

**COUNSELING AND PSYCHOLOGICAL SERVICES
UNIVERSITY OF CALIFORNIA
SANTA CRUZ**



**INTERN TRAINING MANUAL
2025-2026**

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Intern Training Manual

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Intern Training Manual 2025-2026

APA Accredited Internship Program in Health Services Psychology

Questions related to our program's accreditation status should be directed to:

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

I. CAPS Mission Statement, Program Description and Training Goals

A. CAPS Mission and Vision Statement:

In support of the academic mission of the University, Counseling and Psychological Services (CAPS) is committed to providing a broad range of counseling and mental health services to the diverse community at the University of California, Santa Cruz. The principal goals of CAPS are to address the mental health needs of students and to enhance their psychological development and well-being. CAPS promotes a healthy psychological climate at the university through consultation, outreach, and training within the context of the unique college system.

The services of CAPS are based on a developmental model and a community psychology approach that addresses the academic, career, and personal issues that are central to students' lives and academic success. As a multi-cultural and multi-disciplinary service, CAPS is committed to providing appropriate and sensitive services that are accessible to all students, including traditionally underrepresented groups.

The mission of Counseling and Psychological Services (CAPS) is to “support UCSC students, both undergraduate and graduate, by providing a broad range of counseling, psychiatric services, consultation, and outreach services and programs to the campus community. It is also the mission of CAPS to maintain accreditation by the International Association for Counseling Services Inc. (IACS), an accrediting association for all its programs and services and to maintain APA accreditation for its internship program”.

CAPS vision is to be part of the University's endeavor to advance the education and development of all UCSC students by:

- Addressing important mental health, psychosocial, academic, personal, family, and community issues that influence learning, achievement, and success in the University community and beyond
- Recruiting and retaining a highly trained multidisciplinary and multicultural staff
- Developing an inclusive multicultural campus community which differences are respected and valued
- Providing multiple points of entry so as many different students as possible can receive CAPS services
- Providing high-quality training and supervision to doctoral psychology interns and postdoctoral fellows.

B. Program Description, Philosophy and Training Model:

The CAPS UC Santa Cruz internship offers supervised experiences to interns from Counseling and Clinical Psychology doctoral programs who are interested in developing clinical, outreach, and consultation skills with a diverse University student population. The internship program provides a wide range of intensive supervised experiences in individual and group psychotherapy, intake assessment, crisis intervention, consultation, and outreach programming. Our training program is committed to the development of psychologists who are sensitive to and able to work with individuals from diverse backgrounds and to a community psychology model of intervention. A professional staff with diverse backgrounds is dedicated to providing a high quality educational experience within a student services agency. The program is designed to develop and enhance the psychotherapy skills of psychology interns, with emphasis on providing short term individual and group psychotherapy, crisis intervention, and outreach to undergraduate and graduate students.

The aim of our training program is to support the development of interns as entry-level psychologists who can practice as generalists in a variety of settings, and have expertise working with a college student population.

Training Model and Philosophy:

The CAPS training program utilizes an apprenticeship mentoring model of training in which the intern learns by working closely with experienced senior staff members who conduct a full range of psychological services carried out by a University staff psychologist. The foundation of our model is based on the following principles and philosophy: the importance of the developmental perspective for intern training; the practice of psychology is based on the science of psychology; a commitment to multicultural competence for all staff; and the significance of the internship year for the intern's professional identity development.

In the CAPS apprenticeship mentoring model of training and philosophy, we believe that learning and close supervision and mentoring are key factors for interns in developing clinical, outreach, and consultation skills and for acquiring a professional identity as a psychologist. Through the apprenticeship-mentoring model, interns gain valuable experience side-by-side with more experienced staff members jointly conducting intake sessions, triage and crisis intervention, group therapy, consultation, and outreach and educational programming. All senior staff serve as professional role models for interns in performing the professional activities of a University staff psychologist, and pay careful attention to the intern's developing skill level, sensitivity to issues of diversity, ability to integrate research with practice, and professional identity development.

The multidisciplinary CAPS staff have varied theoretical orientations, and interns get exposure to learning from CAPS staff through individual and group supervision, group co-facilitation, training seminars, clinical teams, and experiential learning when providing clinical, outreach, and consultation services at UCSC. Although CAPS staff utilize a range of theoretical frameworks, most staff identify as integrative in their theoretical approach and all emphasize the developmental and multicultural needs of college students. The staff theoretical orientations include cognitive behavioral, ACT, multicultural, feminist, psychodynamic, solution oriented, and humanistic approaches, and interns have opportunities to incorporate learning from various staff to expand, refine, and deepen both their theoretical knowledge and

repertoire of skills. Interns also have opportunities to work closely with CAPS psychiatry staff and case management staff in case consultation and clinical teams, and to consult with medical staff in the Student Health Center.

C. **Training Competencies and Program Goals:**

The internship year is a time of transition from a trainee to an entry-level professional psychologist. In respecting individual differences among interns, we provide comprehensive, intensive, and flexible training and supervision to facilitate each intern's further development and professional integration of both clinical skills and outreach and consultation skills.

The internship training program provides interns with both educational and experiential opportunities to demonstrate achievement of the Profession wide-competencies. The nine Profession-wide competencies of the internship include:

1. Research
2. Ethical and legal standards
3. Individual and cultural diversity
4. Professional values, attitudes, and behaviors
5. Communication and interpersonal skills
6. Assessment
7. Intervention
8. Supervision
9. Consultation and interprofessional/interdisciplinary skills

The four overarching goals of the internship include:

Goal 1: Developing a broad range of clinical skills necessary to practice psychology

Goal 2: Developing competence in a counseling center model of service delivery emphasizing outreach and consultation

Goal 3: Developing multicultural competence in psychological service delivery to a diverse university population

Goal 4: Developing a professional identity as a psychologist.

II. Content of Training Program

Service Delivery Experiences

Interns will have the opportunity to gain experience providing both in-person and telehealth (via Zoom) services (e.g., initial assessment, individual therapy, group therapy, crisis, and outreach).

- a. **Initial Assessment:** (3 hours/week) Interns will provide initial assessments for 3 new clients each week. Interns conduct a brief clinical intake assessment, and with consultation from their supervisor, provide case disposition for brief or long-term therapy, and/or provide appropriate on-campus and off-campus referrals. If on-campus individual brief treatment is chosen, the intern will most likely absorb the student into their caseload as an ongoing client unless a referral to another CAPS therapist is deemed appropriate. At the beginning of the internship, interns first observe senior staff conducting initial assessment sessions and then they conduct an initial assessment jointly with a supervisor prior to taking on this responsibility (with supervision).
- b. **Individual Therapy:** (10-14 hours/week) Interns work with students utilizing a brief therapy model. An intern will carry a caseload of approximately 16-22 clients and may see these clients weekly or on a periodic or intermittent basis (weekly, biweekly) resulting in approximately 10-14 hours of individual therapy per week. Interns may have the opportunity to carry one longer-term client throughout the year. Interns may have some opportunity to provide couples counseling, although this is a small component of an intern's caseload.
- c. **Group Therapy:** (2 hours/week, including debriefing group with co-facilitator) Interns co-facilitate one group each quarter throughout the year, and are required to co-facilitate a group with a senior staff member during fall quarter. Interns will find that each group therapy experience can be very different, given the type of group, as well as their co-facilitator's style and theoretical orientation. Interns are encouraged to co-facilitate with a fellow intern or postdoctoral fellow by spring term if desired, with supervision provided by a staff member. One half hour after the group each week is devoted to debriefing and supervision with the interns' co-facilitator or supervisor.
- d. **Crisis Services/On-Call:** (4.5 hours/week) Interns conduct a 4.5-hour crisis shift per week in the daytime CAPS Crisis Services. The intern is paired with a senior staff member on their crisis shift for fall term to learn how to conduct crisis assessment and intervention, and have the opportunity to sit in and observe supervisors on duty before they participate in conducting crisis services on their own. Interns evaluate students at risk, conduct crisis intervention and stabilization, provide consultation to staff, faculty, parents, and friends of students in distress, and provide on and off campus referrals for students coming into Crisis Services. Interns are required to check in with clinical backup regarding disposition prior to letting each student leave. Cases are discussed in consultation with backup, and in clinical teams, case conferences, the weekly Crisis Group Supervision meeting, and individual and group supervision.
- e. **Assessment:** Interns are required to conduct an assessment with at least 1 client per year utilizing the Counseling Center Assessment of Psychological Symptoms (CCAPS) in the clinical interview.

The CCAPS is utilized with all clients in the center. If appropriate, the intern can also integrate the PAI into this process with a client.

Outreach and Consultation Services:

- f. **Workshops and Training:** (1 hour/week though can vary throughout the year). Interns will have the opportunity to provide educational programs and workshops during the internship year. Workshop topics may include: wellness topics, mindfulness, stress management, anxiety and depression management, time management, and test anxiety. Interns participate in RA training and orientations in the fall, and may facilitate workshops with other staff and interns throughout the year. Interns are required to conduct three outreach programs during the year, including designing and implementing their own independent Outreach Project, and are required to integrate social justice elements into at least one of their required outreach programs. This number also includes RA training.
- g. **Consultation:** Interns will regularly provide consultation to staff, faculty, parents, and friends about students in distress when conducting their Crisis Services shift. Interns are encouraged to check in with clinical backup regarding disposition prior to ending their consultation contact as needed. Interns may also have opportunities to provide campus debriefings after significant traumatic events.
- h. **Peer Education Program:** (1.5 hours per week). Interns will have the opportunity to act as a mentor to CAPS Peer Educators (PEP) by supervising small groups of peers, modeling professional development, and providing support and ongoing feedback as needed for PEP outreach and special projects. Interns will also participate in the annual 2-day fall orientation for peer educators, and provide at least one training to peers on a relevant mental health topic within the academic year. Throughout the academic year, interns participate in the weekly Peer Education Program meetings and attend 30 minutes of supervision every other week with the PEP Coordinator.

Formal Training Experiences

- a. **Intern Orientation:**
During the first few weeks of the internship, interns are provided with an orientation to the operations of CAPS, the University of California at Santa Cruz, and the Santa Cruz community. During this period, interns meet with CAPS Management staff and potential clinical supervisors. They review intern responsibilities, requirements, and performance expectations for the internship, as well as the policies and procedures of both CAPS and the Student Health Services. During orientation, interns are trained on initial assessments, crisis intervention, brief therapy, Residential Life trainings (RA Trainings), and the electronic health system, Point and Click (PNC). Interns review the policies and procedures of CAPS and the Student Health Services. Interns meet with other campus units as a way to familiarize themselves with campus resources. These campus units include: Career Center, Disability Resource Center, Educational Opportunities Program, Services for Transfer and Re-entry Students, Smith Renaissance Society, Student Health Outreach and

Promotion, Cantu (GLBTIQ) Resource Center, Student Health Center, Women's Center, and Student Ethnic Resource Centers.

b. Trainings for Residential Staff:

During the first few weeks of September before classes begin, CAPS staff provide crisis trainings to the residential life staff at each of the Colleges. Consistent with our apprenticeship/ mentoring training model, interns pair up with CAPS staff at these RA workshops. Interns begin by observing CAPS staff facilitating the workshops, and then increase their involvement by participating or co-facilitating sections of the RA trainings with CAPS staff.

c. Supervision:

Interns receive a minimum of 4-hours of supervision per week throughout the entire internship year. These totals include two hours per week of primary individual supervision, one-hour of group supervision in the weekly Intern Seminar, and one-hour of supervision in the weekly crisis group supervision meeting. In addition, interns receive an additional half hour of supervision for peer mentoring activities every other week during fall, winter, and spring quarter, and an additional half hour of supervision for their group therapy during fall, winter, and spring quarter.

Individual Supervision: Intensive individual supervision based on a mentoring relationship between the intern and the supervisor is central to the internship experience. Supervision is offered in accordance with California State licensing requirements in Psychology, and APA and APPIC criteria for internship training. Interns are assigned to a primary supervisor, a California-licensed psychologist, and receive 2-hours of individual supervision a week for the course of the 12-month internship. The primary supervisor is assigned by the Director of Training based on making a match between training needs and interests of intern and supervisor. In making this supervision match, the Director of Training takes into consideration intern training needs, interests, theoretical preference, as well as supervisory style and preference.

Interns may have the opportunity to work with a secondary supervisor during the winter, spring, or summer quarters. The secondary supervisor provides interns with exposure to a variety of professional role models, theoretical orientations, or special clinical interest areas. Interns are asked to discuss their preference to work with a secondary supervisor with the Director of Training. Every effort will be made to accommodate this request but cannot be guaranteed.

d. Group Co-facilitation: Interns co-facilitate at least one group each quarter, and are required to co-facilitate a group with a senior staff member during fall quarter. Groups are typically one and a half hours in length, and after the group is completed each week interns receive a half hour of supervision from their co-facilitator to discuss group process and content, co-facilitation, and clinical documentation. This time provides the intern with an opportunity for in-depth discussion and training with their co-facilitator on the elements of group psychotherapy, including group dynamics, content and process interventions, co-facilitator issues, and maintaining group notes. Interns can co-facilitate with a fellow intern or postdoctoral fellow in spring, dependent on supervisor approval, which can provide interns an opportunity to develop groups in their own area

of interest. Interns receive ½ hour of supervision on their group, by a licensed staff member, when they co-facilitate with an intern or postdoctoral fellow.

- e. **Intern Seminar Group Supervision:** Interns meet with the Director of Training weekly for one hour of group supervision during fall, winter, and spring quarter, and 1.5 hours per week during summer. This group supervision provides interns the opportunity to discuss any issue pertinent to the internship and their work in CAPS, including clinical and outreach activities, job search process, professional development, professional identity, and administrative concerns. Interns are required to provide informal case presentations and peer supervision in the seminar.
- f. **Crisis Supervision Seminar:** This weekly, one-hour seminar, is provided throughout the entire internship year and provides interns with supervision, consultation, and training on clinical cases seen in the CAPS Daytime Crisis Services. In this seminar, interns (and postdocs) have an opportunity to debrief, consult, and learn about case management strategies for at-risk students. Interns will discuss CAPS crisis procedures and protocols, managing referrals, hospitalization procedures, and communication with other stakeholders. Structured trainings on crisis work and college mental health is provided.
- g. **Required Supervision:**

Required Supervision Table						
Individual Face to Face Supervision	Hours Per Week	Duration	Fall	Winter	Spring	Summer
Primary Supervision	2 hours per week	Entire Internship	2	2	2	2
Supervision of Group Therapy	.5 hours per week	Fall, winter, spring quarter	0.5	0.5	0.5	
Group Supervision			Fall	Winter	Spring	Summer
Intern Group Supervision	1 hour per week	Fall, Winter, Spring quarter	1	1	1	1
Crisis Group Supervision	1 hour per week	Entire Internship	1	1	1	1

Total Hours of Supervision			4.5	4.5	4.5	4.0
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- h. **Special Topics Seminar**: This weekly 1 ½-hour seminar provides didactic training on a variety of clinical and multicultural topics related to the practice of psychology throughout the internship year. CAPS training staff and professionals from the community present on different topics to the interns. The topical seminars provide interns the opportunity to explore in depth and expand their knowledge about topics pertinent to the practice of psychology, including professional laws and ethics, multicultural and diversity issues, the provision of clinical services to diverse clientele, different theoretical approaches to treatment, and treatment for specific mental health disorders.
- i. **Behavioral Health Training**: Interns receive three hours of training during fall quarter which focuses on empirically validated behavioral health interventions for anxiety and insomnia, with discussion of practice as an embedded psychologist in health center setting.
- j. **Outreach and Consultation Training**: Interns receive three hours of training in theory, models, and practice of outreach and consultation during this training module during fall quarter. Interns also use this opportunity to discuss and receive supervision on ongoing consultation and outreach activities.
- k. **Supervision Training**: Interns receive training on theories and methods of supervision during spring quarter. Interns are educated on theories and models of clinical supervision and have opportunity to discuss the integration of theories and practice of supervision. Given CAPS interns do not have the opportunity to supervise a practicum student, interns provide simulated supervision for each other in the intern group supervision seminar, as well as provide mentoring to a CAPS Peer Educator.
- l. **Assessment Training**: Interns receive training on the CCAPS (Counseling Center Assessment of Psychological Symptoms) during orientation.
- m. **Peer Education/Mentoring Supervision**: Interns receive a half hour, every other week, of supervision on mentoring and supervising Peer Educators.

