TRAINING MANUAL

DOCTORAL INTERNSHIP IN HEALTH SERVICE PSYCHOLOGY

GEORGE MASON UNIVERSITY

COUNSELING AND PSYCHOLOGICAL SERVICES

2015-2017
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PHILOSOPHY OF TRAINING

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

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

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

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

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

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

* For more information about APA accreditation, please contact:
Office of Program Consultation and Accreditation
Education Directorate American Psychological Association
750 First Street NE
Washington, DC 20002
Phone: (202) 336-5979
Fax: (202) 336-5978
The program’s twenty-three month structure lends itself particularly well to the developmental goals of training. Second-year trainees have additional clinical and supervisory responsibilities and serve as informal mentors to first-year interns. The built-in overlap of internship classes provides unique continuity in the overall training experience. All interns are at CAPS on Wednesdays and Fridays, allowing time to develop close working relationships and participate together in didactic training and group supervision. The interns’ third day at CAPS is coordinated with extern schedules to facilitate opportunities for supervision.

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

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

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

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

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

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

Objectives for Goal #1:

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

Competencies Expected:

Competencies for objective 1.1 (Interns will develop knowledge of APA ethical principles and code of conduct):
Interns will participate actively in seminar discussions of ethics
Interns will address ethical issues in individual and group supervision

Competencies for objective 1.2 (Interns will adhere to ethical principles in their clinical work):
Interns will seek supervision when needed to promote client welfare
Interns will minimize the potential for dual relationships with clients and discuss such relationships in supervision
Interns will be respectful of cultural differences with clients
Interns will demonstrate awareness of personal limitations and biases
Interns will follow CAPS guidelines to maintain client confidentiality

Competencies for objective 1.3 (Interns will adhere to ethical principles in supervision):
Interns will seek supervision of supervision when needed to promote client welfare
Interns will minimize the potential for dual relationships with supervisees and discuss such relationships in supervision of supervision
Interns will be respectful of cultural differences with supervisees
Interns will demonstrate awareness of personal limitations and biases in supervision
Goal #2: Interns will develop skills to allow them to function as professional psychologists

Objectives for Goal #2:

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

Competencies Expected:

**Competencies for objective 2.1 (Interns will develop skills to accurately assess clients, evaluate treatment needs, and make appropriate diagnoses)**
- Interns will develop rapport with intake clients
- Interns will gather necessary information in initial interviews
- Interns will accurately assess risk factors and immediate needs
- Interns will develop a plan to continue to adequately assess risk and safety factors
- Interns will develop appropriate case conceptualizations
- Interns will make appropriate treatment recommendations
- Interns will write clear, concise, and objective intake notes
- Interns will complete intake notes within 72 hours following intake (or immediately for crisis notes)
- Interns will demonstrate knowledge of DSM 5 diagnoses

**Competencies for objective 2.2 (Interns will develop professional skills in individual counseling):**
- Interns will establish and maintain a therapeutic relationship with clients
- Interns will work with clients to develop appropriate and attainable counseling goals
- Interns will help clients explore thoughts, feelings, and behaviors
- Interns will explore multicultural issues with clients
- Interns will use interventions that fit the agency’s brief treatment model
- Interns will effectively time interventions, so that they are consistent with the client’s ability to benefit from such interventions
- Interns will recognize non-verbal behavior of clients and respond appropriately
- Interns will effectively manage termination
- Interns will provide appropriate referrals for long-term work, if needed
- Interns will write clear, concise, and objective case notes
- Interns will complete case notes within 48 hours following individual counseling session
- Interns will make effective use of supervision and will non-defensively share important client information with their supervisor
**Competencies for objective 2.3 (Interns will develop professional skills in group counseling):**
- Interns will develop a good working relationship with the co-therapist
- Interns will establish and maintain a therapeutic relationship with clients in group
- Interns will address client concerns about confidentiality in group
- Interns will use process interventions to further the group work when appropriate
- Interns will help group members explore thoughts, feelings, and behaviors
- Interns will explore multicultural issues with clients in group
- Interns will effectively manage group termination
- Interns will write clear, concise, and objective group notes
- Interns will complete group notes within 48 hours following group session

**Competencies for objective 2.4 (Interns will develop supervision skills):**
- Interns will participate actively in seminar training on the theory and practice of supervision
- Interns will participate actively in supervision of supervision meetings
- Interns will discuss multicultural issues with supervisees
- Interns will provide support and guidance to supervisees and help them improve clinical skills
- Interns will demonstrate ability to attend to client welfare within supervisory context
- Interns will seek additional supervision of supervision when necessary to ensure client safety
- Interns will provide appropriate and timely feedback to supervisees as needed, in consultation with the supervisor of supervision
- Interns will complete sensitive and thorough evaluations of their supervisees, and will share these evaluations in person

**Competencies for objective 2.5 (Interns will develop skills in strategies of scholarly inquiry):**
- Interns will engage in thoughtful discussions of recent research
- Interns will integrate recent research findings into their clinical work
- Interns will integrate recent research findings in their supervision of trainees
- Interns will use empirically-supported treatments that fit the agency’s brief treatment model
- Interns will use appropriate methodology in consultation projects
- Interns will use appropriate research as a basis for professional presentations

**Competencies for objective 2.6 (Interns will develop consultation skills):**
- Interns will participate actively in seminar training on program evaluation and consultation
- Interns will articulate an effective research question
- Interns will select appropriate methodology to examine the research question
- Interns will come prepared to mentorship consultation meetings and appropriately utilize sessions to develop project
- Interns will develop an effective working relationship with consultation partner (s)
- Interns will effectively implement the study methodology
- Interns will demonstrate the ability to effectively evaluate program needs
- Interns will demonstrate knowledge of recent research in the area of their consultation project
- Interns will effectively articulate consultation project results
- Interns will effectively present the consultation proposal and final project
- Interns’ presentations will demonstrate professionalism in appearance and behavior
Competencies for objective 2.7 (Interns will develop clinical case presentation skills):
Interns will show the theoretical link between presenting problem, treatment goals, conceptualization, treatment plan, and interventions
Interns will discuss the rationale for client interventions
Interns will discuss the theoretical foundations of their clinical work
Interns will discuss their conceptualization of client dynamics and the therapeutic process
Interns will demonstrate the ability to identify and implement treatment goals
Interns will show a consideration of multicultural concerns and factors in their work with client
Interns’ videos will demonstrate a working alliance with the client
Interns’ videos will demonstrate a successful intervention, struggle, or change over time
Interns will be able to discuss the outcome of the intervention shown in the video from their theoretical orientation
Interns will provide supporting evidence and rules for diagnoses
Interns will provide a rationale for tests that were administered to client (if applicable)
Interns will integrate test findings and clinical interview into meaningful summary (if applicable)
Interns will address personal challenges in working with client
Interns’ presentations will be clear and conceptually accurate
Interns’ case presentation reports will be accurately written and include all areas required for discussion
Interns will identify scholarly reading that connects to the client case
Interns will ask relevant questions that elicit group discussion about the case

Competencies for objective 2.8 (Interns will develop professional presentation skills):
Interns will articulate learning goals and meet those goals
Interns will demonstrate knowledge of the subject matter
Interns will present content in an organized manner
Interns will maintain the interest of listeners
Interns will answer questions effectively
Interns will use effective teaching methods
Interns’ visual aids, handouts, and oral presentation will clarify content
Interns will present information that can be applicable in clinical practice
Interns will demonstrate knowledge of recent research in the area of their presentation

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

Objectives for Goal #3:
3.1 Interns will learn about their own cultural identities
3.2 Interns will learn about multicultural issues
3.3 Interns will demonstrate cultural sensitivity in their professional interactions
Competencies Expected:

**Competencies for objective 3.1 (Interns will learn about their own cultural identity):**
Interns will demonstrate awareness of own beliefs, values, and attitudes
Interns will recognize when their own cultural biases impact client treatment and discuss this in supervision

