

**TRAINING MANUAL**

**DOCTORAL INTERNSHIP IN HEALTH SERVICE PSYCHOLOGY**

**GEORGE MASON UNIVERSITY**

**COUNSELING AND PSYCHOLOGICAL SERVICES**

**2016-2018**

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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 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 non-discrimination policy (University Policy #1201):

*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, gender identity, 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.*

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” interns 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.

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| **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 conduct1.2 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 ethicsInterns 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 welfareInterns will minimize the potential for dual relationships with clients and discuss such relationships in supervisionInterns will be respectful of cultural differences with clientsInterns will demonstrate awareness of personal limitations and biasesInterns 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 welfareInterns will minimize the potential for dual relationships with supervisees and discuss such relationships in supervision of supervisionInterns 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:*** 1. Interns will develop skills to accurately assess clients, evaluate treatment needs, and make appropriate diagnoses
	2. Interns will develop professional skills in individual counseling
	3. Interns will develop professional skills in group counseling
	4. Interns will develop supervision skills
	5. Interns will develop skills in strategies of scholarly inquiry
	6. Interns will develop consultation skills
	7. Interns will develop case presentation skills
	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 clientsInterns will gather necessary information in initial interviewsInterns will accurately assess risk factors and immediate needsInterns will develop a plan to continue to adequately assess risk and safety factorsInterns will develop appropriate case conceptualizationsInterns will make appropriate treatment recommendationsInterns will write clear, concise, and objective intake notesInterns 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 clientsInterns will work with clients to develop appropriate and attainable counseling goalsInterns will help clients explore thoughts, feelings, and behaviorsInterns will explore multicultural issues with clientsInterns will use interventions that fit the agency’s brief treatment modelInterns will effectively time interventions, so that they are consistent with the client’s ability to benefit from such interventionsInterns will recognize non-verbal behavior of clients and respond appropriatelyInterns will effectively manage terminationInterns will provide appropriate referrals for long-term work, if neededInterns will write clear, concise, and objective case notesInterns will complete case notes within 48 hours following individual counseling sessionInterns 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-therapistInterns will establish and maintain a therapeutic relationship with clients in group Interns will address client concerns about confidentiality in groupInterns will use process interventions to further the group work when appropriateInterns will help group members explore thoughts, feelings, and behaviorsInterns will explore multicultural issues with clients in groupInterns will effectively manage group terminationInterns will write clear, concise, and objective group notesInterns 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 supervisionInterns will participate actively in supervision of supervision meetingsInterns will discuss multicultural issues with superviseesInterns will provide support and guidance to supervisees and help them improve clinical skillsInterns will demonstrate ability to attend to client welfare within supervisory contextInterns will seek additional supervision of supervision when necessary to ensure client safetyInterns will provide appropriate and timely feedback to supervisees as needed, in consultation with the supervisor of supervisionInterns 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 researchInterns will integrate recent research findings into their clinical workInterns will integrate recent research findings in their supervision of traineesInterns will use empirically-supported treatments that fit the agency’s brief treatment modelInterns will use appropriate methodology in consultation projectsInterns 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 consultationInterns will articulate an effective research questionInterns will select appropriate methodology to examine the research questionInterns will come prepared to mentorship consultation meetings and appropriately utilize sessions to develop projectInterns will develop an effective working relationship with consultation partner (s)Interns will effectively implement the study methodologyInterns will demonstrate the ability to effectively evaluate program needsInterns will demonstrate knowledge of recent research in the area of their consultation projectInterns will effectively articulate consultation project resultsInterns will effectively present the consultation proposal and final projectInterns’ 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 interventionsInterns will discuss the rationale for client interventionsInterns will discuss the theoretical foundations of their clinical workInterns will discuss their conceptualization of client dynamics and the therapeutic processInterns will demonstrate the ability to identify and implement treatment goalsInterns will show a consideration of multicultural concerns and factors in their work with clientInterns’ videos will demonstrate a working alliance with the clientInterns’ videos will demonstrate a successful intervention, struggle, or change over timeInterns will be able to discuss the outcome of the intervention shown in the video from their theoretical orientationInterns will provide supporting evidence and rule outs for diagnosesInterns 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 clientInterns’ presentations will be clear and conceptually accurateInterns’ case presentation reports will be accurately written and include all areas required for discussionInterns will identify scholarly reading that connects to the client caseInterns 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 goalsInterns will demonstrate knowledge of the subject matterInterns will present content in an organized mannerInterns will maintain the interest of listenersInterns will answer questions effectivelyInterns will use effective teaching methodsInterns’ visual aids, handouts, and oral presentation will clarify contentInterns will present information that can be applicable in clinical practiceInterns 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 identities3.2 Interns will learn about multicultural issues3.3 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 attitudesInterns 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 seminarsInterns will discuss multicultural issues in individual and group supervisionInterns 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 planningInterns will use therapy models consistent with clients’ belief systemsInterns will understand how personal values interact, and potentially conflict, with clients’ valuesInterns will maintain respect for clients’ values while recognizing them as possible source of problemsInterns will work effectively with clients representing diversity of gender, sexual orientation, culture, ethnicity, disability, age, spirituality, undocumented status, and other areas of differenceInterns will demonstrate comfort in discussing cultural issues with clientsInterns will demonstrate cultural sensitivity in interactions with CAPS staffInterns 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 professionalism4.1 Interns will develop effective working relationship with CAPS staff4.2 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 guidelinesInterns will exhibit timely attendance at meetingsInterns will display organization in the negotiation of their various responsibilities and requirementsInterns 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 staffInterns will appropriately participate in staff discussionsInterns will be receptive and non-defensive when receiving feedbackInterns 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 tasksInterns will seek staff support when neededInterns will engage in appropriate self-care activities (e.g., taking sick leave when needed) |
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# 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 locations 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 adjust their schedules by working until 7 p.m. on either Tuesday or Wednesday, in exchange for two hours away from the office at another time during the week. Adjusted work schedules must be approved in advance by the Training Director and the Associate Director for Clinical Services. Please note that interns may not adjust their schedules in exchange for extra time spent on clinical notes/documentation outside of 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: 1-2 hours/week; seminar time TBD***

Intern group supervision: Wednesdays, 10-11 a.m

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.

***Professional development hour: schedule TBD***

**Counseling Activities:**

Individual counseling: 7 hours/week (first year); 5 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: might change to triage responsibilities)***

***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.***

Clinical case management: 1 hour/week (typically divided into two 30-minute sessions)

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 every week, 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/documentation (including time to write notes and prepare for clients): 3 hours/week

**Training and Supervision:**

Individual supervision: 2 hours/week

Group supervision: 1 hour/week

Seminar, including Multicultural Case Conference: 1-2 hours/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 (advanced 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 training to University Housing staff; assisting with orientation programs; staffing informational kiosks; providing programming for other university events; or leading a workshop at CAPS.

Interns also plan and present a “consultation project” during internship. Interns are required to formally present their final consultation projects to the staff at CAPS. See below for more information about the consultation project.