Other Training Activities

- n. **CAPS Staff Meeting**: The entire CAPS staff meets weekly for a 45-minute general staff meeting to discuss announcements, policies and procedures, and issues relevant to CAPS operations. This meeting consists of all counseling staff (senior staff, doctoral interns, postdoctoral fellows) and psychiatry and case management staff.
- o. **Case Conference and Clinical Team**: After the weekly CAPS staff meeting, there are different rotating case conference meetings. Twice a month, the Counseling staff meet for case discussions and consultation about ongoing cases in Clinical Teams made up of psychologists, social workers, MFT's, psychiatry staff, postdoctoral fellows, and other interns. Once a quarter, the entire CAPS staff meet with the Student Health Center clinical staff for a joint case conference focused on cases seen jointly in both CAPS and Student Health.

- p. **Committee Participation:** Interns are required to participate on one administrative CAPS committee per quarter to gain experience in the operation and functioning of a counseling center. Interns rotate participation on the following committees in fall, winter, and spring quarters: Training committee, Clinical Quality Assurance committee, Diversity, Equity, and Inclusion committee, and Staff Development committee.
- q. **Staff Professional Development:** Continuing education trainings are offered for the entire CAPS staff throughout the year, and interns are required to attend these trainings.
- r. **Professional Development:** In addition to professional development meetings for the entire CAPS staff, interns are given five days for professional development during the internship year. Interns may use their time for conference attendance and professional meetings, dissertation meetings, graduation, and job interviewing. In addition to their five days of professional development, interns attend the annual Multicultural Training Day at San Jose State University and the Northern California Training Director Conference.
- s. **Learning Center Virtual Trainings:** Interns are required to complete all assigned Learning Center trainings through the UC Learning Center webpage. The UC Learning Center is UC Santa Cruz's principal learning management system for delivering and tracking training related to employment and Environmental Health & Safety (EH&S).

III. Responsibilities of Interns:

The professional responsibilities of interns involve engaging in and attending all the activities of the internship, including clinical services, outreach and consultation services, training seminars, staff meetings, and administrative tasks. Interns use webcams to record all therapy sessions.

The following list details the amount of time, *on average*, an intern devotes to specific services and training activities:

A. Direct Service Responsibilities:		Hours	%
Individual Therapy		10-14	
Group Therapy		1.5	
Initial assessments		3	
Crisis Services Duty		4.5	
Outreach and Consultation		1	
Total:		20-24	50-60%
B. Training:			
Individual Primary Supervision		2	
Supervision of Group Therapy		.5	
Intern Group Supervision Seminar		1	
Special Topics Seminar		1.5	
Crisis Group Supervision		1	
Case Conference/Clinical Teams		.5	
Peer Mentoring/Supervision		1.5	
Total:	Fall quarter	8	20%
	Winter quarter	8	20%
	Spring quarter	8	20%
C. Administration:		Hours	%
Staff meetings		1.5	
Committee Participation		1.5 (once per month)	
Case management, preparation		3-5	
Travel		1	
Total:		9	22%
TOTAL:		40	

D. Adherence to State and Local Laws, Policies, and Procedures:

1. Interns must adhere to the Ethical Guidelines of the American Psychological Association and to California laws relating to the practice of psychology.
2. Demonstration of sound professional judgment: Interns should know their personal and training limitations and seek consultation and supervision when appropriate. Consultation should always be sought on questions of suicide, violence potential, child or elder abuse, and grave disability.
3. Adherence to all CAPS, SHS, and UC Santa Cruz Policies and procedures
4. Successful completion of all Exit Criteria for the internship.

E. Exit Criteria:

In order for an intern to successfully complete the CAPS internship program at UC Santa Cruz, the following criteria must be met:

1. 1850 hours of training must be completed, including at least 462.50 hours (25%) of direct clinical service and 185 hours (10%) of supervision. In order to obtain the 1850 hours, interns must work 40 hours per week
2. Satisfactory achievement ratings (5) on each of the required 9 Profession Wide Competencies and the multiple elements within each competency by the end of the internship
3. No ethical or legal violations
4. Completion of 3 outreach programs, including independent Outreach Project
5. Completion of Intern Program Evaluation Project
6. Completion of one testing report
7. All paperwork, including clinical documentation, assessment reports, Outreach Project, Program Evaluation Project, and Board of Psychology logs, must be completed
8. Completion of all program and supervisory evaluations
9. Exit interview with Director of Training.

*NOTE: Hours can ONLY be verified and approved if the intern successfully meets all expected levels of competency requirements in the internship program **and** completes the 12-month internship program.*

IV. Intern Projects and Other Written Responsibilities:

A. Pre-and Post-Competency Self-Assessment:

Each intern is required to complete a competency self-assessment (Intern Competency Self-Assessment) at the beginning of the internship (see Appendix A). This self-assessment allows the intern to assess where they are on each of the different competencies of the internship. This self-assessment is used with their primary supervisor to identify learning goals for the internship. Each intern is also required to complete a competency self-assessment at the end of the internship.

B. Intern Letter to Self:

Each intern is encouraged to write a letter to themselves at the beginning of the internship outlining their internship goals, concerns, and hopes for the year. Interns can read the letter at the end of the internship as a way for self-reflection about their development during the internship.

C. Formal Case Presentation:

Each intern is required to present a case during either the Tuesday Clinical Team or Intern Group Supervision during the year.

D. Outreach Project:

Each intern is required to develop and implement independently one outreach workshop on their own during the internship year (this is included in the total number of three outreach programs required for the year). The Outreach Project involves program development, marketing of the outreach program, implementation, and evaluation. The intern can develop an outreach program in their own area of interest or expertise, but must integrate social justice components into at least one (of the three) required outreach programs. We encourage interns to consult with supervisors or other senior staff regarding how to make their program successful. CAPS has already developed outlines for many different outreach programs and workshops, and interns can use this information to help develop their own project. Interns are required to write a 2-3 page summary of their outreach project. Models of outreach summary reports are available from the Director of Training.

E. Assessment Requirement:

Each intern is required to complete at minimum one assessment battery. With new and ongoing clients, interns will review the CCAPS (Counseling Center Assessment of Psychological Symptoms) and integrate this information into case conceptualization, treatment planning and brief therapy. Interns may also utilize the Beck Depression and Anxiety Inventories, and the Personality Assessment Inventory (PAI) for diagnosis and treatment planning.

We encourage interns to evaluate what instrument would be beneficial in order to gain more clinical information to inform treatment planning and diagnosis for their clients. Interns are required to write up an assessment report and present the assessment findings to their client.

F. Intern Program Evaluation Project (Summer Project):

Each intern is required to conduct a program evaluation project that integrates research with counseling center practice. The project provides the intern with an opportunity to demonstrate knowledge, based on the research, about programming or functioning of a university counseling

center. The project may involve updating, modifying, or adding to a current agency function; developing a new idea for agency services and programming; or assessing current agency functioning and developing a proposal for future work. Interns will develop their project in consultation with the Director of Training and individual supervisor. Interns are encouraged to consult with other staff or interns who have expertise in their focus area. Interns typically begin development of this project in spring term, work on it in the summer, and are required to present their project to the CAPS staff at the end of the internship. Interns are also required to submit a written report of their project along with appropriate citations.

G. Presentation of Dissertation Research:

Each intern is required to present a summary of their dissertation research (whether it is in process or completed and defended) to the CAPS staff during the internship year. The goal of this presentation is to inform staff of the intern's research interests and support their endeavors on their dissertation completion.

H. Board of Psychology Logs:

Doctoral Interns are responsible for completing a service hour log for the board of psychology, documenting supervision and training hours, professional service hours, and other work performed (e.g., meetings, administration, outreach programming, professional development).

Doctoral Interns receive professional service credit for engaging in the following service activities: initial assessments (IA), unfilled IA's, 1st follow-up and individual follow-up appointments, crisis shift time, group therapy and group screenings. Professional service credit is not provided for no-shows, cancellations, or outreach programming (e.g., campus outreach, Let's Talk, Toolboxes).

All doctoral interns must document their hours in the Weekly Log of Activities form (SPE - Supervised Professional Experience, Appendix B) concurrent with the requirements of the Board of Psychology, (1387.5). This log must be completed, signed, and submitted to the Director of Training by the end of each month.

Note: All BOP logs must be completed and submitted by the last day of the internship.

V. Evaluations:

A. Intern Evaluations:

Interns are formally evaluated three times during the year, at the end of December, April, and early August. The primary supervisor completes the Intern Evaluation form (see Appendix C), after receiving both narrative and written feedback from other training staff who have worked with the intern during the quarter (secondary supervisor, group co-facilitator, crisis team supervisor, seminar leader, or outreach co-facilitator) during the Intern Review Meeting. The primary supervisor then meets with the intern to present the evaluation and feedback and discuss future training goals. This formal evaluation process does not preclude the informal feedback and evaluation during supervision sessions. In fact, continual feedback and evaluation is encouraged for the intern during both individual supervision and in other training contexts. The Training Staff who are not primary supervisors but work closely with interns in co-facilitating groups, conducting crisis shifts, or providing outreach and consultation activities together complete the CAPS Staff Feedback for Intern Evaluation form (see Appendix D). This form is given to the Primary Supervisor and Director of Training during the Intern Review Meeting and the primary supervisor integrates the feedback into the Intern Evaluation.

B. Supervisor Evaluations:

Interns have the opportunity to give their primary and secondary supervisors feedback about their supervision formally three times a year by completing the Supervisor Quarterly Evaluation form (see Appendix E). This evaluation form should be discussed together with the intern and the supervisor, and can be used as a means to evaluate and improve the effectiveness of the supervision.

C. Seminar Evaluations:

Interns evaluate each of their training seminars three times a year (Intern Quarterly Seminar Evaluation, Appendix F). Seminar leaders and the Training Committee review these evaluations and recommend any changes to the structure and functioning of the training. Interns also evaluate each presentation given in the Special Topics Seminar with the Intern Seminar Presentation Evaluation form (see Appendix G). This evaluation allows presenters to update their trainings.

D. Intern Program Evaluations:

Interns evaluate the Internship Program, both mid-way through the internship year in February and at the end of the internship year in August (see Appendix H for the Intern Program Evaluation form). The Director of Training and the Training Committee review this feedback for ongoing program improvement and enhancement. Interns also evaluate the summer period using the Summer Program Evaluation (see Appendix I).

E. Intern Evaluation Summary End of Year Report:

Interns and Supervisors also complete an end of the year summary report (see Appendix J).

VI. Statement on Self Disclosure During Internship Training:

As reflected in the APA Ethical Principles for Psychologists (Section XVII), the training program at UC Santa Cruz does not require the disclosure of many forms of personal information. However, given that one of the goals of our training program is to help interns develop a professional identity as a psychologist, opportunities for personal and professional exploration and reflection may occur throughout the year. We value self-awareness as being critical to the development of professional skills and a consolidated professional identity. When appropriate, interns are encouraged, but not required, to self-reflect on information they determine might have a bearing on their professional functioning. The choice of how much to share this self-reflection, however, is up to the intern, and interns are not penalized for a choice not to share personal information. Supervision is never viewed as psychotherapy. This internship program functions in a manner consistent with the American Psychological Association's 2010 Ethical Standard 7.04 (Student Disclosure of Personal Information) as contained in the Revised Ethical Principles of Psychologists and Code of Conduct (APA, 2010).

VII. Nondiscrimination and Affirmative Action Policy Regarding Academic and Staff Employment

CAPS abides by the *University of California Nondiscrimination and Affirmative Action Policy Regarding Academic and Staff Employment* that can be found at <https://diversity.ucsc.edu/eo-aa/images/non-discrimination-policy.pdf>

VIII. CAPS Office Operations:

A. Phones, Mailboxes, Email Messages:

Interns have their own private phone and voicemail and email accounts. It is the intern's responsibility to check voice mail and email regularly and to clear off voicemail messages so their voice mailbox does not become full. Given our decentralized site, we recommend that interns check their messages and emails after each appointment or meeting, because we use these methods to inform staff of changes in meetings and updates on any center or university issues.

B. Web Cam Recording:

All interns are required to use web cams provided in their office to record client sessions (ongoing clients) for supervision. Client recordings are stored on a secure server. Session recordings are kept for 2 weeks and then deleted. Clients must provide written permission for recording to occur using the "Authorization for Recording of Counseling Sessions" form (Appendix K), and this form is electronically submitted and maintained in the PnC record. Interns will record ongoing counseling sessions but are not required to record initial assessments (except for one or two for discussion in intern seminar) or crisis assessments.

C. Computers:

Each intern is provided with a laptop computer (PC). Work computers, including laptops, are for business use only. Each intern has their own university provided e-mail address, and it is their responsibility to keep up-to-date with internal e-mails regarding CAPS business.

D. Point and Click:

CAPS uses the electronic record-keeping system "Point and Click" (PnC) for clinical documentation of all clinical services. Interns receive training on PnC during intern orientation. Interns must complete all clinical documentation consistent with CAPS policies and procedures.

E. In-Session Signs:

Each office is equipped with a "Session in Progress - Please Do Not Disturb" sign. It is important for each intern to use this sign regularly so counseling sessions are not interrupted.

F. Client Evaluations of CAPS Services:

CAPS provides clients with an opportunity to evaluate the CAPS service they have received. Each quarter, secure e-mails are sent to all students who utilized CAPS services in a particular time (typically the 7th week of the quarter), inviting them to complete a client satisfaction questionnaire. Clients have an opportunity to evaluate whichever service they participated in: crisis services, individual counseling, group therapy, case management services, Crisis Services, and psychiatry services. If a student does name their provider, this feedback is given to the intern.