**Competencies for objective 3.2 (Interns will learn about multicultural issues):**
Interns will participate actively in multicultural seminars
Interns will discuss multicultural issues in individual and group supervision
Interns will demonstrate the ability to respect and honor differences in world view

**Competencies for objective 3.3 (Interns will demonstrate cultural sensitivity in their professional interactions):**
Interns will demonstrate sensitivity to cultural differences and exhibit corresponding knowledge, skills, and attitudes in assessment, case conceptualization, and treatment planning
Interns will use therapy models consistent with clients’ belief systems
Interns will understand how personal values interact, and potentially conflict, with clients’ values
Interns will maintain respect for clients’ values while recognizing them as possible source of problems
Interns will work effectively with clients representing diversity of gender, sexual orientation, culture, ethnicity, disability, age, spirituality, undocumented status, and other areas of difference
Interns will demonstrate comfort in discussing cultural issues with clients
Interns will demonstrate cultural sensitivity in interactions with CAPS staff
Interns will demonstrate cultural sensitivity in interactions with other university staff

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

Objectives for Goal #4:

4.1 Interns will develop professionalism
4.1 Interns will develop effective working relationship with CAPS staff
4.2 Interns will develop self-care practices to maintain professional functioning.

Competencies Expected:

**Competencies for objective 4.1 (Interns will develop professionalism)**
Interns will dress appropriately and in accordance with the trainee guidelines
Interns will exhibit timely attendance at meetings
Interns will display organization in the negotiation of their various responsibilities and requirements
Interns will appropriately respond to conflict
Competencies for objective 4.2 (Interns will develop effective working relationships with CAPS staff)
Interns will be professional in their interactions with staff
Interns will appropriately participate in staff discussions
Interns will be receptive and non-defensive when receiving feedback
Interns will recognize when their own personal/emotional issues interfere with interactions with staff

Competencies for objective 4.3 (Interns will develop self-care practices to maintain professional functioning):
Interns will set appropriate limits when taking on tasks
Interns will seek staff support when needed
Interns will engage in appropriate self-care activities (e.g., taking sick leave when needed)
INTERN ACTIVITIES AND RESPONSIBILITIES

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

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

Hours and Scheduling:

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

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

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

Intern schedules must include the following activities:

Intern seminar: Fridays, 10-11 a.m
Intern group supervision: Fridays, 11 a.m.-noon
Case conference: Tuesdays, 11 a.m.-noon or Wednesdays, 11 a.m.-noon (as assigned)
Supervision of supervision (second-year interns): Fridays, 1-2 p.m.
Multicultural case conference (part of seminar series): first and third Fridays of each month, 10-11 a.m.

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

Staff meeting: Wednesdays, 2-3 p.m.
Psychiatric case consultation (with Student Health Services): second Friday of each month, 9-10 a.m.
Groups consultation meeting: fourth Wednesday of each month, 9-10 a.m.
Eating concerns assessment and response team: first Wednesday of each month, 9-10 a.m.

Counseling Activities:

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

Note: Individual counseling hours are reduced by one hour when interns are co-leading counseling groups.
Initial clinical assessment/personal consultation: 2 hours/week

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

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

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

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

Training and Supervision:

Individual supervision: 2 hours/week

Group supervision: 1 hour/week

Seminar, including Multicultural Case Conference: 1 hour/week

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

Supervision of supervision (second year) 1 hour/week

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

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

Provision of Supervision: 1 hour/week; second year

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

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

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

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

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

**Intern Consultation Project**

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

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

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

CAPS will assist interns with their consultation projects by:

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

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

**Intern Professional Presentation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

These hours may be used for work on the dissertation, for work on the consultation project, or for professional development. These are work hours, and in most cases they must be spent on campus at George Mason University.
George Mason University will observe the following holidays in training years 2015-2017:

Labor Day: Monday, September 7, 2015

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

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

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

Memorial Day: Monday, May 30, 2016

Independence Day: Monday, July 4, 2016

Labor Day: Monday, September 5, 2016

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

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

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

Memorial Day: Monday, May 29, 2017

CAPS Office Space and Technical Support

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

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

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

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

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

Interns should speak with the Training Director if they have questions or concerns about personnel matters.
INTERN TRAINING CALENDAR: DUE DATES FOR CLASS OF 2015-2017

Overview by Category

Self Evaluation

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

Mid Semester Evaluation

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

End of Semester Evaluation

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

Program Evaluation

June 28, 2017

Case Presentations, Internship Class of 2015-2017

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

First Case Presentation

<table>
<thead>
<tr>
<th>Power point due to supervisor:</th>
<th>If Presentation Date is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 18, 2015</td>
<td>January 8, 2016</td>
</tr>
<tr>
<td>January 15, 2016</td>
<td>January 22, 2016</td>
</tr>
<tr>
<td>January 29, 2016</td>
<td>February 5, 2016</td>
</tr>
</tbody>
</table>
Second Case Presentation

Report due to supervisor: If Presentation Date is:

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

Third Case Presentation

Power point due to supervisor: If Presentation Date is:

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

Intern Seminar/Professional Presentation

Power point due to supervisor: If Presentation Date is:

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

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

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

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

Consultation Project Calendar

Consultation Mentorship Agreement
Completed with mentor
Due to Training Director October 30, 2015

Literature Review
(5-8 pages, 10-15 sources from peer-reviewed journals or published books)
Due to mentor January 15, 2016

Lit Review & Overview of Consultation Project
(i.e. what is the focus of your project? 1-2 more pages)
Due to mentor January 29, 2016
Due to Training Director February 12, 2016

Needs Assessment Plan completed and given to mentor (e.g. plan to survey staff at CAPS and/or other offices on campus; plan to review Titanium data; plan for other methods to establish specific agency needs)
Due to mentor March 4, 2016

Implement Needs Assessment (e.g. send out surveys; begin mining data, etc.) March-May, 2016

Develop plan for gathering additional information to support consultation recommendations (e.g. contact other counseling centers; review additional sources; consult with experts)
Due to mentor June 3, 2016

Write consultation project proposal (10-15 pages, double spaced; includes lit. review, description of proposal, and description of needs-evaluation methods and results; plan for gathering additional information)
Due to mentor August 5, 2016

Consultation project proposal due to Training Director August 19, 2016

Present consultation project proposal to staff during “brown-bag” lunch; receive feedback (copies of written report give to each staff member; no power point)

Additional information gathering and/or analyses, as planned in proposal, and with guidance of staff and mentor Sept.-May, 2016-17

Consultation project presentations
Power-point presentation for all staff, to include final recommendations based on information gathered, as well as summary of earlier work
Power point due to mentors May 12, May 19, or May 26, 2017

Power point due to all other staff May 26, June 2, or June 9, 2017

Final presentations June 2, 9, or 16, 2017
EVALUATION PROCEDURES

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

**Evaluation of Interns**

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

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

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

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

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

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

**Evaluation of Supervisors**

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

At the end of the two-year internship, interns are asked to complete the Training Program Evaluation Form (Appendix J, page 75) to provide feedback about the training program. This feedback will be considered in future program development. Interns are also encouraged to provide informal feedback at any time to their supervisors and/or Training Director.
Internship is typically a time of significant growth and change. Providing feedback on intern successes and growth areas is an important aspect of training. Evaluation procedures have been developed to provide this feedback in a timely way, in the context of on-going supervision (see above). In most cases, this feedback process will be sufficient to support professional growth and learning throughout internship. However, there may be circumstances in which additional remediation is needed. This section of the training manual describes procedures for managing more serious concerns about intern performance, including an appeal process for interns. In addition, this section describes a procedure for managing intern grievances against CAPS staff members.