Interns also present a professional continuing-education seminar for CAPS staff, 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 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 peer-reviewed research to inform their consultation projects.

Please note that interns are not expected 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 51). Interns complete a Consultation Project Mentorship Agreement (Appendix T, page 81).

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 four times to provide support with the project
* Providing a feedback meeting (“brown bag lunch”) with training staff

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 47).

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

**Intern Case Presentations**

Interns give two 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.

Both case presentations should include a DSM V diagnosis, and a discussion of the diagnostic process. In addition:

1. The first case presentation, in early spring-semester of the first year, will be a power-point presentation, including a video clip of clinical intervention (s) with a client. All identifying information must be removed from slides. The Training Director keeps a copy of the power point presentation in the intern’s file
2. The second case presentation, in late fall-semester of the second year, will be a formal power-point presentation, such as one might present for a job interview. All identifying information must be removed from the slides. Interns should 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 u (page 83).

The case presentation is evaluated using a separate evaluation document, which may be found in Appendix G (page 49).

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

Please note that interns will also informally present and discuss client cases on the first Wednesday of each month in intern group supervision.

# 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, due to psychology licensing requirements in the Commonwealth of Virginia.

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.

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 projects. 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 2016-2018**:

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

Labor Day: Monday, September 4, 2017

Thanksgiving Observance: Wednesday, November 22 (noon)--Friday, November 24, 2017

Winter Holiday Closing: Friday, December 22, 2017—Monday, January 1, 2018 (tentative)

Martin Luther King Jr. Holiday: Monday, January 15, 2018

Memorial Day: Monday, May 28, 2018

**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 trainees.

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 2016-2018

**Overview by Category**

**Self Evaluation**

1. End of Orientation August 26, 2016
2. End of 1st year June 30, 2017
3. End of 2nd year June 29, 2018

**Mid Semester Evaluation**

1. October 14, 2016
2. March 10, 2017
3. October 13, 2017
4. March 16, 2018

**End of Semester Evaluation**

1. December 16, 2016
2. June 28, 2017
3. December 15, 2017
4. June 27, 2018

**Program Evaluation**

June 29, 2018

**Case Presentations, Intern Class of 2016-2018**

**Please note that the power-point of your case presentation is due to your individual supervisor at least one week before your presentation date, to allow time for revisions.**

**First Case Presentation**

Power point due to supervisor: If Presentation Date is:

January 18, 2017 January 25, 2017

January 20, 2017 January 27, 2017

**Second Case Presentation**

Power point due to supervisor: If Presentation Date is:

December 8, 2017 December 15, 2017

December 13, 2017 December 20, 2017

**Intern Seminar/Professional Presentation**

Power point due to TD If Presentation Date is:

May 25, 2018 June 1, 2018

June 1, 2018 June 8, 2018

**Consultation Project Final Presentation (please note that consultation project presentations should be given to project mentors at least one week before presentations, to allow time for revisions)**

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

August 16, 2017 August 23, 2017

August 18, 2017 August 25, 2017

**Consultation Project Calendar**

Think about possible topics/observe

needs of center/discuss with

 Training Director and supervisor Fall 2017

Consultation Mentorship Agreement

 Completed with mentor

Due to Training Director January 27, 2017

Literature Review

(5-8 sources from

peer-reviewed journals or

published books; summarized

in a 2-3 page report)

Due to mentor June 2, 2017

Overview of consultation project and needs

 assessment plan

 (i.e. describe the focus of your project and

 how you will assess agency needs

 related to your project (for example,

this could be a staff survey or review of

Titanium data or qualitative research

 such as individual interviews with staff or others

 (2-3 more pages)

 Due to mentor June 16, 2017

 All written materials due to Training Director June 23, 2017

Implement Needs Assessment

 (e.g. send out surveys; begin

 mining data, etc.) June 16-July 7, 2017

Brown bag lunch with staff; share data and solicit

 recommendations for additional investigation July 14, 2017

Gather additional information; consult with experts;

 contact other counseling centers or other offices on

 campus, as needed; discuss additional plans with

mentor July 14-August 4, 2017

Develop recommendations based on information gathered;

 create power-point presentation August 4-18, 2017

Present consultation project to staff August 23 or 25, 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 64) 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 36). 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 44) 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 behavioral change plan or 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 (Appendix I, page 54) 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 23-month internship, interns are asked to complete the Training Program Evaluation Form (Appendix J, page 59) to provide feedback about the training program. This feedback will be considered in future program development. Interns are also encouraged to provide informal feedback at any time to their supervisors and/or Training Director.

# INTERN PERFORMANCE FEEDBACK, REMEDIATION, AND CONFLICT RESOLUTION

Internship is typically a time of significant growth and change. Providing feedback on intern successes and growth areas is an important aspect of training. Evaluation procedures have been developed to provide this feedback in a timely way, in the context of on-going supervision (see above). In most cases, this feedback process will be sufficient to support professional growth and learning throughout internship. However, there may be circumstances in which additional support or 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 formal 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, and N 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 36)

**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:
3. no further action; concerns are not deemed to warrant further action at this time
4. 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 68) is implemented and placed in the intern’s file. The intern is informed that, if expectations are not met within a specified time frame, three possible outcomes could occur: the informal plan could be extended, the intern could be placed on a formal remediation plan, or the intern could be dismissed from internship. 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 consequences of this failure to meet requirements].
5. Feedback is given to the intern about unsatisfactory behavior, and a Formal Remediation Plan (Appendix N, page 70) is implemented, including a time frame for acceptable performance in the target areas. This document is 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.
6. 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, 2016

**INTERN ORIENTATION SCHEDULE**

**COUNSELING AND PSYCHOLOGICAL SERVICES**

August 3, 5, 10, 12, 17, 19,24, and 26, 2016

All formal orientation activities are scheduled on Wednesdays and Fridays. On non-orientation days within this period, interns are encouraged to make appointments to speak individually with CAPS staff including potential supervisors; set up their schedules on Titanium; observe personal consultation sessions; obtain parking passes; and review resource materials including the Training Manual and Counselor Manual. **Interns are responsible for all material in the Training Manual, including information about relevant Virginia law, and will be asked to sign their acknowledgment that they have reviewed this material.**

All meetings are in Room C unless otherwise noted.