G. Hours in Office:

The internship here at UC Santa Cruz is a full-time 12-month 1850-hour internship. In order to obtain 1850 hours, interns are scheduled to work in the office 40 hours per week with two weeks of paid leave in order to accumulate 1850 hours during the year.

H. Working in office after 5 p.m.:

Interns may work in their offices after 5pm for general administrative work. If the intern does work in their office after 5pm, the intern should not bring any student or client into their office given no clinical backup is available after 5 PM. If it appears that a student is in distress outside of the CAPS office, the intern can call Campus Police or CAPS management.

I. Checkout Procedures for Central Office:

Interns must follow the checkout procedure listed by the alarm keypad in the Central Office if they are the last person in the CAPS Main office. Electronic codes are given to each intern to set the alarm for the CAPS wing if they are the last to leave the office.

IX. Clinical Services:

A. Scheduling appointments:

CAPS front office staff or Crisis Services staff schedule initial assessment appointments for interns. Interns will provide 3 initial assessments on their schedule each week. These timeslots will stay the same during the quarter but can be changed from quarter to quarter if preferred. Each CAPS staff member, including interns, will schedule follow-up counseling sessions on their PNC schedule.

CAPS doctoral interns must keep their scheduled counseling appointments with clients unless otherwise arranged. If an intern is ill or has a personal matter that requires canceling a counseling appointment, every effort should be made to notify the client beforehand and reschedule the appointment. If it is not possible to notify the client in advance, the intern can ask the Central Office staff to notify the client of the canceled appointment. It is the responsibility of the CAPS intern to make every effort to reschedule the appointment as soon as possible. If the intern has an approved scheduled vacation or professional development day, it is their responsibility to reschedule their initial assessment appointments and ongoing clients, and get coverage for their crisis shift.

B. Emergency Clinical Consultation:

When providing counseling to clients, there may be times when an intern will need immediate crisis consultation. Please use the following order to seek consultation from a senior staff member:

- i. Appropriate Supervisor (primary or secondary)
- ii. Any management team member
- iii. Staff on Crisis Services for the day

Always consult in the following situations:

- b. Safety issues with client - moderate or high-risk clients
- c. Danger to self, danger to others, or gravely disabled; serious self-harm behaviors
- d. Severe substance use/abuse.
- e. Presence of any psychotic symptoms that impair judgment and/or functioning
- f. Suicidal ideation without a plan, but has previous attempts, significant stressors.
- g. Decisions and procedures for voluntary and involuntary hospitalization
- h. Medical issues present: serious substance use/abuse, eating disorders, cutting or other self-harm behaviors.
- i. Child abuse or Tarasoff reporting issues.
- j. If you need assistance about whether to refer to Psychiatry or the Health Center for a medication referral.
- k. Complicated presenting symptoms.
- l. Questions about minors.
- m. Any questions about referrals.

C. Consultation When Conducting Crisis Services:

Interns are paired with a senior staff member when conducting their crisis service shift. The crisis supervisor paired with the intern will provide consultation and assistance to the intern during their shift. Each quarter a schedule is developed with assigned crisis staff. When an intern needs consultation during their crisis services shift, please use the following order for consultation:

- i. Crisis staff team member
- ii. Management team back up (assigned schedule)
- iii. Ask Front Office staff for assistance in locating an available staff member.

D. Criteria for Consultation when on Crisis Duty:

Interns are required to seek consultation at all times when on crisis duty and must consult with their crisis team member. We utilize a team approach when conducting crisis intervention at CAPS. We prefer that interns consult more rather than less in order to get assistance for safety and risk assessment, referral resources, and complex decisions. Interns are required to consult for each case they see in crisis services, before letting the student leave the crisis meeting. Interns are encouraged to consult with crisis backup for third part consultation as needed.

E. Immediate Emergency Assistance:

CAPS follows the emergency procedures of the Student Health Services (Please see *Emergency Procedures and Policies under the Health and Safety Section of the Main Policy and Procedures Manual*). Each of these steps depends on the particular crisis situation.

- i. Use the panic button located in your office. In the event a staff member or intern is feeling physical threatened, pressing the silent alarm will result in a call to campus police, who will respond immediately. Please take extreme care to not press the panic button by accident, as the police will always respond immediately when the panic button is activated.
- ii. Dial 911
- iii. Call Central office and say "Please cancel my appointment with Dr. Arnold". The front office staff will ask if you need the police called, or need immediate consultation. You may use this safety code if you feel you need immediate emergency assistance or consultation but do not think it is appropriate to verbalize that in front of the client.
- iv. Code Blue-In the event of a student medical emergency while at the CAPS main office, staff are to press 44 on the telephone to access the pager system and call a Code Blue indicating the location. This will result in a response by medical staff. Note that the pager system is not heard in CAPS.
- v. Dr. Slug-In the event a staff member needs physical back up that does not require calling the police, staff are to press 44 on the telephone to access the pager system and call for Dr. Slug indicating the location. This will result in a "show of force" from the Student Health Center.
- vi. Additional Student Health Services codes include: (1) Code Red in the event of a fire, (2) Code Silver in the event of an armed person, (3) and Code Grey in the

event of a combative person. In the event any of these situations, staff are to press 44 on the telephone to access the pager system and call indicating the location.

F. Clinical Documentation:

CAPS uses the electronic health record system, Point and Click, for all clinical documentation. All interns are required to complete clinical write-ups for each client, including initial assessment reports, crisis assessments, case notes and case management notes, group therapy notes, third-party notes, Protocall notes, and termination reports by using the templates connected with each visit type listed in PnC for clinical documentation. All clinical documentation must be consistent with the Record Keeping Guidelines of the American Psychological Association (December 2007). Interns must also complete their clinical documentation in a timely manner consistent with the CAPS Policy for clinical documentation. Interns will receive training on utilizing PnC during intern orientation training and in individual and group supervision.

Use of artificial intelligence (AI) CAPS is not permitted for completing clinical documentation or any task that includes protected health information (PHI).

While AI has potential to save effort in creating documentation, that effort is not necessary for trainees to develop the skill of writing clear, concise, appropriate documentation. This will also help to ensure the integrity, confidentiality, and accuracy of documentation as well as the individual judgment and insights of the clinician.

- a. Initial Assessment reports:
CAPS uses the standard PnC template for client intake and initial assessment.
- b. Individual Follow-up Notes:
Interns will consult with their supervisors regarding appropriate case note format to use in the basic PnC template for case notes. Most typically, interns utilize the SOAP format for writing case notes.
This format includes:
 - S: The client's subjective experience as reported by him/her
 - O: The therapist's objective observation in regards to client's appearance, behaviors, thought processes, affect, therapy, interpersonal processes
 - A: Therapist's clinical assessment of the client
 - P: Plan
- c. Termination Reports:
CAPS uses a standard PnC template for client termination reports.
- d. Crisis Services Documentation:
CAPS uses a standard PnC template for crisis service visits.
- e. Group Therapy Notes:
CAPS uses a standard PnC template for group therapy documentation.

- f. Couples Notes:
CAPS uses a standard PnC template for couple's clinical documentation.
- g. Third-party notes:
CAPS uses a standard PnC template for third part consultations.

G. Informing Clients about Supervision and Confidentiality:

Consistent with the California State Board of Psychology regulations, supervisors must inform the intern's clients about their status as supervisors. This requirement is implemented by interns informing clients about their training status at CAPS in the first session. Interns are required to give each client a "Supervisory Disclosure Form" which is provided electronically through PnC at the first follow-up appointment for the student (Appendix L). The intern must discuss with the client their training status and confidentiality, and provide the client with the name, license number, and phone number of their supervisor. The client signs the Supervisory Disclosure Form through an electronic means in PnC, which is accessed through the student's health e-messenger portal.

X. General Policies for Interns:

Clinical Policies:

Individual Therapy

- a. Interns provide clinical services between the hours of 8:00a.m.-5:00p.m.
- b. Interns do not provide clinical services after hours unless they are providing conjoint services with a senior staff member, such as co-facilitating a group after hours.
- c. Primary Supervisors (in consultation with Secondary Supervisors and Director of Training), make the decision about when interns will begin seeing initial assessment appointments (intakes) and providing crisis services on their own.
- d. CAPS front office staff and Crisis staff schedule initial assessments for interns.

Group Therapy

If a CAPS staff member co-facilitates a group during the day (8am – 5pm) with an intern, and will miss the group, the following should occur:

- a. Discuss with intern their readiness to facilitate the group on their own.
- b. The CAPS staff will contact another staff member to serve as backup for the intern; the backup person must be on campus and accessible (interruptible) during the group time for the intern.
- c. If a CAPS staff member who co-facilitates a group after 5pm with an intern will be absent, the group will have to be cancelled. Interns do not provide clinical services before 8am or after 5pm by themselves.
- d. During Fall Quarter, interns conduct group screening appointments jointly with their group co-facilitator.
- e. If the group co-facilitator has an unplanned absence, the intern will consult with the Director of Training about their options for facilitating the group.

Outreach and Consultation:

- a. Interns regularly conduct outreach activities at night when they have determined jointly with their Primary Supervisor that they are ready to do so.
- b. Interns should not bring students into their office after outreach programming at night.

Supervision:

- a. Interns are required to record all ongoing client sessions (excluding initial assessments or crisis assessments during crisis shift) using video recording via web cam. Exceptions to this policy should be discussed with your primary or secondary supervisor, and often may reflect clinical issues and result in the student being transferred to another clinician.
- b. Interns will review video recordings in supervision with their supervisor. Each Intern Evaluation must include a minimum of one live observation review (i.e., reviewing the video recording, or live observation through co-facilitation of the clinical activity).

Tele-supervision:

The use of tele-supervision is consistent with the internship program's training aim in that the program places a strong training emphasis on providing high-quality training and supervision to psychology interns with a wide range of intensive supervised experiences in individual and group psychotherapy, crisis intervention, consultation, and outreach programming, which often includes the use of virtual health services. Psychology interns are provided with a minimum of 2-hours of individual primary supervision and 2-hours of group supervision per week. Of the minimum mandated 4-hours of weekly supervision, at least one hour of individual supervision and one hour of group supervision must occur in person each week. Primary clinical supervisors and interns may choose to conduct the remaining two hours of mandatory supervision time via tele-supervision (e.g., telephone, video conference) which allows for high-quality, synchronous, supervision. Any additional supervision (e.g., supervision on groups, supervision for peer mentoring activities) can be conducted either in-person or via tele-supervision at the discretion of, and in collaboration with, the intern and licensed staff member. Policy regarding the use of tele-supervision was developed by the UCSC-CAPS training committee for the APA accredited internship program and is informed by California licensing requirements, health mandates (e.g., those issued in response to the COVID-19 pandemic), and UCSC Student Health Services (SHS) use of a remote work schedule. Individual supervision provided via tele-supervision occurs at regularly scheduled and agreed upon times, consistent with APA and APPIC guidelines and the California Board of Psychology requirements for supervision.

The training program values and emphasizes the importance of the supervisory relationships. It is our practice that interns meet with supervisors during orientation in order to begin to form professional relationships and support the supervisory relationship while engaging in tele-supervision for individual or group supervision. Interns are provided with contact information for CAPS supervisors, including email and phone numbers, and video conferencing ID/Links, to ensure easy and reliable access to supervision and consultation support (PHI is only shared through secure means).

All program videoconferencing occurs over a secure network using site-administered videoconferencing technology. The supervision sessions conducted using this technology are not recorded, thus protecting the privacy of the interns. Interns are provided with instruction on the use of the videoconferencing equipment during orientation; and any technical difficulties that cannot be resolved onsite are directed to the UCSC-SHC Information Technology department (our in-house tech support).

Administrative Policies for Interns:

- a. All doctoral interns must utilize PnC for appointment scheduling and clinical documentation. Clinical documentation must be completed in a timely manner consistent with CAPS Policies and Procedures for completion of clinical documentation.
- b. SPE - Supervised Professional Experience: All doctoral interns must document their hours weekly in a log (SPE - Supervised Professional Experience, Appendix B) concurrent with

the requirements of the Board of Psychology, (1387.5). This log must be submitted once a month for appropriate signatures.

- c. All doctoral interns must complete an online monthly time sheet no later than the last day each month.
- d. Instructions for online time sheets:
 - Sick leave must be documented (your appointment is a contractual agreement).
 - Vacation is documented as "Paid Leave," utilizing the "Application for Leave or Professional Development Time" form.
 - Interns do not accrue overtime
 - Dissertation defense, educational leave, and professional development are documented as "Professional Development Leave".
- e. All interns must complete the "Application for Leave or Professional Development Time" form (Appendix M) and give to the Director of Training two weeks in advance to request time off.

XI. Intern Rights, Responsibilities, Due Process, and Grievance Procedures

This document outlines the rights and responsibilities of interns, as well as processes for evaluation, ongoing feedback, skill remediation, and due process and grievance procedures.

Intern Rights

1. The right to a clear statement about the rights and responsibilities of an intern upon entry into the internship, including goals and expectations for the training experience.
2. The right to be trained by professionals who behave in accordance with APA ethical guidelines, and the laws and regulations put forth by the California State Board of Psychology
3. The right to be provided with training opportunities and experiences to ensure meeting all requirements of the internship.
4. The right to be treated with respect.
5. The right to ongoing evaluation and feedback that is specific, respectful, and pertinent.
6. The right to engage in ongoing evaluation of the training experience.
7. The right to initiate an informal resolution of problems that might arise during the internship.
8. The right to due process to deal with problems if informal resolution has been unsuccessful.
9. The right to privacy in respect of one's personal life. Disclosure of personal information is voluntary except when it is "necessary to evaluate or obtain assistance for interns whose personal problems could reasonably be challenged to be preventing them from performing training or professionally related activities in a competent manner or posing a threat to the students or others" (From APA Ethical Standards and Guidelines 2017).

Intern Responsibilities

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

1. Behave within the bounds of the ethical principles of the *APA Ethical Principles of Psychologists, Standards for Providers of Psychological Services, and Specialty Guidelines for the Delivery of Services*.
2. Behave within the bounds set forth by the laws and regulations of the State of California Board of Psychology.

3. Behave in a manner consistent with the policies and procedures of Counseling and Psychological Services (CAPS), the Student Health Services (SHS) at the University of California, Santa Cruz, and the University of California at Santa Cruz.
4. Demonstrate ability to communicate clearly and precisely in both oral and written formats.
5. Demonstrate openness to integrating feedback from immediate supervisors and professional staff.
6. Demonstrate ability to integrate relevant professional and ethical standards as a professional psychologist into ones' repertoire of behaviors.
7. Demonstrate ability to conduct oneself in a manner that promotes professional interactions within CAPS, and is in accordance with the standards and expectations of the Center.
8. Demonstrate ability to participate in the training, service, and overall activities of CAPS
9. Demonstrate minimal level of achievement necessary (rating of 5) in all the required Profession-wide Competencies and elements within each of those competencies by the end of the internship, in order to successfully complete the internship program.