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

**Evaluation and Remediation Procedures**

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

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

**Problems in intern performance**

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

- the quality of clinical services is negatively affected
- the intern does not acknowledge the problem
- the problem does not resolve despite feedback and efforts at informal resolution
- the problem cannot be resolved by additional training
- the intern’s performance falls below required standards on the intern evaluation; these performance standards are specified on the evaluation form in Appendix D (page 59)

**Procedures for dealing with problems in intern performance**

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

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

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

Intern grievances

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

1. The intern discusses the complaint with the primary supervisor or Training Director. The Training Director will then attempt to facilitate a meeting between the parties to resolve the situation informally. If the complaint involves the Training Director, the primary supervisor will facilitate this meeting. If the Training Director is also the primary supervisor, the intern may ask another member of the Training Committee or the Executive Director of CAPS to facilitate this meeting.

   • If the situation is not resolved, the Training Director will form a grievance committee. This committee will include one staff member selected by the intern and one staff member selected by the staff member who is the subject of the complaint. These two grievance-committee members will then select a third staff member to chair the committee. The grievance committee will gather information by interviewing both parties (the intern and the staff member with whom the intern has a complaint), and then will make a recommendation to resolve the dispute.

   • If the situation is not resolved, the Executive Director of CAPS will meet with the grievance committee and (separately) with the intern and the staff member who is the subject of the complaint. The Executive Director of CAPS will make a decision to resolve the complaint. This decision is final and not subject to appeal.
APPENDIX A: INTERN ORIENTATION SCHEDULE, 2015
INTERN ORIENTATION SCHEDULE

COUNSELING AND PSYCHOLOGICAL SERVICES

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

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

All meetings are in Room C unless otherwise noted.

**Wednesday, August 5**

9-10 a.m. Welcome breakfast with CAPS staff

10-11 Meet with Joan Mizrahi, Associate Director for Training

11-noon Case conference (with clinical staff)

Noon-1 p.m. Lunch; feel free to bring your lunch or purchase something on campus; have lunch on your own or join other staff in Room C

1-2 p.m. Meet with Jeanne Piette, Senior Associate Director

2-3 p.m. Staff meeting

3-4 p.m. Meet with Stephanie Monson, Administrative Assistant, to review basic office policies

4:00-5 p.m. Introduction to CAPS, University Life, and campus community; scavenger hunt-- meet at office of Rikki Cor, Coordinator for Multicultural Services

**Friday, August 7**

9-10 a.m. Introduction to Learning Services—led by Vicki Dominick, Associate Director for Learning Services, and Amber Knighting, Assistant Director of Learning Services; room A

10-11 a.m. Multicultural case consultation –led by Karen Bagley, Assistant Director for Community Education, and Rikki Cor, Coordinator for Multicultural Services

11 a.m.-noon Intern group supervision with Joan Mizrahi (room A)

12-1 p.m. Lunch; feel free to bring your lunch or purchase something on campus; have lunch on your own or join other staff in Room C
1-2 p.m. Professionalism at CAPS—led by Marlena Wu, Assistant Director of Training
2-4 p.m. Introduction to Titanium—led by Ryan Adams, Associate Director of Clinical Services
4-5 p.m. LGBTQ services and visit to LGBTQ office—led by Rikki Cor, Coordinator for Multicultural Services

**Wednesday, August 12**

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

**Friday, August 14**

9-10 a.m. Titanium training, part 2—led by Ryan Adams, Associate Director of Clinical Services
10:30-12:30 Professional presentation by Dr. Michael Stadter: Short-term Dynamic Therapy; interns and staff
12:30-1 p.m. Lunch
1-2 p.m. Personal consultations and use of CCAPS information—led by Ryo Noguchi, Staff Clinician
2-3 p.m. Open
3-5 p.m. Role play experience, part 1: Personal consultation session—led by Karen Bagley, Assistant Director for Community Education, and Rikki Cor, Coordinator for Multicultural Services
**Wednesday, August 19**

9-9:30 a.m.  Open

9:30-11:30  RA training: New interns participate with staff

11:30-noon  Case conference

12-1 p.m.  Lunch; feel free to bring your lunch, purchase something on campus, and/or join the lunch group in one of the group rooms

1-2 p.m.  Working with students with eating and body-image concerns—led by Brooke Kahn, Staff Clinician

2-3 p.m.  Staff meeting

3-4 p.m.  Case management and referrals—led by Brooke Kahn, Staff Clinician

4-5 p.m.  Referring students to psychiatry—led by Kavita Jagarlamudi, Assistant Director of Psychiatric Services

**Friday, August 21**

9-10 a.m.  Open

10-11 a.m.  Multicultural case conference

11-noon  Intern group supervision with Joan Mizrahi, Room A

12-1 p.m.  Lunch; feel free to bring your lunch, purchase something on campus, and/or join the lunch group in one of the group rooms

1-2 p.m.  Using video equipment and preserving client confidentiality—led by Ryo Noguchi, Staff Clinician

2-3 p.m.  Addressing client emergencies—led by Brooke Kahn, Staff Clinician

3-4 p.m.  Open

4-5 p.m.  Introduction to the stress lounge—led by Rikki Cor, Coordinator for Multicultural Services

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

9 a.m.-5 p.m.  Recognizing and Responding to Suicide Risk (RRSR) training with Adrienne Barna, Ph.D., ABPP; participants include new CAPS staff members and graduate students from George Mason clinical psychology doctoral program
Friday, August 28

9:30-10:30  Convocation for new students; all staff will attend

11-noon  Intern group supervision with Joan Mizrahi, Room A

12-1:00 p.m.  Intern lunch for all five interns

1-2 p.m.  Intern seminar:  CAPS Survival Strategies (led by second-year interns)

2-3 p.m.  Providing day-time on-call services—led by Ryan Adams, Associate Director for Clinical Services

3-5 p.m.  Role play experience, part 2:  Crisis evaluation—led by Karen Bagley, Assistant Director for Community Education, and Rikki Cor, Coordinator for Multicultural Services

Additional important meetings:

1. Please schedule Safe Zone Training at your earliest convenience. This is required for all staff members. More information will be provided

2. Please schedule University Life orientation. More information will be provided.

3. Training on working with students connected with the military; for all staff and trainees:  Date and time TBA
APPENDIX B: INTERN SEMINAR SCHEDULE, 2015-2017
**Intern Seminars, 2015-2017**

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

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

Schedule and topics may change.

**Fall, 2015**

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

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

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

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

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

  September 25: Ethics of record keeping (Marlena Wu)

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

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

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

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

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

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

November 26-27: **Thanksgiving holiday:**  CAPS closed
December 11: Group leadership and facilitation: Self-disclosure; multicultural issues; opening and closing sessions; and reflective practice discussions (Anchal Khanna)

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

Spring, 2016

January 8: No seminar; intern interview week

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

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

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

January 29: Job-search preparation (Ryan Adams)

February 12: Interviewing skills (Ryan Adams)

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

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

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

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

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

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

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

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

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

May 27-June 24: Professional development, part 2
Ryan Adams, mini-course coordinator
May 27: Preparing for the EPPP (Rikki Cor and Karen Bagley)

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

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

    June 24: Developing a private practice (presenters TBD)

**July 8-29: Introduction to Supervision**
    Joan Mizrahi, mini-course coordinator

    July 8: Supervision seminar; topic and presenter TBD

    July 22: Supervision seminar: topic and presenter TBD

    July 29: Supervision seminar; topic and presenter TBD

**Fall, 2016**

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

August 26-September 23: **Program evaluation and consultation**
    Joan Mizrahi, mini-course coordinator

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

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

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

September 30-October 28: **Ethical principles for psychologists, part 2**
    Marlena Wu, mini-course coordinator

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

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

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

November 11-December 9: **Diagnosis and assessment issues**
    Joan Mizrahi, mini-course coordinator

    November 11: Diagnostic challenges and the DSM V (presenter TBD)
November 24-25: **Thanksgiving Holiday**: CAPS closed

December 9: Assessing students of concern (presenter TBD)

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

**Spring 2017**

January 6: No seminar; intern interview week

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

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

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

January 27: Job-search preparation (Ryan Adams)