**Wednesday, August 3**

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

10-11 a.m. Meet with Joan Mizrahi, Associate Director for Training (no group supervision today)

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 (please attend today and next week; however, this will not be required in the future and interns do not usually have time in their schedules to attend)

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 Allie Minieri, CAPS psychologist

**Friday, August 5**

9-10 a.m Groups and workshops at CAPS—led by Marlena Wu, Assistant Director of Training

10-12 noon Multicultural case consultation –led by Karen Bagley, Assistant Director for Community Education, and Marlena Wu, Assistant Director for Training

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

1-3 p.m. Introduction to Titanium—led by Ryo Noguchi, Staff Psychologist

Training

3-5 p.m. Multicultural Services at CAPS—led by Marlena Wu, Assistant Director for Training, and Karen Bagley, Assistant Director for Community Education; possible visits to ODIME and/or LGBTQ office

**Wednesday, August 10**

9-10 a.m. Introduction to Learning Services—led by Vicki Dominick, Associate Director for Learning Services

10-11 a.m. Intern group supervision (room A)

11-noon Case conference

12-2 p.m. CAPS party for Anchal Khanna and Marlena Wu

2-3 p.m. Outreach and community education at CAPS—led by Karen Bagley, Assistant Director for Community Education

3-4 p.m Meet with Barbara Meehan, Executive Director of CAPS

4-5 p.m. Assessment, treatment, and referrals of students with eating and body-image concerns—Brooke Kahn, Staff Psychologist

**Friday, August 12**

9 -10 a.m. Referring students to psychiatry—led by Kavita Jagarlamudi, Assistant Director of

Psychiatric Services

10:00-11:00 Intern seminar with 2nd-year interns: “CAPS survival strategies”

11:00-noon Protecting privacy and security of information (all interns)—led by Joan Mizrahi, Associate Director for Training

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. Clinical assessment at CAPS: Triage and beyond (including role of CCAPS)—led by Ryo Noguchi, Staff Psychologist

2-4 p.m. Role play experience, part 1: Triage assessments—led by Jeanne Piette, Senior Associate

Director, and Allie Minieri, Staff Psychologist (all interns)

4-5 p.m. Open

**Wednesday, August 17**

9-10 a.m. Open

10-11 a.m. Intern group supervision

11-11:45 Case conference (shortened today to allow time for a quick lunch)

11:45-12:15 Lunch (please bring your lunch today since we won’t have much time)

12:15-4 p.m. (All interns) Visit Inova Fairfax Hospital ER and Inova IPAC; meet with Abby May, LPC, Director of Behavioral Health Services for Inova

(571-623-3501)

Also meet with Dr. Christina Russu at CSB Emergency Services (703-573-5679)

**Friday, August 19**

9-10 a.m Clinical consultation at CAPS: Talking with concerned families, friends, and staff members--led by Allie Minieri, Staff Psychologist

10-11 a.m. Multicultural case conference

11-11:30 a.m. Introduction to the stress lounge—led by Ryo Noguchi, Staff Psychologist

12-2 p.m. Retirement party for Joan Mizrahi

2-3 p.m. Using video equipment and preserving client confidentiality—led by Ryo Noguchi, Staff Clinician

3-4 p.m. Case management: what it is, and what it isn’t—led by Brooke Kahn, Staff Psychologist

4-5 p.m. Open

**Wednesday, August 24**

9-11 a.m. Role play experience, part 2: Case management session and telephone consultation session—led by Karen Bagley, Assistant Director for Community Education, and Allie Minieri, Staff Psychologist (all interns; no group supervision today)

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

1-4 p.m. Assessing and responding to client risk factors (all interns and externs)--Allie Minieri,

Staff Psychologist, and Jeanne Piette, Senior Associate Director

4-5 p.m. Open

**Friday, August 26**

9:00-11:00 Convocation for new students; all staff will attend (no seminar today) (actual ceremony

is 9:30-10:30, but it takes some time to walk there and back)

11:00-noon. Open

12-1 p.m. Intern lunch (all interns)

1-3 p.m. Role play experience, part 3: Crisis consultation--led by Karen Bagley, Assistant Director for Community Education, and Allie Minieri, Staff Psychologist (all interns)

3-5 p.m. Open; please give your signed acknowledgement of having reviewed the Training Manual to the Training Director

**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 participation in the Inclusive Learning Community program. This is required for all staff members. More information will be provided.
3. Please schedule University Life orientation. More information will be provided.

# APPENDIX B: INTERN SEMINAR SCHEDULE, 2016-2018

**Intern Seminars, 2016-2018**

Specific schedule for intern seminars, including multi-cultural case conference, will be determined before September 2, 2016. Additional course information/syllabi will be provided by presenters.

The following mini-courses will be presented in 2016-2017. All topics and presenters are subject to change.

Sexual Assault and campus/community resources (two hours), presented by Barbara Meehan, Executive Director.

Ethical and legal issues (four hours), presented by Jeanne Piette, Senior Associate Director; Barbara Meehan, Executive Director; and Allie Minieri, Staff Psychologist

Crisis response (four hours), presented by Jeanne Piette, Senior Associate Director; and Jennifer Kehoe, Staff Psychologist

Cultural competence (four hours), presented by Cierra Scott, Staff Clinician

Group counseling and workshops at CAPS (two hours), presented by Kavita Jagarlamudi, Assistant Director for Psychiatric Services; Vicki Dominic, Associate Director for Learning Services; and Brook Kahn, Staff Psychologist

Professionalism at CAPS (two hours, fall, and two hours, spring), presented by Valerie Ward, Staff Clinician

Program evaluation and consultation (three hours), presented by Karen Bagley, Assistant Director for Community Education, and Kavita Jagarlamudi, Assistant Director for Psychiatric Services

Introduction to supervision (four hours) (provided for second-year interns); presented by Joan Mizrahi, Associate Director for Training, and Jeanne Piette, Senior Associate Director

# APPENDIX C: TRAINING SEMINAR MINI-COURSES 2016-2018

***NOTE: These course syllabi are subject to change; additional information about mini-courses will be provided.***

**Professional Identity Development**

Goals:

Interns will:

1. Learn professional guidelines for working in a university counseling center environment (fall)
2. Learn about building professional relationships (fall)
3. Develop critical job search skills (e.g. CV writing, interview preparation, job talks, etc) (spring)
4. Learn about professional development beyond internship, including preparing for the EPPP (spring)

Seminar topics

Professionalism at CAPS

Building professional relationships

Job search preparation

Professional development after internship

**References**

American Psychological Association, (2002). The Ethical Principles of Psychologists

and Code of Conduct, *American Psychologist, 57*, 1060-73.

Guinne, J. (1998). Erikson’s life span theory: A metaphor for conceptualizing the

internship year. *Professional Psychology: Research and Practice*, 29, 615-620.

Lopez, S. & Prosser, E.(2000). Becoming an adaptive new professional: Going beyond

Plante’s principles. *Professional Psychology: Research and Practice*, 31, 461-

462.

Nezu, C., Finch, A., & Simon, N., (Eds). Becoming Board Certified by the American Board of

Professional Psychology, Oxford University Press, NY, 2009.

Plante, T.(1998). How to find a first job in professional psychology: Ten principles for

finding employment for psychology interns and postdoctoral fellows. *Professional*

*Psychology: Research and Practice*, 29, 508-511.

Turner, J.A., Edwards, L.M., Eicken, I.M., Yokoyama, K., Castro, J.R., Tran, A.N., &

Haggins, K.L. (2005). Intern self-care: An exploratory study into strategy use and

effectiveness. *Professional Psychology: Research and Practice*, 36, 674-680.