Required Profession Wide Competencies:

- Research
- Ethical and Legal Standards
- Individual and Cultural Diversity
- Professional Values, Attitudes, and Behaviors
- Communication and Interpersonal Skills
- Assessment
- Intervention
- Supervision
- Consultation and Interprofessional/Interdisciplinary Skills

Evaluation Procedures

1. Formal intern review and feedback sessions occur three times during the year (December, April, and early August).
2. For all Intern Review Meetings, intern supervisors, group co-facilitators, training seminar presenters, crisis team supervisors, and other staff who have training responsibilities with the intern, meet together to discuss each intern's progress and any training concerns. The intern's primary supervisor is responsible for taking notes and organizing the information from this meeting and presenting it to their supervisee using the Intern Evaluation form. The primary supervisor also receives narrative written feedback from CAPS staff who are working in some training capacity with the intern (secondary supervisor, group co-facilitator, crisis team supervisor, seminar leader, outreach program co-facilitator) on the CAPS Staff Feedback form for the Intern Evaluation. The primary supervisor completes

the Intern Evaluation form, integrating both narrative and written feedback from other training CAPS staff.

3. At a meeting held specifically for providing the formal review, the primary supervisor shares with the intern feedback regarding their performance on achieving the expected competencies of the internship. The formal reviews are not considered replacements for informal verbal feedback, which supervisors are encouraged to give throughout the internship year. Intern evaluations are signed by both the intern and the primary supervisor. The signatures on these documents do not necessarily reflect agreement with their content but rather indicate that the document has been presented and discussed with the respective individuals.
4. The Director of Training forwards a copy of the Intern Evaluation, plus a summary letter, to the intern's academic department, after each evaluation period, and interns are informed about this process during intern orientation and in the Intern Training Manual.
5. Interns also complete evaluation forms both of their supervisor and of the different training seminars and presentations. A specific meeting is also held for the intern to provide feedback to their primary supervisor as a method for clarifying supervision goals and improving the supervision.

Due Process:

The basic meaning of due process is to inform and to provide a framework to respond, act, or dispute. The CAPS evaluation procedures adhere to the following due process guidelines (which interns are informed about both verbally during intern orientation and via the Intern Training Manual):

Due Process Guidelines:

1. Present to interns in writing, during Orientation, the program expectations regarding professional functioning.
2. Specify the intern evaluation procedures.
3. Provide the definition of "skill or competency deficiency" and "problem behavior".
4. Communicate early and regularly with the intern, and when needed with the intern's home program if difficulties are identified that could interfere with an intern's performance.
5. Communicate with the graduate program any difficulties with an intern, and seek input from the program about how to address the difficulties.
6. Provide a remediation plan for skill deficiencies or problem behavior, including a period for remediation and consequences of not rectifying the deficiencies or problem behavior.
7. Provide written appeal procedures, which are included in the Intern Training Manual and discussed with interns during intern orientation.
8. Ensure that interns have sufficient time to respond to any action taken by the program.
9. Document, in writing and to all relevant parties, the action taken and the rationale.
10. Document, in writing, the extent to which corrective actions have been successful or not in addressing the issue of concern, and provide to intern.

Identification of Interns with Competency Deficits/Concerns versus Problem Behaviors

It is important that the intern clearly understand the expected level of performance on each competency required in the internship program. Interns must achieve a rating of 5 or higher (on a scale of 1-7) on each Profession-Wide Competency and on the specific elements within each PWC by the end of the internship to successfully complete the internship. If an intern is not achieving the expected rating on each competency and element at each evaluation period, this information will be discussed in supervision, and either a specific focus will be identified for supervision or a remediation plan will be developed for the intern.

Ratings of “2” at the first evaluation period trigger a special focus in supervision and a rating of “1” at the first evaluation period trigger a remediation plan. Ratings of “3” at the second evaluation period trigger a special focus in supervision and a rating of “2” or “1” at the second evaluation period trigger a remediation plan. If the specific focus in supervision on the identified concern(s) or the remediation plan is sufficient, and potential actions can be agreed upon to achieve the minimal level of achievement necessary, no further procedures are needed.

It is a professional judgment as to when an intern’s behavior becomes problematic rather than just an issue of concern or competency skill deficit. For purposes of this document, a skill or competency deficit is defined as a behavior, attitude, or other characteristic which, while of concern and requiring remediation, is not excessive or outside the domain of behavior for professionals in training. A concern or competency skill deficit can typically be ameliorated with remediation.

A skill or competency deficiency or concern typically becomes identified as a problem behavior when it interferes broadly with professional functioning and is reflected in one or more of the following ways:

- a. An inability and/or unwillingness to acquire and integrate professional standards into one’s repertoire of professional behavior
- b. An inability to acquire professional skills in order to reach the Minimal Level of Achievement required for the internship
- c. An inability to engage in self-reflection regarding one’s personal and professional functioning and limitations in delivering professional psychological services (from evaluation form).

Problem behaviors typically include one or more of the following characteristics:

- a. The intern does not acknowledge, understand, or address the problem when it is identified
- b. The problem is not merely a reflection of the skill deficit which can be rectified by academic, didactic, or experiential training
- c. The problem is not restricted to one area of professional functioning
- d. A disproportionate amount of attention is required by training staff and/or
- e. The intern's behavior does not change as a function of feedback, remediation efforts, and/or time.

Procedures for Responding to Skill or Competency Deficit or Problem Behavior:

1. The staff member notifies the Director of Training of a concern about a trainee's skills or professional functioning.
2. The Director of Training consults with the relevant CAPS training staff and the CAPS management team if the problem pertains to clinical practice.
3. The Director of Training will seek input from CAPS staff. Depending on the situation, a Training Committee meeting may be called to include as many CAPS staff as available.

If it is determined that the concern needs further review, the following procedure will be initiated:

1. The Director of Training will discuss with the intern the concern, providing notice that a review will occur, and informing the intern that they may provide a written statement if desired
2. The Training Committee will meet to discuss the concerns and possible follow-up action. The Training Committee will provide feedback to the Director of Training to make a decision on follow-up action if necessary
3. These steps will be documented.

Interventions for Interns Who Are Not Performing at the Program's Expected Level of Competence:

The following possible interventions may be determined by the Director of Training, in consultation with the supervisor, the Management Team, and Training Committee depending on the seriousness of the skill or competency deficit or problem behavior:

- A. Verbal notice:
 - a. The intern is given verbal feedback regarding the skill deficit or area of concern.
- B. Modifications to Allow Intern to Focus on Remediation of Area of Concern:
 - a. Increase supervision, with same supervisor or a different supervisor
 - b. Modify the format or focus of supervision
 - c. Recommend personal therapy. If this option is chosen by the intern, all parties involved will clarify that personal therapy is not mandatory, but encouraged
 - d. Reduce intern's clinical caseload or other responsibilities
 - e. Require educational training or tutorial in a specific area where appropriate.
- C. Written Acknowledgment
 - a. Notification to the intern that there is unsatisfactory behavior and description of unsatisfactory behavior
 - b. Action (s) required to remedy the behavior
 - c. Timeline for correcting the behavior
 - d. Written feedback regarding extent to which corrective actions have been successful or not in addressing issue of concern
 - e. Possible consequences of the problem if not corrected.

When a combination of these interventions does not rectify the problem, or when the intern seems unable or unwilling to alter their problematic behavior, attitudes, or characteristics, the Training Committee may need to take more formal action:

- D. Probation: If area of unsatisfactory behavior is deemed serious enough, the intern will be given a letter specifying probation, with the following:
 - a. Description of unsatisfactory behavior.
 - b. Action (s) required to correct the unsatisfactory behavior.
 - c. Timeline for correction.
 - d. Description of procedure to determine whether satisfactory progress has been made, including ongoing evaluation and supervision.
 - e. Possible consequences of behavior if not corrected.
- E. Temporary Suspension of Clinical Privileges: If it is determined that the intern's problematic behavior may affect client welfare, an intern's clinical privileges may be suspended for a time specified by the Director of Training and Training Committee. The intern will be provided with written documentation specifying the following:
 - a. Description of unsatisfactory behavior
 - b. Action required to correct the unsatisfactory behavior
 - c. Timeline for correction
 - d. Description of procedure to determine whether satisfactory progress has been made, including ongoing evaluation and supervision, and a predetermined date for a review meeting with the Director of Training regarding progress towards correction of the unsatisfactory behavior
 - e. Possible consequences of behavior if not corrected
 - f. If suspension interferes with successful completion of hours needed to complete the internship, the academic department will be notified of this decision
- F. Administrative Leave of Absence: recommend a leave of absence or a second internship at another setting.
- G. Dismissal: Dismissal from the training program might occur under the following circumstances:
 - a. It is determined that remediation cannot be successfully achieved.
 - b. Serious violation of APA code of ethics.
 - c. Serious violation of CAPS or SHS policies and procedures.
 - d. Serious legal violation.
 - e. Any behavior or condition that can jeopardize client, intern, or staff welfare.Steps:
 - a. Inform the intern and the academic program that the intern has not successfully completed the internship.
 - b. Recommend and assist in implementing a career shift for the intern.

Documentation

1. All steps need to be adequately and appropriately documented in a manner consistent with the due process procedures.
2. The Director of Training has the responsibility of sending feedback and review reports to the intern's academic program. For each report, the most recent intern evaluation constitutes the primary basis for comments. In the event there are serious problems with regard to an intern's ability to perform their counseling duties, incidents of unethical behavior, or particular behavioral/interpersonal difficulties substantiated by supervisory report, the Director of Training will notify the academic program both in writing and by direct phone contact. It may be that the intern will be provided with a limited endorsement in their letters of recommendation, specifying settings in which he/she could function adequately.
3. A copy of any report or letter sent to the intern's academic department will be placed in the intern's permanent file maintained at CAPS by the Director of Training.

Grievance Procedures:

An intern may initiate a grievance in two situations:

1. Disagreement or dispute about an evaluation
2. Conflict with a staff member or other complaint

Grievance Procedure Regarding an Evaluation:

1. Following a formal evaluation session with a primary supervisor, if the intern does not agree with the evaluation, the intern may submit an appeal to the Director of Training in writing. If the Director of Training is also the supervisor, the letter is submitted to the CAPS Director. The letter must be submitted within 30 days of the completion of the evaluation. If the intern requests an appeal, the following procedures are followed:
 - a. A Review Committee is formed by the Director of Training within 5 working days of receipt of the letter requesting an appeal. Two staff members are selected by the Director of Training and two staff members are selected by the intern from the professional staff, excluding the Director of Training, the Director, and current interns.
 - b. The appeal must be based on the following grounds:
 - i. Denial of due process in the evaluation procedure
 - ii. Denial of opportunity to fairly present data to refute criticisms in the evaluation
 - c. The Review Committee will conduct a fact-finding as follows:
 - i. The intern and primary supervisor will be notified of the special meeting
 - ii. The Review Committee may request the presence of a written statement from individuals as deemed appropriate
 - iii. The intern may submit to the Review Committee any written statement they believe to be appropriate, may request a personal interview, and/or may request that the Committee interview other individuals who might have relevant information. The primary supervisor will also be afforded the same privilege.

- iv. Following the fact-finding review, the Review Committee or a designated member will communicate the summary of the findings and recommendations to the director of Training within 2 working days of the end of their deliberations.
- d. Following the review by the Appeals Committee, the Director of Training will take action as is deemed appropriate. Such actions may include, but are not limited to, any of the following:
 - i. Accept the primary supervisor's report of the problem (s) and recommend a program of remediation
 - ii. Request that the primary supervisor revise the report to include a statement of specific deficit (s) or recommendation (s).
 - iii. Ask the committee to rewrite the intern evaluation based on the finding of fact, or include as an addendum to the primary supervisor's evaluation.
 - iv. Place the intern on probation for a specific period, during which the intern is expected to achieve the changes specified by the Review Committee. Failure to attain the specified goals will result in dismissal from the program.
 - v. Recommend to the CAPS Director that the intern be dismissed from the training program.
 - vi. In the event that the Director of Training is the primary supervisor of concern in the appeal, the CAPS Director will serve as chair of the Committee.
- e. If the intern is dissatisfied with the decision of the Review Committee, they may request a second and final review, which must be submitted in writing within 5 working days after the intern has been notified of the decision. The CAPS Director will hear this request. If the Director is the primary supervisor, the request will be heard by the Executive Director of Student Health Services.

Grievance Procedure Concerning Conflict with a Staff Member:

Consistent with APA guidelines, and CAPS protocol, the intern who has a conflict or disagreement with any person in the agency is encouraged to try to resolve the conflict directly with the individual, including current interns. However, there may be situations where an intern needs consultation and support to deal with the conflict. If this is the case, the following steps are recommended:

1. If the conflict is with the intern's primary supervisor, the trainee can seek out consultation with the Director of Training
2. If the conflict is with any staff member other than the primary supervisor, the intern can consult with their supervisor and/or the Director of Training
3. If the conflict is with Director of Training, the intern can consult with the CAPS Director.

If the conflict is with the intern's primary supervisor and a resolution between the intern and supervisor is unsuccessful, the Director of Training can facilitate mediation with all involved parties. A mediation request can be initiated by either the supervisor, supervisee, or the Director of Training. If after mediation a resolution is unsuccessful, the intern and/or supervisor may request a change in supervision. The change request must be made in writing to the Director of Training and include information about the specific

conflict and any steps taken to resolve the conflict. If upon review it is determined that an informal resolution is unlikely, the Director of Training can initiate a change in primary supervision.

If informal resolution is unsuccessful, the Director of Training is the final arbiter unless the Director of Training is involved in the conflict. In that case, the CAPS Director is the final arbiter.

Other areas of Formal Review:

A formal review may be activated at any time by an intern, member(s) of the professional CAPS staff, clients, or administrative support staff. The following situations may call for the filing of a grievance and activation of a formal review. When a staff member or an intern is charged with engaging in any of the following behaviors, standard University procedures as stated in the *CAPS Policy and Procedures Manual* or *Student Code* are applied to the dispensation of the case. When an intern is charged, the review procedure described in this document is used. This list is suggestive of, but not limited to, the types of behaviors and events which may arise (separate from the official evaluation procedures previously discussed).

1. Sexual harassment
2. Violation of the APA Code of *Ethical Principles of Psychologists* and *Code of Conduct*.
3. Violation of California State Laws and regulations relating to the practice of psychology.
4. Unprofessional behavior
5. Exploitative or abusive behavior
6. Other behaviors not listed elsewhere in this document but which represent infringement on the rights, privileges, and responsibilities of interns, professional and administrative support staff, and other trainees/employees and clients of CAPS and Student Health Services.