February 10: Interviewing skills (Ryan Adams)

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

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

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

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

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

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

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

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

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

May 12-26: **Professional development, part 2**  
Ryan Adams, mini-course coordinator
May 12: Preparing for the EPPP (Rikki Cor and Karen Bagley)

May 26: Developing a private practice (presenters TBD)

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

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

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

June 23-30: Topics TBA
Assessment, Referral, and Treatment of Students with Eating Concerns and Eating Disorders

Goals:

Interns will:

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

Seminar topics

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

Working with students with body-image concerns

References


Diagnosis and Assessment Issues

Goals:

Interns will:

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

Seminar topics

Changes in the DSM V

Working with students of concern

References


Ethical Principles for Psychologists

Goals:

Interns will:

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

Seminar topics (to be covered over two years)

Overview of APA ethical guidelines/confidentiality; case studies

Ethics of disclosures; case studies

Ethics in therapy/multicultural and self awareness conflicts

Ethics of record keeping

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

References


Group and Couples Counseling Seminar Mini-courses

Goals:

Interns will:

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

Seminar topics

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

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

Couples Therapy: Research and models

Assessment in couples therapy based on the Gottman method

Intervention strategies in couples therapy based on the Gottman method

References


Learning Issues

Goals:

Interns will:

1. Increase competency as clinicians in evaluating learning issues affecting the academic success and academic stress of college students.

2. Increase competency at identifying the most common learning disabilities of college students and being able to recognize the characteristics of ADHD in adults.

3. Increase competency at treating the personal/psychological issues related to ADHD.

4. Increase competency to make appropriate referrals for students with academic performance issues, LD or ADHD.

5. Increase knowledge of the impact of autism-spectrum disorders on the counseling process and adjust counseling strategies to accommodate them.

Seminar topics

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

Working with students on the autism spectrum

References


Issues in Multicultural Counseling

Goals:

Interns will:

1. Increase multicultural competency as clinicians.

2. Increase awareness of how one’s own race, ethnicity, culture, gender, age, class, sexual orientation, and religious affiliation influence personal beliefs, values, biases and assumptions about diverse populations and how this can potentially affect a therapeutic relationship.

3. Increase knowledge and understanding related to the psychological impact of issues such as oppression, racism, and discrimination.

4. Increase awareness of social justice issues within the field of psychology and the varying views related to the role of a psychologist in this area.

5. Increase knowledge related to sexual orientation and gender identity.

6. Increase understanding to the identity development and life experiences of clients in “multiple minority” status.

Seminar topics

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

Sexual Orientation and Gender Identity

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

References


Smith, L., Chambers, D. A., & Bratini, L. (2009). When oppression is the pathogen: The


Professional Development

Goals:

Interns will:

1. Develop critical job search skills (e.g., CV writing, interview preparation, job talks, etc).

2. Learn about professional development beyond internship, including preparing for the EPPP and considering developing a private practice

Seminar topics

Job search preparation

Interviewing skills

Preparing for the EPPP

Developing a private practice

References


Program Evaluation and Consultation

Goals:

Interns will:

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

Seminar topics

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

References


Supervision Skills

Goals:

Interns will:

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

Seminar topics

Self-Assessment, Role Transition, and Supervision Competencies
Models of Supervision and the Supervisory Relationship
Multicultural Supervision

Ethical and Legal Issues in Supervision

References


Theory and Practice of Counseling Outreach

Goals:

Interns will:

1. Recognize the differences between the various types of outreach models.

2. Learn ways of developing and implementing effective outreach presentations.

3. Apply outreach theory and design principles to their outreach programming.

Seminar topics

Theory of outreach to university students

Preparing an effective outreach presentation

References


APPENDIX D: INTERN EVALUATION FORM
George Mason University
Counseling and Psychological Services
Psychology Intern Evaluation Form

Intern:        Date:

Primary supervisor:

Additional supervisors: Supervisory role:
Group therapy supervisor
Intern group supervisor
Sup of sup supervisor

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

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

5  Consistently performs above expected developmental level of an intern. Interns in this area are approaching autonomous professional skill level. Intern needs minimal supervision in these areas, but knows when to consult.

4  Performance fluctuates at times above expected developmental level for an intern. Intern sometimes needs supervision in these areas and consults appropriately most of the time when needed.

3  Performance at expected developmental level for an intern. Intern is on target and meets expected proficiency.

2  Performance fluctuates at times below expected developmental level for an intern. Falling at or below a 2 on a critical item* will result in a remediation plan. Averaging at or below a 2 for the entire evaluation will result in a remediation plan. Consistent performance at or below this level after completion of the remediation plan will result in dismissal from the internship.

1  Consistently performs below expected developmental level for an intern. Any score at this level will result in immediate remediation. Consistent performance at this level after completion of the remediation plan will result in dismissal from the internship.

N/A  Not applicable and/or not able to assess.
Goal 1: Develop the knowledge and professional practices that assure adherence to the ethical standards for psychologists

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

Participates actively in seminar discussions of ethics
5  4  3  2  1  N/A
Addresses ethical issues in individual and group supervision
5  4  3  2  1  N/A

Objective 1.2: Follow ethical principals in clinical work

*Seeks supervision when needed to promote client welfare
5  4  3  2  1  N/A
*Minimizes the potential for dual relationships with clients and discusses such relationships in supervision
5  4  3  2  1  N/A
*Is respectful of cultural differences with clients
5  4  3  2  1  N/A
Demonstrates awareness of personal limitations and biases
5  4  3  2  1  N/A
*Follows CAPS guidelines to maintain client confidentiality
5  4  3  2  1  N/A

Objective 1.3: Follow ethical principles in supervision

*Seeks supervision of supervision when needed to promote client welfare
5  4  3  2  1  N/A
Minimizes the potential for dual relationships with supervisees and discusses such relationships in supervision
5  4  3  2  1  N/A
Is respectful of cultural differences with supervisees
5  4  3  2  1  N/A
Demonstrates awareness of personal limitations and biases in supervision
5  4  3  2  1  N/A

Goal 1 Average Score: _______

Strengths/Areas for Growth/Comments:
Goal 2: Develop clinical skills to function as a professional psychologist

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

Develops rapport with intake clients
5 4 3 2 1 N/A
Gathers necessary information in initial interviews
5 4 3 2 1 N/A
*Accurately assesses risk factors and immediate needs
5 4 3 2 1 N/A
Develops a plan to continue to adequately assess risk and safety factors
5 4 3 2 1 N/A
Develops appropriate case conceptualizations
5 4 3 2 1 N/A
Makes appropriate treatment recommendations
5 4 3 2 1 N/A
Writes clear, concise, and objective intake notes
5 4 3 2 1 N/A
Completes intake notes within 72 hours following intake (or immediately for crisis notes)
5 4 3 2 1 N/A
Demonstrates knowledge of DSM-V diagnoses
5 4 3 2 1 N/A

Objective 2.2: Develop professional skills in individual counseling

Establishes and maintains a therapeutic relationship with clients
5 4 3 2 1 N/A
Works with clients to develop appropriate and attainable counseling goals
5 4 3 2 1 N/A
Helps clients explore thoughts, feelings, and behaviors
5 4 3 2 1 N/A
Explores multicultural issues with clients
5 4 3 2 1 N/A
Uses interventions that fit the agency’s brief treatment model
5 4 3 2 1 N/A
Effectively times interventions, so that they are consistent with the client’s ability to benefit from such interventions
5 4 3 2 1 N/A
Recognizes non-verbal behavior of clients and responds appropriately
5 4 3 2 1 N/A
Effectively manages termination
5 4 3 2 1 N/A
Provides appropriate referrals for long-term work, if needed
5 4 3 2 1 N/A
Writes clear, concise, and objective case notes
5 4 3 2 1 N/A
Completes case notes within 48 hours following individual counseling session
5 4 3 2 1 N/A
Makes effective use of supervision and non-defensively shares important client information with supervisor
5 4 3 2 1 N/A