Program Evaluation and Consultation

Goals:

Interns will:

1. Understand how to conduct a Needs Assessment
2. Know some additional types of program evaluation (including outcome evaluations and efficiency evaluations)
3. Understand how to use data in program evaluations
4. Begin to apply program evaluation principles to their potential consultation project ideas

Seminar topics

1. Basics of program evaluations
2. Conducting a needs assessment
3. Applying program evaluation techniques to CAPS consultation projects

**References**

Cook, J. R. (2014). *Using Evaluation to Effect Social Change: Looking Through a Community*

*Psychology Lens.* American Journal of Evaluation, 36(1), 107-117.

doi: [http://dx.doi.org/10.1177/1098214014558504](http://psycnet.apa.org/doi/10.1177/1098214014558504)

McNamara, C. (nd). *Basic Guide to Program Evaluation (Including Outcomes Evaluation. Retrieved*

*from* [*http://managementhelp.org/evaluation/program-evaluation-guide.htm*](http://managementhelp.org/evaluation/program-evaluation-guide.htm) *7/12/2014*

*Posavac, E. J. (2011). Program evaluation: Methods and case studies (8th Ed.).* Upper Saddle

River, NJ: Prentice Hall.

Rossi, P. H., Freeman, H. E., & Lipsey, M. W. (1999). *Evaluation: A systematic approach (6th*

*Ed.).* Thousand Oaks, CA: Sage.

**Supervision Skills**

Goals:

Interns will:

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

Seminar topics

Self-Assessment, Role Transition, and Supervision Competencies (July 2016)

Models of Supervision and the Supervisory Relationship (July 2016)

Multicultural Supervision (September 2016; during Sup of Sup?)

Ethical and Legal Issues in Supervision (September, 2016; during Sup of Sup?)

**References**

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

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

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

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

# APPENDIX D: INTERN EVALUATION FORM

**George Mason University**

**Counseling and Psychological Services**

**Psychology Intern Evaluation Form**

**Intern:** ` **Date:**

**Primary supervisor:**

**Additional supervisors: Supervisory role:**

Group therapy supervisor Intern group supervisor Sup of sup supervisor

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

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

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

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

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

Participates actively in seminar discussions of ethics

5 4 3 2 1 N/A

Addresses ethical issues in individual and group supervision

 5 4 3 2 1 N/A

**Objective 1.2: Follow ethical principals in clinical work**

\*Seeks supervision when needed to promote client welfare

5 4 3 2 1 N/A

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

5 4 3 2 1 N/A

\*Is respectful of cultural differences with clients

5 4 3 2 1 N/A

Demonstrates awareness of personal limitations and biases

5 4 3 2 1 N/A

\*Follows CAPS guidelines to maintain client confidentiality

5 4 3 2 1 N/A

**Objective 1.3: Follow ethical principles in supervision**

\*Seeks supervision of supervision when needed to promote client welfare

5 4 3 2 1 N/A

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

5 4 3 2 1 N/A

Is respectful of cultural differences with supervisees

5 4 3 2 1 N/A

Demonstrates awareness of personal limitations and biases in supervision

5 4 3 2 1 N/A

**Goal 1 Average Score: \_\_\_\_\_\_\_**

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

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

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

Develops rapport with intake clients

5 4 3 2 1 N/A

Gathers necessary information in initial interviews

5 4 3 2 1 N/A

\*Accurately assesses risk factors and immediate needs

5 4 3 2 1 N/A

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

5 4 3 2 1 N/A

Develops appropriate case conceptualizations

5 4 3 2 1 N/A

Makes appropriate treatment recommendations

5 4 3 2 1 N/A

Writes clear, concise, and objective intake notes

5 4 3 2 1 N/A

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

5 4 3 2 1 N/A

Demonstrates knowledge of DSM-V diagnoses

5 4 3 2 1 N/A

**Objective 2.2: Develop professional skills in individual counseling**

Establishes and maintains a therapeutic relationship with clients

5 4 3 2 1 N/A

Works with clients to develop appropriate and attainable counseling goals

5 4 3 2 1 N/A

Helps clients explore thoughts, feelings, and behaviors

5 4 3 2 1 N/A

Explores multicultural issues with clients

5 4 3 2 1 N/A

Uses interventions that fit the agency’s brief treatment model

5 4 3 2 1 N/A

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

5 4 3 2 1 N/A

Recognizes non-verbal behavior of clients and responds appropriately

5 4 3 2 1 N/A

Effectively manages termination

5 4 3 2 1 N/A

Provides appropriate referrals for long-term work, if needed

5 4 3 2 1 N/A

Writes clear, concise, and objective case notes

5 4 3 2 1 N/A

Completes case notes within 48 hours following individual counseling session

5 4 3 2 1 N/A

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

5 4 3 2 1 N/A

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

**supervisor)**

Develops a good working relationship with the co-therapist

5 4 3 2 1 N/A

Establishes and maintains a therapeutic relationship with clients in group

5 4 3 2 1 N/A

Addresses client concerns about confidentiality in group

5 4 3 2 1 N/A

Uses process interventions to further the group work when appropriate

5 4 3 2 1 N/A

Helps group members explore thoughts, feelings, and behaviors

5 4 3 2 1 N/A

Explores multicultural issues with clients in group

5 4 3 2 1 N/A

Effectively manages group termination

5 4 3 2 1 N/A

Writes clear, concise, and objective group notes

5 4 3 2 1 N/A

Completes group notes within 48 hours following group session

5 4 3 2 1 N/A

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

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

5 4 3 2 1 N/A

Participates actively in supervision of supervision meetings

5 4 3 2 1 N/A

Discusses multicultural issues with supervisees

5 4 3 2 1 N/A

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

5 4 3 2 1 N/A

Demonstrates ability to attend to client welfare within supervisory context

5 4 3 2 1 N/A

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

5 4 3 2 1 N/A

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

5 4 3 2 1 N/A

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

5 4 3 2 1 N/A

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

Engages in thoughtful discussions of recent research

5 4 3 2 1 N/A

 Integrates recent research findings into clinical work

5 4 3 2 1 N/A

Integrates recent research in supervision of trainees

5 4 3 2 1 N/A

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

5 4 3 2 1 N/A

 Uses appropriate methodology in consultation project

5 4 3 2 1 N/A

 Uses appropriate research as basis for professional presentation

5 4 3 2 1 N/A

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

**Goal 2 Average Score (from this evaluation only): \_\_\_\_\_\_\_**

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

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

**Objective 3.1: Learn about one’s own cultural identity**

Demonstrates awareness of own beliefs, values, and attitudes

5 4 3 2 1 N/A

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

5 4 3 2 1 N/A

**Objective 3.2: Learn about multicultural issues**

Participates actively in multicultural seminars

5 4 3 2 1 N/A

 Discusses multicultural issues in individual and group supervision

5 4 3 2 1 N/A

Demonstrates the ability to respect and honor differences in world view

5 4 3 2 1 N/A

**Objective 3.3: Demonstrate cultural sensitivity in professional interactions**

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

5 4 3 2 1 N/A

Uses therapy models consistent with client’s belief systems

5 4 3 2 1 N/A

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

5 4 3 2 1 N/A

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

5 4 3 2 1 N/A

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

5 4 3 2 1 N/A

Demonstrates comfort in discussing cultural issues with clients

5 4 3 2 1 N/A

Demonstrates cultural sensitivity in interactions with CAPS staff

5 4 3 2 1 N/A

Demonstrates cultural sensitivity in interactions with other university staff

5 4 3 2 1 N/A

**Goal 3 Average Score: \_\_\_\_\_\_\_**

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

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

**Objective #4.1: Develop professionalism**

Dresses appropriately and in accordance with the trainee guidelines

5 4 3 2 1 N/A

 Exhibits timely attendance at meetings

5 4 3 2 1 N/A

Displays organization in the negotiation of various responsibilities and requirements