XII. Contact with Home Programs:

The Director of Training has contact with the intern's home program several times a year:

1. The letter is sent to the intern's Home Program indicating the intern has been matched with UC Santa Cruz for internship in mid-February after the APPIC Match.
2. The intern's home program is contacted in early September to indicate the intern has begun internship and to provide the program with the name of the intern's Primary Supervisor.
3. At the end of the first and second evaluation periods, the intern's home program receives a copy of the intern's evaluation as well as a summary letter indicating areas of progress, strengths, and areas for improvement.
4. At the end of the internship year a letter is sent to the intern's home program indicating the intern has successfully completed the internship program, with a copy of the final evaluation form.
5. Additional contact is made with the intern's academic home program if the program initiates the contact or if there is any serious concern about intern progress or intern functioning. The academic home program is contacted early on in the process, consistent with the section on Due Process and Appeals (Section XI), if any problems are identified.

XIII. Statement Regarding Outside Employment While On Internship:

We believe the internship year is a pivotal period in an intern's development as a psychologist. We see the internship as a time when an intern makes the significant transition from student to professional, and we want the intern to be able to avail themselves of all opportunities while on internship without the distraction of another job. In addition, interns may sometimes work over 40 hours per week, and are also completing their dissertations which leaves little time left in their schedules for other activities. Because of our belief that the internship year is a pivotal period in an intern's growth as a psychologist, we encourage interns not to seek or maintain outside employment while on internship.

We also recognize that the intern stipend of \$49,920 may create a financial hardship for an intern given the cost of living in the Santa Cruz area. If an intern chooses to work outside of the internship, we ask that the intern discuss this with the Director of Training and follow the criteria listed below:

Criteria:

1. Outside employment must not interfere with an intern's ability to perform required duties.
2. Outside employment must not conflict with the requirements and schedule of the training program.
3. CAPS maintains a Monday through Friday, 8am – 5pm schedule, with flexible hours for after-hours groups and workshops/trainings, and outside employment should not conflict with these hours.
4. The internship requires a 40-hour week time commitment.
5. If an intern works in a clinical setting, it must be very clear that the intern is not receiving clinical supervision for their outside employment from CAPS.
6. The intern and Director of Training will continually evaluate how the workload is going for the intern who has outside employment.

XIV. Financial Assistance: Stipend and Benefits:

A. Stipend and Insurance:

The rate of pay for a full-time doctoral internship position is \$49,920 for the 2025-2026 academic year. The internship is structured to be a 40 hour per week position. The position is non-exempt and is eligible for over-time pay for hours worked above 40 hours per week. Interns must get prior approval for any over-time hours worked. Interns are required to accurately complete and submit a bi-weekly time sheet via the Cruz-pay time and attendance system.

Interns are eligible for the University's medical health insurance program. Several plans are available and are explained to interns at a Benefit Orientation during the first weeks of the internship.

B. Paid Leave and Paid Holidays:

Interns are given two weeks of paid leave. Given the parameters of our unit and guidelines regarding vacation, we ask that interns take the last week of the internship period for vacation/paid leave. The second week can be taken during winter or spring break, in consultation with the Director of Training and the primary supervisor. Interns are also given paid holidays consistent with the academic calendar: September 1, Labor Day; November 11, Veterans day; November 27-28, Thanksgiving holidays; December 24, 25, 31, January 1, Winter holidays; January 19, Martin Luther King; February 16, Presidents' Day; March 27, Cesar Chavez Day; May 25, Memorial Day; June 19, Juneteenth; July 3, Independence Day.

C. Sick Leave:

Interns accrue one sick day per month. In cases of extended illnesses, or not enough sick time, the program will work with the intern and Human Resources to explore different options in these situations.

D. Professional Development:

Interns are allowed to take five days of professional development throughout the internship year. Professional development includes conference and workshop attendance, job interviews, dissertation defenses, and 1-day for graduation. Interns must consult with both their primary supervisor and the Director of Training for decisions regarding professional development time. When interns will be absent from CAPS for professional development, they must complete the Intern Application for Leave Request Form (Appendix M) and provide this to the Director of Training. They must also reschedule their ongoing counseling and intake appointments, and obtain coverage for their crisis shift.

E. Other Benefits:

Interns are eligible for staff parking permits or bus passes. Permits can be purchased through the Parking Office. Interns also have library privileges at the two University libraries. Each intern has a laptop computer, an e-mail account, and access to the Internet.

NOTE: Work computers are for business use only.

XV. Parental Leave Policy

Psychology Interns in the APA Accredited Internship in Health Service Psychology in CAPS are not eligible for FMLA (Family Medical Leave Act) as employees of the University of California, Santa Cruz. UC Santa Cruz requires 12 months of full-time employment and at least 1250 hours of service in the 12 months before an individual staff member can take leave, and interns do not meet these eligibility requirements given the one-year appointment of the internship.

Given the unique nature of the one-year internship appointment, combined with the requirements of obtaining 1850 hours for the internship with 25% of time in direct service, CAPS makes every effort to assist interns wishing to take parental leave while still meeting the requirements of the internship program without having to extend their time at UC Santa Cruz. If possible, a specific schedule will be agreed upon that may use unpaid leave and part-time schedules while still obtaining the required supervisory and training experiences required of the internship. Considerations will be given for an extension of the internship on a case-by-case basis. Specific scheduling will depend on the needs of the intern and the timing of the request for the parental leave during the internship year. Parental leave is inclusive of any primary caregiver who requires time off for a child newly in their care.

XVI. Administration of Training Program:

Primary responsibility for the coordination and administration of the Internship Program, as well as the Postdoctoral Fellowship Program, lies with the Director of Training. This person makes the day-to-day administrative decisions regarding all aspects of the training programs. Major training program policies, developments, changes, and recommendations are made in consultation with the Training Committee. Major program decisions are made with the final approval of the CAPS Management Committee.

The Director of Training meets with the Training Committee once a month for 1 1/2 hours for consultation and discussion of training issues for ongoing program assessment and improvement. Program issues and procedures are continually reviewed and updated. In addition, the entire training staff (primary and secondary supervisors, group co-facilitators and seminar leaders) meets once each quarter for evaluation of interns. After this Intern Review Meeting, the primary supervisor gives feedback to the intern about their progress on internship. The Director of Training also meets bi-quarterly with the primary and secondary supervisors.

The Director of Training meets weekly with the CAPS Management Team and acts as a liaison for the interns, postdoctoral fellows, and the training staff. This allows the CAPS Management Team to be updated on intern issues, and program and policy changes.

Responsibilities of Director of Training and Training Staff:

Director of Training

- a. General Administration of the APA Accredited Internship Program in Psychology and the Postdoctoral Fellowship Program.
- b. Design, arrange, and schedule the training seminars and the training program. Conduct weekly intern group supervision seminar.
- c. Liaison with interns' Home Programs.
- d. Intern and postdoc recruitment and selection.
- e. Intern and postdoc clinical supervision.
- f. Meets regularly with the CAPS Director and CAPS Management Committee.
- g. Consults and supervises staff regarding training issues.
- h. Keeps abreast of APA criteria, revising the training program, preparing the APA self-study and site visit, and writing the annual APA report.
- i. Schedule and set the agenda for the monthly meeting with the Training Committee.
- j. Facilitate the monthly Supervisors Meeting
- k. Contribute to the evaluation of each intern and postdoctoral fellow.

Primary Supervisors (for interns):

- a. Supervise intern's clinical work - individual and couple's psychotherapy, intakes, and crisis intervention. This involves both training of intern and monitoring the client's welfare. Supervision also involves observing if intern is qualified or experienced enough to handle specific clinical issues. Webcam video recordings of client sessions are used in supervision.
- b. Supervise of all intern's professional activities and providing back up to the intern at all times. If the primary supervisor is unavailable and another backup has not been set, an intern can contact the Director of Training or management staff. Specific backup is assigned for an intern on their crisis shift.
- c. Help intern set training goals and objectives for the internship year.
- d. Monitor the intern's record keeping, intake reports, case notes, and termination summaries.

- e. Evaluate intern's progress, using the Intern Evaluation form (see Appendix B). Gather training staff input from the Intern Review meetings and integrate this feedback into the Intern Evaluation form and present feedback to the interns.
- f. Attend and contribute to the Intern Review meetings
- g. Provide reference checks and letters of recommendation.
- h. Provide timely and early feedback to the Director of Training and intern in case of significant concern about an intern's progress, performance, professionalism, or adjustment.
- i. Supervise an intern's outreach and consultation activities. This may include consulting with CAPS staff who are working directly with an intern on outreach and consultation and monitoring the intern's outreach and consultation activities.

Secondary Supervisors (for interns/when applicable):

- a. Secondary supervisors will collaborate with the primary supervisor to ensure an equitable division of clinical cases and to ensure that interns receive discrete supervision support for their caseload. Supervision of clinical work includes - individual and couple's psychotherapy, intakes, and crisis intervention. This involves both training of intern and monitoring the client's welfare. Supervision also involves observing if intern is qualified or experienced enough to handle specific clinical issues. Webcam video recordings of client sessions are used in supervision.
- b. Provide specialty supervision focusing on a topical area, theoretical orientation, specific clinical interest, or professional development.
- c. Provide feedback to intern that pertains to specific focus of supervision (group co-facilitator, casework, outreach, etc.).
- d. Attend and/or contribute to the Intern Review meetings.
- e. Provide timely and early feedback to the Director of Training, primary supervisor, and intern in case of significant concern about an intern's progress, performance, professionalism, or adjustment.

Crisis Team Supervisor

- a. Provide supervision and mentoring for the intern during their crisis shift
- b. Provide feedback to the intern regarding their crisis intervention skills
- c. Co-sign crisis clinical documentation provide consultation on case. If management provided feedback, they will co-sign crisis clinical documentation.
- d. Attend and contribute to the Intern Review meetings.

- e. Provide timely and early feedback to the Director of Training, primary supervisor, and intern in case of significant concern about an intern's progress, performance, professionalism, or adjustment.

Group Co-Facilitator:

- a. Provide supervision for the intern's group therapy experience, including training for the intern and monitoring client welfare.
- b. Meet with intern for one-half hour immediately following the group or the next day to provide supervision to the intern about the group experience.
- c. Attend and contribute to the Intern Feedback/Evaluation meetings.
- d. Co-sign group psychotherapy clinical documentation.
- e. Provide timely and early feedback to the Director of Training and primary supervisor in the case of significant concern about an intern's progress, performance, professionalism, or adjustment.

XVII. Maintenance of Records:

All intern records of current interns are maintained in a locked filing cabinet in the office of the Director of Training. These records include all APPIC intern application materials, performance evaluations, certificates of completion, Board of Psychology logs, evaluations, any remediation documentation, and hard copies of outreach and intern projects. Records are maintained for future licensing, credentialing, and job references. Records of interns who have completed the internship are maintained electronically on a secure drive on the SHS confidential server. The only persons with access to the secure drive are the CAPS leadership team and the administrative supervisor.

XVIII. Intern Support Services:

The following is a list of support services available through UC Santa Cruz that may be helpful for the intern during the CAPS internship program.

- Staff Human Resources: This office provides assistance regarding health and life insurance benefits as well as hiring and personnel questions. (831-459-2009) <https://shr.ucsc.edu>
- Employee Assistance Program: This office provides staff and faculty with confidential counseling and referral services. (1-866-808-6205) <https://shr.ucsc.edu/benefits/eap>
- Transportation and Parking Services: This office provides assistance with parking, parking permits, commuter service, and disability related transportation. (831-459-2190) <https://taps.ucsc.edu>
- University Library – McHenry Main Circulation Desk: Interns have full access to UCSC library facilities with staff Library privileges, including electronic resources. (831-459-5185) <https://library.ucsc.edu/mchenry-library>
- Information Technology Services (ITS): This office provides assistance with any computer related service or technology. (831-459-4357) <https://its.ucsc.edu>
- Office of Physical Education and Recreational Services (OPERS): Interns can utilize campus recreational facilities and classes at a minimal fee. (831-459-2531) <https://opers.ucsc.edu>
- Title IX Office: This office addresses complaints of sexual harassment, sexual assault, and sexual discrimination. (831-459-2462) <https://diversity.ucsc.edu/index.html>

XIX. Professional Practice and Ethical Guidelines

1. APA Record Keeping Guidelines 2007
2. APA Ethical Principles of Psychologist and Code of Conduct 2017
3. APA Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations
4. Guidelines for Psychological Practice with Lesbian, Gay, and Bisexual Clients 2011
5. Recommended Articles:
 - a. Multiple Role Relationships during Internship: Consequences and Recommendations
 - b. Social Dual-Role Relationships during Internship: A Decision-Making Model

APPENDIX A

Intern: _____

Year _____ Date: _____

Interns: Please use the rating scale below to assess your skills and competence in the clinical, outreach, consultation, and professional categories listed below, and discuss this form with your supervisor. This self-assessment can assist both you and your supervisor in identifying areas of strengths and areas of growth for the internship year.

INTERN COMPETENCY RATING FORM –Beginning or End Internship

Rating Scale:

- | | |
|------------------|---|
| <i>NA</i> | <i>Not applicable/No opportunity to assess</i> |
| <i>1</i> | <i>Performs significantly below expected competency level for psychology doctoral intern. Requires constant and close supervision for basic skills. Needs remediation.</i> |
| <i>2</i> | <i>Performs below expected competency level for psychology doctoral intern. Requires constant and close supervision for basic skills. Needs remediation.</i> |
| <i>3</i> | <i>Performs at expected competency level for psychology doctoral intern at the beginning of the internship. Requires ongoing supervision for basic skills.</i> |
| <i>4</i> | <i>Performs at expected competency level for psychology doctoral intern at mid-year of internship. Requires minimal supervision for basic skills and ongoing supervision for developing advanced skills.</i> |
| <i>5</i> | <i>Performs at expected competency level for psychology doctoral intern at end of internship year. Ready for entry-level practice to function independently in a broad range of clinical and professional activities.</i> |
| <i>6</i> | <i>Performs above expected competency level for psychology doctoral intern. Ready for entry-level practice to function independently in a broad range of clinical and professional activities.</i> |
| <i>7</i> | <i>Performs significantly above expected competency level for psychology doctoral intern. Ready for entry-level practice to function independently in a broad range of clinical and professional activities.</i> |

1. ASSESSMENT

Intake Assessment, Case Management and Referrals:

Rating:

- A. _____ Conduct intake evaluations to accurately identify presenting problems and level of severity.
- B. _____ Assess appropriateness for brief or long term therapy.
- C. _____ Demonstrate ability to utilize DSM diagnoses and assess mental status
- D. _____ Develop a working assessment and treatment plan for each client, making clinical adjustments based on empirical evidence

Assessment and Testing

Rating:

- A. _____ Identify appropriate brief objective clinical instruments for client assessment and treatment planning, and administer at least one assessment instrument with an individual client or group client
- B. _____ Provide interpretation of assessment results to client and integrate assessment results into the therapy process

2. INTERVENTION

Individual Brief Therapy

Rating:

- A. _____ Develop and establish effective therapeutic relationships with clients
- B. _____ Articulate and apply one or more theoretical frameworks to client problems and treatment planning with flexibility
- C. _____ Formulate and define brief therapy goals and work effectively within a brief therapy framework.
- D. _____ Conduct a working phase of therapy leading to improved adjustment, behavioral change, and/or academic success with a wide variety of clinical presentations

Group Therapy

Rating:

- A. _____ Identify client readiness and appropriateness for group therapy.
- B. _____ Conduct group screenings for clients.
- C. _____ Demonstrate ability to introduce the purposes, ground rules, and confidentiality guidelines to a new group.
- D. _____ Intervene effectively at the individual, content, and process level of the group
- E. _____ Collaborate in establishing a constructive co-facilitation relationship with group co-facilitator.

