in the Office of Equity and Diversity Services.

III. RESPONSIBILITIES

The Office of Equity and Diversity Services is responsible for administering and monitoring George Mason University's policy on non-discrimination and reasonable accommodation on the basis of disability. The Office of Equity and Diversity Services and employing departments are jointly responsible for providing reasonable accommodations for employees.

Program units are responsible for providing accommodations for non-academic programs with the assistance of the Office of Equity and Diversity Services. The Office of Disability Services is responsible for determining reasonable accommodations for students. Academic departments and faculty members are responsible for providing those accommodations in cooperation with the Office of Disability Services.

IV. COMPLIANCE

Inquiries about or complaints alleging violation of the University's Non-Discrimination and Reasonable Accommodations on the Basis of Disability policy should be directed to the Office of Equity and Diversity Services. Mason Hall D201, MS 2C2, Fairfax, VA 22030. Phone (703) 993-8730.

V. EFFECTIVE DATE AND APPROVAL

The policies herein are effective April 3, 2006. This Administrative Policy shall be reviewed and revised, if necessary, annually to become effective at the beginning of the University's fiscal year, unless otherwise noted.

Approved:

_____/S_____
Senior Vice President

_____/S_____
Provost

Date approved: April 20, 2006

Date of most recent review: October 8, 2012