5 4 3 2 1 N/A

\*Appropriately responds to conflict

5 4 3 2 1 N/A

**Objective #4.2: Develop effective working relationships with CAPS staff**

 Is professional in interactions with staff

5 4 3 2 1 N/A

Appropriately participates in staff discussions

5 4 3 2 1 N/A

Is receptive and non-defensive when receiving feedback

5 4 3 2 1 N/A

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

5 4 3 2 1 N/A

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

 Sets appropriate limits when taking on tasks

5 4 3 2 1 N/A

Seeks staff support when needed

5 4 3 2 1 N/A

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

5 4 3 2 1 N/A

**Goal 4 Average Score: \_\_\_\_\_\_\_**

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

**Total Evaluation Average Score: \_\_\_\_\_\_\_**

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

**Signatures:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary supervisor Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group therapy supervisor Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intern group supervisor Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sup of sup supervisor Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trainee Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Training Director Date

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

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

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

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

Satisfactory:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Need improvement:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Strengths/Areas for Growth/Comments:

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

Satisfactory:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Need improvement:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Strengths/Areas for Growth/Comments:

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

Satisfactory:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Need improvement:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Strengths/Areas for Growth/Comments:

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

Satisfactory:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Need improvement:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Strengths/Areas for Growth/Comments:

Additional Comments or recommendations:

**Signatures:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary supervisor Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trainee Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Training Director Date

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

June 2013

# APPENDIX F: INTERN PROFESSIONAL PRESENTATION FEEDBACK FORM

**GMU CAPS Intern Professional Presentation Feedback Form**

(Please return form to Training Director)

Intern: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Presentation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individual providing feedback: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Training Director: ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 **Strongly Strongly**

**Intern: Disagree Agree**

Met [stated learning objective #1] 1 2 3 4 5

Met [stated learning objective #1] 1 2 3 4 5

Met [stated learning objective #1] 1 2 3 4 5

Knew the subject matter 1 2 3 4 5

Presented content in an organized manner 1 2 3 4 5

Maintained my interest 1 2 3 4 5

Answered questions effectively 1 2 3 4 5

Teaching methods were effective 1 2 3 4 5

Visual aids, handouts, and oral presentations clarified content 1 2 3 4 5

Information can be applied to my practice 1 2 3 4 5

Reviewed and discussed relevant research 1 2 3 4 5

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

Other comments (use back if needed):

# APPENDIX G: CLINICAL CASE PRESENTATION FEEDBACK FORM

**Clinical Case Presentation Feedback Form**

(Please return form to Training Director)

|  |  |  |  |
| --- | --- | --- | --- |
|  | First-Year Fall |  | 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:

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

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

**Comments:**

# APPENDIX H: INTERN CONSULTATION PROJECT FEEDBACK FORMS

**(FOR PROJECT MENTOR AND CAPS STAFF)**

**Consultation Project Feedback Form--Mentor**

(Please return form to Training Director)

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

Name of Intern: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Consultation Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consultation Project Mentor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Training Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**CONSULTATION PROJECT RATING**

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

**Comments:**

**CONSULTATION PROJECT FEEDBACK FORM – CAPS STAFF**

Please return to training director

Intern: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Consultation Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person providing feedback: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consultation project mentor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Training director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**CONSULTATION PROJECT Rating**

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

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

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

# APPENDIX I: TRAINEE EVALUATION OF SUPERVISOR FORM

**GEORGE MASON UNIVERSITY**

**COUNSELING AND PSYCHOLOGICAL SERVICES**

**TRAINEE EVALUATION OF SUPERVISOR FORM**

Intern:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Usually true of my experience with my supervisor 5

Often true of my experience with my supervisor 4

Neutral 3

Seldom true of my experience with my supervisor 2

Almost never true of my experience with my supervisor 1

Not applicable N/A

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

1. **Supervisory environment:**
	1. Aids in establishing and maintaining the focus of supervision.

5 4 3 2 1 N/A

* 1. Is available for consultation when needed outside the regular supervisory

 time.

5 4 3 2 1 N/A

* 1. Notifies trainee in advance when unable to keep scheduled supervisory

 sessions.

5 4 3 2 1 N/A

* 1. Avoids interruptions during supervision.

5 4 3 2 1 N/A

* 1. Shows interest in trainee concerns.

5 4 3 2 1 N/A

* 1. Respects personal differences between supervisor and trainee.

5 4 3 2 1 N/A

* 1. Serves as an advocate or support person for trainee

5 4 3 2 1 N/A

* 1. Uses appropriate self-disclosure

5 4 3 2 1 N/A

* 1. 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

* 1. Works constructively to resolve conflict in supervisory relationship

5 4 3 2 1 N/A

Additional comments:

 **II.Supervision**

1. Assists with case conceptualization

5 4 3 2 1 N/A

1. Clearly conveys feedback about cases or theory

5 4 3 2 1 N/A

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

5 4 3 2 1 N/A

1. Offers constructive treatment suggestions

5 4 3 2 1 N/A

1. Discusses the application of ethical principles

5 4 3 2 1 N/A

1. Uses appropriate didactic material when needed

5 4 3 2 1 N/A

1. Explores the appropriate use of various counseling processes

5 4 3 2 1 N/A

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

5 4 3 2 1 N/A

1. 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

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

5 4 3 2 1 N/A

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

5 4 3 2 1 N/A

1. Willingly examines the supervisor/trainee relationship when needed

5 4 3 2 1 N/A

1. Acknowledges trainee’s competencies and provides positive reinforcement

5 4 3 2 1 N/A

1. Encourages independent thinking and action.

5 4 3 2 1 N/A

1. Frankly discusses trainee limitations and growth areas

5 4 3 2 1 N/A

1. 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

1. Provides supervision appropriate to supervisee’s developmental level

5 4 3 2 1 N/A

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

5 4 3 2 1 N/A

1. Aids in setting goals for supervision

5 4 3 2 1 N/A

Additional comments:

Signatures:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisee Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Training Director Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director Date

# APPENDIX J: TRAINING PROGRAM EVALUATION FORM

**TRAINING PROGRAM EVALUATION FORM**

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

**Period/Area Positives/Strengths Negatives/Challenges**

**Interview process**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Orientation**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Starting up**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Intakes/referrals/walk-ins**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervision (received)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervision training**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Multicultural focus**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Period/Area Positives/Strengths Negatives/Challenges**