Crisis Assessment and Intervention

Rating:

- A. _____ Accurately assess level of risk and develop appropriate safety and follow-up plans for students at risk to self or others and with students with psychotic presentations
- B. _____ Determine need for hospitalization based on risk to self, to others, or grave disability
- C. _____ Identify appropriate case management and/or treatment planning for a range of crisis presentations, including coordinating with treatment providers and providing transitional therapy for crisis planning and follow up.
- D. _____ Demonstrate knowledge of procedures for voluntary and involuntary hospitalization
- E. _____ Provide appropriate on and off campus referrals

Outreach Design and Delivery

Rating:

- A. _____ Design and deliver outreach programs in at least two different content areas during the year, in addition to effectively conducting RA training
- B. _____ Demonstrate effective leadership skills in facilitating educational programming.
- C. _____ Plan, market, implement, and evaluate one independent outreach program.
- D. _____ Demonstrate knowledge of effective methods for outreach presentations

3. SUPERVISION

Rating:

- A. _____ Demonstrate understanding of models of supervision and general understanding of the role of the supervisor with consideration to issues of diversity and individual differences
- B. _____ Develop positive collaborative supervisory/mentoring/peer working relationship
- C. _____ Provide supervisee/mentee/peer with appropriate feedback to promote skill development

4. CONSULATATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

Rating:

- A. _____ Demonstrate an understanding of consultation models and the function of consultation in a University setting
- B. _____ Engage in and provide consultation to professional colleagues regarding client care and treatment
- C. _____ Work collaboratively with specific units on campus when developing programming
- D. _____ Provide consultation to third parties (faculty, staff, family, friends) regarding students in distress

5. INDIVIDUAL AND CULTURAL DIVERSITY

Rating:

- A. _____ Demonstrate sensitivity and respect for differences with regards to gender, age, ethnicity, sexual orientation, class, religion, socioeconomic status, country of origin, citizenship status, and disability in clinical, outreach, and consultation services and professional interactions.
- B. _____ Seek to expand self-awareness, skills, knowledge, and sensitivity to individual and cultural diversity
- C. _____ Demonstrate awareness of how own culture and privilege impacts professional service delivery
- D. _____ Provide multiculturally competent services to individuals from diverse individual and cultural backgrounds

6. PROFESSIONAL VALUES, ATTITUDES AND BEHAVIORS

Rating:

- A. _____ Recognize limits of own competence in delivery of psychological services and seeks consultation when necessary.
- B. _____ Demonstrates self-awareness of any personal behaviors or reactions that may impact professional conduct and responsibilities, and seeks consultation or supervision appropriately.
- C. _____ Accepts and integrates constructive and appropriate feedback from supervisors, trainers, peers, and clients into clinical, outreach, and consultation services and professional behavior
- D. _____ Demonstrate increased autonomy and independence in clinical decision making
- E. _____ Utilize supervision and consultation in an increasingly collegial manner over the course of the internship
- F. _____ Demonstrate awareness of importance of ongoing professional development and integrating scholarly research into psychological service delivery

7. COMMUNICATION AND INTERPERSONAL SKILLS

Rating:

- A. _____ Develop and establish effective therapeutic relationships with clients in clinical service delivery
- B. _____ Work collaboratively with a multidisciplinary staff.
- C. _____ Work effectively with clients, colleagues, supervisors, peers, and other professionals from diverse groups
- D. _____ Develop and maintain collaborative relationships with other professionals when providing service delivery and consultation
- E. _____ Write comprehensive and concise intake reports in a timely fashion
- F. _____ Document case notes, termination summaries, and referrals concisely in a timely fashion

8. RESEARCH

Rating:

- A. _____ Integrate knowledge, research, and understanding of diversity into assessment, clinical interventions, and outreach and consultation services
- B. _____ Identify and utilize evidence-based treatment approaches for different psychological presentations, diagnoses, and populations
- C. _____ Demonstrate ability to utilize appropriate empirically supported behavioral health interventions
- D. _____ Demonstrates knowledge of evidence-based assessments and interventions commonly used in integrated care.
- E. _____ Identify and use appropriate program evaluation methods to evaluate effectiveness of counseling Center activities and programs

9. ETHICAL AND LEGAL STANDARDS

Rating:

- A. _____ Maintain professional ethical behavior in accordance with the Ethical Standards for Psychologists adopted by the American Psychological Association
- B. _____ Demonstrate knowledge and understanding and abide by California laws which pertain to the practice of psychology, including mandatory child, elder, and dependent adult abuse reporting laws, duties under Tarasoff, confidentiality and privilege, and voluntary and involuntary hospitalization procedures
- C. _____ Demonstrate ability to recognize, communicate, and consult about ethical dilemmas and challenges in the course of clinical work

APPENDIX B

Internship Supervisee Weekly Log of Activities

Month/Year:

Supervisee's Name:							
Work setting in which supervision took place:		CAPS at UCSC					
Supervised hours for the week ending:							
Supervision and Training							
	Face-to-face individual supervision with primary supervisor						
	Group supervision with primary supervisor						
	Face-to-face individual supervision with delegated supervisor						
	Group supervision with delegated supervisor						
	Training activities (e.g., seminars, case conferences, etc.)						
Professional Services Performed							
	Individual psychotherapy						
	Couples, children &/or family psychotherapy						
	Group psychotherapy						
	Testing & assessment (administration, scoring, interpretation, report)						
	Intakes, Crisis on-call						
Consultations							
Other Work Performed							
	Staff meetings, committee meetings						
	Administrative duties (e.g., paperwork)						
	Outreach Programs						
	Other professional activities (describe) i.e. research etc.						
Total number of hours of supervised experience per week							
SPE Satisfactory?	Y N						
Primary supervisor's printed name and psychology license number		I certify that the information on this form accurately represents the training activities of _____ (supervisee) at _____ (work setting).					
Delegated supervisor's printed name, license type and number							
Supervisee's signature and date		Primary supervisor's printed name and psychology license number					
		Primary supervisor's signature and date					

APPENDIX C

Intern: _____

Quarter: _____

Primary Supervisor: _____

Date: _____

INTERN EVALUATION FORM

Please use the following rating scale for evaluating Psychology Intern on the required competencies:

Rating Scale:

- | | |
|------------------|--|
| <i>NA</i> | <i>Not applicable/No opportunity to assess</i> |
| <i>1</i> | <i>Performs significantly below expected competency level for psychology doctoral intern. Requires constant and close supervision for basic skills. Needs remediation.</i> |
| <i>2</i> | <i>Performs below expected competency level for psychology doctoral intern. Requires constant and close supervision for basic skills. Needs remediation.</i> |
| <i>3</i> | <i>Performs at expected competency level for psychology doctoral intern at the beginning of the internship. Requires ongoing supervision for basic skills.</i> |
| <i>4</i> | <i>Performs at expected competency level for psychology doctoral intern at mid-year of internship. Requires minimal supervision for basic skills and ongoing supervision for developing advanced skills.</i> |
| <i>5</i> | <i>Performs at expected competency level for psychology doctoral intern at end of internship year. Requires ongoing supervision for developing advanced skills.</i> |
| <i>6</i> | <i>Performs above expected competency level for psychology doctoral intern. Requires minimal supervision for developing advanced skills.</i> |
| <i>7</i> | <i>Performs significantly above expected competency level for psychology doctoral intern. Displays mastery basic skills. Requires periodic supervision for refinement of advanced skills.</i> |

An intern must achieve a minimal level of assessment of 5 on all nine competencies and elements within each competency to successfully complete the internship. A score of 5 at the end of internship indicates readiness for entry level practice on each competency including the ability to function independently.

This evaluation is based in part on the following methods of supervision. Please check all that apply:

- _____ Discussion in supervision
- _____ Direct observation via co-facilitation of groups, crisis services, therapy
- _____ Observation of video recording of intern's counseling sessions
- _____ Role plays for competency of supervision

1. ASSESSMENT

Intake Assessment, Case Management and Referrals:

Supervisor Rating:

- A. _____ Conduct intake evaluations and accurately assess presenting problems and level of severity.
- B. _____ Develop a working assessment and treatment plan for each client, including appropriateness for brief or long-term therapy
- C. _____ Demonstrate knowledge of functional and dysfunctional behaviors, including client strengths and psychopathology, and an understanding of human behavior within its context, and how to apply this knowledge to assessment and diagnosis
- D. _____ Demonstrate knowledge of and ability to utilize DSM diagnoses and assess mental status

Testing Assessment

Supervisor Rating:

- E. _____ Identify appropriate objective clinical instruments for client assessment and treatment planning, based on available empirical literature of measurement and psychometrics, and administer at least one assessment instrument with an individual client or group client
- F. _____ Collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment, incorporating relevant diversity characteristics of the client into the assessment
- G. _____ Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, distinguishing the aspects of assessment that are subjective from those that are objective.
- H. _____ Communicate orally and in written documents assessment findings in an accurate and effective manner sensitive to a range of audiences.

AREAS OF STRENGTHS

AREAS FOR GROWTH

2. INTERVENTION

Individual Brief Therapy

Supervisor Rating:

- A. _____ Establish and maintain effective relationships with recipients of psychological services.
- B. _____ Articulate and apply one or more theoretical frameworks to client problems, conceptualization, and treatment planning with flexibility
- C. _____ Formulate and define evidence-based brief therapy goals and work effectively using a brief therapy framework with a wide variety of clinical presentations
- D. _____ Develop treatment plans informed by the current literature, assessment findings, diversity characteristics, and contextual variables
- E. _____ Demonstrate ability to apply relevant research literature to clinical decision making
- F. _____ Demonstrate ability to modify and adapt treatment and engage in ongoing evaluation of effectiveness of interventions.

AREAS OF STRENGTHS

AREAS FOR GROWTH:

Group Therapy

Supervisor Rating:

- A. _____ Assess client readiness and appropriateness for group therapy.
- B. _____ Demonstrate ability to conduct group screenings for clients.
- C. _____ Demonstrate ability to introduce the purposes, ground rules, and confidentiality guidelines in a group setting.
- D. _____ Intervene effectively at the individual, content, and process level of the group
- E. _____ Establish a constructive co-facilitation relationship with group co-facilitator

AREAS OF STRENGTHS

AREAS FOR GROWTH

Crisis Assessment and Intervention

Supervisor Rating:

- F. _____ Accurately assess level of risk and develop appropriate safety and follow-up plans for students presenting risk factors
- G. _____ Assess need for hospitalization based on client risk to self or others, or grave disability
- H. _____ Identify and implement appropriate case management and/or treatment planning for a range of crisis presentations, including coordinating with treatment providers, providing transitional therapy for crisis planning and follow up, and providing off-campus referrals
- I. _____ Demonstrate knowledge of procedures for voluntary and involuntary hospitalization

AREAS OF STRENGTHS

AREAS FOR GROWTH

Outreach Design and Delivery

Supervisor Rating:

- A _____ Demonstrate knowledge of effective methods for outreach presentations
- B _____ Design and deliver outreach programs in three different content areas during the year, in addition to effectively conducting RA training
- C _____ Demonstrate effective leadership skills in facilitating educational programming.
- D _____ Demonstrate ability to plan, market, implement, and evaluate one independent outreach program.

AREAS OF STRENGTHS

AREAS FOR GROWTH

3. SUPERVISION

Supervisor Rating:

- A _____ Demonstrate understanding of models of supervision and the role of the supervisor in practice with consideration of issues of diversity and individual differences
- B _____ Apply this knowledge in simulated practice.
- C _____ Develop positive collaborative mentoring relationship with CAPS Peer Educator
- D. _____ Demonstrate ability to provide Peer Educator with appropriate feedback to promote skill development.

AREAS OF STRENGTHS

AREAS FOR GROWTH

4. CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

Supervisor Rating:

- A _____ Demonstrate knowledge and respect for the roles and perspectives of other health service psychology professionals with whom CAPS staff collaborate
- B _____ Demonstrate ability to provide consultation in a University setting, including consultation to third parties (faculty, staff, family, friends) regarding students in distress
- C _____ Appropriately provide consultation to professional colleagues regarding client clinical care.

AREAS OF STRENGTHS

AREAS OF GROWTH

5. INDIVIDUAL AND CULTURAL DIVERSITY

Supervisor Rating:

- A _____ Seek to expand self-awareness, skills, knowledge, and sensitivity to individual and cultural diversity
- B _____ Demonstrate awareness of how own culture and personal history, attitudes, biases, and privilege may impact professional service delivery with people different from themselves
- C _____ Integrate awareness and knowledge of individual and cultural differences into professional roles in health service psychology, and independently apply this knowledge to effectively providing competent services to individuals from diverse individual and cultural backgrounds.
- D _____ Work effectively with those whose group memberships, demographic characteristics, or worldviews may create conflict with themselves.
- E. _____ Demonstrate knowledge of current theoretical and empirical research that addresses diversity in all professional activities.

AREAS OF STRENGTHS

AREAS FOR GROWTH

6. PROFESSIONAL VALUES, ATTITUDES AND BEHAVIORS

Supervisor Rating:

- A _____ Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concerns for the welfare of others
- B _____ Engage in self-reflection regarding one's personal and professional functioning and limitations in delivering professional psychological services
- C _____ Engage in activities to maintain and improve performance, well-being, and professional effectiveness, including seeking consultation when necessary.
- D _____ Actively seek out, accept, and integrate feedback from supervisors, trainers, peers, and clients into professional services and professional behavior
- E _____ Responds professionally with increased autonomy and independence in increasingly complex situations
- F _____ Utilize supervision and consultation in an increasingly collegial manner over the course of the internship
- G. _____ Demonstrate awareness of the importance of ongoing professional development and integrating scholarly research into psychological service delivery

AREAS OF STRENGTHS

AREAS OF GROWTH:

7. COMMUNICATION AND INTERPERSONAL SKILLS

Supervisor Rating:

- A _____ Develop, establish, and maintain effective relationships with recipients of professional services, including clients, colleagues, communities, supervisors, supervisees, and organizations, and work effectively with professionals from diverse groups
- B _____ Work effectively and collaboratively with multidisciplinary staff
- C _____ Produce all written clinical documentation (intake reports, case notes, termination summaries, testing reports, and referrals) concisely and in a timely fashion
- D _____ Produce oral and written communications that are informative and well integrated and demonstrate a thorough grasp of professional language and concepts
- E _____ Demonstrate effective interpersonal skills and ability to manage difficult communications well.