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

Develops a good working relationship with the co-therapist
5 4 3 2 1 N/A
Establishes and maintains a therapeutic relationship with clients in group
5 4 3 2 1 N/A
Addresses client concerns about confidentiality in group
5 4 3 2 1 N/A
Uses process interventions to further the group work when appropriate
5 4 3 2 1 N/A
Helps group members explore thoughts, feelings, and behaviors
5 4 3 2 1 N/A
Explores multicultural issues with clients in group
5 4 3 2 1 N/A
Effectively manages group termination
5 4 3 2 1 N/A
Writes clear, concise, and objective group notes
5 4 3 2 1 N/A
Completes group notes within 48 hours following group session
5 4 3 2 1 N/A

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

Participates actively in seminar training on the theory and practice of supervision
5 4 3 2 1 N/A
Participates actively in supervision of supervision meetings
5 4 3 2 1 N/A
Discusses multicultural issues with supervisees
5 4 3 2 1 N/A
Provides support and guidance to the supervisee and helps them improve clinical skills
5 4 3 2 1 N/A
Demonstrates ability to attend to client welfare within supervisory context
5 4 3 2 1 N/A
*Seeks additional supervision of supervision when necessary to ensure client safety
5 4 3 2 1 N/A
Provides appropriate and timely feedback to supervisees as needed, in consultation with the supervisor of supervision
5 4 3 2 1 N/A
Completes sensitive and thorough evaluations of supervisees and shares these evaluations in person
5 4 3 2 1 N/A
Objective 2.5: Develop skills in strategies of scholarly inquiry (evaluated by training director, individual supervisor, and consultation project mentor)

Engages in thoughtful discussions of recent research  
5 4 3 2 1 N/A
Integrates recent research findings into clinical work  
5 4 3 2 1 N/A
Integrates recent research in supervision of trainees  
5 4 3 2 1 N/A
Uses empirically-supported treatments that fit the agency’s brief treatment model  
5 4 3 2 1 N/A
Uses appropriate methodology in consultation project  
5 4 3 2 1 N/A
Uses appropriate research as basis for professional presentation  
5 4 3 2 1 N/A

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

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

Strengths/Areas for Growth/Comments:

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

Objective 3.1: Learn about one’s own cultural identity

Demonstrates awareness of own beliefs, values, and attitudes  
5 4 3 2 1 N/A
Recognizes when own cultural biases impact client treatment and discuss this in supervision  
5 4 3 2 1 N/A

Objective 3.2: Learn about multicultural issues

Participates actively in multicultural seminars  
5 4 3 2 1 N/A
Discusses multicultural issues in individual and group supervision  
5 4 3 2 1 N/A
Demonstrates the ability to respect and honor differences in world view
5  4  3  2  1  N/A

Objective 3.3: Demonstrate cultural sensitivity in professional interactions

Demonstrates sensitivity to cultural differences and exhibits corresponding knowledge, skills, and attitudes in assessment, case conceptualization, and treatment planning
5  4  3  2  1  N/A
Uses therapy models consistent with client’s belief systems
5  4  3  2  1  N/A
Understands how personal values interact and potentially conflict with client’s values
5  4  3  2  1  N/A
Maintains respect for the client’s values while recognizing them as possible source of problems
5  4  3  2  1  N/A
Works effectively with clients representing diversity of gender, sexual orientation, culture, ethnicity, disability, age, spirituality, undocumented status, and other areas of difference
5  4  3  2  1  N/A
Demonstrates comfort in discussing cultural issues with clients
5  4  3  2  1  N/A
Demonstrates cultural sensitivity in interactions with CAPS staff
5  4  3  2  1  N/A
Demonstrates cultural sensitivity in interactions with other university staff
5  4  3  2  1  N/A

Goal 3 Average Score: _______

Strengths/Areas for Growth/Comments:

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

Objective #4.1: Develop professionalism

Dresses appropriately and in accordance with the trainee guidelines
5  4  3  2  1  N/A
Exhibits timely attendance at meetings
5  4  3  2  1  N/A
Displays organization in the negotiation of various responsibilities and requirements
5  4  3  2  1  N/A
* Appropriately responds to conflict
5  4  3  2  1  N/A

Objective #4.2: Develop effective working relationships with CAPS staff

Is professional in interactions with staff
5  4  3  2  1  N/A
Appropriately participates in staff discussions
5 4 3 2 1 N/A

Is receptive and non-defensive when receiving feedback
5 4 3 2 1 N/A

Recognizes when own personal/emotional issues interfere with interactions with staff
5 4 3 2 1 N/A

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

Sets appropriate limits when taking on tasks
5 4 3 2 1 N/A

Seeks staff support when needed
5 4 3 2 1 N/A

Engages in appropriate self-care activities (i.e., taking sick leave when needed)
5 4 3 2 1 N/A

**Goal 4 Average Score: ________**

**Strengths/Areas for Growth/Comments:**

**Total Evaluation Average Score: ________**

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

**Signatures:**

___________________________________________  _____________________________  
Primary supervisor  Date  

___________________________________________  _____________________________  
Group therapy supervisor  Date  

___________________________________________  _____________________________  
Intern group supervisor  Date  

___________________________________________  _____________________________  
Sup of sup supervisor  Date  

___________________________________________  _____________________________  
Trainee  Date  

___________________________________________  _____________________________  
Training Director  Date  

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

July 18, 2013
APPENDIX E: INTERN EVALUATION FORM MID-SEMESTER
George Mason University
Counseling and Psychological Services

Intern Evaluation Form
Mid-semester

Intern: _______________________________ Date: ____________

Primary supervisor:
(completing this evaluation) _______________________________

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

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

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

Satisfactory:___________ Need improvement:_____________

Strengths/Areas for Growth/Comments:

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

Satisfactory:___________ Need improvement:_____________

Strengths/Areas for Growth/Comments:
Goal 3: Develop knowledge and skills to function as an effective psychologist with multi-cultural populations

Satisfactory:____________________  Need improvement:____________________

Strengths/Areas for Growth/Comments:

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

Satisfactory:____________________  Need improvement:____________________

Strengths/Areas for Growth/Comments:

Additional Comments or recommendations:

Signatures:

___________________________________________  ______________________
Primary supervisor  Date

___________________________________________  ______________________
Trainee  Date

___________________________________________  ______________________
Training Director  Date

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

June 2013
APPENDIX F: INTERN PROFESSIONAL PRESENTATION FEEDBACK FORM
GMU CAPS Intern Professional Presentation Feedback Form
(Please return form to Training Director)

<table>
<thead>
<tr>
<th>Intern: ________________________________________________</th>
<th>Date: ____________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title of Presentation: ________________________________</td>
<td>Date: ____________________</td>
</tr>
<tr>
<td>Primary supervisor: __________________________________</td>
<td>Individual providing feedback: __________________________</td>
</tr>
<tr>
<td>Training Director: __________________________________</td>
<td>(Note: TD signature indicates that learning objectives were reviewed one week before presentation)</td>
</tr>
</tbody>
</table>

### Intern:

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Met [stated learning objective #1]</td>
<td>1</td>
</tr>
<tr>
<td>Met [stated learning objective #1]</td>
<td>1</td>
</tr>
<tr>
<td>Met [stated learning objective #1]</td>
<td>1</td>
</tr>
<tr>
<td>Knew the subject matter</td>
<td>1</td>
</tr>
<tr>
<td>Presented content in an organized manner</td>
<td>1</td>
</tr>
<tr>
<td>Maintained my interest</td>
<td>1</td>
</tr>
<tr>
<td>Answered questions effectively</td>
<td>1</td>
</tr>
<tr>
<td>Teaching methods were effective</td>
<td>1</td>
</tr>
<tr>
<td>Visual aids, handouts, and oral presentations clarified content</td>
<td>1</td>
</tr>
<tr>
<td>Information can be applied to my practice</td>
<td>1</td>
</tr>
<tr>
<td>Reviewed and discussed relevant research</td>
<td>1</td>
</tr>
</tbody>
</table>