**Training in ethics**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physical space/technology**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Groups**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Seminars**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Outreach/consultation**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other comments**

# APPENDIX K: INTERN SEMINAR MINI-COURSE EVALUATION FORM

**Intern Seminar Mini-Course Evaluation Form**

**Mini-Course Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Presenter(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please rate each item below using the following scale:

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

The topic was relevant to my training. \_\_\_\_\_

The topic was interesting to me. \_\_\_\_\_

I have a better understanding of this topic and how I

can use what I learned in my clinical work. \_\_\_\_\_

I would recommend this mini-course. \_\_\_\_\_

Comments:

# APPENDIX L: SELF-ASSESSMENT OF SKILLS FORM

**SELF-ASSESSMENT OF SKILLS**

COUNSELING AND PSYCHOLOGICAL SERVICES

GEORGE MASON UNIVERSITY

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

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

5. Special strength: you could teach this skill to others

4. Satisfactory strength: you use this skill consistently and with confidence

3. Developing: you are well on your way to developing this skill but not yet completely confident

2. Aware: you have introductory knowledge but would like more supervised experience

1. Unfamiliar but interested: you have little knowledge and virtually no experience with this skill but would like to learn it

1. **PERSONAL CONSULTATION/INITIAL EVALUATIONS**

Unfamiliar Strong

Gathering information to identify client concerns 1 2 3 4 5

Assessing personal safety 1 2 3 4 5

Assessing risk to others 1 2 3 4 5

Developing a case conceptualization 1 2 3 4 5

Making a judgment re: case disposition 1 2 3 4 5

Making a multi-axial diagnosis 1 2 3 4 5

Knowing when/where to refer for medication 1 2 3 4 5

1. **INDIVIDUAL PSYCHOTHERAPY**

Developing appropriate short-term goals 1 2 3 4 5

Applying brief therapy models 1 2 3 4 5

Developing a theoretically-grounded case

conceptualization as a foundation for therapy 1 2 3 4 5

Providing therapy from a cognitive-behavioral

perspective 1 2 3 4 5

Providing therapy from a dynamic

perspective 1 2 3 4 5

Providing therapy from an interpersonal

perspective 1 2 3 4 5

Providing therapy from a humanistic

perspective 1 2 3 4 5

Exploring feelings and emotionally-charged

topics with clients 1 2 3 4 5

Incorporating diversity and cultural differences

in therapy 1 2 3 4 5

Making referrals for off-campus therapy 1 2 3 4 5

Monitoring and discussing your emotional

reactions to clients or clinical issues in supervision 1 2 3 4 5

1. **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

1. **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

1. **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

1. **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

1. **PROFESSIONAL RELATIONSHIP BUILDING**

Accurately assessing group/office dynamics

and responding appropriately 1 2 3 4 5

Consulting effectively with members of a

multi-disciplinary treatment team 1 2 3 4 5

Effectively managing conflict 1 2 3 4 5

Processing cultural differences within

professional group 1 2 3 4 5

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

Please gather applicable signatures:

Trainee signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Externship coordinator signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social work field instructor signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Training director signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

August 23, 2012

# APPENDIX M: BEHAVIORAL CHANGE PLAN

**Counseling and Psychological Services Behavioral Change Plan**

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

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

Intern \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_

Individual Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_

Intern Group Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_

Therapy Group Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Training Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_

# APPENDIX N: FORMAL REMEDIATION PLAN

**Counseling and Psychological Services Formal Remediation Plan**

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

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

Intern \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_

Individual Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_

Intern Group Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_

Therapy Group Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Training Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_

Cc: Academic program Director of Clinical Training

 CAPS Executive Director

# APPENDIX O: 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 P: NOTIFICATION OF SUPERVISION

**GEORGE MASON UNIVERSITY**

**COUNSELING AND PSYCHOLOGICAL SERVICES**

**NOTIFICATION OF SUPERVISION**

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

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

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

Counselor: Title: Clinical Psychology Intern

Supervisor: Title: Licensed Clinical Psychologist

Counselor of Record: N/A Title: N/A

|  |  |  |
| --- | --- | --- |
| Client name (print) |  |  |
| Client signature |  | Date |

*Revised 9/1/09*

# APPENDIX Q: WEEKLY SUPERVISION DOCUMENT

**GEORGE MASON UNIVERSITY COUNSELING AND PSYCHOLOGICAL SERVICES**

**WEEKLY SUPERVISION DOCUMENT**

**Supervisee:**  **Date:**\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor:**  **Supervisor of Record:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (If applicable)

**To be completed by supervisee prior to To be completed by supervisor:**

**supervision meeting:**

**Client** (First name & last initial):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Discussed? Y/N Recording reviewed? Y/N

\_\_\_\_\_On-going client (Session #: \_\_\_\_\_\_) Issues discussed:

\_\_\_\_\_Intake (date:\_\_\_\_\_\_\_\_)

Most relevant issues for client at this time:

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

**Client**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Discussed? Y/N Recording reviewed? Y/N

\_\_\_\_\_On-going client (Session #: \_\_\_\_\_\_) Issues discussed:

\_\_\_\_\_Intake (date:\_\_\_\_\_\_\_\_)

Most relevant issues for client at this time:

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

 **Client**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Discussed? Y/N Recording reviewed? Y/N

\_\_\_\_\_On-going client (Session #: \_\_\_\_\_\_) Issues discussed:

\_\_\_\_\_Intake (date:\_\_\_\_\_\_\_\_)

Most relevant issues for client at this time:

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

 **Client**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Discussed? Y/N Recording reviewed? Y/N

\_\_\_\_\_On-going client (Session #: \_\_\_\_\_\_) Issues discussed:

\_\_\_\_\_Intake (date:\_\_\_\_\_\_\_\_)

Most relevant issues for client at this time:

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

 **Client**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Discussed? Y/N Recording reviewed? Y/N

\_\_\_\_\_On-going client (Session #: \_\_\_\_\_\_) Issues discussed:

\_\_\_\_\_Intake (date:\_\_\_\_\_\_\_\_)

Most relevant issues for client at this time:

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

**Client**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Discussed? Y/N Recording reviewed? Y/N

\_\_\_\_\_On-going client (Session #: \_\_\_\_\_\_) Issues discussed:

\_\_\_\_\_Intake (date:\_\_\_\_\_\_\_\_)

Most relevant issues for client at this time:

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

**Client**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Discussed? Y/N Recording reviewed? Y/N

\_\_\_\_\_On-going client (Session #: \_\_\_\_\_\_) Issues discussed:

\_\_\_\_\_Intake (date:\_\_\_\_\_\_\_\_)

Most relevant issues for client at this time:

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

**Client**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Discussed? Y/N Recording reviewed? Y/N

\_\_\_\_\_On-going client (Session #: \_\_\_\_\_\_) Issues discussed:

\_\_\_\_\_Intake (date:\_\_\_\_\_\_\_\_)

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

**Revised 9-3-09**

#

# APPENDIX R: 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 S: CONSULTATION PROJECT MENTORSHIP AGREEMENT

**GMU CAPS Consultation Project Mentorship Agreement**

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

***Consultation Project Objectives and Scope***

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

The scope of consultation project includes:

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

##

## *Purpose of the Mentorship Agreement*

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

***Meetings***

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

***Expectations of GMU CAPS Intern***

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

***Expectations of Consultation Project Mentor***

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GMU CAPS INTERN Date GMU CAPS MENTOR Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GMU CAPS TRAINING DIR Date GMU CAPS EXEC DIR Date

# APPENDIX T: SUGGESTED CASE PRESENTATION FORMAT AND CONTENT

**SUGGESTED CASE PRESENTATION FORMAT AND CONTENT**

Please be sure to remove all identifying information.