AREAS OF STRENGTHS

AREAS FOR GROWTH

8. RESEARCH

Supervisor Rating:

- A_____ Independently integrate knowledge, research, and understanding of diversity into assessment, clinical interventions, and outreach and consultation services
- B_____ Independently identify and utilize evidence-based treatment approaches for different psychological presentations, diagnoses, and populations
- C_____ Demonstrate ability to independently critically evaluate and disseminate research and scholarly activities (case conferences, presentations, publications) at the local, regional, or national level.
- D_____ Identify and use appropriate program evaluation methods to evaluate effectiveness of counseling center activities and programs

AREAS OF STRENGTHS

AREAS FOR GROWTH:

9. ETHICAL AND LEGAL STANDARDS

Supervisor Rating:

- A_____ Demonstrate knowledge of and maintain professional ethical behavior in accordance with the Ethical Standards for Psychologists adopted by the American Psychological Association and relevant professional standards and guidelines
- B_____ Demonstrate knowledge and understanding and abide by all relevant laws and regulations governing health service psychology, including California laws which pertain to the practice of psychology.
- C_____ Demonstrate ability to recognize, communicate, consult, and apply ethical decision making to resolve ethical dilemmas and challenges in professional roles and responsibilities
- D_____ Conduct self in an ethical and professional manner in all professional activities

AREAS OF STRENGTHS

AREAS FOR GROWTH

Additional Comments or Feedback:

By signing below, I agree that I have had the opportunity to review this evaluation with my supervisor and that a copy of this evaluation has been provided to me.

Intern Signature Date

Supervisor Signature Date

APPENDIX D

CAPS STAFF FEEDBACK FOR INTERN EVALUATION

Intern: _____

Quarter: _____ Year: _____

Evaluator: _____

Date: _____

CAPS staff:

Secondary Supervisors:

- If you provided a doctoral intern with secondary supervision, please provide narrative feedback under all the nine sections on the evaluation form.
- You are not asked to provide any numerical rating. Your narrative feedback will be provided to the primary supervisor and Director of Training and will be shared with the intern during the feedback session at the end of the quarter.

Other Training Roles with Interns:

- If you have worked with a doctoral intern in a CAPS activity during this quarter (i.e., group co-facilitation, backup of Crisis Services, co-facilitation of an outreach program, consultation, crisis on-call, ADHD team facilitator), please provide narrative feedback under the specific category in your work with the intern (i.e. testing assessment, group therapy, crisis assessment and intervention, outreach design and delivery, and supervision).
- You are not asked to provide any numerical rating. Your narrative feedback will be provided to the primary supervisor and Director of Training and will be shared with the intern during the feedback session at the end of the quarter.

For your information, these are the categories used for evaluating an intern on each required Profession Wide Competency.

This evaluation is based in part on the following methods of supervision. Please check all that apply:

_____ Discussion in supervision

_____ Direct observation via co-facilitation of groups, crisis services, therapy

_____ Observation of video recording of intern's counseling sessions

_____ Role plays for competency of supervision

1. ASSESSMENT

Intake Assessment, Case Management and Referrals:

- A. Conduct intake evaluations and accurately assess presenting problems and level of severity.
- B. Develop a working assessment and treatment plan for each client, including appropriateness for brief or long-term therapy
- C. Demonstrate knowledge of functional and dysfunctional behaviors, including client strengths and psychopathology, and an understanding of human behavior within its context, and how to apply this knowledge to assessment and diagnosis
- D. Demonstrate knowledge of and ability to utilize DSM diagnoses and assess mental status

Testing Assessment

- E. Identify appropriate objective clinical instruments for client assessment and treatment planning, based on available empirical literature of measurement and psychometrics, and administer at least one assessment instrument with an individual client or group client
- F. Collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment, incorporating relevant diversity characteristics of the client into the assessment
- G. Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, distinguishing the aspects of assessment that are subjective from those that are objective.
- H. Communicate orally and in written documents assessment findings in an accurate and effective manner sensitive to a range of audiences.

Supervisor Narrative Feedback:

AREAS OF STRENGTHS

AREAS FOR GROWTH

2. INTERVENTION

Individual Brief Therapy

- A. Establish and maintain effective relationships with recipients of psychological services.
- B. Articulate and apply one or more theoretical frameworks to client problems, conceptualization, and treatment planning with flexibility
- C. Formulate and define evidence-based brief therapy goals and work effectively using a brief therapy framework with a wide variety of clinical presentations
- D. Develop treatment plans informed by the current literature, assessment findings, diversity characteristics, and contextual variables
- E. Demonstrate ability to apply relevant research literature to clinical decision making
- F. Demonstrate ability to modify and adapt treatment and engage in ongoing evaluation of effectiveness of interventions.

Supervisor Narrative Feedback:

AREAS OF STRENGTHS

AREAS FOR GROWTH

Group Therapy

- A. Assess client readiness and appropriateness for group therapy.
- B. Demonstrate ability to conduct group screenings for clients.
- C. Demonstrate ability to introduce the purposes, ground rules, and confidentiality guidelines in a group setting.
- D. Intervene effectively at the individual, content, and process level of the group
- E. Establish a constructive co-facilitation relationship with group co-facilitator

Supervisor Narrative Feedback:

AREAS OF STRENGTHS

AREAS FOR GROWTH

Crisis Assessment and Intervention

- A. Accurately assess level of risk and develop appropriate safety and follow-up plans for students presenting risk factors
- B. Assess need for hospitalization based on client risk to self or others, or grave disability
- C. Identify and implement appropriate case management and/or treatment planning for a range of crisis presentations, including coordinating with treatment providers, providing transitional therapy for crisis planning and follow up, and providing off-campus referrals
- D. Demonstrate knowledge of procedures for voluntary and involuntary hospitalization

Supervisor Narrative Feedback:

AREAS OF STRENGTHS

AREAS FOR GROWTH

Outreach Design and Delivery

- A. Demonstrate knowledge of effective methods for outreach presentations
- B. Design and deliver outreach programs in three different content areas during the year, in addition to effectively conducting RA training
- C. Demonstrate effective leadership skills in facilitating educational programming.
- D. Demonstrate ability to plan, market, implement, and evaluate one independent outreach program.

Supervisor Narrative Feedback:

AREAS OF STRENGTHS

AREAS FOR GROWTH

3. SUPERVISION

- A. Demonstrate understanding of models of supervision and the role of the supervisor in practice with consideration of issues of diversity and individual differences
- B. Apply this knowledge in simulated practice.
- C. Develop positive collaborative mentoring relationship with CAPS Peer Educator
- D. Demonstrate ability to provide Peer Educator with appropriate feedback to promote skill development

Supervisor Narrative Feedback:

AREAS OF STRENGTHS

AREAS FOR GROWTH

4. CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

- A. Demonstrate knowledge and respect for the roles and perspectives of other health service psychology professionals with whom CAPS staff collaborate
- B. Demonstrate ability to provide consultation in a University setting, including consultation to third parties (faculty, staff, family, friends) regarding students in distress
- C. Appropriately provide consultation to professional colleagues regarding client clinical care.

Supervisor Narrative Feedback:

AREAS OF STRENGTHS

AREAS FOR GROWTH

5. INDIVIDUAL AND CULTURAL DIVERSITY

- F. Seek to expand self-awareness, skills, knowledge, and sensitivity to individual and cultural diversity
- G. Demonstrate awareness of how own culture and personal history, attitudes, biases, and privilege may impact professional service delivery with people different from themselves
- H. Integrate awareness and knowledge of individual and cultural differences into professional roles in health service psychology, and independently apply this knowledge to effectively providing competent services to individuals from diverse individual and cultural backgrounds.
- I. Work effectively with those whose group memberships, demographic characteristics, or worldviews may create conflict with themselves.
- J. Demonstrate knowledge of current theoretical and empirical research that addresses diversity in all professional activities.

Supervisor Narrative Feedback:

AREAS OF STRENGTHS

AREAS FOR GROWTH

6. PROFESSIONAL VALUES, ATTITUDES AND BEHAVIORS

- H. Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concerns for the welfare of others
- I. Engage in self-reflection regarding one's personal and professional functioning and limitations in delivering professional psychological services
- J. Engage in activities to maintain and improve performance, well-being, and professional effectiveness, including seeking consultation when necessary.
- K. Actively seek out, accept, and integrate feedback from supervisors, trainers, peers, and clients into professional services and professional behavior
- L. Responds professionally with increased autonomy and independence in increasingly complex situations
- M. Utilize supervision and consultation in an increasingly collegial manner over the course of the internship
- N. Demonstrate awareness of the importance of ongoing professional development and integrating scholarly research into psychological service delivery

Supervisor Narrative Feedback:

AREAS OF STRENGTHS

AREAS FOR GROWTH

7. COMMUNICATION AND INTERPERSONAL SKILLS

- G. Develop, establish, and maintain effective relationships with recipients of professional services, including clients, colleagues, communities, supervisors, supervisees, and organizations, and work effectively with professionals from diverse groups
- H. Work effectively and collaboratively with multidisciplinary staff
- I. Produce all written clinical documentation (intake reports, case notes, termination summaries, testing reports, and referrals) concisely and in a timely fashion
- J. Produce oral and written communications that are informative and well integrated and demonstrate a thorough grasp of professional language and concepts
- K. Demonstrate effective interpersonal skills and ability to manage difficult communications well.

Supervisor Narrative Feedback:

AREAS OF STRENGTHS

AREAS FOR GROWTH

8. RESEARCH

- F. Independently integrate knowledge, research, and understanding of diversity into assessment, clinical interventions, and outreach and consultation services
- G. Independently identify and utilize evidence-based treatment approaches for different psychological presentations, diagnoses, and populations
- H. Demonstrate ability to independently critically evaluate and disseminate research and scholarly activities (case conferences, presentations, publications) at the local, regional, or national level.
- I. Identify and use appropriate program evaluation methods to evaluate effectiveness of counseling center activities and programs

Supervisor Narrative Feedback:

AREAS OF STRENGTHS

AREAS FOR GROWTH

9. ETHICAL AND LEGAL STANDARDS

- G. Demonstrate knowledge of and maintain professional ethical behavior in accordance with the Ethical Standards for Psychologists adopted by the American Psychological Association and relevant professional standards and guidelines
- H. Demonstrate knowledge and understanding and abide by all relevant laws and regulations governing health service psychology, including California laws which pertain to the practice of psychology.
- I. Demonstrate ability to recognize, communicate, consult, and apply ethical decision making to resolve ethical dilemmas and challenges in professional roles and responsibilities
- J. Conduct self in an ethical and professional manner in all professional activities

Supervisor Narrative Feedback:

AREAS OF STRENGTHS

AREAS FOR GROWTH

Additional Comments or Feedback

APPENDIX E

Intern Name: _____ **Qtr/Yr:** _____

Supervisor: (Primary _____ **; Secondary** _____ **)**

SUPERVISOR EVALUATION FORM

Counseling and Psychological Services
University of California, Santa Cruz

This evaluation should be completed and discussed with your supervisor, simultaneously with the Intern Quarterly Evaluation. After the discussion, copies should be provided to your supervisor and the Training Director. CAPS values feedback for supervision in order to improve the supervisory relationship. Your feedback will not impact the evaluation you receive from your supervisor.

Please rate each of the following items according to **how** helpful your supervisor was on each dimension. Use the 5-point scale below:

NA =	Not applicable - didn't occur	4 =	Very Helpful
2 =	Needs Improvement	5 =	Exceptional
3 =	Helpful		

A. Supervisor Activities:

Please Rate:

Did Your Supervisor-

1. Attend supervisory sessions as planned (e.g. consistently, on time, utilizing full time). _____
2. Make themselves available for consulting at times other than regularly scheduled supervision meetings. _____
3. Help you obtain a variety of opportunities for different professional psychology activities (clinical, crisis, consultation, groups, etc.) _____
4. Review and monitor clients' progress on a regular basis, including reviewing and providing feedback on documentation. _____
5. Demonstrate awareness of CAPS policies and procedures. _____
6. Support you in your development of the nine-professional wide competencies. (Interns Only). _____
7. Review your clinical recordings and provide appropriate feedback (interns only). _____
8. Assist you with managing and monitoring your work load and workflow. _____

B. Clinical Activities:

Did Your Supervisor-

1. Assist you in conceptualizing clients' dynamics using a variety of theoretical approaches. _____
2. Assist you in establishing treatment goals and plans in a brief therapy model. _____
3. Demonstrate helpfulness in consulting about ethical concerns. _____
4. Demonstrate expertise with a wide range of clinical presentations and diagnoses. _____
5. Assist and demonstrate a variety and range of therapeutic interventions for treatment planning for clients. _____
6. Demonstrate skills to support and train you in working with diverse client populations. _____
7. Encourage you to develop your own style of therapy and support you to experiment with different approaches or interventions with your clients. _____
8. Assist and support you in understanding and working with the therapist/client relationship and provide opportunities to discuss your own feelings or reactions to your clients. _____

C. Dimensions of Supervisory Relationship:

Did Your Supervisor-

1. Facilitate a helpful and constructive supervisory relationship with you that allows for mutual feedback. _____
2. Provide appropriate emotional support within the supervisory relationship. _____
3. Collaboratively establish clear training goals to guide your supervision. _____
4. Give appropriate and constructive feedback to you about competencies, skill development, and professional behavior in all your professional activities in psychology. _____
5. Suggest resources to help you with any challenges that may interfere with your professional activities in psychology. _____

6. Give an appropriate amount of time or emphasis in supervision to address your professional activities and responsibilities. _____
7. Respect you as a professional or emerging professional. _____
8. Help you to develop self-confidence as an emerging professional. _____
9. Challenge you to expand your psychological skills and competencies. _____
10. Demonstrate an ability to conceptualize an overall evaluation of your strengths and current developmental needs as a therapist. _____
11. Address individual and cultural differences in the supervisory relationship. _____
12. Demonstrate self-awareness of own identity in the supervisory relationship. _____
13. Provide opportunities to discuss how to navigate and maintain effective professional relationships within the workplace. _____

Primary or Secondary Supervision:

With the goals of supervision in mind, please rate the next four items using the following 5-point scale:

- | | |
|-----------------|------------------------------------|
| 5. Excellent | 2. Somewhat less than satisfactory |
| 4. Very good | 1. Unsatisfactory |
| 3. Satisfactory | |

1. Rate the overall **quality** of the supervision. _____
2. How much have interactions with your supervisor contributed to **improvement** in your therapy or professional work? _____
3. How effective has supervision been as a **learning structure** in the program? _____
4. Overall, how **personally satisfied** have you been with your supervision in terms of meeting your needs? _____

How can your supervision be **improved**?