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

Other comments (use back if needed):
APPENDIX G: CLINICAL CASE PRESENTATION FEEDBACK FORM
Clinical Case Presentation Feedback Form
(Please return form to Training Director)

First-Year Fall
First-Year Spring
Second-Year Fall
Second-Year Spring

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

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

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>CONSISTENT PERFORMANCE ABOVE EXPECTED DEVELOPMENTAL LEVEL OF AN INTERN</td>
</tr>
<tr>
<td>4</td>
<td>PERFORMANCE FLUCTUATES BETWEEN EXPECTED AND ABOVE EXPECTED DEVELOPMENTAL LEVEL OF AN INTERN</td>
</tr>
<tr>
<td>3</td>
<td>PERFORMANCE AT EXPECTED DEVELOPMENTAL LEVEL OF AN INTERN</td>
</tr>
<tr>
<td>2</td>
<td>PERFORMANCE FLUCTUATES BETWEEN EXPECTED AND BELOW EXPECTED DEVELOPMENTAL LEVEL OF AN INTERN</td>
</tr>
<tr>
<td>1</td>
<td>CONSISTENTLY PERFORMS BELOW EXPECTED DEVELOPMENTAL LEVEL OF AN INTERN</td>
</tr>
<tr>
<td>N/A</td>
<td>NOT APPLICABLE</td>
</tr>
</tbody>
</table>

CLINICAL CASE PRESENTATION

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

Comments:
APPENDIX H: INTERN CONSULTATION PROJECT FEEDBACK FORMS
(FOR PROJECT MENTOR AND CAPS STAFF)
Consultation Project Feedback Form--Mentor
(Please return form to Training Director)

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

Name of Intern: __________________________________ Date: _________________
Title of Consultation Project: _____________________________
Consultation Project Mentor: _____________________________
Training Director: ______________________________________

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

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>CONSISTENT PERFORMANCE ABOVE EXPECTED DEVELOPMENTAL LEVEL OF AN INTERN</td>
</tr>
<tr>
<td>4</td>
<td>PERFORMANCE FLUCTUATES BETWEEN EXPECTED AND ABOVE EXPECTED DEVELOPMENTAL LEVEL OF AN INTERN</td>
</tr>
<tr>
<td>3</td>
<td>PERFORMANCE AT EXPECTED DEVELOPMENTAL LEVEL OF AN INTERN</td>
</tr>
<tr>
<td>2</td>
<td>PERFORMANCE FLUCTUATES BETWEEN EXPECTED AND BELOW EXPECTED DEVELOPMENTAL LEVEL OF AN INTERN</td>
</tr>
<tr>
<td>1</td>
<td>CONSISTENTLY PERFORMS BELOW EXPECTED DEVELOPMENTAL LEVEL OF AN INTERN</td>
</tr>
<tr>
<td>N/A</td>
<td>NOT APPLICABLE</td>
</tr>
</tbody>
</table>

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

Comments:
CONSULTATION PROJECT FEEDBACK FORM – CAPS STAFF
Please return to training director

Intern: __________________________________________________________
Title of Consultation Project: ________________________________________
Person providing feedback: _________________________________________
Consultation project mentor: ________________________________________
Training director: __________________________________________________

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

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

**CONSULTATION PROJECT**

<table>
<thead>
<tr>
<th>Rating</th>
<th>Intern articulated an effective research question</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Intern selected appropriate methodology to examine the research question</td>
</tr>
<tr>
<td></td>
<td>Intern demonstrated knowledge of recent research in the area of the consultation project</td>
</tr>
<tr>
<td></td>
<td>Intern effectively articulated consultation project results</td>
</tr>
<tr>
<td></td>
<td>Intern effectively presented the consultation project proposal or final project</td>
</tr>
<tr>
<td></td>
<td>Intern presentation was professional in appearance and behavior</td>
</tr>
</tbody>
</table>

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

Comments on the project proposal or final presentation (use back if needed):
APPENDIX I: TRAINEE EVALUATION OF SUPERVISOR FORM
Please provide feedback for your supervisor in the space below. This is an opportunity for you to request additional support in one of the identified domains. Please use the following scale in your responses:

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

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

I. Supervisory environment:
   A. Aids in establishing and maintaining the focus of supervision.
      
      
      5 4 3 2 1 N/A
   B. Is available for consultation when needed outside the regular supervisory time.
      
      
      5 4 3 2 1 N/A
   C. Notifies trainee in advance when unable to keep scheduled supervisory sessions.
      
      
      5 4 3 2 1 N/A
   D. Avoids interruptions during supervision.
      
      
      5 4 3 2 1 N/A
   E. Shows interest in trainee concerns.
      
      
      5 4 3 2 1 N/A
F. Respects personal differences between supervisor and trainee.

5  4  3  2  1  N/A

G. Serves as an advocate or support person for trainee

5  4  3  2  1  N/A

H. Uses appropriate self-disclosure

5  4  3  2  1  N/A

I. Works to establish a “climate of trust” to maximize an honest and candid exchange of feelings and ideas.

5  4  3  2  1  N/A

J. Works constructively to resolve conflict in supervisory relationship

5  4  3  2  1  N/A

Additional comments:

II. Supervision

A. Assists with case conceptualization

5  4  3  2  1  N/A

B. Clearly conveys feedback about cases or theory

5  4  3  2  1  N/A

C. Conveys a sound conceptual grasp of clients and their problems

5  4  3  2  1  N/A

D. Offers constructive treatment suggestions

5  4  3  2  1  N/A

E. Discusses the application of ethical principles

5  4  3  2  1  N/A
F. Uses appropriate didactic material when needed

5  4  3  2  1  N/A

G. Explores the appropriate use of various counseling processes

5  4  3  2  1  N/A

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

5  4  3  2  1  N/A

I. Recognizes own therapeutic limitations and makes appropriate referrals.

5  4  3  2  1  N/A

Additional comments:

III. Communication

A. Regularly provides constructive feedback and support.

5  4  3  2  1  N/A

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

5  4  3  2  1  N/A

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

5  4  3  2  1  N/A

D. Willingly examines the supervisor/trainee relationship when needed

5  4  3  2  1  N/A

E. Acknowledges trainee’s competencies and provides positive reinforcement

5  4  3  2  1  N/A

F. Encourages independent thinking and action.

5  4  3  2  1  N/A
G. Frankly discusses trainee limitations and growth areas

5  4  3  2  1  N/A

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

5  4  3  2  1  N/A

I. Provides supervision appropriate to supervisee’s developmental level

5  4  3  2  1  N/A

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

5  4  3  2  1  N/A

K. Aids in setting goals for supervision

5  4  3  2  1  N/A

Additional comments:

Signatures:

__________________________________________  ________________________________
Supervisee                                      Date

__________________________________________  ________________________________
Supervisor                                     Date

__________________________________________  ________________________________
Training Director                               Date

__________________________________________  ________________________________
Executive Director                             Date
TRAINING PROGRAM EVALUATION FORM

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

<table>
<thead>
<tr>
<th>Period/Area</th>
<th>Positives/Strengths</th>
<th>Negatives/Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interview process</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orientation</td>
<td></td>
<td></td>
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<tr>
<td>Starting up</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intakes/referrals/walk-ins</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervision (received)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervision training</td>
<td></td>
<td></td>
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<tr>
<td>Multicultural focus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Period/Area</td>
<td>Positives/Strengths</td>
<td>Negatives/Challenges</td>
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<tr>
<td>Training in ethics</td>
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<tr>
<td>Physical space/technology</td>
<td></td>
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<tr>
<td>Groups</td>
<td></td>
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<tr>
<td>Seminars</td>
<td></td>
<td></td>
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<tr>
<td>Outreach/consultation</td>
<td></td>
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</tr>
<tr>
<td>Other comments</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX K: INTERN SEMINAR MINI-COURSE EVALUATION FORM
Intern Seminar Mini-Course Evaluation Form