Please note that case presentations must be given to individual supervisors at least one week before presentations to allow time for review.

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

Total maximum time until here: 35 mins (leaving time for discussion)

1. 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.

*Reminder: please review your presentation 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*.

# APPENDIX U: GUIDELINES FOR PROFESSIONALISM AT CAPS

1. Professional attire

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.

1. Attendance

CAPS hours are from 8:30 a.m. to 5 p.m., Monday through Friday. Unless other arrangements have been made, interns are expected to be present during those hours.

If an intern needs to be absent because of illness or another unforeseen emergency, please inform CAPS staff in ***both*** of these ways:

Call and leave a phone message before 8 a.m.

Send an email to your supervisor and to Stephanie Monson (administrative assistant) to inform them of your absence

If you are aware of a specific client need (i.e. the client should be seen by another clinician if you are not here) please inform your supervisor or the Associate Director for Clinical Services

# APPENDIX V: GEORGE MASON UNIVERSITY POLICIES

**University Policy Number 1201**

**Categorized:** [General Policies](http://universitypolicy.gmu.edu/university-policies/general-policies/)

**Responsible Office:** [Office of Equity and Diversity Services](http://universitypolicy.gmu.edu/responsible-office/office-of-equity-and-diversity-services/)

**Policy Procedure:**

* [Equal Opportunity/Affirmative Action Grievance Procedures](http://equity.gmu.edu/policiesProcedures/EoAaGreivanceProcedure.cfm)

**Related Law & Policy:**

* [Policy 1202: Sexual Harassment](http://universitypolicy.gmu.edu/policies/sexual-harassment-policy/)
* [Policy 1203: Non-Discrimination and Reasonable Accommodations on the Basis of Disability](http://universitypolicy.gmu.edu/policies/non-discrimination-and-reasonable-accommodation-on-the-basis-of-disability/)

**I. SCOPE**

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

**II. POLICY STATEMENT**

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

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

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

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

**III. RESPONSIBLE PARTIES**

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

**IV. COMPLIANCE**

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

**V. EFFECTIVE DATE AND APPROVAL**

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

Approved:

\_/S\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Senior Vice President

\_/S\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Provost

Date approved: April 20, 2006

Date of most recent review: October 8, 2012

**University Policy Number 1202**

**Categorized:** [General Policies](http://universitypolicy.gmu.edu/university-policies/general-policies/)

**Responsible Office:** [Office of Equity and Diversity Services](http://universitypolicy.gmu.edu/responsible-office/office-of-equity-and-diversity-services/)

**Policy Procedure:**

* [Equal Opportunity/Affirmative Action Grievance Procedures](http://equity.gmu.edu/policiesProcedures/EoAaGreivanceProcedure.cfm)

**Related Law & Policy:**

* [Policy 1201: Non-Discrimination Policy](http://universitypolicy.gmu.edu/policies/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](http://universitypolicy.gmu.edu/policies/non-discrimination-policy/), 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](http://universitypolicy.gmu.edu/university-policies/general-policies/)

**Responsible Office:** [Office of Equity and Diversity Services](http://universitypolicy.gmu.edu/responsible-office/office-of-equity-and-diversity-services/)

**Policy Procedure:**

* [Reasonable Accommodation Procedure for Students](http://ods.gmu.edu/students/services.php)
* [Reasonable Accommodation Procedure for Employees](http://diversity.gmu.edu/employee-accommodations-process.php)
* [Reasonable Accommodation Procedure for participants in non-academic programs](http://accessibility.gmu.edu/visitors.html)
* [Equal Opportunity/Affirmative Action Grievance Procedures](http://equity.gmu.edu/policiesProcedures/EoAaGreivanceProcedure.cfm)

**Related Law & Policy:**

* [Policy 1201: Non-Discrimination Policy](http://universitypolicy.gmu.edu/policies/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

# APPENDIX W: VIRGINIA LAW RELEVANT TO STUDENT COUNSELING CENTERS

## **Virginia Statutes Relevant to Student Counseling Centers (highlighted section relates to parental notification requirement)**

## § 23-9.2:8. Student mental health policies.

A. The governing board of each public institution of higher education shall develop and implement policies that advise students, faculty, and staff, including residence hall staff, of the proper procedures for identifying and addressing the needs of students exhibiting suicidal tendencies or behavior, and provide for training, where appropriate. Such policies shall require procedures for notifying the institution's student health or counseling center for the purposes set forth in subsection C of § [23-9.2:3](http://law.lis.virginia.gov/vacode/23-9.2%3A3/) when a student exhibits suicidal tendencies or behavior.

B. The governing board of each public four-year institution of higher education shall establish a written memorandum of understanding with its local community services board or behavioral health authority and with local hospitals and other local mental health facilities in order to expand the scope of services available to students seeking treatment. The memorandum shall designate a contact person to be notified when a student is involuntarily committed, or when a student is discharged from a facility and consents to such notification. The memorandum shall also provide for the inclusion of the institution in the post-discharge planning of a student who has been committed and intends to return to campus, to the extent allowable under state and federal privacy laws.

**§ 23-9.2:3 Power of governing body of educational institution to establish rules and regulations; offenses occurring on property of institution; state direct student financial assistance; release of educational records**.

A. In addition to the powers now enjoyed by it, the board of visitors or other governing body of every educational institution shall have the power:

1. To establish rules and regulations for the acceptance and assistance of students except that (i) individuals who have failed to meet the federal requirement to register for the selective service shall not be eligible to receive any state direct student assistance; (ii) the accreditation status of a Virginia public high school shall not be considered in making admissions determinations for students who have earned a diploma pursuant to the requirements established by the Board of Education; and (iii) the governing boards of the four-year institutions shall establish policies providing for the admission of certain graduates of Virginia community colleges as set forth in § [23-9.2:3.02](https://vacode.org/23-9.2%3A3.02/).

2. To establish rules and regulations for the conduct of students while attending such institution.

3. To establish programs, in cooperation with the State Council of Higher Education and the Office of the Attorney General, to promote compliance among students with the Commonwealth’s laws relating to the use of alcoholic beverages.