APPENDIX F

NAME
QUARTER/YEAR

SEMINAR EVALUATION FORM Counseling & Psychological Services University of California, Santa Cruz

Please use the following rating scale to provide feedback on the intern training seminars:

Rating Scale:	7	Exceptional
	6	Very Good
	5	Good
	4	Satisfactory
	3	Marginally Adequate
	2	Needs Improvement
	1	Serious Inadequacy or Problem

INTERN SEMINAR GROUP SUPERVISION

GOALS: To provide a base for peer support in which personal and professional issues are discussed and related to the internship experience including administrative concerns, programming and planning, clinical and outreach/consultation issues, job search process and professional identity. Case presentations also are an integral part of the seminar.

	1	2	3	4	5	6	7
1. How effective has the Intern Group Supervision been in achieving its goals?							
2. Rate the overall quality of the meetings.							
3. How effective is it as a learning structure in the program?							
4. Overall, how personally satisfied have you been with it in terms of meeting your needs (e.g. personal relevance, support, etc.)?							
5. How can the Intern Group Supervision be improved?							

SPECIAL TOPICS SEMINAR

GOALS:

To hold didactic seminars in areas which prepare interns for professional work as university-based psychologists.

1. How effective have the Special Topics Seminars been in achieving its goals?
2. Rate the overall quality of the meetings.
3. How effective is it as a learning structure in the program?
4. Overall, how personally satisfied have you been with it in terms of meeting your needs (e.g. personal relevance, support, etc.)?
5. How can the Special Topics Seminars be improved?

1	2	3	4	5	6	7

CRISIS GROUP SUPERVISION SEMINAR

GOALS:

To provide doctoral interns and postdoctoral fellows an opportunity to staff crisis cases, learn about crisis intervention, engage in case consultation and collaboration, and engage in trauma debriefing.

To provide a setting for doctoral interns and postdoctoral fellows to discuss crisis services and issues related to crisis collaboration.

1. How effective has the Crisis Group Supervision been in achieving its goals?
2. Rate the overall quality of the Crisis Group Supervision.
3. How effective is it as a learning structure in the program?
4. Overall, how personally satisfied are you with the Crisis Group Supervision?
How can the Crisis Group Supervision be improved?

1	2	3	4	5	6	7

APPENDIX H

NAME: _____

QTR/YR _____ Mid or End of year

INTERNSHIP PROGRAM EVALUATION Counseling & Psychological Services University of California, Santa Cruz

Part I. The Internship Program

A. Specific features of the program. Please use the 7-point scale below to rate your degree of satisfaction with the following features of the training program at UCSC.

Rating Scale:	7	Exceptional
	6	Very Good
	5	Good
	4	Satisfactory
	3	Marginally Adequate
	2	Needs Improvement
	1	Serious Inadequacy or Problem

Rating

- ____ 1. Effectiveness of the Intern Orientation period in August and September.
- ____ 2. Usefulness of the phase-in period for getting started.
- ____ 3. Appropriateness of the client population for training needs.
- Opportunity to participate in different direct service programs:
- ____ Individual Therapy
- ____ Couples Therapy
- ____ Group Therapy
- ____ Crisis Intervention
- ____ 5. Opportunity to participate in different preventative and outreach programs, e.g. residential staff training, workshops, etc.
- ____ 6. Adequacy of support and back-up from senior staff.
- ____ 7. Diversity of professional role models available on the staff.
- ____ 8. Overall quality of supervision available on the staff.
- ____ 9. Balance between service demands and training experiences.
- ____ 10. Awareness and responsiveness among the staff to ethical and legal issues.

- ____ 11. Diversity of orientations and professional interests among the staff.
- ____ 12. Availability of research opportunities in the application of psychology.
- ____ 13. Effectiveness of the program's procedures for evaluating intern performance and development.
- ____ 14. Opportunity to learn and apply different therapy approaches or interventions.
- ____ 15. Appropriateness of the overall structure and requirements set up for the training program.
- ____ 16. Adequacy of the equipment and physical facilities for training needs, (e.g. offices, computers, phones).
- ____ 17. Respect shown by the staff for individual differences and points of view among the interns.
- ____ 18. Adequacy of procedures for Intern feedback and program evaluation.
- ____ 19. Effectiveness of recruitment and selection procedures for interns.

B. Overall Internship Experience

- 1. Please rate (using the 7-point scale) the overall effectiveness of the internship program for your professional training and development. _____
- 2. In your experience, what are the most successful features of the program?
- 3. What are the least successful features? (Particularly comment on things that might have interfered with your training or development.)
- 4. How might the shortcomings of the program be improved or changed? (Address issues that you have not already covered in the earlier sections.)

Part II. The Work Environment

A. Using the same seven-point scale, rate the following features of the general work environment as they enhanced or detracted from your work experience at UCSC.

- _____ 1. Physical work facilities (building, office, furnishings).
- _____ 2. Quality of reception service
- _____ 3. Working relationship to senior staff.
- _____ 4. General morale of the professional staff.
- _____ 5. Availability of equipment and supplies (e.g., computers, webcams, etc.).
- _____ 6. Quality of back-up services at the Central Office.
- _____ 7. Relationship to Interns.
- _____ 8. Quality of staff communication.
- _____ 9. Freedom or autonomy in the work environment.
- _____ 10. Working relationship to support staff at Central Office.
- _____ 11. Resources and opportunities for professional development.
- _____ 12. Opportunities for creativity and experimentation.
- _____ 13. Opportunity for participation and input in administrative decisions and policy making.
- _____ 14. Sensitivity and respect among the staff for differences arising from gender, ethnic, or social membership.
- _____ 15. Effectiveness of problem solving and decision making procedures of the staff.
- _____ 16. Emphasis on variety, change, and new approaches.

- _____ 17. Appropriateness of administrative rules and policies.
- _____ 18. Effectiveness with which rules and policies are communicated (e.g. clarity).
- _____ 19. Extent to which professional staff are friendly and supportive to one another.
- _____ 20. Extent to which professional staff are concerned about and committed to their jobs.
- _____ 21. Appropriateness of work demands and time pressures.
- _____ 22. Ability of the staff to express differences of opinion and deal with intra-staff conflict.
- _____ 23. Adequacy of recognition or incentives for outstanding performance.
- _____ 24. Professional stimulation and exchange of ideas among the staff.
- _____ 25. Maintenance of a professional and ethical work climate.
- _____ 26. Appropriateness of required paperwork and administrative forms.

B. What are a few of the most stress producing factors in your job?

C. Given realistic limitations, describe changes in your work environment that would reduce your stress and improve your work experience.

APPENDIX I

Summer Program Evaluation Internship Program July-August 20__

We are seeking your feedback on your internship experience during the month of July and early August. This evaluation form is an addendum to the Internship Program Evaluation that you complete for the internship program as a whole. We realize that your activities in the month of July and early August are somewhat different than the rest of the internship year, and we look forward to your feedback and suggestions for improvement for the next internship year. Thank you.

1. Please rate your degree of satisfaction with the following activities that were available during July-August using the following rating scale:

Rating Scale:	7	Exceptional
	6	Very Good
	5	Good
	4	Satisfactory
	3	Marginally Adequate
	2	Needs Improvement
	1	Serious Inadequacy or Problem

Please add any comments you might have in each area as well.

- a. Providing ongoing clinical services
- b. Conducting weekly crisis shift
- c. Developing special intern project
- d. Conducting any programs, workshops, or outreach activities.
- e. Opportunities to work on research and/or professional reading.

- f. Intern Seminar.
 - g. Tuesday staff meeting
 - h. Any other activities you engaged in. Please specify.
2. Please rate your satisfaction with the July-August period for the internship.
3. In your experience, what were the most successful aspects of your training during July-August?
4. What were the least successful features?
5. How might the July-August period for the internship be improved or changed?

Additional comments?

APPENDIX J

INTERN EVALUATION SUMMARY

END OF YEAR REPORT

Counseling & Psychological Services

University of California, Santa Cruz

Name of Intern: _____ Date of Internship: 20__ - 20__

Primary Supervisor: _____ Summer Supervisor: _____

Secondary Supervisors: _____ Quarter Supervised: _____

_____ Quarter Supervised: _____

_____ Quarter Supervised: _____

This 1,850 hour internship at UCSC was for the academic year and included individual, group, and couples psychotherapy, intake assessment, triage and crisis intervention, and outreach and consultation. The following is a listing of the group and consultation/outreach activities, as well as a summary of the intern's performance evaluations for the entire year. The quarterly evaluations written by the primary supervisor in consultation with all relevant senior staff are to be attached to this summary.

1. List all groups co-led by the intern:

2. List all outreach and consultation activities. (Be sure to include workshops, residential staff trainings, and panel presentations, etc.)

A. Brief summary of the intern's overall performance at CPS.
(filled out by primary supervisor)

B. Circle the rating on the 7-point scale below:

Exceptional	Very Good	More Than Satisfactory	Satisfactory	Less Than Satisfactory	Unsatisfactory	Poor
_____	_____	_____	_____	_____	_____	_____

C. Suggestions for growth and further training.

D. Summer Evaluation Comments:

Signature

APPENDIX K

UCSC COUNSELING & PSYCHOLOGICAL SERVICES

Authorization for Recording of Counseling Sessions

I, _____ authorize _____ to record our
(Client's Name) (Therapist's Name)
counseling sessions.

I understand that:

- The recording is *confidential*, stored in a secure server, and is erased after 2 weeks.
- The recording will be used *only* for consultation or training between your therapist and his/her supervisor within Counseling and Psychological Services.
- Recording gives your therapist the opportunity to receive feedback from his/her supervisor to make sure that he/she is providing you with the best possible service.

Client's Signature

Student ID Number

_____, 20_____
University of California, Santa Cruz 95064

Therapist's Signature

PRIVACY NOTIFICATION

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves.

The principal purpose for requesting the information on this form is aiding the counselor who will be working with you. University policy authorized maintenance of this information, and it is confidential in keeping with University policies applicable to Counseling and Psychological Services.

Furnishing the information requested on this form is voluntary. There is no penalty for not completing the form.

Individuals have the right to review their own records in accordance with the *University Policy, Policies Applying to Campus Activities, Organizations, and Students, Part B*; UC Santa Cruz and Counseling and Psychological Services Policy on disclosure of information. These policies are available for Review.

The official responsible for maintaining the information contained on this form is the Director of Counseling and Psychological Services.

APPENDIX L

Counseling & Psychological Services University of California, Santa Cruz

SUPERVISORY DISCLOSURE FORM

Your therapist is in training here in Counseling and Psychological Services at UCSC and is working towards obtaining licensure as a psychologist. To ensure the highest standard of care, the work of your therapist is being supervised by a licensed psychologist. The supervisors are licensed in the State of California and have full responsibility for the work of their supervisees. They meet with the supervised therapist weekly and review the progress of their work with you. The limits of confidentiality as outlined below also apply to supervision.

The supervisor listed below is working with your therapist and is available for consultation upon your request. Signing this form acknowledges your informed consent for treatment by a therapist who is being supervised.

THERAPIST: _____

SUPERVISOR: _____

PSYCHOLOGY LICENSE #: _____ PHONE: _____

CLIENT NAME: _____ STUDENT ID: _____

CLIENT SIGNATURE: _____ DATE: _____

CONFIDENTIALITY

Confidentiality

In keeping with ethical standards of the CAPS mental health providers, as well as state (CMIA) and federal (FERPA) law, all services provided by CAPS staff are kept confidential except as noted in this section. We consult as needed about the best way to provide the assistance that you might need. CAPS is part of Student Health Services which provides integrative services for UCSC students. To facilitate your integrative care, your medical provider at the Student Health Center (SHC) has access to your counseling and psychiatry records, and CAPS providers have access to your SHC medical records. These are only accessed as needed to ensure quality care and in accordance with accepted professional practice. Also, Student Health Services management, pharmacists, nurses, dieticians, and registration/insurance/billing staff have access to your records. You have the right to opt out of sharing your CAPS information with medical providers. Please discuss this with your treatment provider if you are interested in this option.

As required by mental health practice guidelines and current standards of care, we keep confidential electronic records of your counseling and psychiatry services. Neither the fact that you seek services nor any information disclosed in your CAPS meetings will appear in your student academic record unless you specifically direct us to communicate with other individuals not involved in your treatment. However, CAPS may disclose minimally necessary information in a health or safety emergency. CAPS professional staff have a legal responsibility to disclose client information without prior consent when there is an imminent risk that you may harm yourself or others; when there is reasonable suspicion of abuse of children (including viewing child pornography online), dependent adults, or the elderly; if you lack the capacity to care for yourself; or when there is a valid court order for the disclosure of your files. If you are participating in couple's therapy in CAPS, please know that each party will be able to obtain a release for these records with the other's permission, and that every effort will be made to eliminate any identifying information about the person not requesting the release. Please consult with your treatment provider if you have any questions about confidentiality.

APPENDIX M

Application for Leave or Professional Development Time Interns/PostDocs

(Staff - One Request per Form)

Name: _____ **Date Submitted:** _____

Type of Request:

- ☐ **Paid Leave** – Paid Leave is not listed on your time sheet, is tracked administratively.
☐ Check if you are designating this paid leave request as FML (Family Medical Leave)

- ☐ **Sick/Medical**
☐ Check if you are designating this sick/medical leave request as FML (Family Medical Leave)

- ☐ **Professional Development** – Professional Development is not listed on your time sheet, is tracked administratively.

*Title of "Professional Development" leave program/event:

Must include a copy of the program brochure/flyer with this request

**Professional Development (includes dissertations meetings or defense, job interviews, off-site CE programs, conferences, trainings, professional meetings, and licensure exams)

- ☐ **Other (includes Jury Duty, Leave Without Pay, etc.):**

*Must include description of "Other"

leave: _____

- ☐ Check if you are designating this "Other" leave request as FML (Family Medical Leave)

Requested Date(s) Off: _____ **Total Hours Requested Off:** _____

Leave the Office (date/time): _____ **Return to Office (date/time):** _____

Arrangements for Covering or Changing Your Regular Assignments Details of Coverage Required for Review/Approval			
	Date(s)	Who is Covering	Comments
Crisis Shift			
Initial Assessments			
Group			
Let's Talk			
Supervision			
Protocall			
Committee			
College/Liaison/Outreach			

NOTE:

- Applications should be submitted 3 weeks in advance, or as early as possible to supervisor to insure adequate coverage of CAPS programs.

Approval: _____ **Date:** _____
CAPS Director

Administrative Use Only	Professional Development Tracking to: Executive Assistant to AVC		Paid Leave Tracking – CAPS Admin		Prof. Dev. Tracking - CAPS Admin	
Staff:	Date:	By:	N/A		N/A	
Interns:	N/A	N/A	Date:	By:	Date:	By:
PostDocs:	N/A	N/A	Date:	By:	Date:	By:
Processing:	PnC:		CAPS/Admin Leave Calendar:		Scanned:	