Mini-Course Title ________________________  Date _____________

Presenter(s) ________________________________________________

Please rate each item below using the following scale:

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

The topic was relevant to my training.  ____

The topic was interesting to me.  ____

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

I would recommend this mini-course.  ____

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

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

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

### I. PERSONAL CONSULTATION/INITIAL EVALUATIONS

<table>
<thead>
<tr>
<th>Skill</th>
<th>Unfamiliar</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<tbody>
<tr>
<td>Gathering information to identify client concerns</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>Assessing personal safety</td>
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<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Assessing risk to others</td>
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<td>1</td>
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<td>3</td>
<td>4</td>
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<tr>
<td>Developing a case conceptualization</td>
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<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Making a judgment re: case disposition</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Making a multi-axial diagnosis</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Knowing when/where to refer for medication</td>
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<td>1</td>
<td>2</td>
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<td>5</td>
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### II. INDIVIDUAL PSYCHOTHERAPY

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

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

IV. OUTREACH

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

V. CONSULTATION

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

VI. SUPERVISION

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

VII. PROFESSIONAL RELATIONSHIP BUILDING

Accurately assessing group/office dynamics and responding appropriately 1 2 3 4 5
Consulting effectively with members of a multi-disciplinary treatment team 1 2 3 4 5
Effectively managing conflict 1 2 3 4 5
Processing cultural differences within professional group 1 2 3 4 5
Other areas of strength? Growth edges? Training priorities for you during internship?

Please gather applicable signatures:

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trainee signature</td>
<td></td>
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<tr>
<td>Supervisor signature</td>
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<td>Supervisor signature</td>
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<tr>
<td>Externship coordinator signature</td>
<td></td>
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<tr>
<td>Social work field instructor signature</td>
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<tr>
<td>Training director signature</td>
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August 23, 2012
APPENDIX M: BEHAVIORAL CHANGE PLAN
<table>
<thead>
<tr>
<th>Competency Components (Consistent with Intern Evaluation)</th>
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<tbody>
<tr>
<td></td>
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<tr>
<td>Specific Behavior(s) of Concern</td>
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<tr>
<td>Expectations for Acceptable Performance</td>
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<tr>
<td>Intern Responsibilities</td>
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<td></td>
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<tr>
<td>Supervisor Responsibilities</td>
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<td></td>
</tr>
<tr>
<td>Timeframe for Acceptable Performance</td>
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<tr>
<td></td>
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<tr>
<td>Assessment Methods Used</td>
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<tr>
<td></td>
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<tr>
<td>Dates of Evaluation</td>
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<tr>
<td></td>
</tr>
<tr>
<td>Consequences for Unsuccessful plan</td>
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</tbody>
</table>

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

Intern __________________________________________________________________________ Date: __________

Individual Supervisor __________________________________________________________________ Date: __________

Intern Group Supervisor __________________________________________________________________ Date: __________

Therapy Group Supervisor: __________________________________________________________________ Date: __________

Training Director __________________________________________________________________________ Date: __________
APPENDIX N: FORMAL REMEDIATION PLAN
### Counseling and Psychological Services Formal Remediation Plan

<table>
<thead>
<tr>
<th>Competency Components (Consistent with Intern Evaluation)</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Specific Behavior(s) of Concern</td>
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<tr>
<td>Expectations for Acceptable Performance</td>
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<tr>
<td>Intern Responsibilities</td>
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<td>Supervisor Responsibilities</td>
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<td>Timeframe for Acceptable Performance</td>
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<tr>
<td>Assessment Methods Used</td>
<td></td>
</tr>
<tr>
<td>Dates of Evaluation</td>
<td></td>
</tr>
<tr>
<td>Consequences for Unsuccessful plan</td>
<td></td>
</tr>
</tbody>
</table>

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

Intern ______________________________ Date: __________

Individual Supervisor ___________________________ Date: __________

Intern Group Supervisor ___________________________ Date: __________

Therapy Group Supervisor: ___________________________ Date: __________

Training Director __________________________________ Date: __________
APPENDIX O: REMEDIATION PLAN AGREEMENT
George Mason University
Counseling and Psychological Services

Summary of Intern’s Skill Deficiencies

Date of Remediation Plan Meeting:
Name of Intern:
Training Director:
Names of All Supervisors Present at the Meeting:
All Additional Pertinent Supervisors/Faculty:
Date for Follow-up Meeting(s):

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

_______1. An inability and/or unwillingness to acquire and integrate professional standards into one’s repertoire of professional behavior;
_______2. Professional or ethical breach(es) (either one major or several minor);
_______3. An inability to acquire professional skills to reach an acceptable level of competency;
_______4. An inability to control personal stress, psychological dysfunction and/or excessive emotional reactions that interfere with professional functioning;
_______5. The intern does not acknowledge, understand, or address the problem when it is identified;
_______6. The problem is not merely a reflection of a skill deficit that can be rectified by academic or didactic training;
_______7. The quality of services delivered by the intern is consistently negatively affected;
_______8. The problem is not restricted to one area of professional functioning;
_______9. A disproportionate amount of attention by training personnel is required; and/or
_______10. The intern’s behavior does not change as a function of feedback, remediation efforts, and/or time.

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

Internship goals/objectives in which the intern’s performance does not meet expectations (check all that apply):
Goal #1: Develop the knowledge and professional practices that assure adherence to the ethical standards for psychologists

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

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

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

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

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

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

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

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

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

Steps already taken by the supervisor(s)/training director to address the problem(s):
George Mason University
Counseling and Psychological Services

Remediation Plan Agreement

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

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

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

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

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

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

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

Intern : ______________________________ Date: ______________

Individual Supervisor: ______________________________ Date: ______________

Intern Group Supervisor: ______________________________ Date: ______________

Therapy Group Supervisor: ______________________________ Date: ______________

Training Director: ______________________________ Date: ______________

Cc: Academic Program Director of Clinical Training
    CAPS Executive Director
APPENDIX P: PERMISSION TO RECORD
GEORGE MASON UNIVERSITY
COUNSELING AND PSYCHOLOGICAL SERVICES

PERMISSION TO RECORD

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

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

Client Name (print) _______________________________

Signature________________________                  Date______________________________

Revised April 2014
APPENDIX Q: NOTIFICATION OF SUPERVISION
Your counselor is either a counselor in training or an unlicensed counselor

The name of your counselor’s supervisor is listed below. When applicable, the “counselor of record” is the person who supervises your counselor’s supervisor

You have the right to meet your counselor’s supervisor or the “counselor of record,” if you wish.