4. To establish rules and regulations for the rescission or restriction of financial aid, within the discretionary authority provided to the institution by federal or state law and regulations, and the suspension and dismissal of students who fail or refuse to abide by such rules and regulations for the conduct of students.

5. To establish rules and regulations for the employment of professors, teachers, instructors and all other employees and provide for their dismissal for failure to abide by such rules and regulations.

6. To provide parking and traffic rules and regulations on property owned by such institution.

7. To establish guidelines for the initiation or induction into any social fraternity or sorority in accordance with § [18.2-56](https://vacode.org/18.2-56/).

8. To establish programs, in cooperation with the State Council of Higher Education for Virginia and the Office of the Attorney General, to promote the awareness and prevention of sexual crimes committed upon students.

B. Upon receipt of an appropriate resolution of the board of visitors or other governing body of an educational institution, the governing body of a political subdivision which is contiguous to the institution shall enforce state statutes and local ordinances with respect to offenses occurring on the property of the institution.

The governing bodies of the public institutions of higher education shall assist the State Council of Higher Education in enforcing the provisions related to eligibility for financial aid.

C. Notwithstanding any other provision of state law, the board of visitors or other governing body of every public institution of higher education in Virginia shall establish policies and procedures requiring the notification of the parent of a dependent student when such student receives mental health treatment at the institution’s student health or counseling center and such treatment becomes part of the student’s educational record in accordance with the federal Health Insurance Portability and Accountability Act (42 U.S.C. § 1320d et seq.) and may be disclosed without prior consent as authorized by the federal Family Educational Rights and Privacy Act (20 U.S.C. § 1232g) and related regulations (34 C.F.R. Part 99). Such notification shall only be required if it is determined that there exists a substantial likelihood that, as a result of mental illness the student will, in the near future, (i) cause serious physical harm to himself or others as evidenced by recent behavior or any other relevant information or (ii) suffer serious harm due to his lack of capacity to protect himself from harm or to provide for his basic human needs. However, notification may be withheld if any person licensed to diagnose and treat mental, emotional, or behavioral disorders by a health regulatory board within the Department of Health Professions who is treating the student has made a part of the student’s record a written statement that, in the exercise of his professional judgment, the notification would be reasonably likely to cause substantial harm to the student or another person. No public institution of higher education or employee of a public institution of higher education making a disclosure pursuant to this subsection shall be civilly liable for any harm resulting from such disclosure unless such disclosure constitutes gross negligence or willful misconduct by the institution or its employees.

D. The board of visitors or other governing body of every public institution of higher education in Virginia shall establish policies and procedures requiring the release of the educational record of a dependent student, as defined by 20 U.S.C. § 1232g, to a parent at his request.

E. In order to improve the quality of the Commonwealth’s work force and educational programs, the governing bodies of the public institutions of higher education shall establish programs to seek to ensure that all graduates have the technology skills necessary to compete in the 21st Century and, particularly, that all students matriculating in teacher-training programs receive instruction in the effective use of educational technology.

F. The board of visitors or other governing body of every public institution of higher education shall not refer a student account to collections for nonpayment before required by the provisions of § [2.2-4806](https://vacode.org/2.2-4806/). This subsection shall not apply to public institutions of higher education that have entered into Management Agreements with the Commonwealth.

**Virginia Statutes related to Threat Assessment Teams (highlighted sections relevant to mental health records):**

§ [23-9.2:10](https://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+23-9.2C10). Violence prevention committee; threat assessment team.

A. Each public college or university shall have in place policies and procedures for the prevention of violence on campus, including assessment and intervention with individuals whose behavior poses a threat to the safety of the campus community.

B. The board of visitors or other governing body of each public institution of higher education shall determine a committee structure on campus of individuals charged with education and prevention of violence on campus. Each committee shall include representatives from student affairs, law enforcement, human resources, counseling services, residence life, and other constituencies as needed. Such committee shall also consult with legal counsel as needed. Once formed, each committee shall develop a clear statement of: (i) mission, (ii) membership, and (iii) leadership. Such statement shall be published and available to the campus community.

C. Each committee shall be charged with: (i) providing guidance to students, faculty, and staff regarding recognition of threatening or aberrant behavior that may represent a physical threat to the community; (ii) identifying members of the campus community to whom threatening behavior should be reported; (iii) establishing policies and procedures that outline circumstances under which all faculty and staff are to report behavior that may represent a physical threat to the community, consistent with state and federal law; and (iv) establishing policies and procedures for the assessment of individuals whose behavior may present a threat, appropriate means of intervention with such individuals, and sufficient means of action, including interim suspension, referrals to community services boards or health care providers for evaluation or treatment, medical separation to resolve potential physical threats, or notification of family members or guardians, or both, unless such notification would prove harmful to the individual in question, consistent with state and federal law.

D. The board of visitors or other governing body of each public institution of higher education shall establish a specific threat assessment team that shall include members from law enforcement, mental health professionals, representatives of student affairs and human resources, and, if available, college or university counsel. Such team shall implement the assessment, intervention and action policies set forth by the committee pursuant to subsection C.

E. Each threat assessment team shall establish relationships or utilize existing relationships with local and state law-enforcement agencies as well as mental health agencies to expedite assessment and intervention with individuals whose behavior may present a threat to safety. Upon a preliminary determination that an individual poses a threat of violence to self or others, or exhibits significantly disruptive behavior or need for assistance, a threat assessment team may obtain criminal history record information, as provided in §§ [19.2-389](https://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+19.2-389) and [19.2-389.1](https://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+19.2-389.1), and health records, as provided in § [32.1-127.1:03](https://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+32.1-127.1C03). No member of a threat assessment team shall redisclose any criminal history record information or health information obtained pursuant to this section or otherwise use any record of an individual beyond the purpose for which such disclosure was made to the threat assessment team.

(2008, cc. [450](https://leg1.state.va.us/cgi-bin/legp504.exe?081+ful+CHAP0450), [533](https://leg1.state.va.us/cgi-bin/legp504.exe?081+ful+CHAP0533); 2010, cc. [456](https://leg1.state.va.us/cgi-bin/legp504.exe?101+ful+CHAP0456), [524](https://leg1.state.va.us/cgi-bin/legp504.exe?101+ful+CHAP0524); 2013, c. [710](https://leg1.state.va.us/cgi-bin/legp504.exe?131+ful+CHAP0710); 2014, cc. [793](https://leg1.state.va.us/cgi-bin/legp504.exe?141+ful+CHAP0793), [799](https://leg1.state.va.us/cgi-bin/legp504.exe?141+ful+CHAP0799).)

# APPENDIX X: ACKNOWLEDGMENT OF HAVING REVIEWED

# THE TRAINING MANUAL

Acknowledgement of Having Reviewed the Training Manual

George Mason University

Counseling and Psychological Services

I have reviewed and understand the material in the CAPS Internship Training Manual. I have been given the opportunity to raise any questions I might have.

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Intern name (print)

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Intern signature Date

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Associate Director for Training Date

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