Counselor:  Title: Clinical Psychology Intern
Supervisor:  Title: Licensed Clinical Psychologist
Counselor of Record: N/A  Title: N/A

Client name (print)

Client signature  Date

Revised 9/1/09
APPENDIX R: WEEKLY SUPERVISION DOCUMENT
GEORGE MASON UNIVERSITY COUNSELING AND PSYCHOLOGICAL SERVICES
WEEKLY SUPERVISION DOCUMENT

Supervisee: __________________________
Supervisor: __________________________

To be completed by supervisee prior to supervision meeting:

Client (First name & last initial): __________
____On-going client (Session #: _____)
____Intake (date: ________)
Most relevant issues for client at this time:

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

Client: __________
____On-going client (Session #: _____)
____Intake (date: ________)
Most relevant issues for client at this time:

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

Client: __________
____On-going client (Session #: _____)
____Intake (date: ________)
Most relevant issues for client at this time:

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

To be completed by supervisor:

Date: __________
Supervisor of Record: __________________________
(If applicable)

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

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

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

Discussed? Y/N  Recording reviewed? Y/N
Issues discussed:
| Client: ______ On-going client (Session #: _____) | Discussed? Y/N  Recording reviewed? Y/N |
| Intake (date:_______) | Issues discussed: |

Most relevant issues for client at this time:

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

| Client: ______ On-going client (Session #: _____) | Discussed? Y/N  Recording reviewed? Y/N |
| Intake (date:_______) | Issues discussed: |

Most relevant issues for client at this time:

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

| Client: ______ On-going client (Session #: _____) | Discussed? Y/N  Recording reviewed? Y/N |
| Intake (date:_______) | Issues discussed: |

Most relevant issues for client at this time:

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

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

_________________________  ________________________
Supervisor Signature  Date
APPENDIX S: SUPERVISION OF SUPERVISION DOCUMENT
SUPERVISION OF SUPERVISION DOCUMENT

Extern counselor:______________________  Date: ________________
Intern supervisor:______________________  Supervisor of record:______________________

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

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

Additional topics discussed:

____________________________________  ___________________________________

Intern supervisor signature  Supervisor of Record signature

Rev. 9/15/2010
APPENDIX T: OUTREACH AND CONSULTATION EXPERIENCES FORM
# Intern Outreach and Consultation Experiences Sign-Off Form

Name: ____________________________________________

<table>
<thead>
<tr>
<th>First year</th>
<th>Date &amp; Program Title</th>
<th>Date &amp; Program Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall:</td>
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<tr>
<td>Spring:</td>
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<tr>
<td>Summer:</td>
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<tr>
<td>Approval signatures:</td>
<td>Outreach Coordinator</td>
<td>Training Director</td>
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</table>

<table>
<thead>
<tr>
<th>Second year</th>
<th>Date &amp; Program Title</th>
<th>Date &amp; Program Title</th>
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<tbody>
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<tr>
<td>Spring:</td>
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<td>Summer:</td>
<td>_____________________</td>
<td>_____________________</td>
</tr>
<tr>
<td>Approval signatures:</td>
<td>Outreach Coordinator</td>
<td>Training Director</td>
</tr>
</tbody>
</table>

### Consultation Project

Project title: ____________________________________________

- [ ] Research question identified
- [ ] Written proposal presentation completed
- [ ] Methodology description completed
- [ ] Contract completed

Proposal approval date: ____________________________

<table>
<thead>
<tr>
<th>Approval signatures:</th>
<th>Training Director</th>
<th>Director</th>
</tr>
</thead>
</table>

Project completion date: ____________________________

<table>
<thead>
<tr>
<th>Completion signatures:</th>
<th>Training Director</th>
<th>Director</th>
</tr>
</thead>
</table>

6/30/09
APPENDIX U: CONSULTATION PROJECT MENTORSHIP AGREEMENT
GMU CAPS Consultation Project Mentorship Agreement

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>GMU CAPS INTERN</th>
<th>Date</th>
<th>GMU CAPS MENTOR</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>GMU CAPS TRAINING DIR</td>
<td>Date</td>
<td>GMU CAPS EXEC DIR</td>
<td>Date</td>
</tr>
</tbody>
</table>
APPENDIX V: SUGGESTED CASE PRESENTATION FORMAT AND CONTENT
SUGGESTED CASE PRESENTATION FORMAT AND CONTENT

Please be sure to remove all identifying information.

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

A. Brief description of client (age, gender, physical appearance, self presentation, relationship status, dress, living situation, cultural background, university status, etc.) (2 mins)

B. Presenting problem, including history of problem and attempts to resolve it (3-5 mins)

C. Relevant history, including family history and dynamics; psychiatric or physical *concerns including risk*, prior counseling, relevant education/work history (all in more detail in report—if applicable—than in presentation) (3-5 mins)

D. Possible DSM V Diagnoses; be able to discuss and provide supporting evidence and diagnostic “rule outs” (1-2 mins)

E. Conceptualization from a specific theoretical framework. Pay special attention to multicultural considerations (5-7 mins)

F. Treatment goals (2 mins)

G. Work to date: how client presents within session and your interventions; potential transference and counter-transference issues (7 mins)

H. Video clip (5 mins)

Total max time until here: 35 mins

I. Questions for discussion

**Reminders:**

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

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

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

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

A. Brief description of client (age, gender, physical appearance, self presentation, relationship status, dress, living situation, cultural background, university status, etc.)

B. Presenting problem, including history of problem and attempts to resolve it

C. Relevant history, including family history and dynamics; psychiatric or physical concerns including risk, prior counseling, relevant education/work history

D. Possible DSM V Diagnoses; be able to discuss and provide supporting evidence and diagnostic “rule outs”

E. Conceptualization from a specific theoretical framework. Paying special attention to multicultural considerations

F. Treatment goals

G. Work to date: how client presents within session and your interventions; potential transference and counter-transference issues

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

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

Interns may receive feedback from their supervisor or other staff members if these guidelines are not followed.
APPENDIX X: GEORGE MASON UNIVERSITY POLICIES
I. SCOPE

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

II. POLICY STATEMENT

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

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

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

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

III. RESPONSIBLE PARTIES

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

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

V. EFFECTIVE DATE AND APPROVAL

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

Approved:

/S_____________________
Senior Vice President

/S_____________________
Provost

Date approved: April 20, 2006

Date of most recent review: October 8, 2012
University Policy Number 1202

Categorized: General Policies

Responsible Office: Office of Equity and Diversity Services

Policy Procedure:

- Equal Opportunity/Affirmative Action Grievance Procedures

Related Law & Policy:

- Policy 1201: Non-Discrimination Policy

I. SCOPE

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

II. POLICY STATEMENT

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

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

1. Sexual assault

2. Explicitly or implicitly requiring submission to sexual advances as a condition or term of education or employment, i.e., grades, employment, promotion, letters of recommendation or other privileges

3. Repetitive sexual comments, questions, jokes, gestures or other forms of sexually explicit expression

Any student, faculty member, or staff employee, who believes he or she is the victim of sexual harassment, should report the incident promptly in the manner most comfortable to him or her. The Equal Opportunity/Affirmative Action Grievance Procedures, list the various ways to file a complaint.
Any employee who becomes aware of sexual harassment or other potentially discriminatory behavior, as detailed in University Policy 1201, must contact the Office of Equity and Diversity Services.

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

III. RESPONSIBLE PARTIES

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

IV. COMPLIANCE

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

V. EFFECTIVE DATE AND APPROVAL

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

Approved:

/S____________________
Senior Vice President

/S____________________
Provost

Date approved: April 20, 2006

Date of most recent review: October 8, 2012

* Note: Sexual harassment does not include verbal expression or written material that is relevant to course subject matter or curriculum and this policy shall not abridge academic freedom or George Mason University’s educational mission.
University Policy Number 1203

Categorized: General Policies

Responsible Office: Office of Equity and Diversity Services

Policy Procedure:

- Reasonable Accommodation Procedure for Students
- Reasonable Accommodation Procedure for Employees
- Reasonable Accommodation Procedure for participants in non-academic programs
- Equal Opportunity/Affirmative Action Grievance Procedures

Related Law & Policy:

- Policy 1201: Non-Discrimination Policy

I. SCOPE

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

II. POLICY STATEMENT

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

III. RESPONSIBILITIES

The Office of Equity and Diversity Services is responsible for administering and monitoring George Mason University’s policy on non-discrimination and reasonable accommodation on the basis of disability. The Office of Equity and Diversity Services and employing departments are jointly responsible for providing reasonable accommodations for employees.
Program units are responsible for providing accommodations for non-academic programs with the assistance of the Office of Equity and Diversity Services. The Office of Disability Services is responsible for determining reasonable accommodations for students. Academic departments and faculty members are responsible for providing those accommodations in cooperation with the Office of Disability Services.

IV. COMPLIANCE

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

V. EFFECTIVE DATE AND APPROVAL

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

Approved:

_/S___________________
Senior Vice President

_/S___________________
Provost

Date approved: April 20, 2006

Date of most recent review: October 8, 2012